

18 October 2010

The Hon. Paul Henderson MLA
Chief Minister of the Northern Territory
GPO Box 3146
Darwin Northern Territory 0801

Dear Chief Minister,

We are pleased to present the Report of the Board of Inquiry into the Child Protection System in the Northern Territory pursuant to our appointment on 9 December 2009.

The Report addresses the Terms of Reference which called for a broad-ranging inquiry with recommendations to strengthen and improve the system to meet the needs of the Northern Territory's children.

Yours sincerely



Professor Muriel Bamblett AO
Co-Chair



Dr Howard Bath
Co-Chair



Dr Rob Roseby
Co-Chair

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Foreword

As is often the case with inquiries into child protection systems, this Inquiry was commissioned in the wake of adverse publicity arising from a number of tragedies and public complaints about the inadequate responses of child protection services. In the course of the evidence gathering phase of the Inquiry, it became clear that there was no shortage of foster carers, government employees, non-government organisation workers, young people in care and other clients of the service wanting to report problems with different aspects of the services provided or the statutory agency, the Department of Health and Families (DHF), itself. The consistency and range of the submissions, along with an examination of operational data from the system, soon led the Board to the understanding that the child protection system in the Northern Territory is, indeed, in crisis.

The Board is grateful to all those individuals and organisations that sent in submissions or provided evidence at the hearings. For some witnesses who feared negative repercussions, this was a very stressful experience and we trust that the Report honours their courage and commitment to change. It has been necessary to carefully listen to their often troubling experiences in order to understand what has led to the crisis in the child protection system and to help map out future directions.

Management of complaints and allegations

The Board became aware that a number of the complaints and allegations that were brought to its attention were also the subject of completed or ongoing investigations by government departments and other statutory complaint bodies, such as the Children's Commissioner and the Ombudsman, or had been the subject of court determinations. In such cases the Board has not re-investigated the matters. In other matters, the Board conducted preliminary assessments and has, with the permission of the complainants, forwarded the material to other authorities for a determination. Regardless of the formal outcomes, the Board has noted the substance of each matter and has considered this in the development of this Report.

There were three individual matters that came to the attention of the Board during the course of the hearings that required an immediate response. In each case the Board communicated directly with the management of Northern Territory Families and Children (NTFC) and understands that these matters were attended to promptly. On another occasion, the Board became concerned when some operational data came to its attention that indicated there was a rapidly growing backlog of children deemed to be at risk who were awaiting the commencement of an investigation into their circumstances. The Board brought this matter to the attention of DHF and the Minister for Child Protection and understands that prompt remedial action has been taken.

Despite the need to listen and respond to complaints and allegations, the primary stance of the Board has been a forward-looking one, with an emphasis on mapping out how things might be improved rather than only focusing on dissecting what has gone wrong. This being the case, there has been no attempt to apportion blame or determine culpability in particular matters. The Board understands that the vast majority of Departmental workers, from front line staff through to senior management, are hard working and dedicated, sometimes heroically so, yet are working with limited resources in a context characterised by extreme need.

Scope of the Inquiry

The Board understood that the Chief Minister and Minister for Child Protection wanted a broad ranging Inquiry into the child protection system in the Northern Territory and that has been the approach taken. However, it has not attempted, nor would it have been able, to explore every aspect of the system, all the functions of NTFC, or all the determinants of abuse and neglect. For example, it has not been able to examine practice and policy around local and international adoptions or the disaster response role of DHF. Whilst the Board is supportive of legislation restricting the availability of alcohol and has made numerous statements about the impact of alcohol consumption on children and families and the need for treatment programs, it has not made specific recommendations around supply issues which have been the subject of a great deal of policy and legislative attention in the Northern Territory in recent years. Where choices had to be made because of time constraints, the Board was guided by the priorities evident in the written and oral submissions.

Grog, ganga and gambling

Many of the remote communities and town camps visited by the Board identified what was referred to as the three 'G's' - grog, ganga and gambling - as being key contributors to child neglect and abuse and domestic violence. Communities in some parts of the Territory, particularly in East Arnhem Land, may not have serious difficulties with alcohol as it has been restricted for years, but they still struggle with the consumption of ganga (marijuana) and pervasive gambling sessions which can last for days at a time. Clearly, these issues along with others (for example, consumption of kava and forms of pornography) contribute to children being harmed and their impact on families and children is discussed throughout the Report. The Board is strongly supportive of efforts to restrict supply and consumption currently being developed by the Northern Territory Government and through the Commonwealth Northern Territory Emergency Response (NTER), and of community education efforts around the harms caused by these social ills. Given the existing initiatives, the Inquiry has, in the framing of its recommendations, focused more on the availability of treatment programs for affected parents and children than on legal measures around supply and consumption.

Due dates for the Report

The Inquiry was initiated in late 2009 with an initial target date of 25 April 2010. This was always going to be an ambitious task given that the Christmas break intervened and it was not possible to establish the Inquiry secretariat until the end of January 2010. The overwhelming number of submissions and requests for hearings from all over the Northern Territory led to extensions being granted, initially to 30 June 2010, and then to 17 September 2010 with the public tabling of the report due on the third sitting day of the Legislative Assembly following receipt of the report by the Chief Minister i.e. 21 October 2010. Towards the end of the project, there were a number of late arising matters, including some that required investigation. The Northern Territory Government indicated that it had decided to publicly release the Report on the day it was to be received. On this basis, and with the time requirements for the design and printing of the Report, it was agreed that both the handover and the public release would be on 18 October 2010.

The emphasis on Aboriginal children and families

The child protection system in the Northern Territory is for all children regardless of ethnicity or location and this Report endeavours to map the protective needs for all children that come to the attention of the authorities. However, given that over 77 percent of all children notified to child protection are Aboriginal, along with 74 percent of children in out-of-home care, there is a strong emphasis throughout the Report on responses to the needs of Aboriginal children and their families.

During this Inquiry we have had the opportunity to travel extensively across the Northern Territory to see and hear first hand of the complex issues that make life difficult, unsafe and traumatic for so many Aboriginal children and families. Unquestionably, Aboriginal communities, their children and families, are more likely than others to experience violence, abuse and neglect. Unquestionably, Aboriginal families are more likely to face the challenge of raising children in an environment that lacks the fundamental necessities required to secure their children's safety and wellbeing. When families and communities are deprived of these fundamentals, they and their children suffer.

This story of neglect and deprivation has been told before and it is necessary that this Report do so again. But another story from our consultations with families and communities across the Northern Territory is of Aboriginal people on the ground making a difference in the lives of children. People who, in spite of their own trauma and hardship, or perhaps because of it, manage to look beyond the entrenched poverty and focus on doing the best for children. To offer children the richness of their Aboriginal culture as a buffer against the poverty of their material circumstances.

Time for change

The Board believes that the broad scale reforms proposed in the Report will bring about a much more effective child protection system, with a stronger focus on programs and services for vulnerable and at risk children and families with clear and measurable benefits, but that the Northern Territory Government and the other stakeholders in child protection will need to adopt a longer term perspective when assessing the outcomes. The authors of the little 'Children are Sacred' Report (at page 6) observed that to effectively deal with the social evils and poor services that defined the context of sexual abuse, "the best that can be hoped for is improvement over a 15 year period", which they nominated as being an "Aboriginal generation".

There are things that can and should happen immediately, and these are noted through the Report. However, even with good will and the commitment of significant financial resources, the best family support and therapeutic programs take time to develop and implement; training courses to develop the skills of local workers will take time to establish and produce graduates; and the support infrastructure in remote areas will take time to develop. Ironically, due to the evidence of chronic under-reporting of child abuse and neglect in the Northern Territory, the early indicators of success will be an increased number of reports and notifications of harm to children rather than a reduction. Although the adoption of a longer-term perspective is necessary, the Inquiry calls for a clear implementation schedule for the proposed reforms with inbuilt accounting measures and an independent monitoring and reporting process.

Major reform themes

Clearly there needs to be organisational reform in child protection in the Northern Territory which includes a re-orientation towards a more collaborative approach to the task, as well as an immediate investment in more staffing resources for statutory child protection and out of home care services. But unless there is a robust concomitant commitment to developing culturally-appropriate, early intervention and preventive services, the statutory service will never be able to keep up with the demand. If change is to occur, we need to invest as much, if not more, into preventing the need for vulnerable children to be placed into care as we do to investigating and monitoring families and placing their children elsewhere.

Finally, a major emphasis of the Report has been on our shared responsibility to ensure the safety and wellbeing of children. This reflects a growing understanding across the country that statutory child protection systems cannot hope to address the needs of so many vulnerable children and families. We have therefore focused on the child safety and wellbeing roles of all government agencies, the non-government service sector, community members, families and members of the public to emphasise the understanding that protecting children is truly 'everyone's business'.

Muriel Bamblett

Howard Bath

Rob Roseby

18 October 2010

Acknowledgements

The Board of Inquiry is grateful to the many individuals and organisations that provided assistance at different points during the Inquiry and without whose support the Report could not have been produced.

Reference Group

The Expert Reference Group listed here met formally with the Board on three occasions over 5 days. At other times, group members provided information and feedback by e-mail or telephone. Their input has been invaluable:

Dr Leah Bromfield

Mr Charlie King

Ms Patricia Miller

Mr Julian Pocock

Professor Dorothy Scott

Professor Sven Silburn

Dr Anne Smith

Ms Lesley Taylor

Further details about the Reference Group members can be found in Appendix 1.7.

Experts

The Board was ably assisted by a number of subject matter experts at different points of the Inquiry who all made significant contributions to the content and shape of the final report:

Associate Professor Fiona Arney

Dr Maria Harries AM

Dr Sue Gleed

Dr Darryl Higgins

Dr Peter Lewis

Dr Elizabeth Reimer

Ms Denise Rieniets

Mr Garry Rogers

Mr David Ross

The Board is grateful for the expertise and insights of the Reference Group and subject matter experts, but accepts responsibility for the final form of the written material and the recommendations.

Legal Counsel Assisting the Inquiry

In addition, the Board gratefully acknowledges the invaluable work of Mr Greg MacDonald, the lawyer assisting the Inquiry, for his insight and commitment to the Inquiry in the context of many other demands. He was assisted from time to time by Mr Robert Pocock.

Organisations

A number of organisations also provided valuable assistance in the preparation of the Report.

The National Child Protection Clearinghouse (Australian Institute of Family Studies) provided background research materials on a number of topic areas, as did Menzies School of Health Research. Staff members from the Australian Institute of Family Studies who contributed their expertise for the Inquiry include Dr Leah Bromfield, Alister Lamont and Rhys Price-Robertson and, from Menzies, Associate Professor Fiona Arney and Mark Westby.

The CREATE organisation was instrumental in facilitating three meetings with young people in the care system and the Principal and staff (Margaret Moon and Elspeth Hurse) from Millner Primary School facilitated a visit by the Inquiry to view the ERICUS Project. We are grateful for this support and assistance.

Visits to remote communities and town camps

There are a number of organisations and individuals to thank for their work in helping to organise the visits of the Board to remote communities and town camps.

The Aboriginal Interpreter Service (Department of Housing, Local Government and Regional Services) provided invaluable assistance for most visits, whilst Save The Children (through Lisa Hillan and Nancy Sweeney) and Tangentyere Council organised visits to particular communities and town camps. The Commonwealth-funded Government Business Managers greatly assisted the Board with coordination and support in each of the communities that it visited.

Several organisations assisted the Board in understanding the views of people in town camps and remote communities who may have an interest in the operation of the child protection system. These include the Katherine Women's Information and Legal Service, Tangentyere Council, Central Australian Aboriginal Legal Aid Service, and the North Australian Aboriginal Justice Agency.

Government agencies

During the course of the Inquiry there have been numerous meetings with personnel from the Department of Health and Families and, in particular, officers from Northern Territory Families and Children. We have made many specific requests for information or data and for meetings with personnel from different work units. In all matters we have received courteous cooperation from Departmental staff.

The Board would also like to acknowledge the valuable practical support provided to the Inquiry from officers of the Department of the Chief Minister around the establishment of the secretariat office and ongoing administrative support and staff recruitment. Staff from the Strategic Communications Unit of DCM have been invaluable in providing advice and assistance in relation to the website and processes for the design and printing of the Report.

The Secretariat

The organisational demands behind an Inquiry such as this are onerous. They include the creation of an office base from scratch, the development of mailing lists to identify and communicate with stakeholders, the setting up of systems to receive and process the vast amount of electronic and written material sent in (so much more than had been anticipated), the development of financial accounting processes, the organisation of public and stakeholder forums, formal hearings and community visits across the Northern Territory, the coordination of a relentless and rapidly changing travel schedule, the scheduling of countless meetings and consultations in the Northern Territory and interstate, the management of an ever-changing team of researchers, policy experts, investigators and others, in addition to supporting and facilitating communication between Board members living in different cities – all this and more whilst working under pressing time constraints and dealing with material of a most sensitive and often distressing nature.

The Board is most grateful for the untiring efforts of the secretariat that enabled this work to proceed and saw it through to completion. In particular it wishes to thank the Executive Officer, Kathleen Chong-Fong for her skill, patience and commitment in developing and marshalling the team then keeping it focused and effective, and Trish Schebella, the Office Administrator, who so ably managed the relentless day-to-day demands of the work with good humour and attention to detail.

Others

There are many others who have ably assisted the Inquiry in its work at different times. These include Rosemary Aldridge, Carly Strachan and Veronica McClintic, Jane Munday, who ably managed the (at times) overwhelming media demands, Dr Christine Fletcher, our diligent and patient editor, James Carter of Big Picture Graphic Art, the report designer, and staff of the Government Printing Office.

We thank the forbearance of our colleagues and other employers who have tolerated our absences and supported us through the Inquiry, namely the Victorian Aboriginal Child Care Agency and the Royal Children's Hospital, Melbourne.

Finally, each of the Board members would like to sincerely thank our long-suffering families who have had to do without us (in mind and body) for long periods of time over the past ten and a half months. We thank you for your love, patience and understanding.

MB, HB, RR

18 October 2010

Acronyms and Terminology

Acronyms

'Bringing Them Home' Report	Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families April 1997
'Little Children are Sacred' Report	Ampe Akelyernemane Meke Mekarle "Little Children are Sacred": Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse 2007
the Act (also 'CPCA')	<i>Care and Protection of Children Act 2007</i> (Northern Territory)
ABS	Australian Bureau of Statistics
AbSec	Aboriginal Child, Family & Community Care State Secretariat (NSW) Inc.
ACC	Australian Crime Commission
ACCA	Aboriginal Child Care Agency
ACCG	Australian Children's Commissioners and Guardians
ACOSS	Australian Council of Social Services
ACP	Alternate Care Program
ACPP	Aboriginal Child Placement Principle
ACRT	Aboriginal Community Resource Team
ACT	Australian Capital Territory
ADP	Aged and Disability Program
ADR	Alternative Dispute Resolution
AEDI	Australian Early Development Index
AEP	Alternative Education Program
AFC	Alternative Family Care
AFP	Australian Federal Police
AHCS	After Hours Crisis Service
AHW	Aboriginal Health Workers
AICCA	Aboriginal and Islander Child Care Agency
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
AMSANT	Aboriginal Medical Services Alliance Northern Territory
ANTSEL	Association of Northern Territory School Educational Leaders
AO	Aboriginal Officer
AOD	Alcohol and Other Drugs

APY	Anangu, Pitjantjatjara Yankunytjatjara
ARDS	Aboriginal Resource & Development Services Inc.
ASH	Alice Springs Hospital
ASYASS	Alice Springs Youth Accomodation and Support Services
ATSI	Aboriginal and Torres Strait Islander
ATSICPP	The Aboriginal and Torres Strait Islander Child Placement Principle
BOI	Board of Inquiry
CAAC	Central Australian Aboriginal Congress Inc.
CAAFLU	Central Australian Aboriginal Family Legal Unit
CAAFLUAC	Central Australian Aboriginal Family Legal Unit Aboriginal Corporation
CAALAS	Central Australian Aboriginal Legal Aid Service
CAAPS	Council for Aboriginal Alcohol Program Services
CAARS	Common Approach to Assessment, Referral and Support
CAT	Child Abuse Taskforce
CAWLS	Central Australian Women’s Legal Service Inc.
CAYLUS	Central Australian Youth Link-Up Service
CBT	Cognitive Behavioural Therapy
CC	Northern Territory Children’s Commissioner
CCIS	Community Care Information System
CCWT	Community Child Wellbeing Team
CDO	Community Development Officer
CDRPC	Child Death Review and Prevention Committee
CDU	Charles Darwin University
CE (also CEO)	Chief Executive (also Chief Executive Officer)
CI	Central Intake
CIT	Central Intake Team
CJC	Community Justice Centre
COAG	Council of Australian Governments
CP	child protection
CPCA (also ‘the Act’)	<i>Care and Protection of Children Act 2007</i> (Northern Territory)
CPI	Consumer Price Index
CPLAT	Caregiver Payment Level Assessment Tool
CPS	Child Protection Services
CPSU	Community and Public Sector Union

CSA	child sexual assault
CDSMAC	Community and Disability Services Ministers' Advisory Council
CSP	Community Safety Plan
CSWG	Community Safety Working Group
CPW	child protection worker
DAFVAC	Domestic and Family Violence Advisory Council
DCM	Department of the Chief Minister (Northern Territory)
DEEWR	Department of Education, Employment and Workplace Relations (Commonwealth)
DET	Department of Education (Northern Territory)
DHCS (now DHF)	Department of Health and Community Services (Northern Territory) (now Department of Health and Families)
DHF (also 'the Department')	Department of Health and Families (Northern Territory)
DHLGRS	Department of Housing, Local Government and Regional Services (Northern Territory)
DoCS	Department of Community Services (NSW)
DOJ	Department of Justice (Northern Territory)
DRF	Differential Response Framework
DV	domestic violence
EEO	Equal Employment Opportunity
FACS (now NTFC)	Department of Families and Child Services (Northern Territory) (now Northern Territory Families and Children)
FACSAC	Family and Children's Services Advisory Council (Northern Territory)
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs (Commonwealth)
FISS	Family and Individual Support Services
FSNA	Family Strengths and Needs Assessment
FSW	Family Support Worker
FTE	full time equivalent
HR	human resources
HREOC	Human Rights and Equal Opportunity Commission
ICPPPWG	Interdepartmental Child Protection Policy and Planning Working Group
IDA	Initial Danger Assessment
IFSS	Intensive Family Support Services
IPP	information privacy principle(s)
IT	information technology

JIRT	Joint Investigation Response Teams
KPI	key performance indicator
KWILS	Katherine Women's Information and Legal Service
LAC	Looking After Children
LIP	Local Implementation Plan
LWB	Life Without Barriers
LWCC	Living Water Community Centre
MLA	Member of the Legislative Assembly
MOS	Mobile Outreach Service
MOU	memorandum of understanding
NAAJA	North Australian Aboriginal Justice Agency
NAPCAN	National Association for the Prevention of Child Abuse and Neglect
NCPCH	National Child Protection Clearing House
NGO	non-government organisation
NPY	Ngaanyatjarra Pitjantjatjara Yankunytjatjara
NPYWC	Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation
NTCOSS	Northern Territory Council of Social Service
NTER	Northern Territory Emergency Response ('the Intervention')
NTFC	Northern Territory Families and Children
NTFC Manual	NTFC Care and Protection Policy and Procedures Manual, Version 2.0, July 2009
NTFCAC	NTFC Advisory Council
NTG	Northern Territory Government
NTHCS	Northern Territory Health and Community Services
NTHF	Northern Territory Health and Families
NTLAC	Northern Territory Legal Aid Commission
OATSIH	Office for Aboriginal and Torres Strait Islander Health (Commonwealth)
OCC	Northern Territory Office of the Children's Commissioner
OCPE	Office of the Commissioner for Public Employment (Northern Territory)
OHCS	Out of Home Care Services
OOHC (or OHC)	Out of Home Care

P	professional
PASS	Policy and System Support
PCIG	Planning, Coordination and Implementation Group
PHC	primary health care
RACP	Royal Australasian College of Physicians
RAFCW	Remote Aboriginal Family and Community Workers
RDH	Royal Darwin Hospital
ROGS	Report on Government Services
RSD	remote service delivery
RTO	registered training organisation
SAAP	Supported Accommodation Assistance Program
SARC	Sexual Assault Referral Centre
SCAN	Suspected Child Abuse and Neglect
SCP	Specialist Care Program
SCRGSP	Steering Committee for the Review of Government Service Provision (Commonwealth)
SDM	structured decision making
SEAM	School Enrolment and Attendance Measure
SNAICC	Secretariat of National Aboriginal and Islander Child Care
SOG	Senior Officers Group
SOS	Street Outreach Service
STC	Save the Children
STI	sexually transmitted infection
TFC	therapeutic foster care
TFSS	Targeted Family Support Services
TILA	Transition to Independent Living Allowance
TRC	therapeutic residential care
TEWLS	Top End Women's Legal Service Inc
UNCRIIP	United Nations Convention on the Rights of Indigenous Peoples
UNICEF	United Nations Children's Fund (formerly the United Nations International Children's Emergency Fund)
VACCA	Victorian Aboriginal Child Care Agency
VET	Vocational Education and Training
WDU	Workforce Development Unit
YS	Youth Services

Terminology

In this Report we use the term 'Aboriginal' to refer to people of Aboriginal or Torres Strait Islander descent.

Given that the key piece of legislation relating to the child protection system in the Northern Territory is the *Care and Protection of Children Act 2007*, the definition provided in that Act (Part 1.4, Section 13) is the one used in this Report:

'Aboriginal' means:

- (a) a descendant of the Aboriginal people of Australia; or
- (b) a descendant of the indigenous inhabitants of the Torres Strait Islands'

Throughout this Report reference is also made to material published by other organisations, such as the Australian Institute of Health and Welfare, the Australian Bureau of Statistics and the Australian Institute of Family Studies, most of which use the terms 'Indigenous' or 'Aboriginal and Torres Strait Islander' in their text and tables. Where such publications are cited, the same terminology will be used.

Executive Summary

Introduction

Appointed in December 2009 and reporting in October 2010, the Board of Inquiry into the child protection system in the Northern Territory has found a system in distress, staff stretched beyond capacity, children living at considerable risk of harm, and a community of children and families with complex needs and problems requiring urgent and ongoing assistance from a system that is overwhelmed.

Children are generally more vulnerable than adults. When their families and communities are stressed and weakened, they are even more vulnerable and at risk of not achieving their developmental goals, of being traumatised, and of being neglected and maltreated. The challenges facing the Northern Territory are enormous but so are the opportunities. What is palpable to Inquiry members is the vigour, toughness and energy of a resilient and diverse population of people most of whom have expressed an eagerness to embrace the challenge of capitalising on cultural strengths, growing community capacity and putting systems in place that can better meet the needs of its children and families.

The challenge facing the Board of Inquiry itself was daunting: an urgent situation brought to a head by Coronial findings following the tragic deaths of young children and public complaints about Departmental inaction; a compelling requirement to understand the complexities and find comprehensive solutions; the need to cover vast distances and convene with and in remote and isolated communities; meetings with traumatised workers, carers and families; an inquiry process that had to be thorough, inclusive and deeply ethical and respectful; and a relatively short time frame. Whilst the time frame had to be extended due to the untenability of achieving quicker outcomes, the product is a comprehensive report that reflects the views of the people and proposes a sturdy framework for the way forward.

The Northern Territory is not alone among Australian jurisdictions, all of whom are dealing with various contemporary challenges in this vital area of public policy and practice. The Territory faces unique as well as familiar problems in developing universal services to facilitate the safety and wellbeing of children and families at the same time that it ensures there are robust protective services for its highly vulnerable children and young people. The constellation of systemic factors that make the Northern Territory situation unique and particularly challenging are identified throughout the Report and include issues such as remoteness, demoralisation following previous inquiries and interventions, cultural diversity, chronic housing deficits and familial and societal trauma. What is absolutely evident is that major re-visioning and organisational and program reforms are necessary in order to locate and then concentrate resources strategically to meet the substantial needs. It is imperative that, in the process of this re-visioning, Government engages with communities, non-government organisations (NGOs) and the people of the Northern Territory.

As a result of the depth and breadth of the Inquiry, this Report provides a comprehensive framework for undertaking such a re-visioning exercise, recommending a range of reforms in a number of discrete and inter-connected areas. However, it does much more than this. The Report examines and comments on the social, cultural and legislative

environment of the Northern Territory and provides historical context for the current situation facing the community and government in relation to services for children, families and communities.

The Report is designed to provide a broad theoretical and intellectual context for understanding current literature and evidence about service systems that work well in the care and protection of children. Against this backdrop, the Report identifies the issues confronting governments and communities as they structure themselves to care for and protect children and support families in the contemporary world. In so doing, the Report honours the voices of the Northern Territory people who contributed, through submissions, hearings, and public forums, to the direction of the Inquiry and, ultimately, to the shape of this Report.

The Report describes communities of children, families, workers and organisations in crisis and provides a detailed and poignant description of what this looks and feels like for the people themselves – both those who need services and those who are trying to provide services.

Background to the Inquiry

The Inquiry was originally commissioned in November 2009 in response to escalating public concerns including findings in two Coronial Reports about the deaths of two children known to the Department. Implicated in these concerns and findings were the alleged failings of Northern Territory Families and Children (NTFC), a division of the Department of Health and Families (DHF or the Department) in its systems and mechanisms for protecting children. These concerns were being expressed in an environment already highly sensitised to findings from a range of inquiries and the ongoing impact of the federal 'Intervention' (the Northern Territory Emergency Response).

The purpose of the Inquiry was to review the child protection system in the Northern Territory and make recommendations to substantially strengthen and improve the system to ensure it meets the needs of Northern Territory children. Specifically, the Terms of Reference required the Inquiry to make findings and recommendations on:

- the functioning of the current child protection system including the roles and responsibilities of Northern Territory Families and Children and other service providers involved in child protection
- specific approaches to address the needs of Territory children in the child protection system, including the delivery of child protection services in regional and remote areas as part of the development of *A Working Future*
- support systems and operational procedures for all workers engaged in child protection, in particular staff retention and training
- quality, sustainability and strategic directions of out of home care programs including support systems for foster parents, carers and families
- the interaction between government departments and agencies involved in child protection, care and safety and NGOs and other groups involved in the protection, care and safety of children.

The Inquiry Process

The scope of the Inquiry was broad, accepting from the outset that a system aiming to achieve the safety and wellbeing of children does not operate in isolation and is affected by the quality and availability of all inter-connecting services including housing, health, justice, education, sport and recreation. Community attitudes to children, degrees of unemployment, levels of racism and various forms of discrimination also have a huge impact on any system aiming to care for and protect its children. Therefore, the Inquiry explored the roles and responsibilities of a number of statutory government agencies and NGOs and also conducted a series of both specialised and general community forums. The Inquiry collated all of this information and undertook a protracted and in depth analysis of all the subsequent data as well as seeking supplementary information as the need arose. It undertook all of these activities within a well articulated principles and ethical framework that acknowledged at its core the absolute requirement for a respectful and collaborative exchange that recognised the inherent power imbalances and vulnerabilities of various peoples and communities. The following are amongst the multiple sources that were utilised:

- Public forums across the Northern Territory. There were open forums for members of the public and others specifically for child protection workers, health workers, education staff and the police
- Written submissions from around the Northern Territory and interstate and hearings which were held in the major urban centres. The Inquiry received a total of 156 written and 80 oral submissions
- Specific requests for information and data from both government and NGOs. The largest number of requests was to DHF and the Division of Northern Territory Children and Families (NTFC)
- An expert Reference Group provided advice and information to the Inquiry. This Group was made up of local service providers as well as experts and academics from across the country
- A number of policy, research and investigation specialists who assisted with the particular subjects and/or the shaping of the analysis and documentation
- Reviews of numerous recent inquiries and investigations that covered similar content areas
- Numerous visits to urban, regional and remote areas and communities to hear from individuals and organisations and to see both the local conditions and the work that was being undertaken
- Plentiful consultations with people engaged in various facets of child safety and wellbeing work and related fields. These included those involved in initiatives such as *Working Future* and Commonwealth funded programs
- Assessments of some matters and referral of other matters to various statutory authorities — due to the number of specific complaints and allegations that required urgent attention
- Dedicated forums for foster carers and legal practitioners — because of the large number of issues raised in early forums and submissions.

Findings and Recommendations

Introduction

The major recommendations that connect with the specific Terms of Reference are identified alongside a brief overview of the findings in relation to each item. The Inquiry has made a total of 147 recommendations. Some of these pertain to significant reforms whilst others focus on smaller initiatives or on improving existing programs and procedures. Inevitably, many of the recommendations relate to more than one of the Terms of Reference. A detailed list of recommendations is provided at the end of this Executive Summary.

In broad terms, the Inquiry found that on most indicators the children of the Northern Territory, and particularly Aboriginal children, are significantly disadvantaged and exposed to more harm than their counterparts in other jurisdictions. They have much higher rates of diseases, and accidents and death rates for children are elevated across all age categories. Children in the Northern Territory are more likely to be raised in unsatisfactory environments and to be exposed to various forms of harm such as exposure to family violence, alcohol and drug abuse, physical and sexual abuse and neglect. They are more likely to be exposed to alcohol *in utero*, to contract *otitis media* with the resulting hearing loss, to be anaemic, and to experience the impact of developmental trauma. Alarming numbers of children in remote areas do not attend school or only do so episodically, and their achievement levels are far below minimum acceptable standards. In many areas, children wander aimlessly around communities and become involved in dangerous or illegal activities. Recent data on developmental vulnerability (the AEDI) demonstrates that Aboriginal children in the Northern Territory are significantly more developmentally vulnerable than children in any other jurisdiction, Aboriginal or otherwise.

Ironically, although the overall substantiation figures are higher, reporting rates and substantiation rates for abuse and neglect are relatively low when compared with comparable figures for Aboriginal children in all other jurisdictions. This might indicate that there is a distrust of and lack of engagement in the mainstream child protection system, a disinterested acceptance of the plight of Aboriginal children, and/or a lack of capacity to respond. As one paediatrician commented, in the Northern Territory we see ‘the normalisation of the abnormal’.

Families of children in remote areas are more likely to be experiencing significant disadvantage, to have health and addiction problems, to be living in crowded and unhygienic housing conditions, and to be reliant on welfare benefits. Compared to the rest of Australia, the number of young, single women having children without the skills or resources to provide for their safety and wellbeing is alarmingly high. The Inquiry was repeatedly told that older women are being asked to assume the child rearing tasks that usually fall to parents as so many of the latter are affected by alcohol and other drugs. Many parents told us that they need help with parenting skills, and are losing the ability to appropriately discipline their children.

We also found exceptions to this depressing picture. There are a few communities that appear to be much stronger, that have vibrant commercial enterprises, that have active sporting teams with regular fixtures, that have not had alcohol problems for years, that have few serious health problems, and that are rarely subject to investigations by child protection authorities.

Terms of Reference

1. The functioning of the current child protection system including the roles and responsibilities of Northern Territory Families and Children and other service providers involved in child protection

The Inquiry found that the statutory child protection system (mainly involving NTFC) is overwhelmed by the demand on its services, understaffed and under-resourced, plagued by very high turnover rates, defensive after having been subject to numerous public complaints, audits and investigations, in conflict with key stakeholders, uncertain about its role, beset by internal stresses, and struggling to meet even the most basic expectations. For example, the public would naturally expect that when they believe a child is being harmed and report this to the agency, the matter will be investigated speedily and effectively. This has not been the case for some time in many service delivery areas. At the end of June there were over 870 children who had been reported to be 'at-risk' who were awaiting a formal investigation by NTFC. The Inquiry has requested that the Minister for Child Protection and the Department take immediate action to address this serious issue.

The lack of capacity within the agency extends to the initial processing of notifications, normal case management activities and out-of-home care as well as specialist work units such as training and policy units. In short, the current system is unable to adequately respond to expressed concerns about the safety and wellbeing of children.

It is clear that NTFC, as with equivalent agencies in other jurisdictions, is burdened by some quite unrealistic expectations about its role and capacity. There seems to be an expectation that it can and will protect all children from harm and that it can and should fix a range of individual, behavioural, social and systemic problems that are beyond the scope of any individual statutory or other agency. It was made apparent to the Inquiry that the pressures of meeting the enormous and variable expectations and needs are impacting very negatively on relationships between various government agencies that are working with ambiguous mandates about their own roles. This has resulted in a cycle of guilt and blame as over stretched workers attempt to accommodate impossible demands on their time. However, alongside of these organisational difficulties we also found a number of innovative programs and initiatives, excellent examples of collaborative policy and practice and cutting edge services that are comparable to those of any other jurisdiction, many dedicated, enthusiastic and idealistic workers, and an openness to change.

The Inquiry found a broader NGO system of child and family wellbeing services that is small, under-resourced and predominantly located in the two major urban areas of Darwin and Alice Springs. Likewise, it found that the services that are provided are not always focused in the areas of highest need. These services experience many of the workforce issues experienced by the statutory and other government agencies but tend to be more flexible and open to innovation. Many have successfully and creatively adopted a community development and capacity building approach and are working in partnership with their local communities and in particular with Aboriginal people and

services. Cooperation and collaboration between the government and NGO sectors is described as, at best, poor and, in many cases, non-existent. In many instances relationships between the sectors are marked by overt hostility. In some cases, the NGO sector had taken the initiative to develop interagency agreements and MOUs but they report that these attempts are being frustrated due to the difficulties in working collaboratively with government services. Again, there were exceptions. For example, there appears to be a promising inter-sectoral, interagency initiative around the youth service sector in Alice Springs.

Equally problematic and most disturbing to the Inquiry and commented upon in very many of the submissions is the fact that there is no Aboriginal-operated and controlled child safety and wellbeing service in the Northern Territory. We consider this to be a major deficit and unless addressed as a fundamental matter of urgency, will continue to significantly impede the capacity of child safety and wellbeing provision in the Northern Territory.

What the Inquiry has recommended

In acknowledging the magnitude of the problems in the functioning of the current child protection system in the Northern Territory, the Inquiry has made a number of expansive recommendations aimed at major reform that included re-visioning and re-orienting policies, programs and services. In re-affirming the centrality of principles, it captures the importance of a principle-based and ethical foundation to the work of caring for and protecting children and confirms the importance of the Aboriginal Child Placement Principle (ACPP). Included in these recommendations is the call for a significant new investment in a range of child and family support and therapeutic services over a five year period. These new services must include the development of Aboriginal-operated and controlled child safety and wellbeing services generally known as Aboriginal Child Care Agencies (ACCAs) — in Darwin and Alice Springs.

The Inquiry has not made a specific recommendation about establishing a stand-alone department for child safety but, in the absence of this, it does urge the Northern Territory Government to make an early decision on this issue and to strengthen the profile of NTFC. It also recommends that, in the interests of engaging the Northern Territory public and workforce in visioning a system that provides for the safety and wellbeing of its children and families, NTFC utilises collaborative methods to develop and articulate its values and principles. The Inquiry proposes that services engage with the media in developing an awareness of ‘the incredibly difficult work of the sector’.

2. Specific approaches to address the needs of Territory children in the child protection system, including the delivery of child protection services in regional and remote areas as part of the development of *A Working Future*

Information from submissions and hearings was consistent in terms of the requirement to change the way that the needs of Territory children are met. The Inquiry found that the system for protecting children in place in the Northern Territory is beleaguered and preoccupied with reporting and investigation requirements while also trying to attend to the safety and wellbeing needs of children within the context of their family

and community. This reality reflects the history of mainstream child protection systems which have evolved from ideas and services designed to detect child abuse and neglect in a small number of situations in which dangerous parents intentionally inflict harm on their children. It is clear that the Northern Territory child protection system has become overwhelmed because the mandate and role of the statutory agency has expanded without a simultaneous expansion of prevention-focused programs across the whole of government and the non-government sector.

The Inquiry was advised and understands that, in the absence of a strong family support sector, child protection services have been expected to respond to a range of concerns and reports about child wellbeing, family difficulties and entrenched community problems rather than responding to reports of harm and injuries to children. The result is that these services struggle to do both tasks and have not been able to do either very well. This failure has reached the crisis point where large numbers of children reported to be at risk are not even being assessed. In the view of the Inquiry, a far more integrated model for proactively responding to the needs of children and their families to prevent and respond to harm to children and to promote their safety is essential. This will enable the much needed forensic investigatory services to focus on assessing and caring for children whose needs for a protective service are evident and critical. The philosophical and structural components of a new framework are detailed in Chapter 6 and include the adoption of a public health approach to the protection and care of children.

The need to change the paradigm for conceptualising and providing services to meet the safety and wellbeing needs of the Northern Territory children and the adoption of a new framework of services is highlighted by the unique geographic, social and population realities of the Northern Territory. Approximately 60 per cent of the Aboriginal population live in remote areas and welfare dependency remains the dominant situation in most remote Aboriginal communities.

The Inquiry heard again and again the now 'common knowledge' that children in remote Aboriginal communities live with inadequate housing, nutrition, education and safety. It is not surprising then that children subject to child protection concerns in the Northern Territory are more likely to live in families with poor diets, in overcrowded and substandard housing, engage inadequately with schooling and live in communities where poor health, violence, alcoholism and drug abuse is common and where basic safety needs are not met.

What the Inquiry has recommended

A set of recommendations is made relating to a re-configuration of child protection services. These involve the development of a dual pathway intake and assessment process along with a refinement of the primary focus for NTFC; the creation of Community Child Safety and Wellbeing teams for the 20 Growth Towns; the establishment of place-based, interagency, Community Child Safety and Wellbeing teams; an expansion of the scope of children and family centres in remote areas to include secondary and tertiary level services; the development of more children and family centres in areas of need; a new collaborative approach to child protection decision-making in urban areas; and a re-development of the child safety and wellbeing roles of other government agency workers. These recommendations can be found in Chapter 11.

Strong themes in all the recommendations are the adoption of processes characterised by

cooperation and collaboration, partnerships between government and non-government services, and capacity building within the Aboriginal services sector. Some of the recommendations are the responsibility of one or two agencies whilst others involve a 'whole of government' or a 'whole of service sector' perspective. All the proposals assume that promoting the safety and wellbeing of children is a shared responsibility.

3. Support systems and operational procedures for all workers engaged in child protection, in particular staff retention and training

The Inquiry heard from many members of the public, workers in government and non government organisations and NTFC staff themselves about the difficulties for workers in the current child protection system in the Northern Territory. The examples and stories about commitment, burden, burnout, stress, bullying and exhaustion provided unqualified evidence of a non viable system. Without a strong and supported workforce there is no point in developing any program let alone ones that adequately provide for the safety and wellbeing of Northern Territory children and their families. Limited resources, overwhelming demand, inadequate facilities, lack of support and supervision, high rates of absenteeism and dramatic rates of staff turnover are reported as being endemic in the Northern Territory. Whilst clear evidence was provided of excellent induction, training and supervision policies, the inability to operationalise these policies was very apparent. No retention policies were sighted and most workers were of the view that they were an expendable commodity — the poor cousins in a Northern Territory workforce that are differentially remunerated and rewarded on the basis of whether or not they were categorised as 'an essential service'.

Many of the submissions talked to the urgent need to value this important workforce and to recruit an occupational and professional staff cohort that is culturally literate and equipped and able to work in complex often isolated communities in ways that engage with the capacity of these communities as well as helping them to develop increased capacity. It is also clear to the Inquiry that this staff cohort needs to be competent across a wide range of skill areas, to be flexible and to be able to manage the huge tensions required when one is involved in protecting children from harm. Recent overseas recruitment strategies have come under heavy fire from professional associations and Aboriginal organisations despite the valuable contributions that many such recruits have made. The demand from these critics sits well with the wishes expressed in many submissions and hearings that there needs to be a renewed and energetic focus on 'growing our own' workforce that represents the cultural mix of the Territory.

The NTFC staffing profile itself is not easy to understand. The Inquiry could not obtain a clear or comprehensive picture of the workforce arrangements and requirements within the even broader Northern Territory child, family and community services of interlocking government and NGO services funded in a myriad of programs by multiple authorities and different levels of government. As with other jurisdictions, there is much complexity in the Northern Territory service delivery landscape where there is competition between all services for competent staff. There is an evident and urgent requirement to increase partnerships, collaboration and relationships between programs, agencies and personnel and to develop a more integrated child and family welfare workforce plan for the Northern Territory.

What the Inquiry has recommended

The Inquiry has made a large number of recommendations concerned with meeting workforce needs. These address the macro issues of workforce education, training and recruitment in general as well as the more operational requirements for developing, supporting and maintaining the range of workers needed in this important, challenging and rewarding area of service.

Of significance are the recommendations about developing a clear resource allocation model and a comprehensive workforce strategy, including a commitment to ‘growing our own’ and capitalising on this opportunity to increase the breadth and depth of the Aboriginal workforce. In reinvigorating its workforce strategy, the NTFC is urged to develop stronger partnerships with local tertiary education institutions, to invest more in cadetships and to facilitate multiple entry points and robust pathways through training for local people in both urban and remote areas.

The Inquiry is unequivocal that it is essential to resource and support the workforce and we make a series of recommendations about induction, training, support and supervision — acknowledging that there are already strong policies in place to address some of these needs. Going further than this, we recommend that regular supervision, and locally based practice and training advisers, are essential if quality practice is to be developed and maintained.

4. Quality, sustainability and strategic directions of out of home care programs including support systems for foster parents, carers and families

The Inquiry found serious problems in the policies for and provisions of out of home care (OOHC) services for children in the care of the Northern Territory. Many gaps and limits in care provision and support systems for foster carers were identified in hearings and in oral presentations to the Inquiry. In part, these deficits and problems are connected with the complex and unique history and set of circumstances in the Northern Territory. However, many of them are amplifications of problems experienced in all other jurisdictions as they struggle to find ways to accommodate and nurture children who they determine are no longer able to live with their parents.

OOHC includes all of the alternative accommodation arrangements that are put in place by any state in order to accommodate and care for children under 18 years of age who are assessed as no longer able to live with their parents or caretakers. The purpose of OOHC is to provide children who are unable to live at home due to significant risk of harm, with a ‘home’ that ensures their safety and healthy development. Similar to other Australian jurisdictions, there has been a steady increase in the number of children coming into OOHC in the Northern Territory. Aboriginal children constitute 43.3 percent of the children in the Northern Territory but make up 74 percent of the population of children in care. NTFC relies heavily on foster care with the majority (64 percent) of children placed in this type of care while another 22 percent are placed with kin and relatives. Juxtaposing this knowledge with the heart rending stories from foster carers about their agonizing experiences of the care system, highlighted for Inquiry members the urgency of the problems facing OOHC.

It is clearly evident from the submissions and hearings that problems exist at every level of the OOHC system. These included: problems with entry into care; meeting the particular needs of children with disabilities; the paucity of foster carers; the bitterness and alienation experienced by many foster carers; a lack of adequate support of carers; the lack of capacity to develop localised and suitable models of care; challenges with assessing and supporting kinship carers; problems in maintaining contact with families and communities for the children in care who are accommodated outside of their communities; the burgeoning costs of care including an exponential increase in 'the very costly 'fee for service' placements; confusion about principles of care; the inability to provide supports during care; the absence of therapeutic services for children in care; the need for a larger mix of care options; and meeting the needs of young people leaving care as well as their aftercare requirements.

The Inquiry understands that there has been a strong and costly recent growth in residential care in response to an increase in demand with the existing home-based system unable to meet the need. This has resulted in rapid, ad hoc growth. This, among all the other findings, confirms that a comprehensive review of residential service provision in the Northern Territory is needed.

We also understand that the Northern Territory Government has made ongoing attempts to deal with a number of these issues and to build capacity in the system to provide for the increasing numbers of children and young people in OOHC. However, it is clear from the hearings and submissions and the data presented, that the system still does not have the capacity to meet current needs let alone any projected growth. There is a need to build breadth and depth in the care system and this will require careful analysis, planning, realistic timeframes and adequate funding to develop.

What the Inquiry has recommended

The Inquiry proposes that there be radical alterations to the way the current system of OOHC operates in the Northern Territory and the recommendations capture this imperative for change. A number of urgent capacity issues within the out-of-home care programs will need to be addressed at the same time by way of the recruitment and training of further workers, in order to address serious staffing shortages and workload concerns. Equally, there is an evident and urgent need to listen to, engage with, and support foster carers. The Inquiry supports a focus on placed-based child protection decision-making as outlined in Chapter 11. It recommends a total review of residential care and foreshadows the possibilities of partnering with other jurisdictions to develop a new residential care strategy. It also proposes that current practices around important models of cultural practice be reviewed and we recommend the adoption of the 'Looking after Children' — or a suitable alternative — framework for children in care. Most of the recommendations relating to OOHC can be found in Chapter 9.

5. The interaction between government departments and agencies involved in child protection, care and safety and non-Government organisations and other groups involved in the protection, care and safety of children.

The development of partnerships between government, non-government providers, and private contractors, for the delivery of community services has steadily grown over the past two decades and many jurisdictions are rapidly expanding their partnership arrangements. It is increasingly considered essential that partnerships provide more flexibility in service delivery, profit from different perspectives and are far better equipped to package and deliver services for particular populations of people.

It is clearly apparent from the submissions and hearings that many individuals, organisations and agencies are aware of the severe shortage of NGOs in the Northern Territory, the failure of the current arrangements to capitalise on what partnerships are possible, and the need to recognise and build on the benefits of interagency cooperation and coordination. Many contributors expressed concern, if not despair, about the lack of coordination in the delivery of child wellbeing and protection services to children, young people and their families in the Northern Territory. There is evidence of a lack of shared understanding and expectation, in the submissions and hearings, of the role or limitations of many associated government and NGOs involved in programs to secure the safety and wellbeing of children. Poignantly, many submissions and hearings observed that, with a resourced capacity for early intervention, non-government services could reduce the need for forensic child protection services.

Written and oral submissions to the Inquiry identify many and diverse views about the factors that may be operating to hinder the development of genuine interagency cooperation and coordination. There are underlying and consistent themes in these views. While many of these focus on the role of NTFC, others recognise that problems do not all rest within one agency and that there is a need to look further if an effective solution is to be found. In particular, most submissions recognise that responsibility for the protection of children must be shared across agencies. This applies to relationships between government agencies as well as with NGOs. Most submissions from government agencies addressed the lack of clarification of role boundaries and recognised the need to address this and to engage with inter agency training in order to maximise individual service capacities.

Many non government agencies commented on the confusing implications of contractual obligations. In the submissions they reflect contemporary views of the inherent risks in becoming involved in a contractual relationship with government as a provider of a services including: restrictions around the sharing of information; perceived threats to the advocacy role of the non government agency; the refocusing of the mission of the organisation that might threaten to divert it from its core purpose; the administrative cost of complying with reporting requirements which may burden the administrative capacity of the organisation. Related to these is the risk that an organisation may be encouraged to expand beyond its capability.

What the Inquiry has recommended

There is an urgent need to change the culture that informs the partnerships essential to the delivery of services to children and families in the Northern Territory. This change must 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. Essential to this development is the need to engage across all levels of government and, in particular, to enlist the co-operation of the Commonwealth.

To achieve what is required will necessitate: 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 — one 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; and, genuine, tangible, and accountable, collaboration across government and non-government service providers.

These improvements include: legislation that enables coordinated planning and investment including information sharing in the best interests of the child and family; a commitment to new, integrated service model affirming that making child protection is everyone’s business; a whole of government approach to policy and planning; strengthening NGO delivery of care and protection services across the Northern Territory; and, strengthening the capacity of Aboriginal NGOs to deliver care and protection services across the Territory. In particular, new interagency, inter-disciplinary approaches to child protection decision-making are recommended for both remote and urban areas. Recommendations about these changes are encapsulated in most chapters of the report but are primarily found in Chapters 10 and 11.

Recommendations of the Inquiry

The Inquiry has categorised the urgency of recommendations with respect to the commencement of actions. The framework used is:

1. Urgent: immediate to less than 6 months,
2. Semi-urgent: within 18 months,
3. Important but not urgent: within 2-3 years

For some of the recommendations implementation should start and finish within the allocated period, whereas for others it will be ongoing.

It should be noted that most of the recommendations are presented in a succinct form that focuses on the action/s required. A full understanding of the recommendations and their intent can only be ascertained by reference to the associated discussion in the Report.

References to 'the Act' are to the *Care and Protection of Children Act 2007* (NT), the key piece of child protection legislation in the Northern Territory.

No.	Chapter	Number	Recommendation	Urgency
1.	Chapter 1	1.1	That Northern Territory Families and Children undertakes a process of engaging its entire workforce to commit to a strategic plan which clarifies its mission and includes the articulation of values and principles under which it will operate.	2
2.	Chapter 4	4.1	That the Northern Territory Government develops a clear framework for the inclusion of Aboriginal people in child welfare as the basis of an Aboriginal child safety and wellbeing plan and that measures are developed against each key component of the framework with progress reported annually.	2
3.		4.2	That an Aboriginal Child Care Agency or Agencies be developed in stages, and that such an agency or agencies is funded by Government with a major role in child safety and wellbeing, with consultation to determine how the Aboriginal community should be represented. Alternatively, the agency functions may be developed as part of an existing Aboriginal controlled organisation.	1
4.		4.3	That there is recognition in the <i>Care and Protection of Children Act</i> of the functions of an Aboriginal agency or agencies or other recognised entities.	2

No.	Chapter	Number	Recommendation	Urgency
5.		4.4	That the Northern Territory Government funds the development, establishment and ongoing work of an Aboriginal peak body on child and family safety and wellbeing, and child protection. This peak body would support the process of the development of Aboriginal child and family wellbeing and safety, and child protection agencies.	2
6.		4.5	The Inquiry endorses the Aboriginal Child Placement Principle and recommends that it is interpreted and applied in such a manner that the safety of the child is paramount.	1
7.		4.6	That in consultation with Aboriginal people including relevant service providers, Northern Territory Families and Children should publish a comprehensive practice guide around the application of the Aboriginal Child Placement Principle to be made available to all stakeholders.	2
8.	Chapter 6	6.1	That the planning processes around the development of integrated children and family centres in remote areas specifically address the service delivery needs of vulnerable and at-risk children and families and promote collaborative practice amongst government and non-government service providers relating to these target groups.	1
9.		6.2	That the Northern Territory Government explores with the Commonwealth the (trial) development (or expansion of) existing infrastructure in remote areas (e.g. women's safe houses, day care centres, health clinics) to provide on-community therapeutic residential options for mothers and small children where the latter have been identified as being at risk of removal into foster care because of 'failure-to-thrive', neglect, or otherwise inadequate parenting. The trial of such options would need to include the development of a therapeutic intervention model and staffing /supervision options.	3
10.		6.3	That the Northern Territory Government makes a very significant and sustained new investment in the development (and expansion) of a suite of secondary prevention, tertiary prevention, therapeutic and reunification services for vulnerable and at-risk children, families and communities. The majority of these services should be provided by the non-government sector and administered through an enhanced Northern Territory Families and Children grants program. The investment in such services should involve new rather than redirected funding and within a five year period, should match or exceed the combined Northern Territory Families and Children expenditure in statutory child protection and out of home care.	2

No.	Chapter	Number	Recommendation	Urgency
			<p>This investment program should be based on an analysis of:</p> <ul style="list-style-type: none"> • The reasons that children are coming into contact with the child protection system in the Northern Territory • The regional/community indicators of disadvantage and vulnerability based on Australian Early Development Index results, school attendance rates, sources of notifications, reports of family violence, etc • Service models that may be relevant to the unique cultural, demographic and geographic realities of the Northern Territory • Successful Aboriginal-specific programs and services within the Northern Territory and interstate to inform the service development process • Workforce and training needs in both the statutory and NGO sectors • The development of these services should also be underpinned by the principles outlined in Chapter 6. <p>The suite of service options should include intensive maternal and child support, therapeutic services for children, youth and families, substance abuse treatment, parenting skills development, intensive family preservation, targeted family support, and community development and healing (around issues such as sexual abuse, alcohol abuse, neglect, domestic violence and gambling).</p>	
11.		6.4	<p>That the Northern Territory Government seeks the cooperation of the Commonwealth in undertaking a strategic review of child and family wellbeing services in the Northern Territory. The review should inform the development and implementation of a joint strategic plan around service planning and funding in order to overcome fragmentation, inefficiencies and duplication and to target services where they are most needed.</p>	2
12.		6.5	<p>That the Northern Territory Government undertakes a review of the Northern Territory Families and Children grants program and secretariat with a view to ensuring that the provision of service grants aligns with the goals and strategic priorities of Northern Territory Families and Children, that funding grants are determined by way of a transparent process, that all grants include robust quality assurance and accountability measures, that there is a commitment to progressively implementing a three-year funding cycle, and that the grants section is adequately resourced to administer a substantially enhanced program.</p>	2

No.	Chapter	Number	Recommendation	Urgency
13.	Chapter 7	7.1	That Northern Territory Families and Children either extends the 'outcome' timeframe from 24 to 48 hours for matters that do not appear to require an immediate response; or retains the current 24 hour target but intake workers make an initial assessment based only on the information to hand, as is the case in some other jurisdictions.	2
14.		7.2	That Northern Territory Families and Children immediately develops and implements a strategy to clear up the backlog of unallocated child protection investigations whilst ensuring all notified children are safe. Furthermore, that Northern Territory Families and Children develop a longer term sustainable approach based on a resource allocation model to ensure that such backlogs do not re-emerge.	1
15.		7.3	That Northern Territory Families and Children formally reviews its internal family support program. This should result in a clear practice framework and accountability measures including the collection and reporting of service data relating to family support.	2
16.		7.4	That Northern Territory Families and Children immediately reviews the response targets for the commencement of investigations for the various risk categories and considers whether other targets may be more realistic. Once updated policies/ guidelines have been agreed, ongoing timeliness data should be calculated on all matters that have been 'outcomed' (processed by Central Intake) not just those for which an investigation has commenced.	1
17.		7.5	That the recommendations from the two reports from the Office of the Children's Commissioner: ' <i>Report in respect of Baby BM</i> ' and ' <i>The Interim Progress Report on Intake and Response Processes</i> ' be implemented as a matter of priority, subject to any over-riding proposals from the current Inquiry.	2
18.		7.6	That Northern Territory Families and Children develops guidelines to the effect that professional notifiers with follow-up information on an open case (i.e. a case formally under investigation or a matter that has been substantiated) have the option of directly contacting the relevant regional office rather than needing to be processed through Central Intake.	2
19.		7.7	That Northern Territory Families and Children and the Northern Territory Police review the large numbers of apparently incomplete investigations from CAT North to determine the accuracy of the data and whether action needs to be taken to address the apparent backlog in completing investigations.	2

No.	Chapter	Number	Recommendation	Urgency
20.		7.8	That Northern Territory Families and Children ensures that its investigation processes and instruments are sensitive to the possibility that notified children (particularly for reasons of neglect) may be provided with the basic necessities but not be meaningfully bonded with a caring adult or adults, and that they can experience significant developmental harm as a result.	1
21.		7.9	That Northern Territory Families and Children urgently implements an initiative focused on the longer-term safety and wellbeing of infants and young children who come to its attention. This might be modelled on the 'One Chance at Childhood' initiative of the Department of Communities in Queensland but should also include guidelines for case classification at intake as well as ongoing case support and management.	1
22.		7.10	That Northern Territory Families and Children develops an indicator based on the provision of feedback to notifiers to be used in reporting on performance.	2
23.		7.11	That the Northern Territory Government in considering the impact of the phased withdrawal of AFP by the Commonwealth, ensures that adequate planning and funding is in place to respond to the issues of serious abuse in remote areas.	1
24.		7.12	Given that a number of issues have been raised in submissions touching on strategic goals, resourcing, communications and governance, that a joint review of CAT is undertaken by Northern Territory Families and Children and NT Police during the first phase of child protection reforms resulting from this Inquiry.	2
25.		7.13	Given that there has been a significant increase in the number of 'reportable offenders' on the sex offenders register, and that many such offenders are paroled to their home communities, that the Northern Territory Government ensures there are resources available to maintain the effectiveness of the Reportable Offender Management Unit and to implement a community-based 'child protection watch' scheme linked with the development of Community Safety Plans.	2
26.		7.14	That the Northern Territory Families and Children Policy and Procedures Manual be formally reviewed with a view to actively encouraging workers to adopt a collaborative approach to practice with respect to intake assessment, investigations and case planning.	2
27.		7.15	That the Northern Territory Families and Children Policy and Procedures Manual be reviewed and reworded to embed the principle that engagement and collaboration with the family and extended family should be considered part of normal child protection practice where the child's safety is not compromised.	2

No.	Chapter	Number	Recommendation	Urgency
28.		7.16	That Northern Territory Families and Children evaluates current intake and assessment functions to determine the skills, qualifications and training that are required and whether these are functions that that need to be performed by P2 classified workers.	2
29.	Chapter 8	8.1	That Northern Territory Families and Children engages in a community consultation process to develop a formal policy on permanency and stability planning and consider whether any legislative changes are required.	2
30.		8.2	That Northern Territory Families and Children reviews its policy relating to the ongoing risk management of open cases (as initially recommended in the High Risk Audit – recommendation 7) in the light of the new Structured Decision-Making risk assessment instruments that are being introduced, with a view ensuring that regular assessments are undertaken, the results recorded, and appropriate action taken.	2
31.		8.3	That an Aboriginal Family Group Conferencing model and/or other culturally appropriate decision-making models be developed and progressively implemented to cover all key service regions of the Northern Territory; that the programs are formally evaluated; and that they are funded (in time) as part of the normal budget process.	2
32.		8.4	That Northern Territory Families and Children develops and implements a comprehensive response plan (as detailed in Chapter 8) around the needs of protected young people who come to its attention as recommended in this Report and in the High Risk Audit, including the creation of a new ‘youth at risk’ outcome category for Central Intake.	2
33.	Chapter 9	9.1	That Northern Territory Families and Children undertakes or commissions a comprehensive review of its residential care services with a view to addressing the serious concerns identified in recent internal reports, updating current demand trends, determining the optimal service mix, developing realistic costing models, and clarifying the role of non-government service providers. The review should also: <ul style="list-style-type: none"> consider, in particular, the demand for and approaches to the provision of out of home care for Aboriginal children in remote areas to include safe houses and multi-service approaches that have been established in other jurisdictions that provide for family support and restoration programming as well as out of home care. 	1

No.	Chapter	Number	Recommendation	Urgency
			<ul style="list-style-type: none"> focus on issues of service quality, covering the development of policy and procedure manuals for services, clear program models, the role of care and behaviour management plans, recruitment requirements, specialist training requirements, physical plant, equipment, the supervision and support of workers, and accountability measures review the data recording protocols to ensure the published statistics account for all children and young people in residential care placements lead to a comprehensive 3-year plan around the development and management of residential care services. 	
34.		9.2	That Northern Territory Families and Children considers partnering with another jurisdiction in the development and implementation of its residential care plan.	2
35.		9.3	That Northern Territory Families and Children reviews the organisational structure of Out of Home Care and Alternate Care services with a view to consolidating and rationalising them into a single policy and practice entity.	2
36.		9.4	That regular 'refresher' courses are held for all staff about the application of legislation, policy and procedures with respect to children in care.	2
37.		9.5	That Northern Territory Families and Children progressively adopts the Looking After Children framework (or an amended version appropriate for Aboriginal children) to provide a comprehensive case management framework for children in the care system, to help ensure their developmental needs are addressed.	2
38.		9.6	That Northern Territory Families and Children develops a charter for children and young people in care.	2
39.		9.7	That Northern Territory Families and Children reviews the roles played by the Aboriginal Community Workers and the recently appointed Remote Aboriginal Family and Community Workers, to assess whether they might play a more specific role in the case management and support of children in care.	2

No.	Chapter	Number	Recommendation	Urgency
40.		9.8	That allowances and other payments to all carers be reviewed and an ongoing process be established, that takes into account: <ul style="list-style-type: none"> that the foster care allowance should be based on the child's level of need, their age and the location of placement that an additional allowance should be made to carers in remote areas in order to account for extra costs required to maintain standards The need for clear guidelines around the use of discretionary payments to reduce the inequitable use of this form of allowance. 	1
41.		9.9	That a validated tool of assessment for children entering out of home care be developed and implemented which will assist with the matching of a child with a carer and will determine the rate of allowance to be paid. The assessment process must provide for review and reconsideration.	2
42.		9.10	That kinship carers be provided with allowances at the same rate as general foster carers.	1
43.		9.11	That where 'Family Way' arrangements are facilitated by Northern Territory Families and Children, the carers are eligible for establishment or discretionary payments and that they be assisted and connected to other financial supports available through the Commonwealth and Northern Territory Governments. The needs of the children and care providers should be assessed when the arrangement is negotiated.	2
44.		9.12	That a process be developed and implemented which will ensure all allowances/payments to carers are processed quickly and carers receive their entitlements promptly.	2
45.		9.13	That the development of a professional stream for home based carers, who are highly skilled and trained, be considered to provide placements for children and young people with high and complex needs.	3
46.		9.14	That Northern Territory Families and Children immediately acts to address the need for a shift in culture from a focus on carers as providers to carers as partners.	1
47.		9.15	That Northern Territory Families and Children adequately funds Foster Care NT to ensure that the organisation is able to develop an effective mentoring and support role for foster carers and to assist in the provision of foster care recruitment, training and advocacy with the Department.	1

No.	Chapter	Number	Recommendation	Urgency
48.		9.16	That Northern Territory Families and Children implements measures to monitor quality of practice and decision-making based on existing guidelines (Northern Territory Families and Children Policy and Procedures Manual) for foster and kinship care.	2
49.		9.17	That recruitment strategies continue with an emphasis on Aboriginal carers in remote and rural locations to increase the number of children remaining close to their families. Strategies such as nominating a few carers in the community to provide placements for children at short notice, should be trialled.	2
50.		9.18	That a plan be developed around the resourcing and up-skilling of existing carers to assist with the retention of experienced carers.	2
51.		9.19	That Northern Territory Families and Children facilitates the development of a 'charter' for all carers which sets out expectations, rights and responsibilities. A charter will confirm the important role all those involved in out of home care play in the child's life. It can also be used to determine policy, standards and procedures and for training of carers and staff.	2
52.		9.20	That portions of the Northern Territory Families and Children Policy and Procedures Manual pertaining to out of home care be available online to the public.	2
53.		9.21	That Northern Territory Families and Children continues with its implementation of recommendations from recent Coronial Inquests and reports on progress in its annual report.	1
54.		9.22	That Northern Territory Families and Children continues with its implementation of recommendations from the High Risk Audit and reports on progress in its annual report.	1
55.		9.23	That Northern Territory Families and Children continues to support and influence the introduction and implementation of the National Standards for Out of Home Care and reports on progress in its annual report.	1
56.		9.24	That the Northern Territory Families and Children Policy and Procedures Manual is worded to support the requirement that, unless it is demonstrably in the best interests of a child, a child who has been deemed to be in need of care should be placed in a kinship care placement rather than a 'Family Way' arrangement.	2
57.		9.25	That clear policies and procedures be developed to guide staff about the circumstances in which informal 'Family Way' arrangements are acceptable and what continuing case management obligations exist.	2

No.	Chapter	Number	Recommendation	Urgency
58.		9.26	That Northern Territory Families and Children develops a detailed practice guide around kinship care recruitment, assessment, support and training that includes the 'enabling' principle, details of support options available to carers, and baseline requirements for all kinship/specific carers.	2
59.		9.27	That Northern Territory Families and Children collects a range of care provider data as outlined in this Report and annually report on progress towards 'closing the gap' in standards of care provided for relative and non-relative care providers.	2
60.		9.28	That Northern Territory Families and Children develops a kinship care unit to assist with the recruitment, assessment, registration, support and training of kinship and specific carers and that consideration is given to progressively outsourcing these functions to local ACCAs as their capacity is developed.	2
61.		9.29	That the provision of intensive family support to prevent unnecessary placements be prioritised by the Northern Territory Government and that services are developed and funded accordingly.	2
62.		9.30	That where reunification is the intended outcome, then support and therapeutic services to birth families should be provided whilst their child is in placement to enable this outcome to be realised.	2
63.		9.31	That if it is clear that reunification is going to be the goal, this should be written into the case plans from the start to help determine the nature of the support services needed by the parent/s and to provide clarity and focus for the foster carers.	2
64.		9.32	That if reunification is a goal of a child's case plan and this changes for any reason, a case conference involving the child's family must be held to discuss and formulate a new plan.	2
65.		9.33	That a unit or group of staff within out of home care be created to focus on developing reunification services and strategies and to provide expert advice to work units across the Northern Territory.	2
66.		9.34	That Northern Territory Families and Children develops and appropriately funds specifically therapeutic options for children and young people with high needs such as therapeutic residential care, secure care, therapeutic foster care and a range of therapeutic counselling and treatment services (including Tier 3 services).	2
67.		9.35	That negotiations for fee for service placements should be conducted by specialist staff within the out of home care unit in order to centralise and standardise this function to staff who have relevant knowledge and expertise.	2

No.	Chapter	Number	Recommendation	Urgency
68.		9.36	That in consultation with a child's extended family and cultural advisors, all children who are recognised within the category of being under 'Ambiguous guardianship' are urgently and thoroughly assessed and that resolutions are finalised as soon as possible in relation to their guardianship.	1
69.		9.37	That there is specific guidance in the Northern Territory Families and Children Policy and Procedures Manual to issues arising in work with children who have a disability.	2
70.		9.38	That a review be undertaken of children with a disability in out of home care focusing on the reasons for entry into this type of care and the appropriateness of Northern Territory Families and Children, rather than Aged and Disability, providing for their needs.	2
71.		9.39	That proposals for interstate transfers be assessed by a panel in the relevant Northern Territory Families and Children office comprising at least the Interstate Liaison Officer, the caseworker, and where appropriate, family members and current foster or kinship carers.	2
72.		9.40	That an independent body is auspiced to review investigations into allegations of 'abuse in care' undertaken by the Department of Health and Families. The Office of the Children's Commissioner would be an appropriate body to take on this role.	2
73.		9.41	That the newly developed transition from care policy be implemented consistently with respect to all young people leaving care and a formal reporting program on After Care Services and compliance with legislation and policy be developed.	2
74.		9.42	That transition plans be developed jointly with the young person, their case manager and the relevant out of home care staff member.	2
75.		9.43	That specific training for all out of home care staff be made available to ensure best practice in transition from care.	2
76.		9.44	That the After Care Service including a mentoring scheme be moved, when appropriate, to the non government sector.	3
77.		9.45	That the Northern Territory Government makes a clear policy commitment to the progressive implementation of the outsourcing of significant elements of the out of home care program.	1

No.	Chapter	Number	Recommendation	Urgency
78.		9.46	That Northern Territory Families and Children develops a plan which determines which parts of the out of home care system would benefit from outsourcing, what type of organisations will provide services (e.g. non-government agencies, private organisations or companies), mechanisms for regulation and monitoring of services, risk-management strategies, how funding levels for services will be determined etc.	1
79.		9.47	That given the rapidly increasing costs associated with the placement of children in fee for service placements and the varying levels of placement oversight that are entailed, the plan around outsourcing needs to include a strategy (with targets and timelines) to shift the current fee for service arrangements to negotiated grant-based service agreements with approved providers.	1
80.	Chapter 10	10.1	That the <i>Act</i> be amended to make clear what powers, rights and responsibilities are included as part of 'daily care and control' and 'parental responsibility'.	2
81.		10.2	That the <i>Act</i> provide for parental responsibilities to be divisible with some parental responsibilities able to be retained by parents while other parental responsibilities are able to be assigned to other people.	2
82.		10.3	That the <i>Act</i> be amended to provide for a division within the orders. That is, a distinction in the order between daily care and control and parental responsibility. Parental responsibility should not include daily care and control.	2
83.		10.4	That the <i>Act</i> enshrine as a principle that only in the most extreme circumstances should parents be excluded from exercising all parental responsibilities and that the making of such an order should be a last step and only granted when it is clear that reunification is not possible and that the child is to remain in out of home care permanently.	2
84.		10.5	That the <i>Act</i> be amended to provide that the Court must not make an order allocating parental responsibility unless it has given full consideration to the principles set out in Sections 7 to 12 and is satisfied that any other order would be insufficient to meet the needs of the child or young person.	2
85.		10.6	That the <i>Act</i> be amended to provide that a protection order may only be granted if the Court is satisfied that the granting of the order would ensure the resulting standard of care of the child would overall be significantly higher than the standard presently maintained in respect of the child.	2

No.	Chapter	Number	Recommendation	Urgency
86.		10.7	That regulations relating to the convening of Court ordered mediation be made and that both CEO and Court ordered mediations form an active part of the child protection system across the Northern Territory.	2
87.		10.8	That a senior officer of Northern Territory Families and Children, or their legal representative, be a permanent member of the Local Court Users Group.	2
88.		10.9	That the <i>Act</i> be amended to provide that the Court can make an order that a child has contact with a parent or other person significant to the child.	2
89.		10.10	That the introductory clause of Section 12(3) of the <i>Act</i> be amended to read 'An Aboriginal child should, as far as practicable, and consistent with Section 10, be placed with a person in the following order of priority...'	2
90.		10.11	That the <i>Act</i> be amended to allow undertakings by parties to proceedings to be recorded by the Court.	2
91.		10.12	That Subdivision 3 of Division 4 of Part 2.3 of the <i>Act</i> clearly distinguishes between short-term and long-term protection orders and specifies that the focus of a short-term order is reunification with the family.	2
92.		10.13	That the <i>Act</i> more prominently recognises the importance of reunification in Part 1.3 of the <i>Act</i> and expressly states that the Court must have regard to the principles in Part 1.3 in making orders.	2
93.		10.14	That the <i>Act</i> be amended to include the concept of 'safety' in the definition of 'wellbeing'.	2
94.		10.15	That the <i>Act</i> be amended to provide that short-term orders be made for a maximum of two years, with one possible extension of one year, and that care plans submitted to the Court should include detailed reunification planning.	2
95.		10.16	That the <i>Act</i> be amended to provide that if, at the end of the period of the short-term order(s), reunification is not possible, then a long-term order shall be made for out of home care with the care plan to reflect this.	2
96.		10.17	That the <i>Act</i> provide for Aboriginal children or young people to have a report prepared by a culturally appropriate person for inclusion in the care plan, detailing how the child or young person's connection to their community, culture and spirituality is to be maintained.	2
97.		10.18	That the <i>Act</i> be amended to provide that, in the absence of any application having been made under Sections 136 or 137, a short term protection order under Subdivision 3 of Division 4 must be reviewed by the Court annually, or at any lesser interval determined by the Court.	2

No.	Chapter	Number	Recommendation	Urgency
98.		10.19	That the <i>Act</i> be amended to provide for the Court review of any long-term order in the discretion of the Court, and having full regard to the protected child's need for stability.	2
99.		10.20	That the <i>Act</i> be amended to remove the prohibition on the Department from taking a child into provisional protection if a protection order or temporary protection order is in force for the child.	2
100.		10.21	That the Court consider making practice directions in relation to situations where parental consent is relied on, to ensure that information provided to parents is accessible, comprehensive, timely and consistent with the provisions of the <i>Act</i> .	2
101.		10.22	That the Court consider making Practice Directions in relation to obtaining informed consent from parents where English is not a parents' first language.	2
102.		10.23	That Northern Territory Families and Children reviews its policies and procedures concerning communications with parents, kinship carers (and others) who do not have English as their first language. This should result in directives around the use of interpreters and the provision of written materials in different formats and languages, to ensure that the intentions, proposals and actions of NTFC are clearly understood, particularly where these involve the obtaining of consent.	1
103.		10.24	That Northern Territory Families and Children reviews all placement arrangements facilitated by case workers and, where children are found to be in improperly arranged 'Family Way' placements, their circumstances are assessed and they should either be returned to their parents or have their placement arrangements formalised.	1
104.		10.25	That Northern Territory Families and Children takes immediate action to ensure that no officers participate in any placement arrangements that might be considered contrary to the intent and provisions of the <i>Act</i> .	1
105.		10.26	That the <i>Act</i> be amended to provide that each protection order must be reviewed by the Court within 3 months but not less than 1 month prior to the date on which it would otherwise cease to be in force (and that the order remains in force until the review has occurred).	2
106.		10.27	That the <i>Act</i> be amended to provide that, subject to the Court's review, upon a protection order ceasing to be in force, Northern Territory Families and Children must return the child to his or her parent(s).	2

No.	Chapter	Number	Recommendation	Urgency
107.		10.28	That, if necessary, the <i>Act</i> be amended to provide that in all cases, children cannot be removed from the Northern Territory with the intention of residing interstate without the consent of their parent(s). Where this consent is not forthcoming or the parents cannot be contacted, an order of the Court is required for such removal.	2
108.		10.29	That the <i>Act</i> be amended to make it clear that the removal interstate of children in care for purposes of holiday, schooling, sporting or medical care does not require parental consent or a court order.	2
109.		10.30	That CCIS be modified to enable care plans with a fundamental and mandatory structure and content to be quickly and easily produced by practitioners.	2
110.		10.31	That Northern Territory Families and Children annually reports on compliance with Sections 70, 71, 73, 74 and 76 of the <i>Act</i> with respect to care plans.	2
111.		10.32	That the Northern Territory Government establishes a single court with jurisdiction to hear and determine both child protection and youth justice matters in isolation from adult courts.	2
112.		10.33	That the <i>Act</i> be amended to provide that Northern Territory Families and Children can accept a notification of concern about an unborn child and make provision for the immediate care and protection of the child when born.	2
113.	Chapter 11	11.1	That the <i>Act</i> be amended to: <ol style="list-style-type: none"> 1. provide a workable framework that permits and encourages the exchange of information between public sector organisations, between these organisations, the non-government sector and, where appropriate, individual community members, where that exchange is for the purpose of making a decision, assessment, plan or investigation relating to the safety and/ or wellbeing of a child or young person; and 2. provide that, to the extent that provisions are inconsistent, the <i>Information Act</i> (NT) should not apply. 	2
114.		11.2	That where government-funded agencies providing for safety and/ or wellbeing of children or young people develop codes of practice in accordance with privacy legislation, their terms should be consistent with the new legislative provisions and consistent with each other in relation to the discharge of the functions of those agencies.	3

No.	Chapter	Number	Recommendation	Urgency
115.		11.3	That Northern Territory Government agencies work with the non-government sector to jointly develop information sharing principles to guide the development of legislative amendments and inform practice changes.	2
116.		11.4	That government agencies and non-government organisations work jointly to develop cross-sector operational guidelines around collaborative practice and information sharing, and that related training programs reflect these guidelines. The guidelines should be publicly available, including on government agency websites.	2
117.		11.5	That the Northern Territory Government immediately moves to implement the major reforms outlined in the body of this Report (Chapter 11) around the delivery of child safety and wellbeing services and interagency collaboration. These include: <ol style="list-style-type: none"> 1. Development of a 'dual pathway' process for the referral and assessment of vulnerable children and families 2. Creation of Community Child Safety and Wellbeing teams for the 20 Growth Towns, and elsewhere. 3. Expansion of the scope of the current and planned children and family centres to include targeted and indicated services for at-risk children and families 4. Development of further children and family centres (as child safety and wellbeing centres) in areas of need. 5. Establishment of interagency, hospital based Child Safety and Wellbeing teams in urban areas 6. Enhancement of the child safety and wellbeing roles of other government agencies and personnel. 	1
118.		11.6	To further the principle that child safety and wellbeing is 'everyone's business', that a senior officer in each Northern Territory Government department be responsible for relevant policy development, as well as the oversight of child safety and wellbeing issues arising in the business of that department. Further, that the precise child safety and wellbeing roles of these officers be negotiated with the implementation unit to be established following this Inquiry and should include the promotion of collaborative practice.	2

No.	Chapter	Number	Recommendation	Urgency
119.	Chapter 12	12.1	<p>That Northern Territory Families and Children develops a comprehensive workforce strategy based on clearly stated values and principles that:</p> <ul style="list-style-type: none"> • reflects the required progressive move to a strong early intervention focus and service provision that covers the continuum of universal, secondary and tertiary services; • involves the employment and continued training of well qualified, culturally aware and competent child safety and protective personnel who can identify risk and work in situations where there is significant risk to children as well as being able to utilise community development approaches for early intervention and preventative services; • promotes an Aboriginal workforce employment and engagement strategy developed in partnership with Aboriginal advisers and agencies that creates 'on-country' employment, education, training and employment development pathways for Aboriginal people working in family support and protective services from volunteer through to postgraduate level • is characterised by a strong partnership engagement with the non-government sector in planning and implementation. 	2
120.		12.2	<p>That Northern Territory Families and Children develops a model of workforce and resource planning in partnership with the Northern Territory Treasury, Office of the Commissioner for Public Employment and relevant discipline groups at Charles Darwin University, Batchelor Institute, Centre for Remote Health and other relevant training organisations around child safety and wellbeing services.</p>	2
121.		12.3	<p>That Northern Territory Families and Children's Workforce Development Unit be reviewed in the light of other recommendations, restructured and accordingly resourced in order to enable a culture of excellence.</p>	2

No.	Chapter	Number	Recommendation	Urgency
122.		12.4	<p>That Northern Territory Families and Children re-shapes its workforce by:</p> <ul style="list-style-type: none"> • developing a transparent resource allocation methodology across Northern Territory Families and Children; • undertaking a comprehensive analysis of roles and functions required and a review of current position descriptions in order to determine the appropriate and most effective role and function for service delivery, paying attention to the: <ul style="list-style-type: none"> • Number of personnel • Skills, qualifications and disciplines of personnel • Level of knowledge and skills required • Professional development needs of workers • Training and education provision • Developing a range of new positions to meet the requirements of the new model of service delivery • Ensuring the presence and visibility of multiple entry points to and pathways through service delivery for a range of people at various stages of their education and development. 	1
123.		12.5	<p>That Northern Territory Families and Children reviews the specific demands of urban, regional and remote area service delivery and:</p> <ul style="list-style-type: none"> • establishes benchmark caseload ratios to enable acceptable staff levels and appropriate and manageable caseloads • formulates specific ratios for the three practice areas noting the current benchmarks that have not been calibrated for jurisdictions that include remote area practice - Out of Home Care 1:15; Family Support 1:10 to 1:20; Child Protection 1:6 to 1: 15. • develops specific proposals for remuneration and innovative performance and incentive based strategies (such as provision of housing, rental subsidies, travel allowances, retention bonuses, salary packaging, etc) and that proposals for remote practice are equitable for people regardless of their original domicile. 	1

No.	Chapter	Number	Recommendation	Urgency
124.		12.6	<p>That in conjunction with the Office of the Commissioner for Public Employment, Northern Territory Families and Children:</p> <ul style="list-style-type: none"> • Reviews all locations where there is a 'higher than usual' turnover of staff and immediately reviews the circumstances in that region or office. • Maintains regular monitoring of staff turnover utilising a mechanism for obtaining regular staff feedback, with a view to setting performance targets for reducing turnover. 	2
125.		12.7	That Northern Territory Families and Children reviews and evaluates the overseas and interstate recruitment strategies.	2
126.		12.8	That Northern Territory Families and Children reviews and implements the Northern Territory Families and Children Learning Development Framework and associated strategies to address induction, training, supervision and support needs of the workforce and ensures that induction is compulsory and is conducted before practice staff commence duties.	2
127.		12.9	<p>That Northern Territory Families and Children adopts a model of cross sectoral and cross disciplinary education and training to promote collaboration, relationships and continuity of care that includes:</p> <ul style="list-style-type: none"> • Education for education, justice and health staff working with children about the role of Northern Territory Families and Children • Education for Northern Territory Families and Children staff about the role of child and family health nurses and Aboriginal health workers • The utilisation of funded cadetships and traineeships. <p>Further, that the Department of Health and Families considers making a joint appointment with the Discipline of Social Work in the School of Health Sciences at Charles Darwin University in order to encourage practice support and research between the two organisations and facilitate the development of career pathways.</p>	2
128.		12.10	That the Department of Health and Families organises for an independently conducted morale survey with all Northern Territory Families and Children staff (possibly to be conducted in conjunction with the Office of the Commissioner for Public Employment) and establish performance measures by which to calculate the improvement of staff morale and use as a benchmark for regular re-assessments.	2

No.	Chapter	Number	Recommendation	Urgency
129.		12.11	That Northern Territory Families and Children undertakes exit interviews of all departing staff and that these are audited by the Office of the Commissioner for Public Employment.	2
130.		12.12	That an independent review of Northern Territory Families and Children is conducted with a focus on care and support of workers, work conditions, treatment of staff and workplace protection.	2
131.		12.13	That a mentorship program with senior members of Department of Health and Families staff is developed and 'implanted' to promote a supportive work environment for new or junior members of Northern Territory Families and Children.	3
132.		12.14	That the Department of Health and Families endorses and resources the proposed Northern Territory Families and Children supervision policy and: <ul style="list-style-type: none"> • Ensures that time is allocated to supervision and training of staff by allocating service closure times • Monitors its application by inviting regular feedback from all staff • Includes a CCIS staffing marker regarding worker supervision which is used in management reports • Ensures that aggregated information from supervision is recorded and conveyed to dedicated senior personnel who can utilise it for the refinement of policy, practice, training and workforce development • Ensures that all staff in senior/supervisory positions have the advanced qualifications and experience to fulfill their role and meet organisational performance requirements • Instigates a program of supervision training for all senior staff – including team leaders, managers and directors • Augments supervision with a mentorship model that sends a strong message that staff are valued, supported and assisted to do the work they are required to do • Develops a comprehensive mechanism for cultural competence that includes an ethical and values framework and that is cross-sectoral, cross divisional and cross departmental • Ensures that team leaders do not carry case management responsibilities so that they can support staff learning and performance and the development of quality services. 	1

No.	Chapter	Number	Recommendation	Urgency
133.		12.15	That Northern Territory Families and Children develops and implements the role of Practice Advisors in all operational offices.	2
134.		12.16	That direct efforts and resources to support Aboriginal Employment Strategy initiatives are implemented.	2
135.		12.17	That Northern Territory Families and Children develops Key Performance Indicators to demonstrate the goals of Aboriginal workforce planning, with annual reporting on achievements.	1
136.	Chapter 13	13.1	That the Northern Territory Government reviews the roles and functions of the Children’s Commissioner in the light of this Inquiry with a view to amending the Act to address the needs for: <ul style="list-style-type: none"> • An ‘own motion’ investigation capacity • The extension of his/ her advocacy and complaint management responsibilities to other identified groups of vulnerable children in Northern Territory Government-funded care • Specific powers for the Children’s Commissioner to obtain documents, examine persons, or carry out any type of investigations as part of his/ her monitoring functions • A broader role in monitoring the implementation of Northern Territory Government decisions arising from any inquiries in relation to the child protection system or the wellbeing of children under the <i>Inquiries Act</i>. 	1
137.		13.2	That the Northern Territory Government ensures that the Children’s Commissioner is adequately funded to carry out any additional functions.	1
138.		13.3	That the Office of the Children’s Commissioner be funded to employ an Aboriginal person dedicated to investigating issues raised by and affecting Aboriginal children in particular. This position needs to be resourced in addition to roles currently undertaken by the office.	2
139.		13.4	That the Northern Territory Government reviews the terms of reference of the Northern Territory Families and Children Advisory Council and its access to data so as to enhance its capacity to advise the Minister.	2
140.		13.5	That Northern Territory Families and Children establishes mechanisms for regularly listening to the voices of children and young people regarding their experiences in the care system, for determining their needs, and for implementing improvements to the standard of care and support that is provided.	2
141.		13.6	That a community visitor model be implemented to involve a sampling of children in out of home care (OOHC) with a view to informing the Children’s Commissioner about OOHC issues from the perspective of the visitor, and also from the children being visited.	2

No.	Chapter	Number	Recommendation	Urgency
142.		13.7	That Northern Territory Families and Children develops an effective complaints management process for clients of the service (and others affected by decisions) that provides for the speedy resolution of complaints. The procedural guidelines for the process should be made available on the Northern Territory Families and Children website.	1
143.		13.8	That Northern Territory Families and Children develops an appeals process (either as part of the internal complaints process or separately) that provides for an appeal process for professional decisions independent of the normal line management structures. The procedural guidelines for the appeal process should be made publicly available on the Northern Territory Families and Children website.	1
144.		13.9	That the Northern Territory Government funds the development of an advice and support program for vulnerable families who come into contact with the statutory services of Northern Territory Families and Children in both the Top End and Central Australia. This might be developed as part of the service offered by an Aboriginal Child Care Agency, family service or legal agency.	2
145.		13.10	That a framework involving performance measures in the domains of input, process, outcome and impact is adopted and appropriately resourced.	2
146.	14 – The Way Forward	14.1	<p>That the Northern Territory Government develops and implements a comprehensive community education strategy to highlight key messages about child protection and child wellbeing and to accompany the service delivery enhancements contained in this Report. The strategy should:</p> <ul style="list-style-type: none"> • have at least a five-year life span, • must be multi-modal (involving radio, TV, printed materials, training programs and discussion forums) • use materials translated into local languages, and • address a range of issues relating to child safety and wellbeing. <p>The strategy should include a review of the various child wellbeing/protection education programs currently in place with a view to preventing fragmentation and duplication. The strategy should include an ongoing impact evaluation component.</p>	1
147.		14.2	That the Northern Territory Government creates a planning, coordination and implementation unit (or team) to be responsible to the Chief Executive of the Department of the Chief Minister, in order to develop, drive and coordinate the reforms in the manner proposed in Chapter 14 of this Report.	1

Structure of the Report

This Report of the Board of Inquiry into the Child Protection System of the Northern Territory is contained in two volumes and includes an Executive Summary, a consolidated list of the recommendations and a number of appendices. The Report is available for downloading from the Inquiry website.

For those who may not have the time to read the full Report, a Summary Report is available for downloading. The Summary Report also contains a full list of the recommendations.

Chapter 1 begins with a review of the background to the Inquiry and outlines how the Board approached the task, as well as the values and principles that guided our approach.

Chapter 2 provides a sampling of data about the Northern Territory which reflect its unique geographic and demographic characteristics. Key statistics in this chapter highlight both the absolute levels of disadvantage experienced by the Northern Territory's Aboriginal population and the relative disadvantage they experience in comparison with the non-Aboriginal population.

Chapter 3 provides a conceptual discussion about child protection systems. This chapter highlights the trend over the past few decades of such systems becoming focussed on the legal and forensic aspects of protecting children (such as assessing whether abuse has occurred and determining if legal orders are needed), rather than providing support to struggling families in order to help them provide appropriate care for their children.

In Chapter 4 we explore the needs of Aboriginal children in particular and place these within an historical context. This chapter also covers key aspects of practice relating to vulnerable Aboriginal children and families, as well as the need for services controlled and/or operated by Aboriginal people.

Chapter 5 provides an overview of the statutory child protection system in the Northern Territory, along with key data about children and services.

Chapter 6 focuses on the service needs of vulnerable children and families at different points in the continuum of needs and calls for a significant new government investment in the development of prevention and therapeutic services, particularly in the remote areas of the Northern Territory.

Chapter 7 is the first part of an examination of statutory child protection services, focusing on the critical processes of intake and investigation. The second part in Chapter 8 explores the range of other statutory functions, including case management, permanency planning and services for at-risk youth.

In Chapter 9 we look at a range of issues relating to out-of-home care services, the program area that is the most costly and, arguably, the most complex part of the statutory child protection system.

In Chapter 10 we look at legal and related practice issues that arose in the course of the Inquiry and include a number of suggestions for amendments to the *Care and Protection of Children Act 2007* (NT).

Chapter 11 explores the pivotal issue of interagency collaboration, a practice imperative that must be developed and formalised if child protection is truly to become 'everyone's business'. The chapter concludes with major recommendations relating to the reform of child protection decision-making and interagency collaboration.

This is followed in Chapter 12 by an examination of the challenging areas of workforce and workplace. These areas have been highlighted as key contributing factors behind many of the problematic practice issues that have arisen in recent years.

Chapter 13 outlines a number of review, oversight and accountability functions that will need to be in place to ensure the service system is meeting its objectives and to promote service quality.

Finally, Chapter 14 outlines the steps required to be taken to enable the implementation of the suggested reforms contained in the Report.

Formal recommendations are generally listed following the related discussion in each chapter. The recommendations are also provided in a consolidated list attached to the Executive Summary. Each recommendation has an 'urgency rating' relating to its implementation.

It should be noted that the recommendations are usually in a succinct form that focuses on the action/s required. A full and accurate understanding of the recommendations and their intent can only be ascertained by reference to the associated discussion.



CHAPTER 1
INTRODUCTION

CHAPTER 1

Introduction

The Inquiry into the child protection system in the Northern Territory was announced by the then Minister for Child Protection, the Hon. Malarndirri McCarthy, on 11 November 2009. This was followed on 9 December 2009 by the formal appointment of the Board of Inquiry by the Chief Minister, the Hon. Paul Henderson. Professor Muriel Bamblett, Dr Howard Bath and Dr Rob Roseby were appointed as co-chairs of the Board of Inquiry, with any one member constituting a quorum.¹

The Inquiry is established under the *Inquiries Act 1945* which defines the powers, protections and obligations of the Board of Inquiry, the protection of witnesses, evidence gathering processes, and reporting requirements.²

The Inquiry was commissioned in response to alleged failings of Northern Territory Families and Children (NTFC), a division of the Department of Health and Families (DHF or the Department). In the months prior to the announcement of the Inquiry a number of concerns had come to light, including allegations that the Department had failed to act following reports about the exposure of some infants to harm. In two cases it was alleged that infants had died as a result of the Department's inaction, whilst in another instance, an infant was seriously injured some weeks after a number of notifications had been made. Despite the Northern Territory Coroner's announcement that the deaths of the particular infants in question did not appear to be the result of physical abuse, public concern sharply increased. Concerns were highlighted in statements from professional associations, critical comments contained in the Children's Commissioner's annual report³, and in the proceedings of a Coroners' investigations into the deaths of two children under protection orders.⁴ All highlight significant concerns about the functioning of the child protection system.

On 3 November 2009, the then Minister requested that the Children's Commissioner prepare a report under section 260(1)(e) of the *Care and Protection of Children Act 2007* (the *Act*) into the intake and response services of NTFC to be completed prior to Christmas that year. This action did not allay concerns about the child protection system expressed by professional associations, individuals and various politicians. Following a series of consultations, the Minister announced the present 'wide-ranging' inquiry.

1 See biographical details in Appendix 1.1 and the Instrument of Appointment, 9 December 2009, Appendix 1.2.

2 As in force on 17 May 2007.

3 Children's Commissioner Northern Territory, 2009, *Annual report 2008-2009*. Office of the Children's Commissioner, Northern Territory Government, Darwin, <http://childrenscommissioner.nt.gov.au/publications/Annual%20Report%2008-09.pdf>.

4 G Cavanagh, 2010, *Inquest into the death of Kalib Peter Johnston-Borrett, NTMC 006*, Office of the NT Coroner, Darwin; ———, 2010, *Inquest into the death of Deborah Leanne Melville-Lothian, NTMC 007*, Office of the NT Coroner, Darwin.

Terms of Reference

Terms of Reference (ToR) for this Inquiry were provided together with the Minister's public announcement on 11 November 2009.⁵

The purpose of the Inquiry is to review the child protection system and make recommendations which will substantially strengthen and improve the system to ensure it meets the needs of Northern Territory children.

Specifically, the Inquiry is to report and make recommendations on:

- the functioning of the current child protection system including the roles and responsibilities of Northern Territory Families and Children and other service providers involved in child protection
- specific approaches to address the needs of Territory children in the child protection system, including the delivery of child protection services in regional and remote areas as part of the development of *A Working Future*
- support systems and operational procedures for all workers engaged in child protection, in particular staff retention and training
- quality, sustainability and strategic directions of out of home care programs including support systems for foster parents, carers and families
- the interaction between government departments and agencies involved in child protection, care and safety and non-Government organisations and other groups involved in the protection, care and safety of children.

The Inquiry will consider and, where appropriate, incorporate:

- findings and recommendations arising from recent coronials and other recent investigations, reviews and inquiries into the functioning of the child protection system, and
- child protection issues and developments at the local, national and international level, and its implications for the Northern Territory.

In addition to the formal terms, the following two specifications were attached:

The Inquiry is encouraged to draw on the advice and expertise of existing Northern Territory Government advisory councils, as well as other subject matter experts within the broader community.

The Inquiry's consultation processes should be conducted publicly, unless people or organisations contributing to the Inquiry request that their contributions remain confidential.

In media comments during and after the formal announcement, both the Minister and the Chief Minister drew attention to the 'broad ranging' nature of the ToR and the Inquiry has likewise adopted a broad interpretation. This approach is particularly informed by

⁵ M. McCarthy (Minister for Child Protection), 11 November 2009, *Child Protection Inquiry Announced*, media release, NT Government., See Appendix 1.3.

the statement in the ToR that the purpose of the Inquiry is to ‘review the child protection system and to make recommendations to strengthen and improve the system.’

The Inquiry is of the view that the child protection system is part of a broad agenda for child safety and wellbeing which involves much more than the components and processes involved in the delivery of statutory child protection services by NTFC. In this report we have conceptualised the system for protecting children as a continuum of services and supports which range from the promotion of child wellbeing for all children, to the prevention of child abuse and neglect in targeted populations, through to investigative and therapeutic responses for children who have experienced abuse and neglect (including child protection and out of home care services). The Inquiry sees it as imperative that both the causes and the consequences of child abuse and neglect are addressed.

The child protection system incorporates roles of teachers, health staff, housing officers, the police, many non-government health and welfare-oriented organisations (NGOs), volunteer foster carers and, indeed, members of the wider community. It also includes the child wellbeing and protection services provided or funded by other levels of government. The system is more fully detailed in Chapter 3 of this Report.

Commonwealth agencies such as the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), the Department of Education, Employment and Workplace Relations (DEEWR), the Attorney General’s Department, and Centrelink, provide funding, training and direct interventions designed to assist and protect vulnerable children and families across the Northern Territory as part of, or in addition to, the Northern Territory Emergency Response (NTER).⁶ Likewise, child safety and wellbeing measures, such as the provision of road safety signage, animal control measures, and recreation services undertaken by local government shires, are also part of the broader child protection system.

Finally, in addition to the formal system, informal child protection plays a significant role in the protection of children in the Northern Territory. In particular, there is the invaluable role played by countless grandmothers, ‘aunties’ and other relatives within the Aboriginal community, who take the initiative to protect and care for children in need.

Although the Inquiry has adopted a broad view of what constitutes the child protection system, drawing attention to the need for governments and others to address concerns at a number of levels, the specific recommendations arising from this Inquiry are, for practical reasons, focused on actions the Northern Territory Government and, to some extent, the Commonwealth Government can take on services for more vulnerable and at-risk children and families. A majority of the specific recommendations relate to the operations of NTFC.

The Inquiry has addressed its ToR fully, with responses generally carried in a number of chapters. For example, responses to point 5 of the ToR, regarding the interaction between government departments, non government organisations (NGOs) and other groups, are discussed throughout the report.

6 NTER Review Board, 2008, *Northern Territory Emergency Response - Report of the NTER Review Board*, Commonwealth of Australia, Canberra.. NTER is commonly referred to as the ‘Intervention’.

Broader context of the Inquiry

The Northern Territory Inquiry follows a recent series of similar inquiries in other jurisdictions. The Wood Inquiry in New South Wales (NSW)⁷ covered much of the same ground as did the Victorian Ombudsman's two recent investigations into child protection and out-of-home care services in that state⁸ as did, on a smaller scale, the Report of the Select Committee on Families in South Australia.⁹ Issues addressed by these Inquiries/ investigations are very similar to those in this Report and, indeed, in numerous others in Australia and overseas in the past decade.

The work of Bob Lonne and colleagues compellingly shows that many of the current problems in child protection, and background events leading to Inquiries, are shared across states and even countries.¹⁰ They note that:

The solutions proposed to the problems we face in our policies and practices for protecting children generally follow on the heels of public scandals, child deaths and... subsequent inquiries.¹¹

They go on to warn that remarkably similar solutions are often offered by such inquiries but unless there is a fundamental paradigm shift in our understanding of what protecting children entails and in our approach to remediation, the same problems and failures will re-emerge. Their observations alert us to the fact that, although we are focused on issues and problems besetting the child protection system in the Northern Territory, many of these are related to broader systemic issues and problems that affect child protection systems wherever they are located.

Workforce issues are a case in point. It is clear from previous reports that workforce challenges underlie many of the practice problems in the Northern Territory.¹² Lonne and colleagues point out that workforce issues in child protection are endemic worldwide. They observe that:

there is compelling evidence that the level of staff turnover is so high as to make staffing the key organisational issue in child protection systems.¹³

There are many other inquiries and reports with particular relevance to the current Inquiry. A number make specific recommendations directly related to the provision of child protection services in the Northern Territory. The 'Bringing Them Home' report focused on the forced removal of Aboriginal children from their families, many of them in the Northern Territory¹⁴. 'Bringing them Home' was followed some time later by the widely heralded 'Report of the Northern Territory Board of Inquiry into the Protection of

7 J Wood, 2008, *Report of the Special Commission of Inquiry into child protection services in NSW*, State of NSW through the Special Commission of Inquiry into Child Protection Services in NSW, Sydney.

8 Ombudsman Victoria, 2010, *Own motion investigation into child protection - out of home care*, Ombudsman Victoria, Melbourne; ———, 2009, *Own motion investigation into the Department of Human Services Child Protection Program*, Victorian Ombudsman, Melbourne.

9 (Select Committee, 2009, *Report of the Select Committee on Families SA*, Parliament of South Australia, Adelaide.

10 B Lonne et al., 2009, *Reforming child protection*, Routledge, Abingdon, Oxford.

11 *ibid.*, p.8.

12 Children's Commissioner Northern Territory, *Annual report 2008-2009*; ———, 2010, *Interim progress report into Northern Territory Families and Children intake and response processes*, Office of the Children's Commissioner, Northern Territory Government, Darwin, p.27.

13 Lonne et al., *Reforming child protection*, p.68.

14 Human Rights and Equal Opportunity Commission (HREOC), 1997, *Bringing them home: National inquiry into the separation of of Aboriginal and Torres Strait Islander children from their families*, HREOC, Sydney.

Aboriginal Children from Sexual Abuse’¹⁵ (known also as the ‘Little Children are Sacred Report’). That report had both a national and Territory-wide impact¹⁶ and triggered the federal ‘Intervention’ (Northern Territory Emergency Response; NTER). In addition, various reports into the child protection system in the Northern Territory were undertaken by Dr Howard Bath, initially as a consultant and then as Children’s Commissioner.¹⁷

These reports reviewed the functions of different aspects of the system and recommended reform.

At a national level there have been recent initiatives that have direct relevance to this Inquiry. The NTER Review Board made a number of key recommendations regarding welfare reform and supporting families and this was followed by the official joint Northern Territory Government and Commonwealth response committing to continue the intervention programs to at least mid-2012.¹⁸ In 2009, the Council of Australian Governments (COAG) published the landmark ‘National Framework for Protecting Australia’s Children’.¹⁹ The framework was the first national initiative to address core child protection issues, followed closely by the development of a three-year action plan.²⁰

The COAG initiative sets out a shared conceptual model for services and a set of national priorities and is significantly relevant to the reform of child protection services in the Northern Territory. Finally, as a component of the COAG action plan, the recently released draft national out-of-home care standards will have a direct bearing on the shape of Northern Territory services.²¹

Approach and methodology

The Inquiry commenced the work of establishing a secretariat in December 2009, and formally opened its office in late January 2010. Professional staff were recruited to provide executive coordination, administrative support, child protection policy expertise, legal advice and assistance, media liaison, research skills and an investigative capacity. Specialist staff members were sought from within and outside of the Northern Territory and formal research links were established with nationally prominent institutions, such as the National Child Protection Clearing House at the Australian Institute of Family Studies and the Menzies School of Health Research in the Northern Territory. In addition to funding the activities of the Inquiry, the Department of Chief Minister provided practical support to establish the office, secretariat and information technology (IT) facilities.

15 Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, 2007, *Ampe Akelyernemane Meke Mekarle “Little Children are Sacred”*, report prepared by P Anderson & R Wild, Northern Territory Government, Darwin., (also known as the ‘Little Children are Sacred’ report).

16 NTER Review Board, *Report of the NTER Review Board*.

17 Northern Territory Department of Health and Community Services, 2007, *Northern Territory Community Services high risk audit: Executive summary & recommendations*, report prepared by H Bath, Northern Territory Government, Darwin; Children’s Commissioner Northern Territory, *Annual report 2008-2009*; ———, *Interim progress report into intake and response processes*.

18 Australian Government & Northern Territory Government, 2009, *Response to the Report of the NTER Review Board*, http://www.fahcsia.gov.au/sa/indigenous/pubs/nter_reports/response_to_reportNTER/Documents/Aust_response_1882953_1.pdf.

19 Council of Australian Governments, 2009, *Protecting children is everyone’s business - National framework for protecting Australia’s children 2009-2020*, Commonwealth of Australia, Canberra.

20 ———, 2009, *Protecting children is everyone’s business - National framework for protecting Australia’s children: Implementing the first three-year action plan*, Commonwealth of Australia, Canberra.

21 Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), 2010, *Working document: Development of National Standards for out of home care*. FaHCSIA, Canberra, http://www.fahcsia.gov.au/sa/families/pubs/Documents/working_doc_dev_nat_stds_for_out_of_home_care.pdf.

The scope of the Inquiry has been broad, covering a wide range of child protection issues. These include the roles and responsibilities of a number of statutory government and non-government agencies in addition to those of Northern Territory Families and Children (NTFC). This being the case, the Inquiry approached the task by gathering information from multiple sources using a range of methodologies and mechanisms. The key components of this approach were as follows:

Public Forums

Public forums were held in five urban centres across the Northern Territory during February 2010 - Darwin including Casuarina and Palmerston, Katherine, Alice Springs, Tennant Creek and Nhulunbuy. They were designed to provide members of the public with information about the Inquiry and to provide an opportunity for attendees to raise issues that they felt should be explored. In all of these centres, additional forums were held for health, statutory welfare workers and the police.

The public forums were advertised widely in the print media in each regional centre, on radio, and on the Inquiry web-site. At each of the forum sessions in the larger centres, counsellors were contracted to provide assistance for participants should they become distressed, and Northern Territory Police were in attendance.

Written Submissions and Oral Hearings

Submissions were invited from organisations and individuals with an interest in the child protection system and the wellbeing of children. The first call for submissions was in late January 2010 with around 250 invitations to submit posted to organisations and many others to individuals such as foster carers. An invitation for submissions from the public was widely advertised in the written press and on radio, and by means of radio and television interviews.²²

A total of 156 written submissions were received by the Inquiry and 80 formal hearings were held across the Territory²³. Written submissions were received from and oral hearings were conducted with Government agencies, Northern Territory and national NGOs, peak bodies, academics, child protection workers, medical personnel, education workers, foster carers, family members involved in the system, and numerous other interested individuals²⁴.

In addition to the formal hearings, numerous less formal consultations were held with Aboriginal community members, young people in care, statutory workers, academics, and others.

To encourage contributions from child protection workers and other government workers, the Chief Minister and Minister for Child Protection publicly announced that any government employee could make a submission to the Inquiry without fear of adverse treatment for having done so. The Inquiry communicated with the chief executives of DHF, the Department of Education and Training (DET) and the Police on the issue of the protection of staff members who may choose to make a submission. In each case, chief executives communicated with their own staff members guaranteeing that they would not suffer any adverse treatment. Under Section 308(2)(c) of the Act, the Chief Executive

22 An example of the newspaper advertisements is in Appendix 1.4.

23 A list of the written submissions to the Inquiry can be found in Appendix 1.5.

24 A list of the contributors to the Inquiry can be found in Appendix 1.6.

of DHF may explicitly absolve staff members from adverse repercussions that might arise from the sharing of confidential material gained in the course of their work by deeming that such a contribution to the Inquiry was in the public interest.

Information and Data Requests

The Inquiry invited a number of organisations and individuals to contribute material to the Inquiry at different levels. Specific invitations were also forwarded to individuals with statutory roles who are in a position contribute evidence or useful information. In a few cases, usually after consultation with an individual or organisation, the Inquiry issued a summons to individuals who were in a position to provide the Inquiry with specific information. Some individuals felt more comfortable presenting material to the Inquiry where they had the protection of such a legal summons. Numerous specific requests for data, information and briefings were made to government policy and service providers in the course of the Inquiry.

Reference Group

Given the specific request to examine ‘child protection issues and developments at the local, national and international level...’ the Inquiry formed a specialist Reference Group to help inform its work. The resulting Reference Group met formally with the Co-Chairs of the Board of Inquiry and secretariat on three occasions over five days to consider, provide advice on and review the Inquiry’s work, and to assist with specific issues in the manuscript of this report²⁵.

The Inquiry’s policy, research and investigative capacity

The Inquiry secretariat included a number of specialist policy and research staff. The research undertaken by the policy and research staff or by contracted organisations was essential for ensuring the Inquiry was informed of the most up to date knowledge, thinking and practice from the field internationally. This also enabled the information contained in submissions and hearings to be analysed in a broader research and policy context. The secretariat also included staff who could investigate some specific complaints and allegations.

Reviews of recent Inquiries and investigations

The Inquiry was informed by recent reviews and recommendations of inquiries into child protection systems in other states and in the Northern Territory. These included numerous reports, audits, Coroner’s investigations and Ombudsman reports, most of which are reviewed in this report.

Visits to urban, regional and remote areas

In order to consult as widely as possible and to further inform itself about issues, the Inquiry visited the five main urban centres in the Northern Territory on multiple occasions, 15 remote communities and a number of town camps throughout the course of the Inquiry to consult with community representatives and local service providers. Remote communities and town camps visited by members of the Inquiry are listed in Appendix 1.8. The Inquiry also visited child protection services and education programs in urban and remote areas.

25 See Appendix 1.7 for a list of the Reference Group members.

Commissioned input

Obtaining input from individuals personally affected by the child protection system but who were unlikely to engage with the Inquiry, was often difficult. To help determine the views of Aboriginal people who were not well-placed to attend forums or make formal submissions, the Inquiry commissioned two organisations to consult with Aboriginal people with whom they were in regular contact, Tangentyere Council and the Katherine Women's Information and Legal Service. This approach enabled the Inquiry to hear the views of a sample of town camp residents in Alice Springs, together with women from several communities and town camps in the Barkly and Roper regions which the Inquiry was unable to visit directly. Legal organisations in both Alice Springs and Darwin were also approached to help identify people who had direct experience of the child protection system and who may be interested in commenting on child protection. As a result, a number of their clients came forward and were able to give evidence to the Inquiry.

Complaint investigations

In the course of the Inquiry a number of specific allegations and complaints were received. These were assessed to determine whether further investigation was warranted. In some cases it became apparent that another statutory investigative body, such as the Ombudsman or Children's Commissioner, was investigating the matter whereas, in others, the complaint related to a court determination, or was otherwise subject to legal proceedings and thus outside the remit of the Inquiry. The Inquiry undertook different levels of investigation in the remaining complaints and allegations. In all cases, the substance of the allegations and complaints was considered by the Inquiry.

Forums with legal practitioners

Due to the high number of specific legal practice and legislative issues identified in the submissions, the Inquiry organised two forums in Darwin and Alice Springs with a sample of legal practitioners and organisations that had raised legal issues in their submissions.

Forums with foster carers

In view of the many issues that emerged from the initial forums, four dedicated foster carer forums were held in Darwin and Alice Springs, with day and evening sessions conducted to enable as many foster carers to attend as possible.

Consultations with specialists

Some external specialists were engaged by the Inquiry to provide opinion on specific matters that arose in the course of the Inquiry or to help with costing considerations.

The Inquiry honoured the stipulation attached to the terms of reference that the:

consultation processes should be conducted publicly, unless people or organisations contributing to the Inquiry request that their contribution remain confidential.

To this end, the times and venues of formal hearings were advertised in the local press and on the Inquiry website. Requests from witnesses that their evidence be provided 'in camera', were honoured. Given the nature of the content, the majority of individuals who gave evidence requested that their contributions be kept confidential. Some of the NGOs also requested confidentiality.

Where individuals or organisations have not requested confidentiality, the Inquiry has endeavoured to upload their written submissions to its website after it has considered the contents. The Inquiry intends that this material will be available on the website for a period of time from the date the report is tabled.

The Inquiry has also honoured the request that it consult widely to include 'existing Northern Territory Government advisory councils, as well as other subject matter experts within the broader community'. We have taken 'subject matter experts' to include those families and children with experience of the system, Aboriginal community members given the over representation of Aboriginal children in the child protection statistics, child protection workers, and foster carers, in addition to those professionals (service providers, medical practitioners, academics and others) who are usually acknowledged as experts.

Given the extent of Commonwealth involvement in child safety and wellbeing services in the Northern Territory, its selective funding of what might be understood as core child protection services, the ongoing NTER, and the various initiatives linking welfare payments with child protection assessments, the Inquiry also consulted with several commonwealth departments.

Principles

From its commencement, the Inquiry acknowledged that its work to address its Terms of Reference must be based on ethics and principles. A genuine and transparent value and ethical base is an essential ingredient of any human service programme, and there are few human services of greater importance than the care and protection of our children. In identifying the principles that guide this work, and responding to concerns of the community, the Inquiry generated a list of values and principles that it believes are essential elements of a system that provides for the care and protection of children.

Values and principles are not simply impenetrable philosophical ideals but they are deeply practical starting points for thinking, reasoning and decision making.²⁶ They help people in private and public life to make sound decisions and to deal with their everyday problems. Sometimes in everyday language they are understood better as morals or even values and it is accepted that they compete with each other when decisions have to be made. The ethical principles of respect for the rights and dignity of others, duty to do good and not to do harm and justice or fairness in allocating resources, are fundamental and generally accepted universal principles²⁷ even though they may be understood and applied differently across world cultures. They too compete with each other as they are applied to decisions in public life. What they also do is to draw attention to the fact that in order for societies to grow and develop, people have responsibilities for themselves, for each other and for the most vulnerable. These principles underpin and inform the work of this Inquiry.

Respect for all persons was accepted as a foundational requirement for the Inquiry's engagement with individuals, groups, communities and organisations. In keeping with accepted moral practice, the Inquiry determined that it would be deeply collaborative, transparent and honest in its dialogue and undertakings while maintaining the confidentiality and privacy that is required by the rules of ethical practice and law. In relation to the principle of justice, the Inquiry was also very mindful of the differentials

26 I Thompson et al., 2006, *Nursing Ethics*, 5th edn., Churchill Livingstone, Toronto.

27 T Beauchamp & J Childress, 2004, *Principles of Biomedical Ethics*, Routledge, London.

of power that exist in all human endeavours and how people who are powerless can be further disempowered, albeit unintentionally, by mechanisms and structures that are set up to be helpful. Inquiries, as instruments of government, are established to assist in understanding serious problems and to recommend change that will be helpful. They are charged with much power as well as responsibility and the people at the centre of their attention – in this case children, families, communities, and workers – are often already experiencing huge vulnerability.

The Inquiry determined to remain attentive to the nuances of power and to the risks of further disempowering already fragile people and arrangements whilst keeping its focus on the needs of some of the least powerful in our community – vulnerable children. It was acutely aware that it was inquiring into the lives of already disadvantaged and disenfranchised communities that had already been subjected to much public scrutiny and into the operations and practices of a dedicated workforce consisting of people working under conditions of huge pressure. An enduring respect for people and culture was the medium for maintaining an appreciation of the impact of these systemic issues and vulnerabilities.

A driving concern for the Inquiry was the significance and sensitivity of matters to do with Aboriginal communities in the Northern Territory. In particular, it was mindful of the often very negative public attention that has been focused on Aboriginal communities and families in recent times and the critical nature of the contemporary vulnerabilities of Aboriginal children and young people. Simultaneously, it was immediately aware of the strength, energy and effort that it could capitalise on in relation to Aboriginal cultural practice principles that have been articulated in national and international publications in recent years.²⁸ These have been incorporated in the procedural work of the Inquiry and have become foundational principles for thinking through the requirements for a system that cares for and protects children and the mechanisms for its implementation.

Whilst not retreating from the imperatives of addressing the very real crisis situation and needs of Aboriginal children and their families and communities in the Northern Territory, the Inquiry remains mindful of its obligations to address itself to the needs of all of the Territory's children and to map current and future service requirements across the Northern Territory. The Inquiry is mindful that children are and must remain the centre of our focus. The Inquiry is all about them, and not primarily about the system.

The overriding perspective of the Inquiry is that children, families and kinship groups don't live in isolation but are influenced by the various environments in which they live – ethnic group, family, clan, culture, living place, school, work and broader community. The capacity of children to realise their physical, developmental, psychological, social and spiritual potential and to 'grow strong' is heavily influenced by what happens to them in their formative years. They need to be physically safe but they also need to live in conditions that help them to flourish – in families and communities that are themselves strong and able to support them. They are impacted by their own family histories, and the legacy of diverse public policies and interventions some of which have been oppressive and have had a severely negative impact. The broadly defined child welfare workforce is similarly influenced by its environment and in particular by the competing expectations that are placed on it and the rival values and demands that drive services (e.g. keep children safe and don't interfere too much in family and community life).

28 SNAICC, and others.

In recognition of these facts and as a corollary to the principles described previously, the Inquiry listed some important universal premises – most of them having a strong research as well as a value base:²⁹

- Every child deserves the opportunity to reach her/his potential, to be safe and to lead a fulfilling life
- Family and community are pivotal for the care, nurturing, development and protection of children
- A safe and permanent home for children with family and in community provides the best place for children’s growth and development
- Most parents (men and women) and families care deeply about their children however they cannot do the work of child rearing alone and need community assistance to grow children well
- Family efforts to care for and nurture their children are profoundly affected by the social and economic environment and health of the place in which they live
- Some, possibly many, families and communities do not have the wherewithal or the capacity to provide the care that children need: none can do it on their own
- Some children cannot remain in the care of their families and if so, the state, on behalf of the people, has a moral duty to provide the best possible alternative care environment for them – one that enables them to stay connected with family and culture.

Principles for a system that cares for and protects its children

The reform framework is committed to prevention and early intervention (early in the life of children and early in the emergence of problems), while recognising the need for strong, robust high quality tertiary services when children’s safety is under threat.³⁰ In so doing it acknowledges the principles stated in the National Child Protection Framework and in particular the imperative of adopting a public health approach to the care and protection of Australia’s children.

The Inquiry notes the following principles that it believes must underpin a range of services that care for and protect children. Services must:

1. Recognise the principles central to the United Nations Convention on the Rights of the Child (UNCROC) including:
 - Children’s right to safety (including cultural safety), security and wellbeing
 - Families are best placed to care for children
 - Government’s obligation is to provide the widest possible assistance to support families in their child rearing role
 - Children’s right to be free from abuse and neglect and that where parents can’t or

29 There are a large number of publications that identify general principles for child welfare services. See for instance Chapter 1 in P Pecora et al., 2007, *The Child Welfare Challenge: Policy, Practice and Research*, Aldine Transaction, London.

30 See Chapter 3.

won't protect and care for children (even with widest possible assistance) the State needs to intervene and care for the child. Statutory child protection is one part of a broad and robust system for protecting children and ensuring their wellbeing

2. Acknowledge the particular UN considerations that are relevant for Aboriginal children: ³¹
 - the interconnectedness between children, communities, culture and context
 - their present situation cannot be understood without reference to the historical context and a large history of rights violations
 - obstacles to the rights of Aboriginal self-determination remain a real barrier to the realisation of the safety and wellbeing of children
 - the significance of land and its loss and violation to Aboriginal people is in part about its centrality in the future lives of the children
3. Be child-centred in the context of family and community (protection of children must occur within a framework of valuing children)
4. Be based on the understanding that child protection is everyone's responsibility – whole of government, whole of community
5. Recognise the need to build capacity in families and communities which requires family sensitive, culturally competent resources and systems for families that they and their communities can influence and grow
6. Be culturally literate and competent enabling access and availability to all cultural groups and able to acknowledge cultural differences and meet unique cultural needs
7. Use local, place-based approaches and models as opposed to importing ideas without adapting them to Territory and local ways. Service models need to be tailored to the local context – recognising that a system for protecting children in remote communities, town camps, regional communities and urban centres will be different
8. Be non-stigmatising and equitable and fair appreciating that all children have the same rights to safety, security and wellbeing
9. Acknowledge that whilst procedures are important, the work involved in caring for children, families and communities and keeping children safe is deeply relationship-based
10. Establish a clear mission, philosophy and objectives; have a practice-informed management that can engage with front-line staff; and resource and support a workforce that is enabled to do its work and have measurable performance criteria
11. Use evidence-informed approaches and where this is not possible, at least use theoretically informed approaches with a commitment to immediate evaluation
12. Be accountable to specific performance standards that demonstrate defined outcomes for children, families and communities

These principles are further explored throughout the two volumes of this report.

31 United Nations Sub-Group on Indigenous Children and Young People (ISG), 2006, *Indigenous Children: Rights and Reality, A Report on Indigenous Children and the U.N. Convention on the Rights of the Child*, <http://www.fnfcs.com/docs/ISGReport.pdf>.

Implementation principles

Implementation principles are those which inform how processes are carried out. In the context of the Inquiry, the change process includes the following principles:

- Change must be planned as well as responsive
- An action research approach is crucial, whereby reflective practice, monitoring of inputs, processes, outcomes and impacts are embedded within the system, not optional extras.
- The new system must involve real collaboration at all levels
- There is a need for some pilot programs but some things need to be done immediately
- Implementation needs to be strategic and staged
- The process of change must engage Aboriginal people
- The voices of children and young people must be heard in policy development.

Recommendation 1.1

That Northern Territory Families and Children undertakes a process of engaging its entire workforce to commit to a strategic plan which clarifies its mission and includes the articulation of values and principles under which it will operate.

Urgency: Within 18 months



CHAPTER 2
CONTEXT OF SERVICE DELIVERY IN THE NORTHERN TERRITORY

CHAPTER 2

Context of service delivery in the Northern Territory

This chapter highlights the evidence of significant disadvantage prevalent in the Northern Territory, especially that of Aboriginal children. The demographic, geographic, economic and historic characteristics of the Northern Territory differ extensively from other Australian jurisdictions. As a consequence, the Territory presents a unique and challenging environment in which to deliver services. Some of the Northern Territory's unique characteristics that are presented in this chapter to define the context for the analyses which follow, whilst further historical issues are explored more fully in Chapter 4.

Demographic profile

In 2009, the population of Australia was estimated by the Australian Bureau of Statistics to be 22 million people. At the same time, the population of the Northern Territory totaled 227,000. New South Wales (NSW) had the largest number of Aboriginal people of all states and mainland territories. However, the Northern Territory had the highest proportion of Aboriginal people with 67,441 people comprising 30.2 percent of the Northern Territory population.³² In all other states and territories, fewer than four percent of people identified as Aboriginal (or Indigenous) (see Table 2.1).

Table 2.1: Estimated Indigenous population, States and Territories, 30 June 2009

State or Territory	State and territory population ('000s)	Indigenous population	Proportion of state or territory population percent
NSW	7 165.4	161,910	2.3
Vic	5,473.3	35,894	0.7
Qld	4,450.4	156,454	3.6
WA	2,259.5	74,859	3.4
SA	1,629.5	29,775	1.8
Tas	504.4	19,641	3.9
ACT	353.6	4,599	1.3
NT	227.0	67,441	30.2
Australia	22 065.6	550,818	2.5

Source: (ABS, 2009)

Australian Institute of Health and Welfare (AIHW) statistics show that the population of Aboriginal children aged 0–17 years of age was 27,085 out of 62,492 children in the Northern Territory. This represents 43.3 percent of all children in the Northern Territory, compared to just 4.6 percent of all children in Australia.³³

32 Australian Bureau of Statistics, 2009, *Australian demographic statistics, 3101.0*, Australian Bureau of Statistics, Canberra.

33 Australian Institute of Health & Welfare (AIHW), 2009, *A picture of Australia's children 2009*, Australian Institute of Health and Welfare, Canberra.

Population by area remoteness

By international standards Australia is geographically large, but the population density is low. The majority of Australia's population resides in urban areas: approximately 84 percent of the Australian population is contained within the most densely populated 1 percent of the continent (i.e., the east to south-east coast of Australia, with a second area of concentration on the south-west coast of the continent). This means that the majority of statutory child protection services are targeted at urban populations. However, in the Northern Territory a far greater proportion of the population live in rural and remote areas (43.5 percent) compared to the Australian average (2.3 percent) — 27.3 percent of children in the Northern Territory live in very remote areas compared to the Australian average of just 0.7 percent of children (see Tables 2.3 and 2.3).

Table 2.2: Percentage of population by area remoteness in Australian states territories

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Australia
Region	Percent								
Major cities	72.51	74.59	59.82	72.60	71.40	-	-	99.63	66.79
Inner regional	20.27	20.28	21.71	11.98	12.49	64.60	-	0.15	19.69
Outer regional	6.51	4.90	14.91	11.51	9.20	33.14	55.42	-	9.42
Remote	0.49	0.09	2.03	2.86	4.42	1.53	21.39	-	1.48
Very remote	0.07	-	1.19	0.88	2.16	0.52	22.15	-	0.77
No usual address	0.16	0.13	0.33	0.17	0.31	0.18	0.10	0.22	0.21

Source: ABS Census 2006

Table 2.3: Percentage of population of children aged 0-19 years of age by area remoteness in Australian states and territories.

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Australia
Region	Percent								
Major cities	71.32	73.01	58.30	70.86	69.72	-	-	99.64	66.79
Inner regional	21.22	21.77	22.46	12.71	13.05	64.21	-	0.16	20.61
Outer regional	6.77	5.04	15.48	12.25	9.80	33.83	50.85	-	9.88
Remote	0.53	0.09	2.19	3.08	4.83	1.41	21.55	-	1.64
Very remote	0.07	-	1.41	0.99	2.47	0.42	27.25	-	0.71
No usual address	0.09	0.09	0.16	0.11	0.13	0.14	0.35	0.20	0.12

Source: ABS Census 2006

Aboriginal Australians are even more likely to reside in regional and remote areas. Tables 2.4 and 2.5 illustrate the population of Aboriginal people by area remoteness. This raises the question of whether an alternate model of service delivery is required in order to meet the unique service needs of families living in rural and remote areas.

Table 2.4: Proportion of the population who were Indigenous, by area remoteness in Australian states/territories, 2006

	NSW	Vic	QLD	SA	WA	Tas	ACT	NT	Australia
Major cities	1.1	0.3	1.3	0.9	1.2	-	1.0	-	0.9
Inner regional	2.8	0.9	2.4	1.0	1.6	2.5	0.8	-	1.9
Outer regional	4.7	1.5	5.0	2.9	4.0	3.8	-	8.7	4.0
Remote	15.4	1.0	10.3	2.0	8.4	4.0	-	25.6	9.9
Very remote	20.9	-	28.2	21.8	21.9	7.2	-	61.2	30.1

Source: ABS Census 2006

Table 2.5: Percentage of children's population aged 0-19 years who were Indigenous, by area remoteness in Australia, states and territories, 2006

Region	NSW	Vic	Qld	SA	WA	Tas	ACT	NT
Major cities	2.5	0.8	3.0	2.4	2.9	-	2.3	-
Inner regional	6.6	2.0	6.0	2.5	3.6	5.6	1.7	-
Outer regional	11.2	3.7	11.4	6.2	8.7	8.5	-	18.5
Remote	32.3	0.9	23.3	4.7	18.4	12.0	-	43.2
Very remote	41.2		54.2	43.3	52.5	11.6	-	84.1
Total	4.2	1.2	6.2	5.6	3.3	6.7	2.3	42.3

Note: Data is from 2006: Percentages are therefore different to more recent statistics from the Australian Institute of Health and Welfare in 2009.

Australian Bureau of Statistics Census Data

Previous Inquiries into child protection in the Northern Territory have highlighted concerns regarding high levels of concentrated disadvantage combined with the difficulties of service provision in rural/remote areas for children in the Territory. The tables in Appendix 2.1 provide census data describing population factors that, when taken together, contribute to children in the Northern Territory being considered more vulnerable to abuse and neglect than children in other states and territories. The data is also compared for Aboriginal and non-Aboriginal peoples. In summary, the data indicate that:

- Fewer people in the Northern Territory are aged 70 years or more
- The equivalised gross weekly income is higher on average for people in the Northern Territory than those in other parts of Australia
- People working in the Territory are more likely to be in full time employment than those in other parts of Australia.

However, the data also indicate that Aboriginal people in the Northern Territory are:

Much younger than non-Aboriginal people– 34 percent are younger than 15 years of age compared to 21.5 percent of non- Aboriginal people

- More likely to live in an improvised home, tent or sleep out
- More likely to have multi-family households, and are more likely to have households of six or more people
- More likely to have a lower equivalised gross weekly income
- Much more likely to speak an Aboriginal language as their main language in the home compared to other Aboriginal communities across Australia, and are more likely to not speak English well
- Less likely to have completed Year 12 at school– 29.5 percent report completing Year 8 or below.

These data suggest that there is a significant wealth divide within the Northern Territory and a high degree of concentrated disadvantage particularly for Aboriginal Territorians.

Child related statistics – Northern Territory and Australia

To further illustrate the demographic picture of the Northern Territory, the AIHW report, *A Picture of Australia’s Children 2009*, highlights key challenges for children in the Northern Territory and particularly for Aboriginal children.

Teenage births

Figure 2.1 and Table 2.6 show that rates of teenage births in the Northern Territory are significantly higher than the Australian average — there were 65.4 births per 1,000 females aged 15–19 in the Northern Territory compared to 17.3 nationwide. Mothers under the age of 15 years are not captured in this statistic.

Figure 2.1: Birth rate per 1,000 females aged 15 to 19 years of age, by state and territory, Australia, 2006

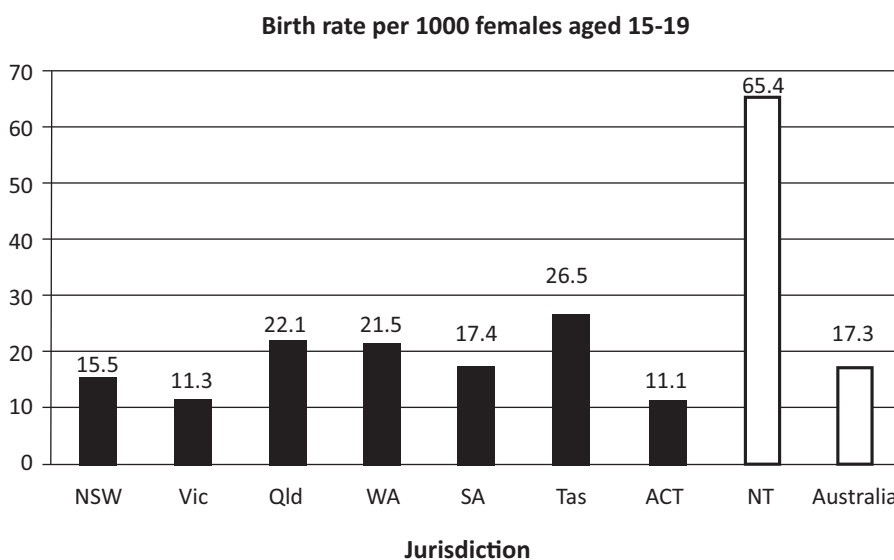


Table 2.6: Birth rate per 1,000 females aged 15 to 19 years of age, Australia, 2006³⁴

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Indigenous status of mother									
Indigenous	68.5	58.3	72.3	114	78.9	30.2	36.4	115.7	79.6
Non Indigenous	13.5	10.8	19.3	16.5	15.4	26.2	10.6	26.9	14.7
Remoteness									
Major cities	12.3	8.2	18.6	16.5	14.7		8.9	12.9	
Inner regional	21.8	17.3	24.6	20.6	18.1	25.9	-	21.3	
Outer regional	33.8	24.2	28	36.3	31.4	28.2	-	30.4	
Remote and very remote	61.8	-	49.5	68.8	38	29.4	-	63.2	

Birth weight

There are many factors which contribute to the weight of an infant at birth, but for a population birth weight is an important wellbeing indicator of newly born infants and their mothers. It can be falsely skewed upwards in a population where diabetes in pregnancy is highly prevalent. Table 2.7 shows that the rates of infants born with low birth weight in the Northern Territory are higher than in the rest of the country.

Table 2.7: Live born infants with a birth weight of less than 2,500 grams, percent, 2006³⁵

	Per cent of all births								
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Sex									
Males	5.5	5.9	6.4	6.1	5.7	5.3	7.2	8.6	5.9
Females	6.5	7	7.3	6.8	7.1	7.2	7.5	11	6.9
Total	6	6.4	6.8	6.4	6.4	6.2	7.4	9.8	6.4
Indigenous status of mother									
Indigenous	11.9	13.1	10.7	14.2	13.4	7.9	18.9	14.2	12.4
Non-Indigenous	5.8	6.4	6.6	5.9	6.2	6.2	7.1	6.9	6.2
Socioeconomic status									
Highest SES areas	5.2	5.6	6.3	5.3	5.1	4.8	5.7	-	5.5
Lowest SES areas	6.8	7.4	7.4	8.5	7.3	6.6	-	12.4	7.3

34 *ibid.*, p.164.35 *ibid.*, p.165.

Infant mortality

Infant mortality measures deaths of children up to one year of age. Figure 2.2 and Table 2.8 show that infant mortality rates in the Northern Territory, especially for Aboriginal children, are far higher than in the rest of Australia.

Figure 2.2: Infant mortality rates across Australian jurisdictions, 2006

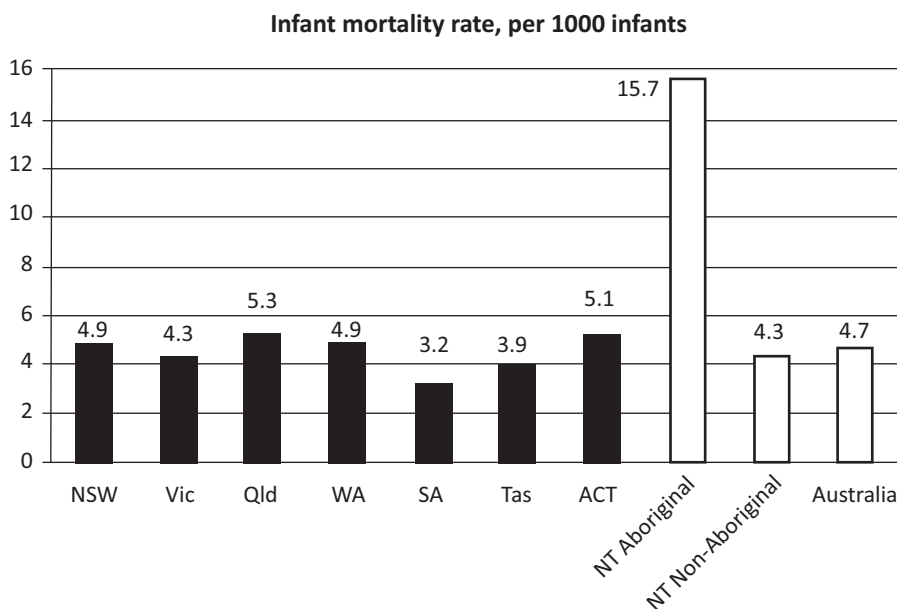


Table 2.8: Mortality rates of infants less than 1 year of age per 1000 infants, Australia, 2006³⁶

	State and territory of usual residence								
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Total	4.9	4.3	5.3	4.9	3.2	3.9	5.1	8.9	4.7
Indigenous status									
Indigenous	-	-	11.4	13	9.2	-	-	15.7	12.5
Non-Indigenous	-	-	4.8	3.5	3.9	-	-	4.3	4.3
Remoteness									
Major cities	4.4	4.4	4.6	4.3	3.5	-	6.8	-	4.4
Inner regional	5.5	5.3	5.1	4.2	4.4	3.6	-	-	5
Outer regional	6.6	6.7	6.4	5	5.2	3.6	-	6.4	6
Remote or very remote	10.2	-	7.1	6.1	4	-	-	13	8

36 *ibid.*, p.161.

Deaths by injury

Table 2.9 illustrates that death by injury across all age groups is significantly more common in the Northern Territory compared to the national average.

Table 2.9: Injury deaths for children aged 0-14 years, 2004-2006³⁷

Age groups	State/Territory of usual residence								
	Deaths per 100,000								
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
0-4 years	9.6	5.7	13.7	11	13.4	11.1	8.2	32	10.2
5-9 years	3.8	2.6	2.6	4.2	2.8	6.2	-	17.7	3.4
10-14 years	3.4	3.8	5.1	4.2	5.2	14.5	-	11.9	4.5
0-14 years	5.6	4	7	6.3	7	10.7	4.8	20.8	6

Education outcomes

Tables 2.10 and 2.11 illustrate that children, particularly Aboriginal children in the Northern Territory, are less likely to reach minimum standards in literacy and numeracy in year 5 than their counterparts in the rest of the country.

Table 2.10: Year 5 students who achieve at or above the national minimum for reading, 2008(a) (percent)³⁸

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Sex									
Boys	92.1	92.2	84.3	87.1	88.2	88.7	93.5	60.2	89.3
Girls	95	95.2	89.6	91.1	91.7	90.7	96	65.1	92.8
Indigenous	77.6	83	62.9	51.8	60.6	84.5	81.1	25.8	63.4
Remoteness									
Metropolitan	93.9	94.09	88.5	91.4	90.8	91	94.8	-	92.4
Provincial	92.6	92.8	85.8	88	89	88.7	-	82.1	90
Remote	81.3	96	74.8	82	89.2	86.2	-	72.5	79.7
Very remote	76.7	-	57.6	56.5	54.1	-	-	19.1	46.1
All children	93.5	93.7	86.9	89.1	89.9	89.7	94.8	62.5	91

(a) Estimated percentage meeting the national minimum standard is based on assessed students. Year 5 corresponds to different average duration of formal schooling and average student age across the states and territories.

37 *ibid.*, p.167.

38 *ibid.*, p.163.

Table 2.11: Year 5 students who achieve at or above the national minimum for numeracy, 2008(a) (percent)³⁹

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Sex									
Boys	94.6	94.5	90.7	91.5	91.1	91.8	94.6	70.2	92.8
Girls	94.2	94.8	90.1	90.7	89.9	92.4	95.2	67.9	92.5
Indigenous	78.9	83.3	69.5	61.6	68.5	87.8	82.3	38.5	69.2
Remoteness									
Metropolitan	95	94.8	91.5	93.3	91.1	92.7	95	-	93.8
Provincial	93.1	94	90.2	90.2	89.8	91.7	-	86.7	91.9
Remote	82.9	100	80.8	84.4	90.3	89.1	-	78	83.4
Very remote	79.8	-	64.8	62.2	68.6	-	-	30.2	54.3
All children	94.4	94.6	90.4	91.1	90.5	92.1	94.9	69.1	92.7

(a) Estimated percentage meeting the national minimum standard is based on assessed students. Year 5 corresponds to different average duration of formal schooling and average student age across the states and territories.

Performance on the Australian Early Development Index (AEDI)

The performance of Northern Territory children on the newly developed Australian Early Development Index (AEDI) provides another measure of their vulnerability. In 2009, over 250,000 children across Australia in the first year of schooling had an AEDI completed for them by their teachers. 'The AEDI results provide communities with a snapshot of the development of their children in five key areas of early childhood development.'⁴⁰ The domains of the AEDI include physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge. Figure 2.3 shows the proportion of children who are in the lowest 10 percent, termed developmentally vulnerable, on one or more, and two or more, domains of the Australian Early Development Index (AEDI). For children in the Northern Territory, there was a significantly higher percentage of children who were considered developmentally vulnerable on one or more (38.6 percent) and two or more (23.4 percent) domains, compared to other Australian states and territories. The vast majority of these vulnerable children are Aboriginal. Figure 2.4 demonstrates that across the Northern Territory there is significant variability in AEDI scores, but in no region does the Northern Territory match national figures.

39 *ibid.*

40 Centre for Community Child Health & Telethon Institute for Child Health Research, 2009, *A Snapshot of Early Childhood Development in Australia*, AEDI National Report 2009, Australian Government, Canberra.

Figure 2.3: Percentage of children who are developmentally vulnerable on the Australian Early Development Index across Australia

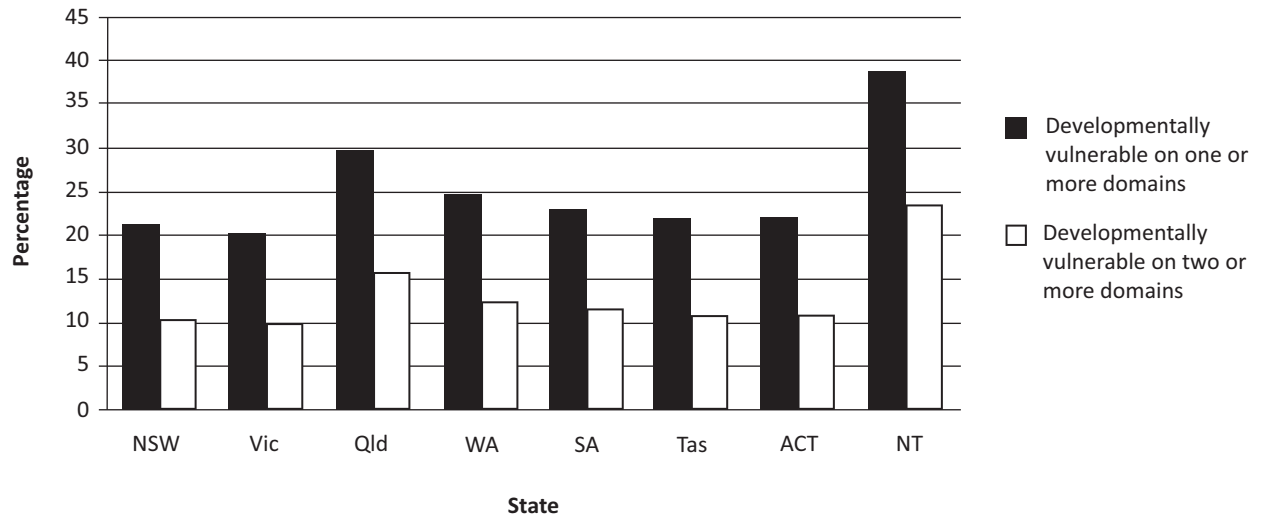
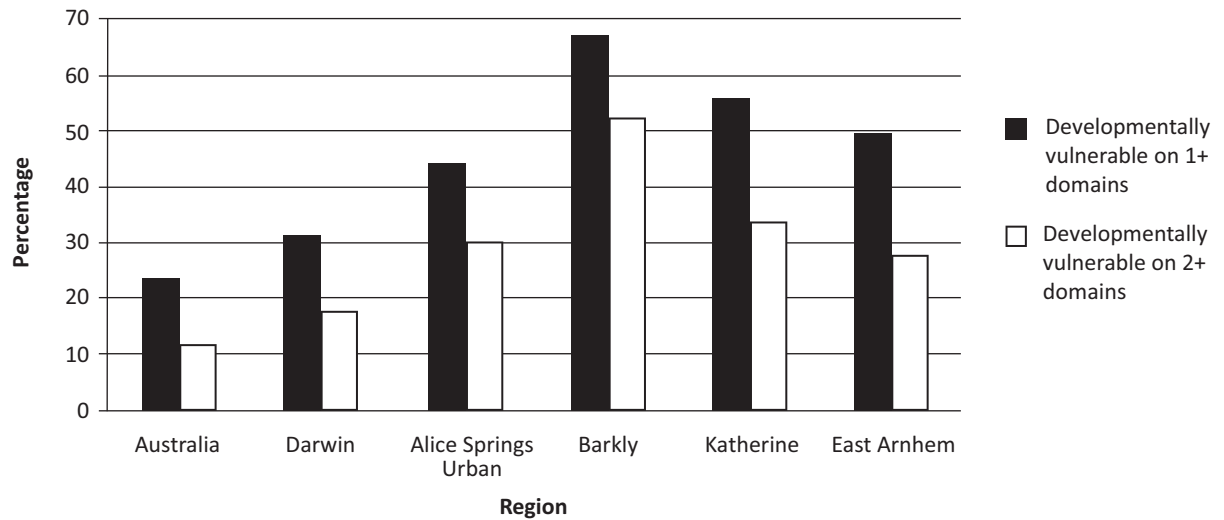


Figure 2.4: Percentage of children who are developmentally vulnerable on the Australian Early Development Index across the Northern Territory



Alcohol consumption

There are a number of other issues and challenges faced by people in the Northern Territory with relevance for the provision of child protection services. Foremost of these is the problem of excessive alcohol consumption which has been a significant concern for service providers, the police and others in the community for many years. A recent study reported in the *Medical Journal of Australia* found that the average consumption per head of pure alcohol in the Northern Territory in 2006–07 was 14.35 litres compared with the Australian average of 9.88 litres.⁴¹ Amongst Aboriginal Territorians the average consumption was 16.1 litres.

The authors found that in the Northern Territory there were 119 deaths attributable to alcohol in that year a rate 3.5 times that of the Australian average. For non-Aboriginal people the rates were twice as high as the national average whilst for Aboriginal people they were 9–10 times higher. During the same period, there were 2,544 hospitalisations attributable to alcohol. The most common causes of alcohol related hospitalisations were ‘assault and pancreatitis for Aboriginal people and falls and occupational machine injuries for non-Aboriginal people’. The authors conclude:

alcohol consumption and subsequent harm in the Northern Territory are at unacceptable levels and well in excess of those in the Australia as a whole... people in the Northern Territory are characterised by fewer abstainers, fewer low-risk drinkers and more risky and high-risk drinkers compared with Australian averages...Alcohol consumption in the Northern Territory has been at rates between 50 percent and 100 percent higher than Australia as a whole for nearly 30 years and also appears to be higher than most other nations.⁴²

Conclusion

The purpose of this chapter is to highlight data pointing to the unique circumstances for children in the Northern Territory, with obvious implications for the delivery of child safety and wellbeing services. The data highlight not only the absolute level of disadvantage experienced by the Aboriginal population, but the disparity between their life experiences and those of their non-Aboriginal counterparts. They highlight that there is variability across the Territory, but even in urban areas outcomes do not match those of the Australian average. The data highlight particular challenges facing policy makers and service providers.

41 S Skov et al., 2010, ‘How much is too much? Alcohol consumption and related harm in the Northern Territory’, *Medical Journal of Australia*, vol. 193, no. 5, pp.269-72.

42 *ibid.*



CHAPTER 3
AN INTEGRATED FRAMEWORK FOR CHILD SAFETY
AND WELLBEING IN THE NORTHERN TERRITORY

CHAPTER 3

An integrated framework for child safety and wellbeing in the Northern Territory

The reforms proposed in this report are guided by an understanding that child protection systems have become overwhelmed because their role has expanded without a simultaneous expansion of efforts focused on prevention across the whole of the government and non-government sector. The Inquiry recognises that in the Northern Territory, in the absence of a strong family support sector, child protection services have been expected to respond to concerns about parenting difficulties and child wellbeing, not just to act in response to child maltreatment, which is their core function. This chapter describes an integrated model for more proactively responding to the needs of children and their families to prevent and respond to harm to children and to promote their safety and wellbeing. This approach requires an understanding of the causes and consequences of significant harm to children by way of abuse and neglect, and of effective strategies to address these. These are discussed in more detail in Chapter 6.

Child protection reform efforts

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.⁴³

Contemporary child protection systems have their origins in the models initially implemented by governments in response to Kempe and colleagues' seminal identification of the battered child syndrome.⁴⁴ Child protection services were originally established to respond to physical abuse and the detection of signs of physical assault, such as bone fractures. These systems were incidence driven, forensically focused, reactive processes to respond to concerns about the wellbeing of children.⁴⁵ The systems later expanded their focus to include child sexual abuse, neglect, emotional abuse and family violence.

Over time, there has been significant criticism of western child protection systems,

43 Submission: DHF.

44 C Kempe et al., 1962, 'The Battered-Child Syndrome', *JAMA*, vol. 181, no. 1, pp.17-24.

45 PeakCare Queensland Inc., 2007, 'Rethinking Child Protection: A New Paradigm? A Discussion Paper', *Discussion Paper Series Paper #5*, http://www.cafwaa.org.au/Rethinking_Child_Protection_2007.pdf.

accompanied by multiple reviews and inquiries. However, historically, reviews of child protection systems have themselves been crisis-driven, reactive processes focused on investigating the shortcomings of mainstream child protection systems rather than on the problem of child abuse and neglect itself.⁴⁶ The consequences of these inquiries tend to be multiple disparate recommendations all aimed at overcoming the limitations of the current system's approach. These reviews and the resulting reforms often do not have frameworks for change and mean that reform efforts focus on different elements of child protection systems as if they were separately functioning entities.⁴⁷ The focus on reforming the current approach means that inquiries and reviews tend not to ask what the optimal system for protecting children from abuse and neglect in a given context might look like, but rather end up tinkering with the old system.

As a consequence, recommendations from such reviews have at times been contradictory, unwieldy or counter-productive.

We were completely paralysed by [the Review]. The Review had 206 recommendations; 206 great ideas for reforming the world, but no strategic direction in relation to how to make choices between recommendations that pointed in different directions and where to start.⁴⁸

The lack of a cohesive story about systems reform means that any organisational or structural change is not coordinated and individual recommendations are often implemented on a piecemeal basis rather than the implementation of an overarching change agenda,⁴⁹ although there are exceptions to this.⁵⁰

The Northern Territory context – potential for a different approach

If we... were assigned the task to deliberately design systems that would frustrate the professionals/para-professionals who staff it, anger the public who finance it, alienate those who require or need its services and programs, that would invest in reactive responses to cope with symptoms of problems as opposed to being proactive, systems whose mandate is not shared and embraced by other public child serving organisations, and systems that would serve to be the scapegoat and bear the brunt of public criticisms should a child be harmed in any way, we could not do a better job than our present children's protection systems.⁵¹

46 M Garrison, 2005, 'Reforming child protection: A public health perspective', *Virginia Journal of Social Policy and the Law*, vol. 12, no. 3, pp.590-637.

47 J Cullin, 'A systems science analysis of the context/s of child protection reform in Queensland, Australia. Unpublished manuscript.', (2010); K Lewig et al., in press, 'The role of research in child protection policy reform: A case study of South Australia', *Evidence and Policy*; B Lonne et al., 2009, *Reforming child protection*, Routledge, Abingdon, Oxford.

48 Lewig et al., 'The role of research in child protection policy reform: A case study of South Australia'.

49 Cullin, 'A systems science analysis of the context/s of child protection reform in Queensland, Australia. Unpublished manuscript.'

50 The Victorian Government has been making reforms to its system for protecting children which were not spurred by an Inquiry and which have had a focus on increasing prevention efforts and bolstering the family support sector. These reforms have been driven by an overarching prevention framework and have involved the non-government sector as a key partner in the reforms. Other states and territories are also now making similar reforms.

51 PeakCare Queensland Inc., 'Rethinking Child Protection: A New Paradigm? A Discussion Paper'.

Mainstream child protection systems have evolved from models designed to detect child abuse and neglect in a small number of instances in which a disordered parent intentionally inflicts harm on their children.⁵² Such systems have since by and large incorporated mandatory reporting.

In the Northern Territory, every adult is mandated to make a report when they have 'a belief on reasonable grounds' that 'a child has suffered or is likely to suffer harm or exploitation; ... has been or is likely to be a victim of a sexual offence...'⁵³ This has resulted in a flood of reports which do not relate to acts of abuse or neglect. For example, in 2008-09 there were 6189 reports to child protection services in the Northern Territory, 45.6 percent of which were determined to be of sufficient concern to be investigated.⁵⁴ 54.4 percent were not deemed as pertaining to more generic concerns about children's wellbeing. Of the reports which had a finalised investigation, 49.1 percent did not substantiate allegations of abuse or neglect.⁵⁵ Together, these figures suggest that the proportion of cases which required an alternative to a child protection response was approximately 77 percent. This disjuncture between the scope of mandatory reporting demands and the capacity of systems to respond has overwhelmed the system and is failing to protect the very children it has been designed to serve.

The underlying feeling of Aboriginal people toward the Child Protection System is one of fear and mistrust. History of the Stolen Generation and protectionists systems are still present in the living history of our people. These traumas are experienced across generations. In many ways the contemporary 'child protection' system reflects the very system that traumatised many people and was in no way protective. Understanding this history is critical to creating a system that will work to protect our children and support our families.⁵⁶

Residual approaches – waiting until abuse or neglect has occurred or is likely to occur – are unsustainable with demand outstripping capacity. The Inquiry strongly supports the view that if we do not make efforts to prevent child abuse and neglect we can expect the exponential growth in child protection notifications to continue. Research from South Australia illustrates that the figures are truly alarming.⁵⁷ Of all children born in 1991, almost a quarter had been notified to child protection by age 16. For Aboriginal children, this figure was almost 60 percent. Even more startling, more than half of the Aboriginal children born in 2002 were the subject of a notification by the time they were four years old. While similar research has not been conducted in the Northern Territory, we could assume similar results given the reliance on statutory systems as the response to concerns about the wellbeing of children, particularly given estimates that approximately 15 percent of Aboriginal children in the Northern Territory are notified to child protection services in a single year.⁵⁸ These statistics demand an alternative approach to families – one which is responsive to their needs before or as and when they arise.

52 Kempe et al., 'The Battered-Child Syndrome'.

53 Care and Protection Act NT, 2007.

54 Australian Institute of Health and Welfare, 2010, *Child protection Australia 2008-09*, Child welfare series no. 47. Cat. no. CWS 35, AIHW, Canberra.

55 *ibid.*

56 Submission: Tangentyere Council.

57 C Hirte et al., 2008, *Contact with the South Australian child protection system: A statistical analysis of longitudinal child protection data*, Government of South Australia, Department for Families and Communities, Adelaide.

58 See Chapter 5 of this report.

Further to this the lack of appropriately funded services to assist families to address child protection issues means that the current system of service providers is essentially responsible for providing any additional supports required for families. This is often not adequate due to workload issues and thus allows issues to worsen to the point where FACS' only intervention in time will be to remove children, rather than work to intervene in a families' functioning to prevent this. Given that many of the child protection issues are also caused by wider community factors it would be inappropriate to hold individual families responsible for this. However, again a lack of community development, inadequate housing, and poverty on these sites ensures that parents are often unable to protect their children.⁵⁹

In overwhelmed systems with predominantly a tertiary response to children and families in need, the approach to protecting children becomes one of risk management, trying to locate and protect the 'damaged' child amongst a sea of notifications for children in need, rather than a targeted comprehensive response for those at high risk. It is like trying to locate the proverbial needle in the haystack. These systems tend towards the 'rule of rescue' rather than prevention of harm.⁶⁰ In such systems where there is not a capacity to investigate every call there will be children who fall through the gaps, and where there is the capacity, some families will experience unwarranted intrusive investigations. Under intense media and political scrutiny, child protection services are damned for under-intervening in the lives of children and families and damned if they do intervene.

Over time the focus has changed from a child welfare perspective to a forensic/ investigative approach. Over time this approach appears to have resulted in a change in the nature of the relationships with the families we work with and the relationship with other service providers who also often work with the same children and their families... Some of the growth in the NTFC system has been in response to an immediate crisis, political pressure and the maintenance of an already faltering system. It seems to me that as a Program with the focus increasingly on the investigative process and the collection of the numbers of investigation we have become more and more removed from the local NT context in which we provide a [child protection] service, less grounded in family life and consequently less able to assess how best to use extra resources to best meet the needs of vulnerable children.⁶¹

As the problem of child abuse and neglect has grown, the mainstream model of child protection has proven difficult to implement in urban Anglophone communities. The implementation of this model in the Northern Territory is even more fraught. The picture of child protection in the Northern Territory is not necessarily unique – it is one of escalating notifications (a 69 percent increase in notifications from 2007-2008 to 2008-2009), rates of children in out of home care more than doubling in the past decade, high workforce turnover, and a shortage of carers.⁶² What is unique about a system for protecting children in the Northern Territory is the context in which it is based. The Northern Territory has a small population of only 227,000 people dispersed over a large geographic area.⁶³ Access to remote communities is difficult due to paucity of

59 Submission: Save the Children.

60 M O'Connell et al., 2009, *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*, The National Academics Press, Washington, D.C.

61 Submission: senior NTFC worker.

62 Australian Institute of Health and Welfare, *Child protection Australia 2008-09*.

63 Estimated by the ABS, as at July 2009.

infrastructure, including roads, and with large tracts of barren desert in the south and a tropical north, cut off by heavy rains and flooding during the wet season.

The Northern Territory has the highest proportional Aboriginal population than any other Australian state or territory - many of whom reside in remote and very remote communities (see Chapter 2). Many of these communities are experiencing concentrated disadvantage, and many are demonstrating remarkable resilience and cultural strengths. It is also important to note that household composition may be fundamentally different in some Aboriginal households compared with non-Aboriginal households, with more children and potential strain on caregivers in Aboriginal households. For example, the Western Australian Aboriginal Child Health Survey reported an average ratio of 1.19 adults to every child in Aboriginal households compared with 2.95 adults for every child in non-Aboriginal households.⁶⁴

The Inquiry is firmly of the view that there is an urgent need to re-think approaches to protecting children in the Northern Territory in the context of geography, cultural makeup, family composition, scarcity of population, transient nature of the workforce, and lack of services.

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.⁶⁵

What has become evident during the course of this Inquiry is that there is a need for a different approach to protecting children, one that is designed for remote models of service delivery, and which is culturally sensitive to the needs of Aboriginal children, their families and their communities.

Child protection frameworks are dominated by policy, norms, structures and services operating from a western family model...The absolute focus and love of children is a huge cultural strength. The strong sense of obligation and responsibility that is shared within Aboriginal communities is also a strength. These social norms and structures provide a remarkable foundation for the development of a child protection system. Working within a cultural context, issues of child risk, child safety, care and responsibility can be strengthened... By valuing these strengths, the system can build stronger communities - refocusing emphasis and responsibility onto the care and protection of children and young people... The economy of Indigenous communities in the Northern Territory differs from the mainstream Western society. It is often interpreted that the Indigenous communities are challenged in their social and financial economy as they are measured against a culture that is not their own. As a result for many years Governments of the day have persisted with policies and service delivery that sees communities as being deficient... As a result, Governments systems are failing and Indigenous communities are being compromised by models of care that undermine social capital and that fail to properly respond to the needs within their community.⁶⁶

64 S Silburn et al., 2006, *The Western Australian Aboriginal child health survey: Strengthening the capacity of Aboriginal children, families and communities*, Curtin University of Technology and Telethon Institute for Child Health Research, Perth.

65 Submission: DHF.

66 Submission: Jane Vadeloo.

This Inquiry provides an opportunity to adopt a different approach. In the first instance, a new approach to the conduct of an Inquiry, in which the recommendations for reform are situated within an overarching framework and which can be incorporated into a logic framework and measured against indicators and outcomes (see Chapter 13). More fundamentally, the Inquiry provides an opportunity to take a new approach to child safety and wellbeing in the Northern Territory.

Ecological, developmental and population-based public health approaches

Ecological approaches recognise that child abuse and neglect arise from a complex interaction of factors at the level of the child, the parent and the environment which impact on parent functioning. That is, child maltreatment has multiple determinants at multiple ecological levels.⁶⁷ These factors impact upon a caregiver's ability to be warm, responsive, and to set limits on children's behaviour. Child physical abuse and neglect have been described as 'extreme manifestations of parenting problems, expressing severe problems in the relationship between the parent and the child'.⁶⁸

Developmental approaches recognise that children and young people require responsiveness and adaptability from their caregivers over their life course in order to provide nurture and care, ensure safety, stimulate learning, establish boundaries and provide moral guidance.⁶⁹ Such approaches also recognise the differential effects of care giving and abuse and neglect on children at different stages of development.⁷⁰ For example, alcohol consumption in pregnancy can have impacts on the developing foetus – foetal alcohol spectrum disorder – which cause lifelong impediments in the physical, social, cognitive and behavioural facets of a child's development.

The scope of child abuse and neglect and its serious long term, intergenerational consequences have prompted many to examine the utility of a public health approach in stemming the tide of abuse and neglect in our communities.⁷¹ Within Australia, The National Framework for Protecting Australia's Children, a 12-year national plan endorsed by the Council of Australian Governments,⁷² explicitly adopts a public health approach to the prevention and response to child abuse and neglect.

A public health approach is appropriate when:

- the problem is severe and persistent (the physical, psychological, cognitive, behavioural and social short and long term effects of child abuse and neglect are undisputed),

67 See Chapter 6 for more details.

68 L Geeraert et al., 2004, 'The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: A meta-analysis', *Child Maltreatment*, vol. 9, pp.277-91, p.287.

69 Centre for Community Child Health, 2004, *Parenting information project - Volume one: Main report*, Commonwealth of Australia, Canberra.

70 A Lamont, 2010, *The effects of child abuse and neglect for children and adolescents*, NCPCC Resource Sheet, Australian Institute of Family Studies, Melbourne.

71 J Middlebrooks & N Audage, 2007, *The effects of childhood stress on health across the lifespan*, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Atlanta (GA); M O'Donnell et al., 2008, 'Child abuse and neglect - is it time for a public health approach?', *Australian and New Zealand Journal of Public Health*, vol. 32, no. 4, pp.325-30.

72 Council of Australian Governments, 2009, *Protecting children is everyone's business - National framework for protecting Australia's children 2009-2020*, Commonwealth of Australia, Canberra.

- the problem is caused by many factors (as indicated above, ecological theories highlight the multiple and complex nature of the determinants of child abuse and neglect), and
- the problem affects a significant proportion of the population; there were 54,621 confirmed cases of abuse and neglect in Australia in the 2008-2009 financial year;⁷³ and estimates of the proportion of children affected by different types of child abuse and neglect in Australia range from 5-36 percent depending on the samples studied and the definitions of abuse and maltreatment used.⁷⁴

In a public health approach, simultaneous efforts are focused on health promotion, primary prevention and early intervention efforts for whole populations in addition to the treatment of health problems. The aim is to minimise harm to populations by preventing health problems from occurring and preventing the recurrence of problems through effective treatment and intervention efforts. The approach emphasises the underlying causes as well as the outcomes of health problems,⁷⁵ modifying the causes and treating the symptoms of the problem.

Risk and protective factors which should be the focus of prevention efforts include: decreasing poverty, reducing parental substance misuse, mental illness and family violence, strengthening positive family belief systems and family functioning; promoting delayed pregnancy in young people, fostering strong parent-child attachment and repairing damaged attachment systems; decreasing caregiver stress; supporting spacing between births, and building social capital and social support. An effective approach also includes recognition of the inter-relatedness of these factors and their simultaneous effects on mind, body and spirit, which in turn affect people's capacity to parent well.

The public health approach uses different types of strategies for different parts of the population, progressively targeting higher cost and higher intensity efforts as the needs and risks for groups become greater. These efforts are described in Box 3-1, below and will be discussed in more detail in Chapter 6. In a public health model, the responsibility for the health and wellbeing of the population does not rest with any one single agency. Multiple strategies are required to have a population level impact and these are employed by a range of providers and stakeholders including community members themselves.

73 Australian Institute of Health and Welfare, *Child protection Australia 2008-09*.

74 R Price-Robertson et al., 2010, *The prevalence of child abuse and neglect*, NCPC Resource Sheet, Australian Institute of Family Studies, Melbourne.

75 F Baum, 1998, *The New Public Health: An Australian Perspective*, Oxford University Press, Melbourne; Garrison, 'Reforming child protection: A public health perspective'.

Box 3-1. Levels of intervention in a public health approach

Child wellbeing promotion interventions: Usually targeted to the general public or a whole population, interventions aim to enhance children’s abilities to meet developmental targets and enhance wellbeing.

Universal preventive interventions (primary prevention): Targeted to the general public or a whole population that has not been identified on the basis of individual risk. The intervention is desirable for everyone in that group. Universal interventions have advantages when their cost per individual is low, the intervention is effective and acceptable to the population and there is a low risk from the intervention.

Selective prevention interventions (secondary prevention): Targeted to individuals or a population subgroup whose risk of experiencing parenting difficulties is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological or social risk factors that are known to be associated with child abuse and neglect. Selective interventions are most appropriate if their cost is moderate and if the risk of negative events is minimal or nonexistent.

Indicated preventive interventions (early intervention/tertiary prevention): Targeted to high-risk individuals who are identified as having parenting needs or concerns, but the child is not at risk of significant harm. Indicated interventions might be reasonable even if intervention costs are high and even if the intervention entails some risk.

Treatment and maintenance: For high risk individuals where child abuse and neglect has occurred and the child is or has been at significant risk of harm.⁷⁶

Tangentyere always advocates for upstream solutions to social issues. Prevention, community skills development, early intervention, should all be the core focus of child protection resources. This requires a greater injection of funding, however, it also requires a more considered approach by Government.⁷⁷

In order to be able to implement a population-based public health approach to protecting children, it is essential to have a knowledge base about the extent to which child maltreatment occurs; the causes and consequences of child abuse and neglect; theoretical models that explain the relationship between these causes and consequences which will in turn identify the most appropriate targets of intervention and the approaches that are most likely to be effective; and details of effective prevention and treatment strategies — what works for whom, when, in what settings and for how much — as well as their implementation — what helps and what hinders the implementation of what works.

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.⁷⁸

76 Adapted from, O’Connell et al., *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*, p.66.

77 Submission: Tangentyere Council.

78 Submission: DHF.

However, it is important that efforts to build the knowledge base do not delay action regarding the prevention of and response to child abuse and neglect. Much is already known about potentially effective approaches in this area, including locally developed knowledge, which means we can act now.

We do not forgo preventive efforts for physical illness because the available strategies are imperfect. The high costs and often incurable nature of the illnesses that result from risks such as smoking ensure the utility of even highly flawed prevention efforts. From a cost-benefit perspective, prevention is still crucial. The high costs and often incurable nature of the problems associated with child maltreatment make prevention equally crucial. Indeed one can argue that the tendency of child maltreatment to repeat itself inter-generationally makes prevention efforts even more important than they are in the arena of physical illness.⁷⁹

The Territory needs to be able to provide supports to families where they are at and to get this support to them at the right time. To some extent this will involve identifying the critical periods for child development and key transition points for families in which support is most likely to be needed or welcomed — for example, in expectation of the birth of a baby, preparing for the transition to school, after loss or bereavement — but it will also require the ability for a system to be responsive to the needs of families as they arise. Supporting families is not limited to individuals. Focusing on children, families and communities at the same time is likely to be more effective than having a single focus on just one of these groups. Individually focused interventions on their own are likely to be resource intensive and will not inoculate children against their environments.

Change the mindset: we require a change in mindset of government from an approach which manages dysfunction to one that supports functional communities. Current approaches pay for the consequences of dysfunction, rather than taking positive steps to overcome it. We need a proactive system of service delivery to Indigenous communities focused on building functional, healthy communities.⁸⁰

It is also critical that there is more substantial investment in prevention and early intervention arenas and a long term strategy that works on building collective community concern and accountability to promote the need to share the care of and for children and young people at risk and families under stress.⁸¹

79 Garrison, 'Reforming child protection: A public health perspective', p.620.

80 Submission: DHF.

81 Submission: Anglicare NT.

Box 3-2. An example of a population-based approach to child maltreatment in the US

In a south eastern state of the US, 18 counties were randomly assigned to either dissemination of the Triple P—Positive Parenting Program system or to the services-as-usual control condition. The Triple P system includes a suite of services from the universal (information provided to all families through media and informational strategies), to group based programs for parents with children with detectable emotional and behavioural problems but who do not meet diagnostic criteria, through to augmented interventions for families with additional risk factors. The average county size was 96,000 people for those in the treatment condition. Dissemination of Triple P included professional training for the existing workforce (over 600 service providers), as well as universal media and communication strategies. Significant positive effects (with large to very large effect sizes) were demonstrated for the counties who received the population based intervention on reductions in the number of substantiated cases of child maltreatment, out of home care placements and hospitalisations for child injury.⁸²

Why go beyond public health?

A public health approach by itself is not enough. It is not just about measuring, monitoring and intervening. Getting families to the right service at the right time, while minimising referral pathways and using the minimal level of statutory intervention (legal coercion) required to promote child safety and wellbeing requires an assessment of whether families are meeting children's needs and their receptivity to receiving support. This is particularly important for families where abuse or neglect is indicated, but where it is assessed that a voluntary program of intensive family support is likely to be effective and the family is responsive to this support. In these cases, forensically driven, coercive child protection practices may be counterproductive and unnecessary.

Several authors have suggested that what is needed in addition to a public health model is a framework that incorporates the theory of responsive regulation.⁸³

[Responsive regulation] focuses our attention on how decisions are made (Neff, 2004): are they made by families (self-regulation), are they made in cooperation with families (supported self-regulation), or are they made by others and imposed on families (coercive regulation)?⁸⁴

Responsive regulation suggests that we are all regulated in our behaviours by various systems including formal and informal controls.⁸⁵ Individuals have different degrees of ability and willingness to comply with social regulations and social norms. In the case of child abuse and neglect this includes the ability and willingness to meet their child's needs, with state intervention at times required in order to ensure the safety and wellbeing of

82 R Prinz et al., 2009, 'Population-based prevention of child maltreatment: The U.S. Triple P System population trial', *Prevention Science*, vol. 10, pp.1-12.

83 O'Donnell et al., 'Child abuse and neglect - is it time for a public health approach?'; L Bromfield & P Holzer, 2008, *A national approach for child protection: Project report*, Australian Institute of Family Studies, Melbourne.

84 N Harris, 2008, 'Family group conferencing in Australia 15 years on', *Child Abuse Prevention Issues 27*, <http://www.aifs.gov.au/nch/pubs/issues/issues27/issues27.html>.

85 V Braithwaite et al., 2009, 'Seeking to clarify child protection's regulatory principles', *Communities, Children and Families Australia*, vol. 4, no. 1, pp.5-21.

children. In responsive regulation, discussion and persuasion are the first course of action used by the state to resolve problems when families cannot or will not self-regulate, with more coercive approaches being implemented if negotiation efforts have failed.

The current approach to child protection practice in the Northern Territory diminishes the role of family and promotes a culture of welfare department supremacy. The absence of any meaningful process for engaging families in decision making and working with families to take a shared responsibility to support children at risk creates a culture of welfare department 'supremacy.' The message it communicates is that the Department knows best and that it doesn't need input and knowledge from families. This can also create a culture where families can come to expect that the Department will make all the important decisions for them in relation to their children. An alternative approach is to focus on the strengths of families and use those as the primary tools with which to keep children safe or provide [out of home care] when required.⁸⁶

Despite a commitment to parent participation in child protection services, there are factors related to the statutory context and nature of child protection work which make it difficult to translate that commitment into practice.⁸⁷ Factors which affect parents' participation include their willingness to engage with child protection, their understanding of their children's needs, and their willingness to effect changes to meet those needs.

There is a concern that the model of engaging with families is highly reactive. While recognising the need for reactive aspects to improving family welfare, and seeing NTFC is best placed to provide this, there seems to be an under emphasis on the role of early engagement with families to provide comprehensive support. There is an evident lack of engaging with families in a proactive fashion to identify issues and collaboratively work towards strengthening the family's abilities to stay together.⁸⁸

An integrated framework for protecting children

ACOSS in their 2008 submission to Australia's Children: Safe and Well, A national framework for protecting Australia's children discussion paper, argued that:

there is a need to shift thinking beyond a focus exclusively on 'risk' to embrace both risk and need. In many cases, children will be both 'in need' at 'at risk' and the systems and services must be designed to respond effectively to all short and long term threats to child wellbeing.

The Discussion Paper recognises that:

In an optimally functioning system, the greatest investment would be in primary and secondary responses to help ensure that children and families are in healthy safe homes and are not exposed to the risks of abuse and neglect.⁸⁹

86 Submission: Danila Dilba.

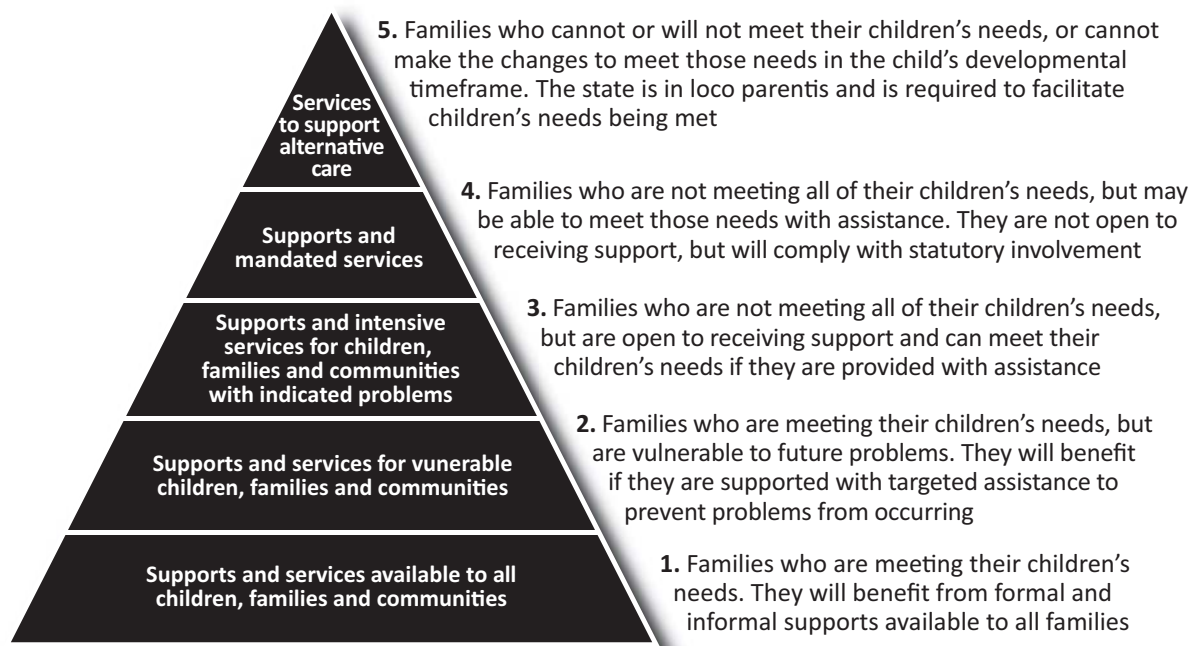
87 Y Darlington et al., 2010, 'Challenges in implementing participatory practice in child protection: A contingency approach', *Children and Youth Services Review*, vol. 32, no. 7, pp.1020-27.

88 Submission: Tangentyere Council.

89 Submission: NTCOSS.

Combining an ecological, developmental public health approach with responsive regulation suggests we can identify families with different levels of need and risk, who might respond differently to approaches to support them and their children (see Figure 3-1). Families are dynamic systems who change over time and hence their need for supports and information also change over time, as their circumstances change, as their children get older and as their family grows. The types of supports and services which might be provided to families are described in more detail in Chapter 6.

Figure 3-1: Integrated model for child protection services applied to the current service system



The first group identified in Figure 3-1 is all families who can be supported by universal formal and informal supports and services to meet the needs of their children. This includes support for fathers and mothers (and others involved in childrearing) in their care giving roles. The assumption is made here that all families are having their basic needs met including their needs for health, nutrition, housing, education, employment, community safety and spiritual wellbeing. That is, people’s interwoven emotional, mental, physical and spiritual needs are addressed. This may not be the case for many families in the Northern Territory, and where this is not the case, primary prevention efforts should be focused at addressing these needs.

The second group of families are those for whom we would anticipate providing additional supports and services because although they may not have parenting or child concerns, they may be vulnerable to developing problems later and additional supports now will prevent those difficulties. For example, this might include providing supports for young mothers, parents with mental health problems or parents who had a history of out of home care placement when they were children, or communities in which alcohol or substance use is high.

The third group of families includes those who are experiencing parenting difficulties or whose children's needs are currently beyond their abilities. These families are seeking or are open to receiving supports and services to support them in their care giving role. This might include parents who are struggling with their children's behaviour and want alternative strategies, parents who have ambivalent feelings towards their children, families who need practical supports to be able to provide for their children's needs, and families in which children have emerging emotional and behavioural problems. The challenge will be to engage Aboriginal families given their suspicion of support services and of the role welfare and child protection services have historically played in the past.

The fourth group of families includes those for whom there are serious concerns about a child's wellbeing or safety and who while not initially open to receiving supports, will engage with those supports if the state intervenes. These families are unlikely to present voluntarily for help, but if it is required by a statutory organisation will comply with this requirement. The child may need to be placed in alternative care arrangements in the short term until the parent can meet the child's needs with the ongoing supports provided.

The fifth group of families includes those who are not able or willing to meet their child's needs in the longer term, or cannot make necessary changes with supports within their child's developmental timeframe. The children in these families are likely to be placed in alternative care arrangements (including kinship care) for the long term. Ongoing supports are provided for the child, their alternative caregivers and their birth family.

Once again, if families – okay, you can have a notion of 'good enough' parenting. Most parents go along above this line of good enough parenting. Some drop below it and can be, with appropriate assistance, pushed back above the line. Some will plummet below the line and nothing that you can do will push them back to good enough parenting. At that time, the state needs to intervene in a statutory fashion. When they just dip below the line, then family support programs, intensive family support programs, parenting skills programs, these sorts of things, perhaps financial assistance, will get them back on track. Some families will not get back on track. That is the reality. I believe, because in all my social work training, this has been inculcated in me, wherever possible, the best place for a child is with the family, but sometimes it is not possible.⁹⁰

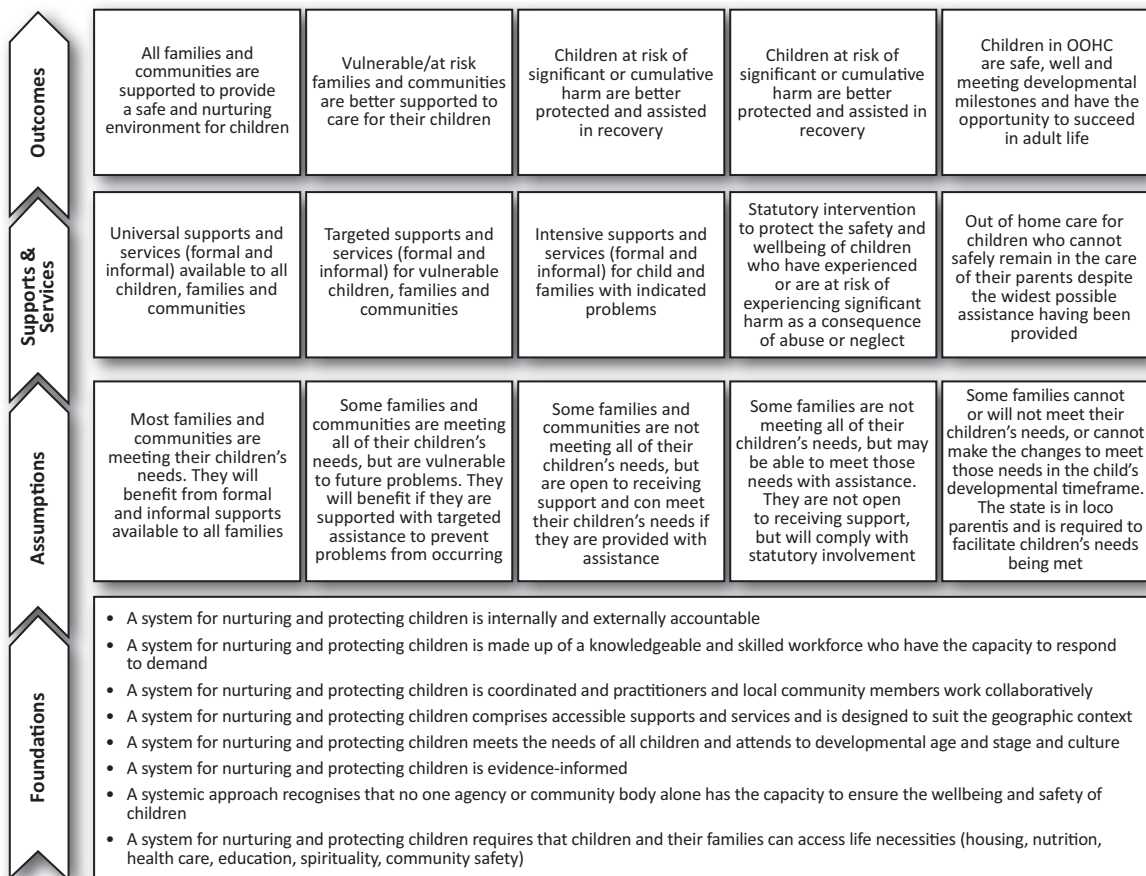
Figure 3-2 represents a broad logic model for an integrated system for protecting the Northern Territory's children. In this model, the outcomes and supports and services for the five groups of children, families and communities (described above) are presented. These outcomes and supports become progressively more targeted as the needs of children, families and communities increase. For example, the model moves from universal services and support with the aim that all families and communities are supported to provide a safe and nurturing environment for children, through to out of home care services and supports with the aim of making children safe, healthy and helping them to meet developmental milestones.

It is also important that any system for protecting children is based on strong foundations. These can also be seen in Figure 3-2 and include: having a skilled and knowledgeable

90 Hearing: Colin Dyer.

workforce with the capacity to meet demand; having a coordinated system in which practitioners work collaboratively; meeting the needs of all children in the Northern Territory and taking a life course approach; being suitable for the Northern Territory context and being accessible to all families; meeting the essential life needs of children and their families; being evidence-informed; taking a systemic approach that recognises no one agency can be responsible for protecting children; and making the system internally and externally accountable. These foundations underlie all of the services and supports which might be provided to different families. The foundations, services and supports included in an effective system for protecting children will be discussed in subsequent chapters throughout the report and are not covered in detail here. Major recommendations regarding the need for service coordination, significant funding for early intervention and family support, and planning and monitoring systems are also included in later chapters.

Figure 3-2 Program logic for an integrated system for nurturing and protecting children



Summary

The Inquiry is unequivocal about its view that addressing child abuse and neglect through effective prevention and treatment efforts is one of the single most effective commitments that a government could make to the health, wellbeing and productivity of society. Efforts in this area need to be sustained with a bipartisan commitment to long term change. The use of child abuse and neglect for media ratings or political point scoring is damaging to children and their families and to those who work to promote child wellbeing. All children and young people have a right to basic services. Vulnerable children should expect that their right to these services is met and governments have a responsibility to ensure that this happens.

More money should be spent on community development, early intervention and prevention rather than at the punitive end of the Child Protection scale... NTFC is a monster that will keep growing and we will never be big enough.... Does it not make sense that we stop trying to focus on building bigger but rather we direct the funds to parenting training, feeding programs, child education, travelling road shows to schools that show the effects of drugs, alcohol, petrol sniffing, underage sex, the residual effects of exposure to DV and the like.⁹¹

In the same way that a responsive parent might anticipate and respond to a child's changing needs, the service system needs to have the capacity to act responsively to the needs of children and families and to provide these supports over the life course. A family and community driven system is needed rather than service or politics driven practice, planning and service provision

This Inquiry provides an opportunity for the Northern Territory to take a new approach to protecting children. This is an outcomes driven strategy focusing on child safety and wellbeing rather than on systems activities (notifications, substantiations and child placement in out of home care). It comes from a strong theoretical and evidence base, and is supported by ongoing monitoring and continuous quality improvement. Rather than being susceptible to the pendulum swings which can typically characterise child protection systems, this integrated strategy suggests that the course of action shouldn't be altered unless the evidence suggests it. This should be seen as a long term child safety and wellbeing strategy for the Northern Territory, with a focus on implementation with quality and forethought. Implementation science tells us that if things are done well, it will take time to see any improvements; but even if we have the most effective strategies, if they are implemented poorly, we will never see positive changes.

91 Submission: NTFC Barkly.



CHAPTER 4
RESPONDING TO THE PARTICULAR NEEDS OF ABORIGINAL CHILDREN

CHAPTER 4

Responding to the particular needs of Aboriginal children

Introduction

The very nature of the Northern Territory is that it features small, multi-lingual and complex communities with basic and limited services that are very remote from our urban service centres.⁹²

It is important to recognise the complexity of delivering services to Aboriginal children and their families in the Northern Territory. Apart from the capital city and a handful of regional centres, the Northern Territory is characterised by a population which is largely scattered across isolated remote communities.

[The Northern Territory] is one of the nation's most culturally complex settings with more cultural dispersal than in most other jurisdictions⁹³

Given this complexity it is important that the approaches and solutions adopted to address the needs of children and families are flexible and are based on an understanding of local issues. Solutions developed in other jurisdictions will not necessarily transplant successfully in the many different service contexts of the Northern Territory.

This chapter provides a context for determining how the Inquiry proposes to address the specific needs of at risk and vulnerable Aboriginal children and young people in the Northern Territory. Given that more than 75 percent of the cohort of children and young people in the child protection system are Aboriginal their issues are embedded throughout the entire report. Preceding chapters have illustrated that compared with non Aboriginal children, Aboriginal children on a range of indicators be they health, education, disability have poorer outcomes and are more likely to come into contact with the child protection system and are more likely to be taken into care.

The *National Framework for Protecting Australia's Children 2009-2020* identifies as one of the six 'supporting outcomes' that '*Indigenous children are supported and safe in their families and communities*'. The following three strategies relate to Indigenous outcomes:

- expand access to Indigenous and mainstream services for families and children
- promote the development of safe and strong Indigenous communities
- ensure that Indigenous children receive culturally appropriate protection services and care.

In order to understand the ethical, moral and social imperatives regarding child protection legislation, policy and practice, this chapter briefly explores the history of child welfare for Aboriginal children in the Northern Territory. It also highlights the relevant recent

92 Submission: NTFCAC.

93 Submission: DET.

inquiries in Australia regarding child protection and their findings as they relate to Aboriginal people.

The Inquiry seeks to provide insight into the assertion that in order to bring about real and sustainable change for the Northern Territory's most vulnerable, then Aboriginal people must move from being passive recipients, that is, from being consulted in a marginal, and frankly disempowering way, to a position of influence in taking on the responsibility for the safety and wellbeing of their children and young people. To this end, the chapter briefly discusses social determinants of wellbeing for Aboriginal people and how they can be strengthened for children in the Northern Territory through culturally competent legislation, policy and practice.

The Inquiry believes that Aboriginal people's self determination should be expressed through the establishment of an Aboriginal community controlled agency or agencies delivering services across the continuum of child and family welfare. In this chapter the Inquiry also presents an overview of the Aboriginal Child Placement Principle, and its embodiment in other states and territories. This Principle is taken up in many chapters of this report, highlighting its central importance for the cultural wellbeing of Aboriginal children in out of home care.

As highlighted in the *Little Children are Sacred* report, it is imperative that government, its agencies, non-government organisations and the wider community commit to and engage with Aboriginal people to promote active participation in improving wellbeing outcomes for vulnerable and at risk Aboriginal children and young people.⁹⁴ Government agencies must engage more effectively with Aboriginal people, involve Aboriginal people in all aspects of decision-making relating to Aboriginal children and young people, and establish and adequately resource specialised Aboriginal services.

A selective history of colonisation and policy relating to Aboriginal children in the Northern Territory

It is impossible to consider Aboriginal child welfare issues separately from broader narratives of Aboriginal dispossession and disadvantage stemming from European colonisation. Indeed, the *Ampe Akelyernemane Meke Mekarle, 'Little Children Are Sacred'* Report⁹⁵ identifies disempowerment as a core problem to be addressed if the circumstances facing Aboriginal children in the Territory is to change for the better. While that report focused on the issue of child sexual abuse, many of its observations and recommendations are relevant to all aspects of wellbeing and protection for children and young people.

What is required is a determined, coordinated effort to break the cycle and provide the necessary strength, power and appropriate support and services to local communities, so they can lead themselves out of the malaise: in a word, empowerment!⁹⁶

94 Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, *Ampe Akelyernemane Meke Mekarle "Little Children are Sacred"*.

95 *ibid.*

96 Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, *Ampe Akelyernemane Meke Mekarle "Little Children are Sacred"*, p.13.

Given the impact of welfare intervention in the lives of Aboriginal people over the past century and a half, it is not surprising that many Aboriginal people see current child protection systems in Australia as an ongoing process of removal. The Inquiry notes that although the current child protection system applies to all children regardless of cultural background, there is a disproportionate number of Aboriginal children in the child protection system which is, in part, the historical legacy of earlier child welfare systems. This section provides a selective overview of Aboriginal child welfare in the Northern Territory. It is not intended to be a complete historical review, but to provide some information about how the past and present of child welfare and child protection are inexorably linked by a sense of 'doing to' or 'doing for' Aboriginal people in the Northern Territory.

There is much written on the history of colonisation and of the dispossession of Aboriginal people from their lands. Significant to the Northern Territory is how this history and dispossession impacts on the safety and wellbeing of children today.

Dutch and Portuguese merchants in the 17th Century were the first Europeans to have contact with Aboriginal people in the north of Australia⁹⁷. *Yolngu* people incorporated sightings of 'Balandas' (Hollanders) in their stories and art work from around that time⁹⁸. British explorer Flinders landed on the Northern Territory coast in the early 18023, with the goal of establishing a site for a British outpost close to the Dutch East Indies⁹⁹. From the 1880's European pastoralists moved into parts of the Northern Territory seeking grazing lands for sheep and cattle while the colony of New South Wales, despite the absence of a common border, sought sites for military settlement¹⁰⁰.

In 1863 the region was annexed as the Northern Territory of South Australia and, by 1885, much of the land was divided into pastoral leases through the *Australian Colonies, Waste Lands Act 1842*, with land sales to defray the costs of administration for a territory distant from Adelaide. Labour for the pastoral industry, agriculture and mining was imported from Asia, with Aboriginal people thought to have little to offer in terms of trade. Being nomadic and therefore with few goods for trade, there was a prevailing view that Aboriginal people would quickly become extinct which resulted in a lack of attention from the South Australian Government¹⁰¹. If they did not interfere with settlements or businesses they were ignored but if they did interfere, they were treated harshly.

In 1877, the first Aboriginal mission was established at Hermannsburg by a small party of Lutherans¹⁰². By the late 1800s, conflict between pastoralists and Aboriginal people had erupted. Aboriginal people were marginalised on their lands, unable to hunt and forced to compete with cattle for water. With their lifestyle threatened many moved onto pastoral stations established on traditional Aboriginal lands or to the fringe of non-Aboriginal settlements and missions. Some Aboriginal people worked for the pastoralists but barely received even subsistence wages.

97 P Donovan, 1981, *A land full of possibilities: A history of South Australia's Northern Territory*, University of Queensland Press, St Lucia.

98 R Trudgen, 2000, *Why warriors lie down and die: Towards an understanding of why the Aboriginal people of Arnhem Land face the greatest crisis in health and education since European contact*, Aboriginal Resource and Development Services Inc, Darwin.

99 Donovan, *A land full of possibilities*.

100 *ibid.*

101 *ibid.*

102 S Davis & J Prescott, 1992, *Aboriginal frontiers and boundaries*, Melbourne University Press, Melbourne.

During this period there were few non-Aboriginal women in the Northern Territory and as relationships between Aboriginal women and non-Aboriginal men began to form, a growing population of children of mixed descent emerged. These children were usually cared for by their mothers in Aboriginal communities but from the 1890s government authorities sought to remove children of mixed descent away from their communities and place them in the care of missions.

In 1910, the first piece of legislation aimed at protecting the interests of Aboriginal people was passed. Under the *Northern Territory Aborigines Act 1910*, the Northern Territory Aboriginals Department was established 'to provide, where possible, for the custody, maintenance and education of the children of Aboriginals'. Under this *Act*, the Chief Protector was appointed as the 'legal guardian of every Aboriginal and every half-caste child up to the age of 18 years', whether or not the child had parents or other living relatives.

The Chief Protector was also given power to confine 'any Aboriginal or half-caste' to a reserve or Aboriginal institution and powers over 'how they spent their money if they had any'¹⁰³. Severe penalties were imposed for supplying alcohol or drugs to Aboriginal people. The situation continued to change, as in that same year the Commonwealth took control of the territory and enacted the *Northern Territory Aborigines Ordinance 1911* which increased the powers of the Chief Protector to assume 'the care, custody or control of any Aboriginal or half caste if in his opinion it is necessary or desirable in the interests of the Aboriginal or half caste for him to do so'. These powers were retained until 1957.

A submission to the 'Bringing Them Home' Report quotes the Chief Protector, 1912, Professor Walter Baldwin Spencer:

No half-caste children should be allowed to remain in any native camp, but they should all be withdrawn and placed on stations. So far as practicable, this plan is now being adopted. In some cases, when the child is very young, it must of necessity be accompanied by its mother, but in other cases, even though it may seem cruel to separate the mother and child, it is better to do so, when the mother is living, as is usually the case, in a native camp¹⁰⁴.

Spencer was a strong advocate for the establishment of compounds to contain all Aboriginal people and the separation of mixed descent Aboriginal people from Aboriginal people of full descent. The Commonwealth developed Children's institutions, including the Kahlin Compound which was established in Darwin in 1913, and the Bungalow in Stuart (now Alice Springs) the following year¹⁰⁵. Subsequently, similar compounds were established at Pine Creek and Jay Creek.

Under the *Aborigines Ordinance 1918*, all Aboriginal females were deemed to be under the control of the Chief Protector until they had received permission to marry a non-Aboriginal man. Aboriginal women had no right of guardianship over their own children. On the other hand, Aboriginal men could be released from guardianship at the age of 18 years.

Overcrowding and poor health were constants in the lives of those who lived on the compounds, many of whom graduated to domestic or labouring positions. In 1929 the

103 A Kruger & G Waterford, 2007, *Alone on the soaks: the life and times of Alec Kruger*, IAD Press, Alice Springs.

104 Human Rights and Equal Opportunity Commission (HREOC), 1997, *Bringing them home: National inquiry into the separation of of Aboriginal and Torres Strait Islander children from their families*, HREOC, Sydney, p.115.

105 Kruger & Waterford, *Alone on the soaks*.

Bleakley Inquiry into Kahlin found that living conditions there were appalling, with Alec Kruger writing in his biography that he was one of 77 people in a home initially built for only one family¹⁰⁶. Bleakley proposed that children be sent to different mission institutions according to their proportion of 'European blood' and be provided with education and better living conditions. Chief Protector at the time, Dr Cecil Cook, opposed the use of missions as suggested by Bleakley and due to constraints of the depression, living conditions continued to deteriorate. Coupled to this was the introduction of rules to discourage traditional cultural practices and, in most missions, Aboriginal laws and customs were forbidden and children were generally separated from the rest of the Aboriginal community. Resources for these missions were scarce and disease was common.

Growing concerns about the missions and the increasing population of mixed descent Aboriginal people led the Minister of the Interior, John McEwen, to introduce assimilation policies in 1939. Assimilation policies were intended to replace the earlier 'absorption' policies and 'raise up' mixed descent Aboriginal people to the 'white standard'. Aboriginal people of mixed descent were sent to different institutions according to their portion of 'Aboriginal blood'. It was as a consequence of this policy that the Bagot Aboriginal reserve was constructed in Darwin.

The Second World War interrupted McEwen's plans following the bombing of Darwin, forcing the evacuation of missions. Aboriginal children were then dispersed to a variety of settings in other parts of Australia. Some returned to the Northern Territory after the War but others went missing and some remained where they had been sent. In the Northern Territory, the policy of the forced removal of mixed descent children from Aboriginal families continued. The following decade saw the emergence of the Aborigines Advancement League and other groups protesting against policies of removal. Following the war, the Retta Dixon Home opened in Bagot, Darwin. Retta Dixon was operated by the Aborigines Inland Mission until its closure in 1980. At its peak, the Home housed 120 removed children – children separated from their mothers once they ceased breast feeding and housed in dormitories or cottage homes.

Following the Commonwealth-State Ministers Conference in 1951, the Minister for Territories, Paul Hasluck, urged the Commonwealth Government to adopt a national coordination role and implement measures to encourage assimilation. Aboriginal people of full as well as mixed descent were subjected to government control. The *Welfare Ordinance 1953* replaced the *1918 Act*, subjecting all Aboriginal people to the same welfare legislation as non-Aboriginal people. In response to concerns among non-Aboriginal Territorians that they could be subject to wardship under the Ordinance, the *Act* was amended to clarify that it was only designed to target Aboriginal people by specifying that people with voting rights could not be made wards. During this time the Commonwealth initiated a scheme whereby Aboriginal children were sent to southern states in foster homes or boarding schools. Towards the end of the 1960s, mission homes began to close in the Territory and foster care became more common. According to Armitage, by 1968 almost 17 percent of Territory children were in government care and by 1971, 97 percent of Territory children in foster care were Aboriginal¹⁰⁷.

In 1973, a policy of self-management replaced the assimilation policies at both national

106 *ibid.*

107 A Armitage, 1995, *Comparing the policy of Aboriginal assimilation: Australia, Canada, and New Zealand*, UBC Press, Vancouver.

and Territory levels. In broad terms, self-management and self-determination were key policy principles in Aboriginal affairs in Australia from 1973 through to 1996. These principles were primarily due to a growing resistance movement by Aboriginal and Torres Strait Islander peoples and brought to national prominence through the Northern Territory when the *Yolngu* Elders from Yirrakala presented their bark petition to the Government in 1963 and, again, by the walk off by *Gurindji* stockman at Wave Hill in 1966.

Respect for Aboriginal and Torres Strait Islander rights and a growing understanding of the importance of land and culture led to bipartisan support for the passage of the *Aboriginal Land Rights (Northern Territory) Act 1976*, the establishment of the Aboriginal and Torres Strait Islander Commission in 1989 and, under the Keating Government, the Australian Parliament's passage of the *Native Title Act 1993*¹⁰⁸.

However, at national, State and Territory levels, effective self-determination has been limited, with only land rights legislation delivering any real measure of autonomy for a minority of Aboriginal people. Equal pay for Aboriginal workers in 1968 led to some Aboriginal stockmen in the outback losing their jobs rather than receiving an increase in pay. For some Aboriginal communities, the process of being granted self-determination was experienced as one of confusion and abandonment, rather than empowerment. In reality, communities needed to engage with broader society however, little purposeful capacity building was undertaken. Trudgen recounts that, in the case of the *Yolngu* people:

Some of the old men ... wept and said directly to the missionaries, 'Don't leave us. We will not survive without you against these other Balanda [white fellas]' ¹⁰⁹

According to Trudgen, traditional leadership structures were ignored and non-indigenous structures were placed upon the *Yolngu*. There was no engagement between the two legal systems to enable self-determination in a cross-culturally appropriate way or to build community capacity for self-management. Historian Richard Broome suggests that, despite land rights leading to some communities receiving mining royalties, lack of economic self-sufficiency made autonomy problematic¹¹⁰. The homelands movement enabled some Aboriginal communities in the Northern Territory to restore traditional ways of living and encouraged a flourishing subsistence sector in the 1980s but, for most, the problem of unemployment remained. The Community Development Employment Project devised in 1977 created a level of economic support in the absence of employment opportunities but did not lead to economic self-sufficiency¹¹¹. The Inquiry has seen that poverty and welfare dependency remains a dominant situation in some remote Aboriginal communities in the Northern Territory.

The Commonwealth affirmed in 1976 that child welfare, including Aboriginal child welfare, was a state and territory responsibility. Following the development in the USA of an Indian Child Welfare Act in 1978 which contained a basic principle that determined the manner of the placement of American Indian children outside their immediate families where this was deemed necessary, an Aboriginal Child Placement Principle (ACPP) was proposed by the national Council of Social Welfare Ministers in 1979 to

108 B Attwood & A Markus, 1999, *The struggle for Aboriginal rights: A documentary history*, Allen and Unwin, Sydney.

109 Trudgen, *Why warriors lie down and die*.

110 R Broome, 2010, *Aboriginal Australians: A history since 1788*, Allen and Unwin, Crows Nest, NSW.

111 B Beadman, 2010, *Coordinator General of the NT, Report, July 21*, Northern Territory Government, Darwin.

guide the adoption and fostering of Aboriginal children. There was discussion between the Council and the Secretariat of National Aboriginal and Islander Child Care (SNAICC) around the nature and implementation of the ACPP and a version of the principle was adopted as a national policy in 1986 setting out the preferred priorities of placement where Aboriginal children needed to be removed from their natural families.

A national law reform commission report that same year recommended that the ACPP be adopted on a national basis, however, the Commonwealth Government reaffirmed that such matters are a state and territory responsibility¹¹². While eventually all Australian mainland states and territories have incorporated the principle into law in their relevant legislation or by regulation, the principle is now endorsed by the Council of Australian Governments' (COAG) National Child Protection Framework, as well as by SNAICC.

In the Northern Territory, the Aboriginal Child Placement Principle (ACPP) is incorporated into the *Care and Protection of Children Act 2007* (NT) (the Act). Section 12(1) of the Act states that 'representative organisations have a major role in promoting the wellbeing of Aboriginal children'. However, there is currently no Aboriginal child and family welfare agency in existence for the relevant Northern Territory Government agency to consult with regarding placement options. This has, however, been on the Northern Territory Government's agenda.

The establishment of Karu in Darwin in 1985 to provide child and family services was a false start, as it has subsequently ceased to exist. The Northern Territory Government's response to the 'Little Children are Sacred' Report (Closing the Gap of Indigenous Disadvantage¹¹³) spoke to this issue with a proposed \$10.15 million investment, however, the actual 'network of Aboriginal Child Protection and Care Services' has not yet been established. According to the COAG National Framework for Protecting Australia's Children, "the development of Aboriginal Child Protection and Family Support Services by Aboriginal agencies is a key focus in the Northern Territory reforms."¹¹⁴

On 21 June 2007, the Howard Government announced a national emergency response to the *Ampe Akelyernemane Meke Mekarle 'Little Children Are Sacred'* Report. The response became known as the 'Northern Territory Intervention' or the Northern Territory Emergency Response (NTER). The NTER designated regions of the Northern Territory as 'prescribed areas' (including 73 communities and associated outstations) and three emergency response Bills were enacted in Parliament:

- *Northern Territory National Emergency Response Act 2007*
- *the Social Security and Other Legislation Amendment (Welfare Payment Reform) Act 2007*
- *the Families, Community Services and Indigenous Affairs and Other Legislation Amendment (Northern Territory National Emergency Response and Other Measures) Act 2007*¹¹⁵

112 Australian Law Reform Commission, 1986, *The Recognition of Aboriginal Customary Laws*, Report 31, Australian Government Publishing Service, Canberra.

113 Northern Territory Government, *Closing the Gap of Indigenous disadvantage: A generational plan of action*, August 2007, Appendix 1, p. 4

114 D Higgins, 2005, *Early Learnings Research Report*, vol. 2, Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020. An initiative of the Council of Australian of Australian Governments., Telstra Foundation, Melbourne.

115 Department of Families, Housing, Community Services and Indigenous Affairs, n.d., 'Submission of background material to The Northern Territory Emergency Response Review Board', www.fahcsia.gov.au.

The NTER included the suspension of the *Racial Discrimination Act 1975* and the protection of anti-discrimination law was removed.¹¹⁶ The Australian Defence Force and police were mobilised to assist in the implementation of the NTER.

Measures proposed initially under the NTER included:

- increases in policing levels, including secondments of officers from other jurisdictions to supplement Northern Territory resources
- non-compulsory, comprehensive health checks for Aboriginal children under 16 years of age, to identify and treat health problems, including identifying follow-up and ongoing health care requirements
- clean up and repair of communities to make them safer and healthier with local people encouraged to participate through Work for the Dole (WfD)
- widespread alcohol restrictions
- welfare reforms to reduce the flow of money into alcohol and substance abuse and to ensure funds intended for children's welfare and development are used for children
- improving school attendance indirectly through the provision of school meals
- compulsory five year leases to the Commonwealth over land in 64 communities including provisions to pay reasonable compensation to relevant land owners if those leases constitute an acquisition of property within the meaning of the Constitution
- improvements to essential infrastructure in communities
- banning possession or supply of X 18+ films, restricted publications, Refused Classification material, and unclassified material that would be classified at these levels
- auditing of publicly funded computers to identify prohibited material
- changes to the permit system for access to 'Aboriginal land' under the *Aboriginal Land Rights (Northern Territory) Act 1976* including in relation to government officials, common areas of major communities and road corridors
- improved governance through the appointment of Government Business Managers (GBMs) to remote communities.

Responses to the NTER were mixed, but the lack of consultation and participation of Aboriginal people in the Northern Territory in the development and implementation of the NTER has been frequently criticised. Many campaigns were initiated in response to the NTER including activism aimed at the reinstatement of the Racial Discrimination Act, and members of communities such as a group from Ampilatwatja have taken a strong stand against the NTER including a walk-off and the building of a protest house as a result of feeling 'treated as outcasts and isolated from white man's decision making under the 2007 federal Indigenous intervention'.¹¹⁷

116 NTER Review Board, 2008, *Northern Territory Emergency Response - Report of the NTER Review Board*, Commonwealth of Australia, Canberra.

117 L Murdoch, 'Outcast' Aborigines stage the red desert walk-out', *The Age* February 13, 2010.

In many communities there is a deep belief that the measures introduced by the Australian Government under the NTER were a collective imposition based on race.

There is a strong sense of injustice that Aboriginal people and their culture have been seen as exclusively responsible for problems within their communities that have arisen from decades of cumulative neglect by governments in failing to provide the most basic standards of health, housing, education and ancillary services enjoyed by the wider Australian community.

Support for the positive potential of NTER measures has been dampened and delayed by the manner in which they were imposed.¹¹⁸

The *National Framework for Protecting Australia's Children 2009-2020* was released in 2009 establishing a national policy framework for improving outcomes in child and family welfare and child protection¹¹⁹. One of the six 'supporting outcomes' is that '*Indigenous children are supported and safe in their families and communities*'. The following three strategies relate to Indigenous outcomes:

- expand access to Indigenous and mainstream services for families and children
- promote the development of safe and strong Indigenous communities
- ensure that Indigenous children receive culturally appropriate protection services and care.

The framework commits the Commonwealth to promote the development of safe and strong Aboriginal communities through:

the Family Support Package which provides Remote Aboriginal Family and Community workers, Mobile Child Protection Team and 22 safe houses in the Northern Territory and

law and order measures including specialist AFP officers in the child abuse taskforce as part of additional AFP positions.

To ensure that Aboriginal children receive culturally appropriate protection services and care Framework notes that the Northern Territory Government has committed to:

Develop and expand the Indigenous child protection and welfare workforce, including: fostering Aboriginal controlled services to deliver support to Aboriginal families.

Further discussion relating to the development of Aboriginal child safety and wellbeing services can be found later in this chapter and in Chapter 6 of this report.

118 NTER Review Board, *Report of the NTER Review Board*, p.9.

119 Council of Australian Governments, 2009, *Protecting children is everyone's business - National framework for protecting Australia's children 2009-2020*, Commonwealth of Australia, Canberra.

Recent inquiries addressing Aboriginal child abuse and neglect and systems responses

The past decade has seen several inquiries into child and family welfare in Australia. In this section we summarise some of the findings and recommendations relevant to the Northern Territory context. More detail on some of these inquiries is listed in Appendix 4.1. Other reviews and reports relevant to the Northern Territory context are discussed throughout the report. The inquiries and reviews represented in the summaries in this section include:

- Gordon Inquiry 2002 (Western Australia)
- NSW Aboriginal Child Sexual Assault Taskforce 2006 (New South Wales)
- Children on APY Lands Commission of Inquiry (South Australia) 2008
- Wood Inquiry NSW 2008 (and the Keep them Safe Response)
- State of Denial, SNAICC (Pocock) 2003
- Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse
- Report of the Northern Territory Emergency Response (NTER) Review Board.

These reviews and inquiries have been triggered by events such as allegations of high levels of family violence and child abuse (particularly child sexual abuse) in Aboriginal communities (although these may not be reflected in child protection data), and/or by child deaths of children and young people known to child protection systems.

While the reasons for reviewing systems for protection children and responding to child abuse and neglect may be different, the reports from these reviews had similar emphases on the findings for Aboriginal children, families and communities. These themes are repeated throughout the current report. With regards to Aboriginal child safety and wellbeing, these reviews found:

- Family violence and child abuse occur in Aboriginal communities at a rate that is much higher than that of non Aboriginal communities but that Aboriginal people are not the only victims and not the only perpetrators of abuse
- The socio-economic factors which give rise to child abuse and neglect are more prevalent in the Northern Territory than in any other State or Territory
- The combined effects of poor health, alcohol and drug abuse, unemployment, gambling, pornography, poor education and housing, and a general loss of identity and control have contributed to violence and to sexual abuse in many forms
- There is a lack of reporting of child abuse and neglect of Aboriginal children by service providers and community members because of fear and distrust, a lack of response or of over-response from child protection and police services, a lack of confidence in agencies to be able to respond appropriately, and an acceptance of violence, abuse, poverty and chronic disadvantage as normative in some communities
- The enduring impacts of past practices of forcibly removing Aboriginal children and forcibly relocating Aboriginal communities.

In these reports, responses to the abuse and neglect of Aboriginal children (and of non-Aboriginal children) were seen to be lacking for many reasons, including:

- Child protection services are overwhelmed and the fundamental needs and priorities of families and communities are not met
- There is a mismatch between forensic incident-based responses to problems which have their basis in systemic social inequalities
- The lack of placement options for children and young people means they may remain or be placed in unsafe situations
- There is a lack of roles, purpose or power of Aboriginal people within child protection systems
- There is a lack of coordination and communication between government departments and agencies, and this is causing a breakdown in services and poor crisis intervention. Improvements in health and social services are desperately needed in the Northern Territory, and
- The poor implementation of the Northern Territory Emergency Response, particularly in its failure to engage constructively with Aboriginal people in the Northern Territory, diminished its effectiveness.

Recommendations from the reviews and subsequent reforms suggest the need for different approaches to the usual way of doing business, particularly in child protection. These themes resonate with the understandings of the current Inquiry and include the need for systems for promoting child safety and wellbeing to include the full participation of Aboriginal people and organisations and culturally competent service delivery on the part of non-Aboriginal agencies:

- Strong governance by and empowerment of Aboriginal communities. Aboriginal community involvement in decision making including the need for community leadership and local community focus
- The need for development of and close working partnerships with Aboriginal community controlled child and family service organisations
- The need to build trust between Aboriginal communities and government agencies
- An emphasis on community education and community development strategies which build on the strengths of Aboriginal culture to develop community capacity and leadership to assist Aboriginal communities, to ensure the safety of their children and families and to address the problem in ways that are culturally meaningful and appropriate
- Recruitment, retention, training and support of the workforce including development of Aboriginal professional workforces as well as pathways to encourage more Aboriginal specialists and doctors, training of interpreters, more Aboriginal liaison workers, and better salary and conditions
- Development of cultural competence for non-Aboriginal workers
- More workers who are based in communities.

Suggested improvements to service design and delivery have included:

- The need for overarching frameworks which incorporate prevention, early intervention and child protection responses
- The need for better responses to address family violence and child abuse which include comprehensive early intervention and prevention services to support families at risk of violence and child abuse and to promote the wellbeing of Aboriginal children and young people
- The need for integrated service provision and service coordination which addresses the shared and the different needs of communities
- The need for better information sharing between agencies sharing and greater co-operation, including the implementation of interdisciplinary and holistic team approaches and more frequent meetings between state departments, Aboriginal services, mainstream NGOs and police
- Significant improvements to statutory child protection services including better resourcing
- The need for monitoring and evaluation of system reforms to see if they have led to improvements.

Specific approaches which were advocated in an integrated and targeted approach to working with Aboriginal children and families included:

- The need to address social disadvantage and improve community, social and physical infrastructure in the areas of housing, human services, local courts (but not at police stations), police, corrections
- The need for therapeutic and healing approaches for Aboriginal people which address intergenerational traumas
- stronger justice interventions and night patrols
- Adoption of restorative justice and family decision-making approaches
- Restrictions on the sale, delivery and use of alcohol in Aboriginal communities
- Strategies to promote greater school attendance.

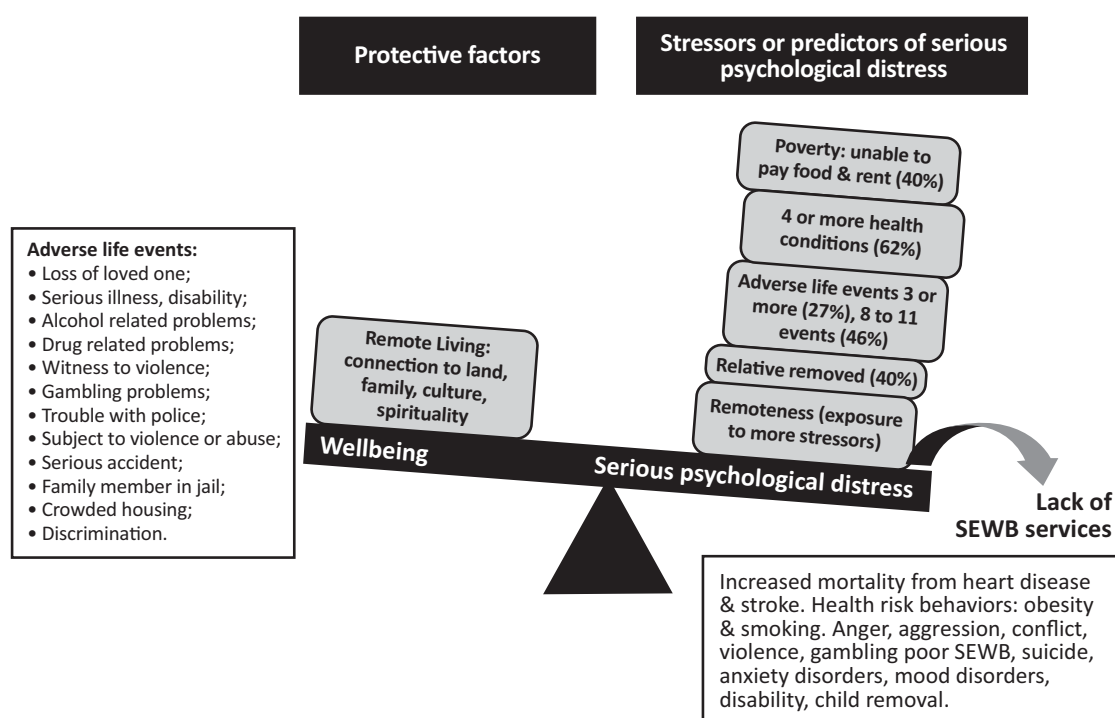
Determinants of social and emotional wellbeing for Aboriginal children and families

The social and emotional wellbeing concept is broader than [the concept of mental health] and recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual. Social and emotional wellbeing problems cover a broad range of problems that can result from unresolved grief and loss, trauma and abuse, domestic violence, removal from family, substance misuse, family breakdown, cultural dislocation, racism and discrimination, and social disadvantage.¹²⁰

120 Social Health Reference Group, 2010 cited in S Zubrick et al., 2010, 'Social Determinants of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing', in *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, ed. N Purdie, et al., Office of Aboriginal and Torres Strait Islander Health, Department of Ageing: Canberra, p. 76.

As identified in the quote above, Aboriginal people are exposed to many risk factors and stressors that often co-occur and are experienced across generations in the same family. While single risk factors may not convey significant risk, the likelihood of experiencing multiple stressors is greater for Aboriginal people compared with non-Aboriginal people.¹²¹ The stress, chaos, social exclusion and demoralisation caused by the experience of multiple risk factors such as unresolved grief and loss, abuse, violence, and removal from family and country may be overpowering even in the presence of protective factors such as connection to land, culture, spirituality, ancestry, and family (as depicted in Figure 4.1).¹²²

Figure 4.1 Risk and protective factors for serious psychological distress¹²³



© Australian Indigenous Psychologists Association

Source: National Aboriginal & Torres Strait Islander Health Survey 2004-05

Many people on remote Aboriginal communities live with inadequate access to the determinants of social and emotional wellbeing and health — lack of adequate housing, nutrition, employment, education, financial security, and community safety. Children subject to child protection concerns are more likely to be in families with poor diets, in overcrowded and substandard housing, and in families who have no employment or occupation. These children engage inadequately with schooling and live in communities where poor health, violence, alcoholism and drug abuse is common and where basic safety needs are not met. The Inquiry heard many complaints from people on remote communities about the prevalence of three Gs – grog, ganja (marijuana), and gambling. These issues are explored briefly below, and again in Chapter 6 in the wider context of determinants of abuse and neglect for all children.

121 Silburn et al., *The Western Australian Aboriginal child health survey: Strengthening the capacity of Aboriginal children, families and communities*.

122 Zubrick et al., 'Social Determinants of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing'.

123 Kelly, K., Dudgeon, P., Gee, G. & Glaskin, B., 2010, *Living on the Edge: Social and Emotional Wellbeing and Risk and Protective Factors for Serious Psychological Distress Among Aboriginal and Torres Strait Islander People*, Discussion Paper No. 10, Cooperative Research Centre for Aboriginal Health, Darwin.

The care and protection needs of children and young people in Aboriginal communities are largely related to poverty and disadvantage rather than culture. Exposure to violence and a lack of adequate food and shelter is a common experience for many children and young people. The pervasive nature of poverty, trauma and associated social issues such as alcohol abuse, gambling and violence, means that most Aboriginal communities and families in the Northern Territory are affected in some way.¹²⁴

The Inquiry's observations

The Inquiry visited 15 remote communities around the Northern Territory and heard from representatives of many others. It found significant diversity between the communities. Some have high morale and a strong sense of enterprise but others could be characterised as demoralised with a poor, ill-maintained physical infrastructure, overcrowded houses and overwhelming social problems. The Inquiry encountered a sense of disempowerment and alienation. The conditions for children on occasion, appeared unsafe and unhygienic. In some communities there was no street signage around schools, public play equipment was manifestly unsafe. Dogs, many of which appeared ill or injured, roamed freely and the Inquiry heard of incidents in which dogs had attacked both children and adults and where infants were living in houses with multiple (often 10 or more) dogs and playing in grossly unhygienic surroundings. Community members frequently stated that one of their greatest needs was help with parenting their children. They stated that they had difficulties setting and enforcing boundaries.

There was relatively little understanding about the child protection system but a widespread concern that authorities could remove children. Some communities asked if there could be local child safe houses so that removed children could remain close to culture.

Even in the better functioning communities school attendance was poor - often fewer than 50 percent of the eligible children were in attendance. Some teachers complained that many children treated school as a drop-in centre.

A fundamental issue in addressing Aboriginal child safety and wellbeing is the need for an improvement of living standards across communities, with the appropriate target of intervention being at a community level, in addition to providing services to a family or individual. Without a significant betterment in living standards there will continue to be high rates of child safety and wellbeing concerns. Improving child wellbeing on remote communities must simultaneously consider approaches which enhance capacity for Aboriginal people on those communities to take a greater charge of their own lives.

The situation is made even more complex by the distribution of population – being such that the ratio of Aboriginal adults to children is much smaller than the Australian average.¹²⁵ This is compounded by the adults having more serious difficulties with disease, substance abuse, gambling or other factors. This situation has major implications for supervision, the availability of carers, and myriad other issues such as burnout of the grandmothers and aunties who have often assumed the child rearing responsibilities.

124 Submission: NTCOSS.

125 See figures in Chapter 2.

Housing

Overcrowding has a significant impact on family wellbeing. It can discourage stable relationships, add significant stress to all concerned, and place pressure on food and financial security. Children share sleeping spaces with adults, with possible exposure to sexual activity. Sleep will be disturbed in a crowded sleeping environment with consequences for waking in time for school and daytime sleepiness affecting performance, among other issues.

The Inquiry heard that even where there is significant investment in refurbishment of houses plus the building of new dwellings on some remote communities, in the medium term this will reduce the average home occupancy from the high to the early-teens, while in another, the housing program will reduce average occupancy from 18 to nine in two to three years. This is still not satisfactory. The Inquiry notes with interest that the Department of Housing, Local Government and Regional Services is moving from a focus on asset management to seeing itself as a human services agency, playing a greater role in training tenants around the use of appliances, hygiene, and basic maintenance, among other things.¹²⁶ This is both progressive and necessary.

Education for Aboriginal children

Non-attendance at school is a strong predictor of adverse outcomes for children, including contact with the child protection and juvenile justice systems. Many submissions argue that in Aboriginal communities, and for a variety of reasons, children often do not engage with the education system.

School attendance is determined by a number of factors, including the education system, individual schools and individual teachers, family and child, peers, and by other families and community expectation. More in depth discussion about solutions correctly lies outside the scope of this Inquiry. We note this issue is critical, and that the education system with its birth to jobs focus appears to at least recognise this. The Inquiry believes that empowering families through parenting education may assist but consider this to be an issue that needs to have the urgent attention of Northern Territory Department of Education.

Aboriginal children are under-represented in early childhood education and care services. Aboriginal children in the Northern Territory comprise 41.4 percent of the population but represent only 9.8 percent of children who attend early child care services¹²⁷. Early education opportunities can serve as avenues for transition to the next level of education.

The attention of the Inquiry was drawn to some positive educational programs which have improved regular school attendance for Aboriginal children. We have also heard of 'Growing Our Own', an Aboriginal teaching assistants' training program run by the Catholic Education Office, schools which work with community elders and family groups in novel ways, such as at Angurugu, and dedicated education professionals who start their school day by driving around communities themselves picking up students from their homes.

126 Department of Local Government, Housing and Regional Services, 2010, *Program and Policy Development*, report prepared by K Davies & T Angus, Northern Territory Government, Darwin.

127 Submission: NTCOSS.

Nutrition

Under-nutrition is a significant problem among Aboriginal children in the Northern Territory, and a common reason for referring children to the statutory authority. While the majority of children do not meet criteria for a diagnosis of malnutrition (wasting, stunting, underweight) or anaemia, a significant minority do. The reasons for this are numerous and the solutions complex. Among other things, the education and feedback to communities of child nutrition data are important.

Substance misuse

Alcohol misuse continues to be a major problem on many remote communities, despite the signage which suggests the problem should no longer exist. Alcohol misuse has effects far broader than child wellbeing and its effects are widely documented¹²⁸. Its association with violence is well known, it consumes money that might otherwise be spent on food or other resources for children and families, it decreases ability to care for children when inebriated, and drinkers, while disinhibited, may consume food which might otherwise be intended for children. Drinking while pregnant is associated with the foetal alcohol spectrum disorder and child cognitive impairment. Alcohol misuse has a strong correlation with violence. There are clear implications for child protection.

Violence

Within a crowded house there is a lack of privacy. Family members with problems such as alcohol, or other drug misuse, cannot drink or use their drugs secluded from others, including children. Overcrowding means that family violence will always happen in front of others, resulting in fear and feelings of insecurity for children, as well as poor role modelling for problem solving. Children are occasionally caught in 'crossfire'.

High levels of violence, particular family violence in some communities, were reported to the Inquiry. A common theme in submissions and hearings was the lack of a sense of community authority to assist in dealing with violence.

Socioeconomic disadvantage and employment

'The arrival of welfare benefits in remote communities often resulted in the demise of small business activities, and the withdrawal of communities from the broader economy. Some serious work is needed to break the cycle of inter-generational welfare dependency, and the revival of a business development focus'¹²⁹. Unemployment for Aboriginal people in the Northern Territory is 34 percent and almost certainly higher on remote communities.

A key question for the Northern Territory which goes beyond the reach of this Inquiry is how to create an environment where Aboriginal people can find meaningful employment and economic independence while remaining on their traditional lands. This question is particularly relevant given the evidence that connection to land and culture has profoundly positive impacts on health and wellbeing.¹³⁰

128 Skov et al., 'How much is too much? Alcohol consumption and related harm in the Northern Territory'.

129 Communication with Bob Beadman.

130 K Rowley et al., 2008, 'Lower than expected morbidity and mortality for an Australian Aboriginal population: 10 year follow up in a decentralised community', *Medical Journal of Australia*, vol. 188, pp.283-87.; Submission: Sunrise Health Service Aboriginal Corporation.

Grief and loss

Added to this is the ongoing sense of loss and grief experienced when living in a community where death is common. In Aboriginal culture even young children commonly attend funerals. The high community mortality rate and attendance at funerals must have a profound emotional impact on children and should be considered a community issue that needs to be addressed.

Parenting

The Inquiry heard parents and grandparents speak about a sense of loss of control over children and young people, particularly those living in remote communities. Many submissions raised concerns about the lack of respect for adults, including Elders.

The young age at which Aboriginal girls have their first babies is notable. Pregnancies that occur at the young and old extremes of child-bearing years are associated with poorer outcomes for their children when compared with the offspring of mothers well inside these extremes. The growing number of teenage parents, some with limited parenting skills, some lacking or unwilling to accept guidance or mentoring from family or elders, have few if any opportunities to access parenting education. The number of teen parents suggests that at a minimum there is a need for sex education.

Many older women on remote communities expressed despair about their own exhaustion resulting from teenage mothers leaving children with them to look after while they are gone, sometimes for days at a time. They see these young mothers as not taking appropriate responsibility for their children.

Parenting education programs targeting vulnerable and very young mothers are valuable but there is a particular need to target them towards individual family circumstance. For example, they may need to focus on behaviour, relationships, discipline, sleep, or any number of specific issues.

Recent developments and their impact

There have been several significant changes in Aboriginal communities in the Northern Territory in recent years. Major change has occurred for several reasons, first, as a result of the reform of local community councils to the system of shire governance and, second, as a part of the Northern Territory Government's *Working Future* policy. *Working Future* is the framework for the development of the 20 Growth Towns and this has implications for the future resources available to remote communities that lie outside the service delivery perimeters of the growth towns. Many Aboriginal people living in remote communities are unsettled as a result of the process of change¹³¹.

Consultation with people on remote communities is essential, however, the Inquiry has heard from people suffering from 'consultation fatigue'. Rather than suggesting there is something wrong with consultation, this term suggests to us that there is risk involved in so much change occurring over a short period of time or in consultations not being thought out.

131 A Anderson (Minister for Indigenous policy) & P Henderson (Chief Minister), 20 May 2009, *A working future: Real towns, real jobs, real opportunities*, media release, Northern Territory Government.

Several submissions contend that the nature of some of the changes contributes further to the disempowerment of Aboriginal communities and may actually diminish community capacity. There is evidence, for example, that while recent changes to compulsory income management have resulted in more positive outcomes for some people, there are also numerous unintended consequences. Some people feel demoralised as a result of compulsory income management and stigmatised by signage on proscribed communities prohibiting alcohol and pornography. Alcohol prohibition in communities has led to the movement of drinkers to the fringes, where supervision for children may be even worse or, the movement of drinkers to towns after leaving their children with others to look after.

Self-determination and cultural capital

The sense of having control over one's own life as an individual is a strong correlate of personal wellbeing. The significance of a people or ethnic group having control over their own collective lives is an extrapolation of this. There is powerful evidence in the international literature that both personal and political self-control correlate highly with health and wellbeing outcomes. Factors which are seen to mediate this include psychological stressors, socioeconomic status, freedom from racism, access to care, and so on¹³². Conceptually, self determination and self efficacy are underpinned by the long standing ethical principle of personal autonomy and respect both of which are foundational ethical principles underlying child protection systems.

A recent study from Canada by Michael Chandler and Travis Proulx for the International Academy for Suicide Research, has pointed out that as measures for self-determination, community governance and culturally-based services increase in Aboriginal communities, youth suicide dramatically decreases. The more Nation or tribal 'bands' groups have control over and cultural input into governance, health, education, policing, resources and seeking title to land, the lesser the incidence of youth suicide. This research has implications for the Northern Territory as it suggests that being on your own land, having a form of self-government, and having Aboriginal health services and policing all combine to create a sense that there is not only a proud past – but a promising future for young people.

The need for a different approach

Societal, environmental and poverty-related risk factors for children exist across all of society. However, when looking at risk factors impacting on Aboriginal children in child welfare the impacts of intergenerational experiences of dispossession, cultural erosion and policies of child removal must be considered. These issues not only impact on families, but also on the ability of families to seek or accept help from a system perceived to have caused or contributed to problems in the first place.

As the submission from Tangentyere Council suggests:

In many ways the contemporary 'child protection' system reflects the very system that traumatised many people and was in no way protective. Understanding this history is critical to creating a system that will work to protect our children and support our families.

132 G Henderson et al., 2007, 'Social and emotional wellbeing of Aboriginal and Torres Strait Islander people within the broader context of the social determinants of health', *Auseinetter*, vol. 29, no. 2, pp.14-19.

Similarly, Northern Territory Families and Children (NTFC) Therapeutic Services team, explain why families may be reluctant to engage with services:

Our history of attempted genocide of the Aboriginal people has led to extreme dysfunction in both remote and urban Aboriginal families. Stolen generation families are often the most difficult to work with due to this history. They often refuse intervention and under the current system the lack of ability to force earlier intervention leads to the kids being 'more' abused and eventually entering care. It is a self fulfilling prophecy for these families. We need to adapt our system to reflect the local history and context.

The Inquiry notes that in the Northern Territory there is a need for major reforms to build an Aboriginal child and family welfare system with the capacity to honour the strengths of Aboriginal communities and to espouse their values and practices. Recognising the fact that despite colonisation, Aboriginal culture, families and communities have strengths must be at the heart of any work with Aboriginal children, their families, their kinship relationships and their communities.

A strengths-based approach will encourage Aboriginal families to positively engage with support services and enable Aboriginal communities to provide good care for their children. The primary focus however, must be the safety of children and build on key learnings from past inquiries and reports.

The principle of self-determination for Aboriginal people was supported by this Inquiry early in its deliberations. The issue was endorsed strongly in the *Bringing Them Home* report which documented the findings from the Human Rights and Equal Opportunity Commission's (HREOC) Inquiry into the separation of Aboriginal and Torres Strait Islander children from their families:

Clearly, the implementation of self-determination is important for juvenile justice, child welfare, adoption, and family law matters. It is the principle grounding a right for Indigenous people to exercise control over matters directly affecting their children, families and communities. The Indigenous perspective on self-determination provides for the development of control over these areas of social life through processes which may involve some form of autonomy or self-government.¹³³

What this and other important reports have found is that before informed decisions can be made there needs to be proper negotiation between government and Aboriginal communities and organisations relating to self-determination in juvenile justice and child protection matters. Communities must be in a position to make choices about what they see as suitable long-term sustainable solutions to particular issues¹³⁴.

According to submissions received and the views of numerous witnesses in hearings and remote communities heard by the Board of Inquiry, apart from some Aboriginal workers within NTFC, there is almost no input by Aboriginal people into a system for protecting children in the Northern Territory. There is little if any engagement that builds on ideals of self determination and the rights to individual or collective autonomy. Aboriginal

133 Human Rights and Equal Opportunity Commission (HREOC), *'Bringing them home' report*, p.496.

134 *ibid.*

families want more Aboriginal people to be involved in the system for protecting their children – even though they know that such a system does require coercive powers to be used at times. It is clearly important for the purpose of this Inquiry that the direct involvement of Aboriginal people becomes a priority.

The challenge facing Aboriginal community controlled organisations today is to move from static influence – that is, being consulted in a marginal, and frankly disempowering way – to one of dynamic influence, and to grow where there is the ability to engage with governments to be directive and eventually be the decision makers when it comes to Aboriginal children. When looking at the amount of work to be undertaken it is surely going to be a big task – in some ways it is far easier to be a voice on the sidelines asking ‘what are you doing?’ than it is having full self-determination and being able to action your rights through taking up your responsibility. Hence capacity building is critical for Aboriginal people and a task that can be achieved if there are partnerships and the legislative and resourcing frameworks are right.

Model for participation of Aboriginal people in decision making in the field of child protection

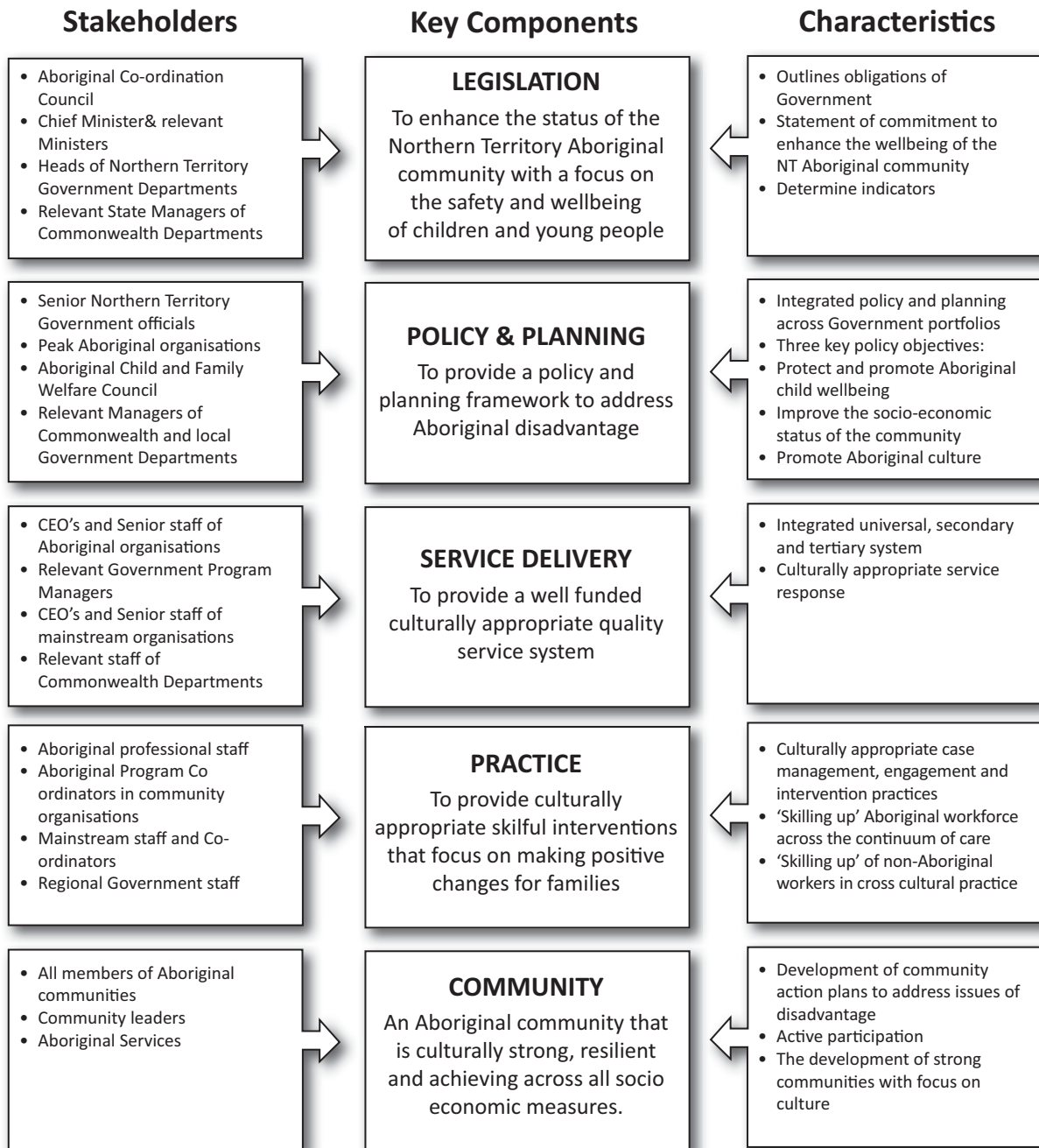
Many people in this country, including many leaders and moulders of public opinion, speak of everyone having or being given equal rights in our society. This is a glib, albeit seductively expressed, point of view. If two people commence life far apart in assets, whether personal or material, and they thereafter receive proportionately equal benefits, the gap between them actually increases. In other words, equal treatment of people on unequal levels at the outset of the equalisation process merely perpetuates the inequality. Hence the superficially attractive appeal of “everyone should be treated equally” **as from now** is in fact a recipe for retaining differences, imbalances and discrepancies because of the commencing inequality.¹³⁵

Building on its commitment to self determination, the Inquiry proposes a conceptual model for consideration of and participation by Aboriginal people in the delivery of programs and services to Aboriginal children and young people involved in the child protection system and in all aspects of decision-making (see Figure 4.2). Adhering to the ethical principle of autonomy we begin from the premise that Aboriginal involvement is critical, and greater Aboriginal involvement than the status quo is essential. Not only is enabling self determination an ethical responsibility but a right of Aboriginal people as Australia is a signatory to the United Nations Convention on the Rights of Indigenous Peoples which holds self-determination to be a fundamental right¹³⁶. As described earlier, there is evidence that where the degree of a group’s control over their own lives is greater, the outcomes are better and, where control is less, outcomes for children are worse. Respect for Aboriginal empowerment and cultural connection is not just a right. International research and practice demonstrates the importance of Aboriginal self-determination and the resilience of culture as best practice.

135 M Einfeld, 3 June 2001, *Radio National, Background Briefing*, <http://www.abc.net.au/rn/talks/bbing/stories/s307878.htm>.

136 UN General Assembly, 2007, *United Nations declaration on the rights of Indigenous peoples: resolution 61/295 adopted by General Assembly, 13 September 2007*, UN General Assembly, <http://www.un.org/esa/socdev/unpfii/en/drip.html>.

Figure 4.2 Framework for the inclusion of Aboriginal people in child safety and wellbeing



1. **Legislation** - To enhance the status of the Northern Territory Aboriginal community with a focus on children and families there needs to be a legislative base to govern the actions of all those who hold a responsibility and a capacity to refocus the Northern Territory towards achieving significant change for Aboriginal children and young people.

Characteristics – That outlines obligations of Government and the role of the Aboriginal community with a statement of commitment to enhance the wellbeing of the Northern Territory Aboriginal community.

Stakeholders – to drive legislation there needs to be engagement of Aboriginal people to provide high level advice to the Chief Minister and relevant Ministers, heads of Northern Territory Government departments and given the significant investment by the Commonwealth that there be an engagement in the process of relevant State Managers of Commonwealth Government departments.

2. **Policy** – To provide a framework to address Aboriginal disadvantage that leads to the development of a policy for Aboriginal Children’s Services in order to:
 - i. Rationalise the delivery of services to Aboriginal children in their communities
 - ii. Develop targets, aims and priorities to overcome disadvantage by Aboriginal children
 - iii. Improve coordination and cooperation between governments and with non-governments agencies towards the targets and aims of an Aboriginal policy
 - iv. Carry out a mapping exercise of funded government and non-government services to identify their service hinterland, the kind of service they provide and the level of funding they receive
 - v. Seek information on their services to Aboriginal children.

Characteristics – Integrated policy and planning across Government portfolios with three key policy objectives to:

- i. Protect and promote Aboriginal child wellbeing
- ii. Improve the socio-economic status of the community
- iii. Promote Aboriginal culture.

For example, the New South Wales Government has developed guidelines and as assessment measure to make sure the impact of the implementation of the Keep Them Safe reforms on Aboriginal people is considered.

3. **Stakeholders** – Senior State Government officials, Peak Aboriginal organisations, Aboriginal Child and Family Welfare Council and relevant Managers of Commonwealth and local Government Departments

4. **Service delivery** – To provide a well funded culturally appropriate quality service system that is accessible and is assertively engaging and delivering services to Aboriginal children and their families.

Characteristics – Integrated universal, secondary and tertiary system that provides a culturally appropriate service response. State standards to include training targets and the development of a career structure for Aboriginal children’s services workers. Provision of resources for program development, training and funding of services and demonstrate a willingness to listen and be open to change.

Stakeholders - CEO’s and Senior staff of Aboriginal organisations, relevant Government Program Managers, CEO’s and Senior staff of mainstream organisations and staff of Commonwealth Departments.

5. **Practice** – To provide culturally appropriate skilful interventions that are child focused and family-centred.

Characteristics - Culturally appropriate case management, engagement and intervention practices. ‘Skilling up’ Aboriginal workforce across the continuum of care. ‘Skilling up’ of non-Aboriginal workers in cross cultural practice. Improve its working practices and to proactively embark upon establishing relationships with Indigenous communities. Recognise and validate the role of Aboriginal children & family services. Insist on flexibility in training and qualification recognition for employment in services, particularly through Recognition of Prior Learning (RPL) policies

Stakeholders - Aboriginal Manager, Aboriginal Supervisors in community organisations Mainstream staff and Coordinators, Regional Government staff. Demonstrate a willingness to listen and be open to change.

6. **Aboriginal community** - An Aboriginal community actively involved in raising their children culturally strong, resilient and achieving across a range of wellbeing indicators.

Characteristics - Development of community action plans to address issues of disadvantage, active participation, with the development of strong communities with focus on culture.

Stakeholders - All members of Aboriginal communities, Community leaders, local services.

Recommendation 4.1

That the Northern Territory Government develops a clear framework for the inclusion of Aboriginal people in child welfare as the basis of an Aboriginal child safety and wellbeing plan and that measures are developed against each key component of the framework with progress reported annually.

Urgency: Within 18 months

Cultural competence

The model below is useful for mainstream organisations to use in reviewing their interactions with Aboriginal people and organisations and in order to assist in generating more Aboriginal involvement in their own futures. It is an adaptation of a continuum of cultural competence proposed by Cross et al¹³⁷ and is useful in considering where to place on the continuum the current system for protecting children in the Northern Territory.

Cultural destructiveness	Cultural incapacity	Cultural blindness	Cultural pre-competence	Cultural competence	Advanced cultural competence
Intentionally destructive	Not intentionally destructive, but unable to help Aboriginal people	Expresses philosophy of being unbiased	Recognises its weaknesses and attempts to make specific improvements	Acceptance and respect for difference	Advocates for cultural competence throughout system and beyond
For example: Policies of the recent past regarding child removal based on race	Paternalistic approach to 'lesser' races; lower expectations	Believes mainstream helping approaches are universally acceptable	Tries to do better; eg. recruits Aboriginal staff, efforts in cultural competence training	Adaptations to services to meet client needs with advice and consultation	Staff have expertise in culturally competent practice; leadership roles locally and beyond

Aboriginal controlled child welfare services in Australia

Historically Aboriginal Services were set-up through political action and activism. They have broad objectives including cultural advancement, community development, Aboriginal rights, alleviation of poverty and service delivery. Many of these objectives are still relevant today however the services provided have broadened to include health, housing and welfare. Aboriginal services operate precisely because of the inability and reluctance of Aboriginal people to access mainstream services. Aboriginal Services are different and more than just service delivery organisations. The differences include:

- first, their aspirations for self-determination and the assertion of their Aboriginal status through these organisations
- second, their values systems
- third, kinship systems, and
- lastly, the way they are related to and influenced by the disadvantage of the Aboriginal population they serve.

137 T Cross et al., 1989, *Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed*, Georgetown University child development centre, Washington DC.

Aboriginal Child Care Agencies (ACCAs) are practical examples of self-determination by Aboriginal and Islander people, rejecting the notion of Aboriginal people being passive recipients or, worse, victims of a government imposed welfare system. Not all states and territories accord statutory recognition to their ACCA although this is the preferred position for authorising Aboriginal agency; however the system is stronger when this is indeed the case.

The first ACCA in Australia was established after the Victorian Aboriginal Legal Service, and other Aboriginal community controlled services throughout Victoria, noted that the vast majority of their adolescent clients had been in institutions with a background of being in non Aboriginal out of home care placements¹³⁸.

At the First Australian Adoption Conference in 1976, Sommerlad presented outcomes of her workshop with Aboriginal participants concerning adoption, which called for self-determination to be seen as a fundamental principle in matters of child protection and welfare.

Self-determination is the guiding principle underlying current policies for Aboriginal People. Aborigines have demonstrated that the services that are most responsive to the needs of Aboriginal people are those which are organised and controlled by blacks. The Aboriginal Legal Service and the Aboriginal Health Services extend a service to Aboriginal people in need, reaching thousands more than similar services operated by whites. Aborigines would therefore like to see the establishment of Aboriginal adoption and fostering agencies to be responsible for the placement of all Aboriginal children.¹³⁹

The late Aboriginal leader, Mollie Dyer, visited the United States in 1976 to observe Indigenous child welfare practice. At that time, the US was working towards legislating for the Indian Child Placement Principle, which it did two years later under the United States *Indian Child Welfare Act (ICWA)*. The ICWA transferred authority over Indian children on reservations to Tribal courts and specified the manner of the subsequent child placement. Thereby Native American courts were given jurisdiction over their children from reservations over and above the jurisdiction of state courts. The ICWA also enabled the Federal Government of the United States to fund related Indigenous child welfare services.

Mollie Dyer returned to Australia, inspired by achievements in the US regarding the Native First peoples. She then went on to establish the first Aboriginal community controlled child and family welfare service in 1977 which is now known as the Victorian Aboriginal Child Care Agency (VACCA). VACCA provides delivers a range of child centred and family focused program and services and is recognised as a key advocacy voice for Aboriginal children and their families in relation to child protection and child welfare matters.

In 1981 the Secretariat for National Aboriginal and Islander Child Care (SNAICC) was founded as the peak national body for advocacy on Aboriginal child and family welfare issues. A range of Aboriginal and Torres Strait Islander community controlled services in child care, early education and child and family welfare have been established in most states. SNAICC is the national non government peak body in Australia representing the interests of Aboriginal and Torres Strait Islander children and families. SNAICC

138 N d'Souza, 1993, 'Aboriginal child welfare: Framework for a national policy', *Family Matters*, vol. 35, pp.40-45.

139 D Sommerlad, 'Homes for blacks: Aboriginal community and adoption' (paper presented at the Proceedings of the First Australian Conference on Adoption, University of New South Wales, 1976).

currently has a membership base of Aboriginal and Torres Strait Islander community based child care agencies, multi-functional Aboriginal Children's Services, crèches, long day care child care services, pre schools, early childhood education services, early childhood support organisations, family support services, foster care agencies, link up and family reunification services, family group homes, community groups and voluntary associations, and services for young people at risk.

The Aboriginal Child Placement Principle is incorporated into the Northern Territory *Care and Protection of Children Act 2007*, which also states in Section 12(1) that 'representative organisations have a major role in promoting the wellbeing of Aboriginal children'. However, there is currently no Aboriginal child and family welfare agency in existence for the Department to consult with regarding placement options. This has been on the government's agenda, however. The establishment of Karu in Darwin in 1985 to provide child and family services was a false start, as it has subsequently ceased to exist. The Northern Territory Government's response to 'Little Children are Sacred', was the Closing the Gap initiative. This spoke to this issue with a proposed significant investment in Aboriginal services, however this agenda was overtaken and few new services resulted. According to the Council of Australian Governments (COAG) National Framework for Protecting Australia's Children, 'the development of Aboriginal Child Protection and Family Support Services by Aboriginal agencies is a key focus in the Northern Territory reforms.'¹⁴⁰

The case for an Aboriginal controlled child care agency or agencies

Reform of the system protecting children in the Northern Territory must recognise the ACPP and involve a fundamental change in the way child protection and family support services involve and interact with Aboriginal people.

Aboriginal role in child protection

For Aboriginal children requiring placement in out of home care there are not enough Aboriginal family placements available. An Aboriginal controlled service is likely to be better able to recruit suitable carers and retain their services than a government department¹⁴¹ as it is more likely to be able to build engagement and trust by way of better understanding this client group. This is in addition to an advisory role to the Department on the suitability of the placement or alternative placement options, or the provision of cultural support.

As a whole, there is currently little Aboriginal overview of the child protection and family support service system. Given the lack of trust of 'welfare' by Aboriginal communities, having no overt influence on or involvement in the system adds to mistrust.

By necessity, a key to creating safer environments for Aboriginal children is to build the capacity of the Aboriginal community to deal with its own issues. One conduit to this is for NTFC to undertake an aggressive recruitment, training strategy to up-skill and employ Aboriginal professionals in the child wellbeing and protection sector. However, the Inquiry considers it is likely an Aboriginal controlled agency will be better able than government to employ and retain Aboriginal staff.

140 Council of Australian Governments, *Protecting children is everyone's business*, p.51.

141 J Higgins & N Butler, 2007, *Assessing, training and recruiting Indigenous carers*, Promising Practices in Out-of-Home Care for Aboriginal and Torres Strait Islander Carers, Children and Young People (Booklet 2), Australian Institute of Family Studies, Melbourne.

Across jurisdictions there are many variations to the role that Aboriginal services play. In some jurisdictions they do out of home care, some do out of home care and family support. Some, like the Victorian Aboriginal Child Care Agency, operate across child protection, out of home care and provide family support. Their role in child protection is through the Lakidjeka Aboriginal Child Specialist Advice and Support Service, run by the Victorian Aboriginal Child Care Agency (VACCA). This is one example of a model that could be developed and developed elsewhere. Lakidjeka responds to all notifications to Child Protection regarding Aboriginal and Torres Strait Islander children on a state-wide basis (excluding Mildura LGA). A funded protocol between VACCA and the Victorian Department of Human Services (DHS) clearly outlines the need for DHS to contact VACCA when they receive notification in relation to an Aboriginal child.

The Victorian *Children, Youth and Families Act (2005)* states, in Section 13 (Aboriginal Child Placement Principle):

1. For the purposes of this Act the Aboriginal Child Placement Principle is that if it is in the best interests of an Aboriginal child to be placed in out of home care, in making that placement, regard must be had—
 - a. to the advice of the relevant Aboriginal agency; and
 - b. to the criteria in subsection (2); and
 - c. to the principles in section 14.
2. The criteria are—
 - a. as a priority, wherever possible, the child must be placed within the Aboriginal extended family or relatives and where this is not possible other extended family or relatives;
 - b. if, after consultation with the relevant Aboriginal agency, placement with extended family or relatives is not feasible or possible, the child may be placed with—
 - i. an Aboriginal family from the local community and within close geographical proximity to the child's natural family;
 - ii. an Aboriginal family from another Aboriginal community;
 - iii. as a last resort, a non-Aboriginal family living in close proximity to the child's natural family
 - c. any non-Aboriginal placement must ensure the maintenance of the child's culture and identity through contact with the child's community.

Interestingly, Section 13(1)(a) of the Northern Territory Act refers to 'advice of the relevant Aboriginal agency'. The Victorian Act gives explicit instruction how workers are to engage opinions of the Aboriginal community with respect to every Aboriginal child. That this is mandated by an Act of Parliament is notable. The absence of such an Aboriginal agency in the Northern Territory has been noted already.

The Inquiry agrees with Danila Dilba and others who submit that:

An essential first step in building a true partnership between the Northern Territory government, Aboriginal communities and Aboriginal and Torres Strait Islander agencies is to agree on a framework of principles that will underpin our approach to child protection.¹⁴²

Danila Dilba and others propose not only consultation but describe some of the elements that could be contained within an Aboriginal Child Care Agency (ACCA). Submissions suggest that each program element within the model could be run by existing Aboriginal agencies. It may not be necessary to create a new organisation or organisations— it may indeed be a better approach to see what elements could be taken on by existing Aboriginal agencies.¹⁴³ The Inquiry witnessed first hand the work of Aboriginal health workers, acknowledges the importance of their role in communities and believes that much can be gained by having co-location of services to support families. However the Inquiry believes that it is critical in the area of child safety and wellbeing that there is a concerted effort to raise the profile in order to address the specific issues raised throughout this report as it relates to vulnerable and at risk Aboriginal children and young people.

Core child safety and wellbeing functions which could be performed by an ACCA include:

- Provision of advice from an Aboriginal perspective to government and the sector regarding child protection
- Independent advocacy for children and families around dealing with the statutory authority and court
- Targeted family interventions
- Acting as representatives on decision-making committees and teams
- Assisting the development of an Aboriginal workforce
- Family group conferencing
- Joint investigations with the statutory authority to screen and assess issues which can be managed via this alternative pathway
- Early intervention via in-home support and family support
- Foster care recruitment, assessment, training and support
- For children in out-of-home care (OOHC), facilitation of contact with their family of origin,
- In time, the provision of OOHC via models not restricted to foster care.

SNAICC contends that all Aboriginal and Torres Strait Islander communities need access to a community controlled Aboriginal and Islander Child Care Agency that includes the following six elements as separate but linked and coordinated programs:

a) *Family support and early intervention:*

- A holistic range of culturally appropriate services and programs to support Aboriginal and Torres Strait Island families raising children. Services should include:

142 Submission: Danila Dilba.

143 Secretariat of National Aboriginal and Islander Child Care Inc (SNAICC), n.d., *SNAICC Policy Statement: Principles for justice in child well-being and protection*, SNAICC, Melbourne, http://www.snaicc.asn.au/_uploads/rsfil/00213.pdf.

- General family support – General culturally appropriate support for Aboriginal and Torres Strait Islander families through the provision of parenting resources and advice e.g. health, nutrition, education, child development, emergency relief, household management and budgeting.
- Support groups – Additional support activities and programs such as playgroups, men’s and women’s groups and camps to promote and encourage child/adult interaction and bonding, and peer support for parents and young people.

b) *Intensive family support:*

- Culturally sensitive programs and advocacy for Aboriginal and Torres Strait Islander families where there are child protection concerns or intensive support needs. Services should include:
- Therapeutic services or referrals – Counselling, drug and alcohol programs, and intensive parenting programs
- Family preservation – Intensive work with Aboriginal and Torres Strait Islander families once there has been a notification to build capacity to care for their children, manage in crisis situations and provide intensive support to prevent children being placed in care.
- Family reunification – Support for reunification of children in out-of-home care with their birth parent, siblings, extended family and/or significant others through intensive assistance to families to address the issues that led to the child being removed, or to locate extended family members able to care for the child.
- Family decision making – Facilitate forums to encourage family members and extended family to contribute to decision making processes regarding the best interests of children notified to child protection authorities.

c) *Child Protection advocacy and advice:*

- Community and cultural input to state and territory child welfare authorities when Aboriginal and Torres Strait Islander children are reported as abused or neglected or found to need out of home care. This advice should be ideally sought by state authority as soon as a notification is made to enable community support to be provided to the family and the child and prevent placement into non-Aboriginal out of home care wherever possible.

d) *Out of home care:*

- Support for Foster Carers & Kinship Carers- carer recruitment & assessment, training & support for carers (including cultural support), general management of placements.
- Support for Children in Placement- case management, cultural care planning.
- Residential Care- the development and management of all aspects of appropriate alternative residential care for Aboriginal and Torres Strait Islander children.

e) Community outreach services:

- Cultural Support – Advocate for and address the cultural needs of Aboriginal and Torres Strait Islander children placed in non-Aboriginal placements, support awareness of cultural needs and provide advice to carers within and outside the ACCA to maintain the child’s connection to family, community and culture. Develop resources and provide support and advice to foster carers managed by the ACCA and placements managed by the ACCA to ensure high quality cultural care planning and the implementation and monitoring of these plans.
- Leaving Care – Provide support to Aboriginal and Torres Strait Islander young people leaving the care system by providing them with or assisting them to obtain relevant skills, knowledge and support networks to assist their transition to independent-living.

f) Program and policy development:

- Community awareness and education – Implement strategies aimed at addressing issues that affect the wellbeing of Aboriginal and Torres Strait Islander children and families. Provide resources and educational support to raise community awareness of issues and inform families and communities of what they can do, and where and how to access programs and services within their communities.
- Program review & evaluation – conduct reviews of the organisation and programs to evaluate effectiveness and efficiency, assess outcomes achieved, and determine what is needed to better achieve established goals and objectives.
- Policy and research – Identify practice and policy issues related to Aboriginal and Torres Strait Islander family wellbeing. Facilitate research on a broad range of issues, in partnership with Aboriginal and Torres Strait Islander communities, and develop an evidence base and inform and influence government policy development. Conduct research that respects Aboriginal and Torres Strait Islander values and complies with community cultural and ethical protocols to undertake consultation and information sharing. Identify strategies and policies to ensure and promote the organisation’s cultural capability in servicing Aboriginal and Torres Strait Islander children, families and communities.
- Workforce development and retention – Provide appropriate support to staff to fulfil their role and responsibilities through regular staff meetings and supervision. Encourage staff to undertake training and professional development opportunities. Promote Aboriginal and Torres Strait Islander workforce development, retention, worker self-care and wellbeing, and encourage progression into senior and management roles.
- Strategic planning – Analyse organisational operations and plan future activities and direction. Implement a strategic plan that clearly outlines the organisation’s purpose, values and mission statement, goals and objectives, and action to be taken. In consultation with key stakeholders determine a strategy to review the plan and measure progress.
- Quality assurance – Develop quality assurance processes to ensure the organisational inputs and outputs are in compliance with organisational policy

and legislation. Analyse existing management and practice approaches to justify and determine whether programs, services or resources meet client needs and expectations, and organisational and individual (staff) obligations.

The SNAICC description of an ideal ACCA also addresses areas of concern surrounding the creation of Aboriginal child and family services such as workforce and program development, and quality assurance. It acknowledges these to be prerequisites to ensure such a service is based in best practice as well as to ensure community-control and cultural appropriateness.

All states but neither territory have invested heavily in their own ACCAs and other recognised entities. The experience of the Victorian Aboriginal Child Care Agency (VACCA) is useful to observe, particularly in the area of workforce development. VACCA's journey has included secondments from the Human Services Department in Victoria and a strong commitment to staff training. Support from non-Aboriginal NGOs through a respectful partnerships program has also assisted VACCA with respect to professional development, with the NGOs reaping the benefit of enhanced cultural understandings. Commitment to an ACCA approach would require an understanding of the complexity of Aboriginal communities in the territory given their cultural and language diversity.

Recommendation 4.2

That an Aboriginal Child Care Agency or Agencies be developed in stages, and that such an agency or agencies is funded by Government with a major role in child safety and wellbeing, with consultation to determine how the Aboriginal community should be represented. Alternatively, the agency functions may be developed as part of an existing Aboriginal controlled organisation.

Urgency: Immediate to less than 6 months

Recommendation 4.3

That there is recognition in the Care and Protection of Children Act of the functions of an Aboriginal agency or agencies or other recognised entities.

Urgency: Within 18 months

Establishing an Aboriginal Children and Families Peak body in the Northern Territory

The need for an Aboriginal controlled agency or agencies with a major role in child wellbeing, family wellbeing and child protection has been explained as being a paramount issue. There are many functions it could and should have, but there is risk in initially setting expectations unrealistically high. Such an agency may well find it difficult to limit its focus to its core business given the enormity of the potential tasks it will likely want to take on. It will require mentoring and support, will perhaps need to grow as an arm of an existing Aboriginal controlled NGO, and would benefit from high level secondments from government departments.

A number of submissions to the Board, particularly by NGOs, and including leading national Aboriginal NGOs such as SNAICC and AMSANT, have made a number of suggestions for system based improvements for Aboriginal child and family welfare that would assist the development, mentoring and support of an ACCA in Northern Territory. They recommend the establishment of an Aboriginal Children and Families peak body whose mandate would include:

- Policy and advocacy
- Collaboration
- Development of quality culturally appropriate out of home care
- Support for Aboriginal community controlled health services to work with families
- Provision of an Aboriginal perspective in individual child protection cases.

Such an agency would need formal agreement with government regarding, inter alia:

- information sharing
- evaluation
- accountabilities and outcome measures

As the leading organisation for Aboriginal and Torres Strait Islander child and family welfare agencies, SNAICC articulates its position regarding Aboriginal children and families involved in the child and family welfare system as follows:

A peak body is needed to develop, represent and build capacity of NT Aboriginal community controlled child and family welfare agencies (ACCAs) in the Northern Territory, once funded. Roles would include policy development at the state and agency level, workforce development, state level representation, locally informed policy advice, advocacy to state and federal government¹⁴⁴.

A peak body with such a comprehensive approach will help to create trust between Aboriginal and Torres Strait Islander communities and the child welfare system. Many of the services suggested in the SNAICC submission were also raised by others.

In 2007, the Australian Institute of Family Studies and SNAICC released a series of research papers on Aboriginal child protection and out of home care identifying best practice in those areas. The papers were developed in consultation with professionals, carers and young people and underlined the need for strengths-based, culturally informed

144 Submission: SNAICC.

processes of training, assessment and support. Attention is drawn to these papers which provide an excellent overview of the sector¹⁴⁵.

Recommendation 4.4

That the Northern Territory Government funds the development, establishment and ongoing work of an Aboriginal peak body on child and family safety and wellbeing and child protection. This peak body would support the process of the development of Aboriginal child and family safety and wellbeing and child protection agencies.

Urgency: Within 18 months

The Aboriginal Child Placement Principle and its application

The Aboriginal Child Placement Principle (ACPP) guides practice around the placement of Aboriginal children placed outside their families by child protection authorities in Australia. In essence, the principle is that children are placed

The principle recognises the importance of children's connections with their family, community, place, belonging and cultural identity. This is important for the child but also for the Aboriginal people for whom children represent the future for culture, traditions and language. The principle is particularly significant given previous detrimental policies of assimilation and child removal where Aboriginal identity was considered irrelevant for removed children, or worse, even harmful.

The Commonwealth Government affirmed in 1976 that child welfare, including Aboriginal child welfare, was a state and territory responsibility. Following the development in the USA of an Indian *Child Welfare Act* in 1978 which contained a basic principle for the placement of American Indian children outside their immediate families where necessary, an Aboriginal Child Placement Principle was proposed by the national Council of Social Welfare Ministers in 1979 to guide the adoption and fostering of Aboriginal children. There was discussion between the council and the Secretariat of National Aboriginal and Islander Child Care (SNAICC) around its nature and implementation, and a version of the principle was adopted as a national policy in 1986. A national law reform commission report that same year recommended the principle be adopted on a national basis, however the Commonwealth Government reaffirmed that such matters are a state and territory responsibility¹⁴⁶. While eventually all states and territories have incorporated the principle into law in their relevant *Act* or by regulation, the principle is now endorsed by the Commonwealth of Australian Governments' National Child Protection Framework, as well as SNAICC.

The Aboriginal Child Placement Principle (ACPP) is incorporated into the Northern Territory *Care and Protection of Children Act 2007*, All Australian mainland states and territories now incorporate the principle into law in their relevant *Act* or by regulation

145 Refer to the Australian Institute of Family Studies (AIFS) papers and booklets that form the series 'Promising practices in out-of-home care for Aboriginal and Torres Strait islander carers, children and young people'.

146 Australian Law Reform Commission, 1986, *The Recognition of Aboriginal Customary Laws*, Report 31, Australian Government Publishing Service, Canberra.

and the principle has been endorsed by the Council of Australian Governments' (COAG) National Child Protection Framework, as well as by SNAICC. Its purpose is to guide practice around the placement of Aboriginal children placed outside their families by child protection authorities in Australia.

The ACPP recognises the importance of connections between children and their family including extended family, their community, their place or land, the significance of their sense of belonging and, maintenance of their cultural identity. The principle is particularly significant given past detrimental policies of assimilation and child removal where Aboriginal identity was considered irrelevant for removed children, or worse, even harmful. The wording of the Aboriginal Child Placement Principle (ACPP) in the *Care and Protection of Children Act 2007* in Section 12(3) and (4) states that:

- (3) An Aboriginal child should, as far as practicable, be placed with a person in the following order of priority:
 - (a) a member of the child's family;
 - (b) an Aboriginal person in the child's community in accordance with local community practice;
 - (c) any other Aboriginal person;
 - (d) a person who:
 - (i) is not an Aboriginal person; but
 - (ii) in the CEO's opinion, is sensitive to the child's needs and capable of promoting the child's ongoing affiliation with the culture of the child's community (and, if possible, ongoing contact with the child's family).
- (4) In addition, an Aboriginal child should, as far as practicable, be placed in close proximity to the child's family and community.

Later chapters focus on the many challenges to applying the ACPP in the Northern Territory, including:

- High numbers of Aboriginal children in care – with Aboriginal children accounting for almost 80 percent of children in OOHC in the Territory
- High levels of disadvantage diminishes the carer pool – with the current level of disadvantage that Aboriginal people experience, it is a constant challenge to find carers who are able and willing to take on children, especially those with complex needs
- Chronic housing shortage reduces the number of carers – across the Northern Territory there are large numbers of Aboriginal people living in overcrowded housing. Often families living in these homes want to take children but are unable to because of their housing situation
- Cultural practices – where child's cultural background (skin group or moiety) prevents placement with family members of another group.

SNAICC further adds:

Keeping children connected to family and culture can, however, be a complex and difficult undertaking. Family members may live far apart from each other. This may be because some members were relocated within Australia as part of the Stolen Generations or as part of forced removals to missions, or it may be that people have moved for work or educational reasons. Aboriginal and Torres Strait Islander families have also become complex due to trends apparent within Australian society as a whole, such as increasing levels of single parenthood, divorce and separations, blended families and inter-racial relationships. Any agency aiming to keep children connected to family needs a good knowledge of the complex and fluid networks of families within communities. This knowledge rests with community-based Aboriginal and Torres Strait Islander people.¹⁴⁷

It has become clear to the Inquiry that the policies and practices of NTFC are in line with other jurisdictions. However, the Inquiry heard numerous examples of where, in applying DHF's own policy, there has been poor decision making and poor practice. Workers appear at times to be making a choice between Section 10 of the *Care and Protection of Children Act* (acting in the best interests of a child) and Section 12 (the ACPP)¹⁴⁸. Individual case workers may be interpreting Section 10 of the *Act* to override Section 12, or vice versa.¹⁴⁹

Sections 10 and 12 are not mutually exclusive, nor need one be given a higher priority than another. Rather, consideration of a child's Aboriginality is one aspect of safety, termed cultural safety¹⁵⁰, which must be considered in the event of a child needing to be placed outside their immediate family. Following on from that, the ACPP must not, and when appropriately applied, does not, compromise a child's safety. The Inquiry contends that safety should be broadened to include all aspects of a child's expected developmental trajectory, including emotional, physical, cognitive, social, cultural and spiritual development. The principle acknowledges that in some cases it is necessary for a child to be placed with a non-Aboriginal carer.

The ACPP provides a clear process of assessment that should be followed to ensure that a child is removed from their immediate family and cultural life only as a last resort.¹⁵¹

In the Melville Inquest, Coroner Cavanagh's findings regarding a belief by NTFC caseworkers that Section 12 of the *Act* justified Aboriginal children in care receiving a lesser standard of care than non Aboriginal children, are outlined in paragraph 257:

Section 12 of the 2008 *Act* concerns the placement of Aboriginal children...
A universal view at the inquest was that Aboriginal children in care should not

147 Secretariat of National Aboriginal and Islander Child Care, 2005, *Achieving stable and culturally strong out of Home Care for Aboriginal and Torres Strait Islander children*, SNAICC, Melbourne, http://www.snaicc.asn.au/_uploads/rsfil/00061.pdf.

148 Submissions: NTCOSS, NAAJA, Sunrise Aboriginal Health Corporation, Tangentyere Council and NTFCAC.

149 Submission: NAAJA.

150 R Berg, 2010, 'Cultural safety in health for Aboriginal people: will it work in Australia?', *Medical Journal of Australia*, vol. 193, no. 3, pp.136-37.

151 Submission: NTCOSS.

receive a lesser standard of care than non Aboriginal children in care. However, the application of that basic principle has caused confusion. For example, a number of caseworkers believed that the overcrowding experienced by the Melville children was tolerable because overcrowding was culturally acceptable.¹⁵²

Many submissions and witnesses contend that the Department used the ACPP to override the child's best interests, particularly in terms of stability. There are multiple emotional stories of children placed in out of home care being taken from stable non Aboriginal placements without adequate notice, planning, or preparatory work, especially when a new NTFC worker takes over a case. In such situations, the ACPP is overtly seen to override the child's need for a stable environment, itself supported by principles of stability and reunification. To do so, in the absence of the required months of planning and preparatory work, is also simply poor practice.

We have been caring for a little girl for 10 months now. We took her on knowing that her time in care was undetermined... we knew that if need be, we would be prepared to look after her permanently, and it seemed that that is what her case worker was thinking too. But then her case worker changed and we were told that they were planning to get her back with family in her mother's community, as soon as they could find someone who would put their hand up...

We were encouraged to bond with the children we were caring for, and then when that has happened, they take the children away. We know that these are not our children and that most of them do have families to return to, but some decisions seem to be made with something other than the best interests of the child and the carers¹⁵³.

The story we would like to share has left us grieving, heartbroken and embittered with the department... (after a period in foster care of about two years, with an eye for permanency planning, the child was removed from this placement and returned to family at a remote community at one day's notice)... Whilst we are grieving, we want the best outcome for [name of child] and in principle support family reunification, however we believe it needs to... be planned so that all parties can have peace with the process¹⁵⁴.

The main concern expressed in the submissions above was in the first case, to return the children from non-Aboriginal foster carers to an Aboriginal family and in the other, to the child's family of origin. These may have been appropriate decisions, however, stability decisions need to be made much earlier, a lack of planning around reunification demonstrates lack of priority accorded to the child's safety. Stability, and the feelings that goes along with stability, are crucial for a child 'to feel safe and secure'. This was identified as a fundamental need for children by pioneering work by Abraham Maslow, cited elsewhere¹⁵⁵.

It may be that, in some cases, returning a child to an Aboriginal family or community and complying with the intent of the ACPP may be appropriate, that placement with an Aboriginal person would have been appropriate in the first place. The child protection

152 Cavanagh, *Melville Inquest*.

153 Submission: Foster carers.

154 Submission: Confidential.

155 B Robinson, 2001, *Fathering from the fast lane: Practical ideas for busy dads*, Finch, Sydney.

service is so stretched and child protection concerns may be so urgent that there may be a tendency to accept a placement when it is available, without delay. In such a circumstance, while expediency is understandable, it inevitably leads to problems and does not obviate the need for comprehensive case planning from the outset. Such a placement might be seen initially as a short term option, however, placement drift is such that they can drag on for much longer than intended until a new case worker comes along and then movement occurs too swiftly. The child protection system is so stretched that it does not enable its workers to do the quality work they should and would like to do.

Other states have practice guides around the ACPP to help child protection professionals make decisions in this complex area. Development of Northern Territory policy and procedures in relation to ACPP is required to suit Northern Territory circumstances and nuances. It must include consideration of other imperatives such as safety, bonding, security and stability, and their impact on a child, as well as physical, cognitive, and social development. This policy framework and practice guidelines should be the basis for the relevant orientation, ongoing professional development, and practice. It should be made available to client families, foster carers, the media and any other interested members of the public.

Recommendation 4.5

The Inquiry endorses the Aboriginal Child Placement Principle and recommends that it is interpreted and applied in such a manner that the safety of the child is paramount.

Urgency: Immediate to less than 6 months

Recommendation 4.6

That in consultation with Aboriginal people, including relevant service providers, Northern Territory Families and Children should publish a comprehensive practice guide around the application of the Aboriginal Child Placement Principle to be made available to all stakeholders.

Urgency: Within 18 months



CHAPTER 5
THE NORTHERN TERRITORY CHILD PROTECTION SYSTEM, 2010

CHAPTER 5

The Northern Territory child protection system, 2010

Overview

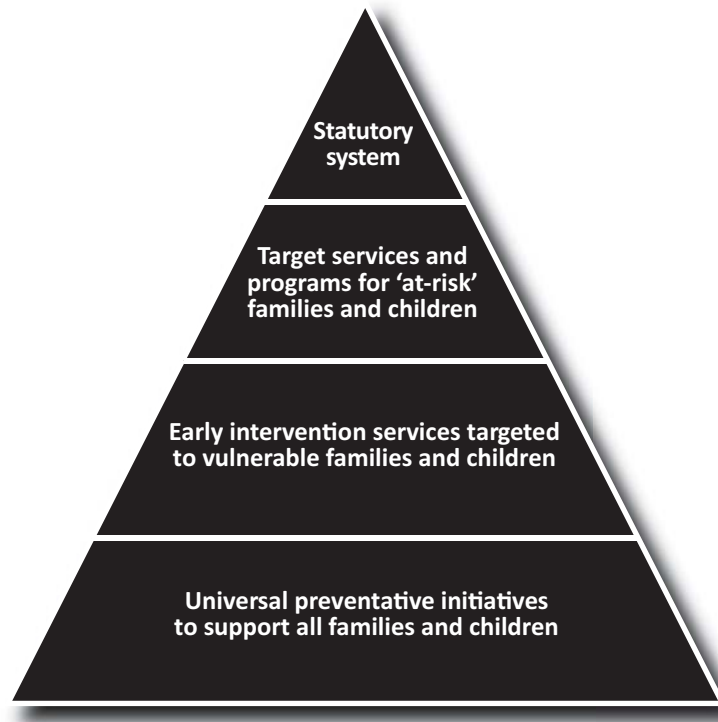
One of the terms of reference for the Inquiry is:

to report and make recommendations on the functioning of the current child protection system including the roles and responsibilities of Northern Territory Families and Children (NTFC) and other service providers involved in child protection.

This chapter describes the Northern Territory child protection system, focusing on the statutory and targeted services delivered by this system. These services should sit within a broader system for supporting families in which other services play a critical role in protecting families through early intervention and prevention activities. However, as this and other sections of the report document (for example, Chapters 3 and 6), this portion of the sector, including targeted services, is deficient in the Northern Territory. The organisational chart for NTFC is found in chart 1 at the end of this chapter.

Similar to the integrated model presented in Chapter 3, the National Framework for Protecting Australia's Children 2009,¹⁵⁶ conceptualises the spectrum of child protection services under a 'public health model' below (Figure 5.1).

Figure 5.1 The National Framework for Protecting Australia’s Children model for child protection



In this model, responsibility for child safety and wellbeing ranges from the level of families and communities, including the responsibility to report suspected harm to children; to the responsibility of various government agencies — health, education, justice and other sectors — and NGOs to provide core services and a range of therapeutic interventions and support services; through to NTFC’s statutory responsibility to protect children at risk of significant harm.

The Commonwealth Government funds a proportion of services across the spectrum of services for children in the Northern Territory and is therefore a significant stakeholder in the Northern Territory Child Protection system. Commonwealth funded services include:

- Northern Territory Mobile Outreach Service (MOS Plus) - subject to the National Partnership Agreement on Health Services
- Peace at Home and Safe Families - under the Family Violence Partnership Program
- Family Support Package - subject to Closing the Gap in the Northern Territory National Partnership Agreement
- The Family Support Package is a measure under the Northern Territory Emergency Response (NTER). The Package is jointly funded by the Australian and Northern Territory Governments. The three components of the Package are:
 - 22 Safe Places in 15 remote communities (for both women and men), as well as Darwin and Alice Springs
 - Mobile Child Protection Team, and
 - Remote Aboriginal Community and Family Workers in 13 remote communities.

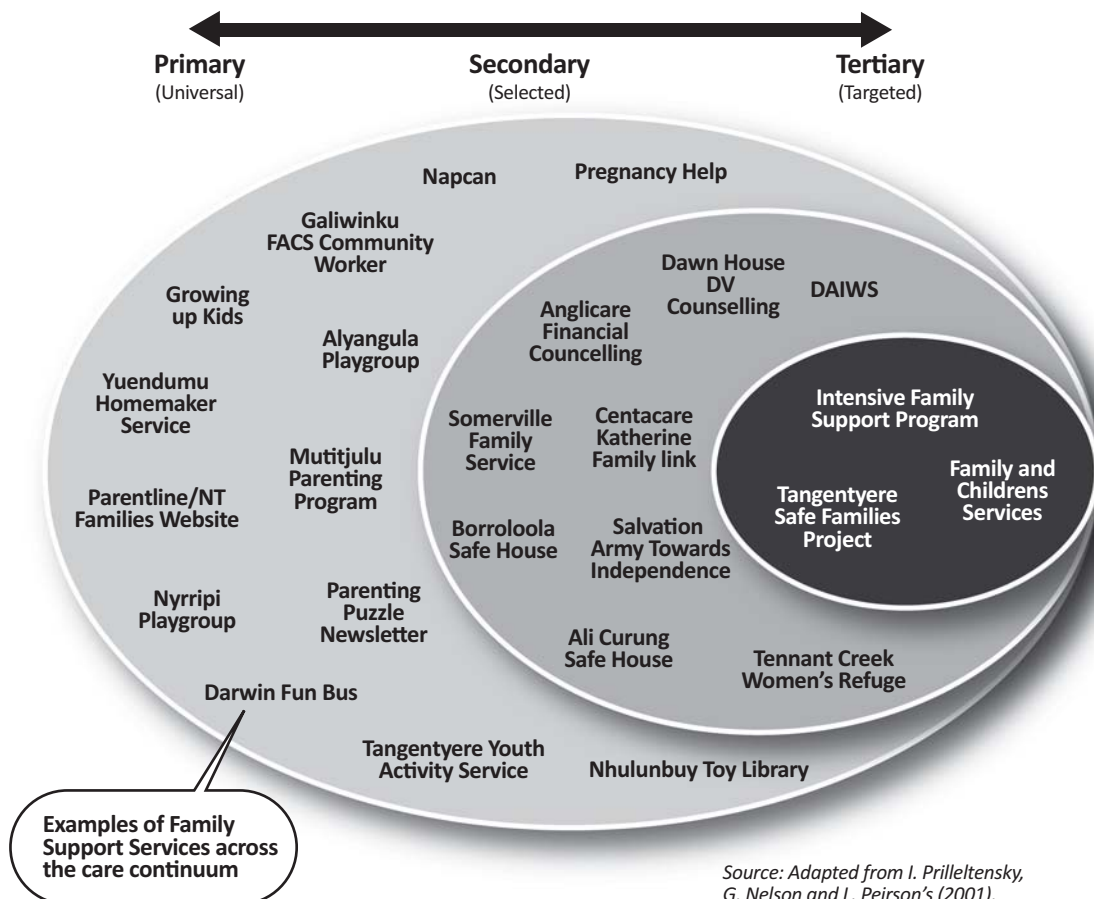
The Mapping of NTFC Child Protection Services (see Appendix 5.1) is a region by region description of NTFC and NGO tertiary services, including those funded by the Commonwealth Government.

Universal preventative initiatives to support all families and children

The Family Support Framework for Family and Children’s Services (FACS)¹⁵⁷ Program (2005) describes the broader Northern Territory family support system as providing services across a ‘continuum of care’ from primary and secondary, through to tertiary prevention services. The program provides a common service typology classifying services as primary, secondary or tertiary.¹⁵⁸ Using this typology the services commonly referred to as the ‘Child Protection System’ are generally placed in the tertiary service area with some overlapping into the secondary service area.

The Family Support Framework mapped key Family and Children’s Services (FACS) funded services in the Northern Territory using this typology.¹⁵⁹ Services mapped in Figure 5.2 include those operating in 2005.

Figure 5.2 Northern Territory services provided against a continuum of care



157 FACS has now been re-named as Northern Territory Families and Children (NTFC).

158 See Appendix 6.1.

159 Adapted from I Prilleltensky et al., 2001, *Promoting family wellness and preventing child maltreatment*, University of Toronto Press, Toronto.

Lack of further development of primary and secondary services to fill gaps revealed in the mapping exercise at that time continues to be felt, by placing greater demand on the tertiary system. There is an identified need for greater investment in all core services and in prevention services and activities, particularly in remote areas.

Before focusing on the services offered at the different levels of the typology, there are a number of other initiatives and services that lie outside the standard child protection system frameworks yet are clearly designed, either directly or indirectly, to help keep children safe. In the Northern Territory these include:

- Various initiatives under the Northern Territory Emergency Response (NTER) such as the alcohol and drugs management provisions, the pornography control provisions, the development of the National Indigenous Intelligence Taskforce (NIITF), the income management scheme (currently being replaced by a scheme which does not target individuals on the basis of their Aboriginality), the education attendance measures, the child health checks, the specialist counselling services, and quality food measures, could all be described as components of the broader child protection system.
- The 'Ochre Card' program (administered by Northern Territory Police through the program SAFE Northern Territory) provides a clearance for those working with children based on a check of relevant legal records. The scheme has recently commenced operations in the Northern Territory.
- The Child Deaths Review and Prevention Committee (CDRPC) provides a review function that looks at the deaths of children that are normally resident in the Territory with a view to making policy changes in order to prevent deaths.
- A number of NGOs focus on different aspects of keeping children safe and include those focusing on safety on-line or on physical and road safety. These include Kidsafe (the Child Accident Prevention foundation).
- The child protection research program undertaken by Menzies School of Health Research is largely funded through NTFC and has as its goal the development and improvement of child protection of services, as such, it is a component of the system.

The broader child protection system must also include the many professionals working in remote areas who contribute to the wellbeing of vulnerable children through the provision of food, clothing and hygiene programs as well as the informal contributions of numerous grandmothers and other relatives that care for Aboriginal children.

Universal services

Across the Northern Territory there are a number of universal services actively involved on a day to day basis with all children as illustrated in Figure 5.2. The capacity of the universal services system in improving outcomes for vulnerable and at risk children is articulated more fully in Chapter 6.

Early intervention services targeted to vulnerable families and children

In the spectrum of child protection services, 'early intervention' means providing services to vulnerable or at risk families to address the family's vulnerabilities and reduce the risk of harm to the child before harm has occurred or, intervening when there are minimal risk factors around the parenting of children.

Community education

Community education around child safety and wellbeing is simplistic and unsophisticated. In essence, it means ensuring that people in the Northern Territory are aware of their reporting obligations under the *Care and Protection of Children Act 2007*. It predominantly relates to workers who are most likely to be in a position to encounter abused children, with some effort to educate children and families about the risks of child abuse, how to recognise it and know what to do when it occurs.

Whilst universal mandatory reporting of child abuse has been a feature of Northern Territory legislation since 1983, there is no comprehensive community education strategy to support this legislative requirement. Similarly, there has not been a consistent approach to the provision of preventative education strategies aimed at children such as protective behaviours programs.¹⁶⁰

NTFC Workforce Development - mandatory reporting and protective behaviour training

NTFC Care and Protection Services Workforce Development is the main provider of training around child protection in the Northern Territory. Workforce Development has taken on a role as a provider of Mandatory Reporting training across the Northern Territory. Often they are unable to meet the demand for these services due other training commitments within NTFC.

Workforce Development coordinates and funds the facilitation of Protective Behaviour training to staff from NTFC and non-government services on an ad hoc basis, and intermittently uses a 'Train the Trainer' model.

NTFC and OATSIH partnership - Safe Kids, Strong Futures

The Commonwealth Office of Aboriginal and Torres Strait Islander Health funded the development and facilitation of the training package 'Safe Kids, Strong Futures' to inform and educate workers and community members in remote Aboriginal communities about child harm and how to report it. This training is currently being delivered across remote communities in the Northern Territory by NTFC staff based in Workforce Development.

National Association for the Prevention of Child Abuse and Neglect (NAPCAN)

NAPCAN provides the following child abuse prevention activities: coordination and promotion of National Children's Week including grants; and child abuse prevention partnership activities. NAPCAN provides other advocacy and education programs, including advocacy towards a preventative approach to the field.

160 Chapter 6 of this report explores these education and awareness strategies in more detail.

Department of Education and Training – mandatory reporting training

The Student Services Division of Department of Education (DET) is responsible for the management of the DET mandatory reporting training across the Territory. A train-the-trainer model has been utilised whereby each region in the Territory has school staff trained to deliver a half day package. School counsellors from Student Services Division provide training to their school and feeder area. School Psychologists, Wellbeing/Behaviour Advisors, teachers and assistant principals also provide such training.

Delivery of the training package commenced in June 2008. By the end of December 2009, approximately 2200 people working in schools and education settings across the Northern Territory had completed training around mandatory reporting.

Aboriginal Community Resource Team

The Aboriginal Community Resource Team (ACRT) aims to reduce child abuse in Aboriginal communities and raise child safety awareness by supporting Aboriginal families, children and communities to be child safe.

Among their roles, the ACRT is to respond to communities where there is alleged or substantiated sexual abuse.

Family Support

Early intervention to prevent child abuse involves ensuring that vulnerable children and families are offered support. Services operating in this area include:

- Targeted Family Support Service – Central Australian Aboriginal Congress
- NTFC Family Support Services including:
 - Remote Aboriginal Community and Family Workers,
 - Family Support Centres
 - Street Outreach Service
 - Child Protection Services work units

Targeted Family Support service – Central Australian Aboriginal Congress

The Alice Springs Targeted Family Support Service (TFSS) provided by Central Australian Aboriginal Congress has substantial funding from the Commonwealth Government through the Alice Springs Transformation Plan. This has allowed the Alice Springs TFSS to accept self-referrals as well as referrals from other agencies of vulnerable children and families. This program also accepts referrals from NTFC which is discussed later in this chapter.

NTFC Remote Aboriginal Community and Family Workers

Remote Aboriginal Community and Family Workers are part of the NTFC Child Protection Services branch. They provide an early intervention family support service to children and families who are self-referred or referred by other agencies. Remote Aboriginal Community and Family Workers are based in: Nguju, Daly River, Galiwinku, Kalkarindji, Oenpelli, Borroloola, Elliot, Ali Curung, Ti-Tree, Yuendumu, Papunya, Hermannsburg, Docker River, and Santa Teresa.

Family Support Centres

Family Support Centres (FSC) are located in Darwin and Alice Springs. They are part of NTFC Youth Services branch. The Family Support Centre supports families who are experiencing difficulties in relating to their child, with parenting skills or with other family issues. The Family Support Centre can provide advice, referral options and service options for parents, families and young people. Family Support Centres are also responsible for managing Family Responsibility Agreements and Orders under the *Youth Justice Act*.

Street Outreach Service

The Street Outreach Service (SOS) is part of NTFC Child Protection Services branch. The Service is based in the Alice Springs NTFC office and provides safety options for young people who are on the streets at night. The SOS team works alongside youth and community organisations to ensure that young people have somewhere safe to stay at night if home is not a safe option at that time. Support services are put in place as soon as possible to work with the young person and their family.

Child Protection Services work units

NTFC family support services may be provided by Child Protection Services work units in response to a request made by the family or a request made on behalf of a family by another person with the family's knowledge. However, because of growing demand for child protection investigation responses, these units generally do not have the capacity to respond to such requests.

Targeted services and programs for 'at-risk' families and children

Targeted services for 'at-risk' families are those that are targeted at particular groups in the community whose children are at risk of entering the statutory child protection system.

Differential Response Framework

In 2009, the Differential Response Framework (DRF) for the Northern Territory was endorsed as the guiding framework for pilot Targeted Family Support Services (TFSS) established in Alice Springs, Darwin and Katherine. The DRF enables a range of different responses — other than investigative — to protective concerns and has a focus on creating better, more integrated partnerships between child protection services and family support agencies.

TFSS are community based agencies that provide a child-centred family-focussed support response to protective concerns. They are a targeted response to prevent families entering or re-entering the child protection system. TFSS work in close partnership with Northern Territory Families and Children (NTFC) to identify vulnerable families in need of support and to provide earlier assistance to these families.

Services are:

- Alice Springs (Central Australian Aboriginal Congress)
- Darwin (Larrakia Nations), and

- Katherine (Wurli-Wurlinjang).
- TFSS have the following features:
 - Case management of families with high needs where there is a low immediate risk of harm to the child
 - Out-posting of NTFC Child Protection workers within the TFSS, and
 - Community Child Protection Partnership Agreements between NTFC and the TFSS outlining respective responsibilities.

The Targeted Family Support Services - Service Model 2009¹⁶¹ provides an overview of the goals, functions and features of TFSS. A review of the differential response approach is discussed in Chapter 8.

The statutory system

Statutory child protection services are predominantly delivered through the NTFC Care and Protection Services branch. Some tertiary child protection services are also delivered by the NTFC Family and Individual Support branch through Sexual Assault Referrals Centres.

Additionally, NTFC Non-Government Organisations (NGO) Services Management and Support branch provides funds to non-government agencies across the Northern Territory to provide specific tertiary child protection services to clients. The NGO Services Management and Support branch also manage Commonwealth Government funding to several services in the tertiary service area. The nature and placement of these services has been negotiated with the Commonwealth Government. Commonwealth Government funding for these services is generally for a fixed period.

The structure of the statutory system, including NTFC offices and programs, varies significantly across the regions of the Northern Territory. Some of the differences are a result of region-specific issues, for example the development of the Youth at Risk team in Alice Springs resulted from the high incidence of young people sniffing petrol in Central Australia in 2004. Some differences result from historically-based funding, for example, NTFC has offices in East Arnhem and the Barkly but not in Wadeye which has a similar population base. Other differences arise from opportunistic use of Commonwealth funding. For example, the Commonwealth's Alice Springs Transformation Plan provides funding for child protection services in Alice Springs, but not in other areas.

Care and Protection Services

The Department of Health and Families' (DHF's) organisational chart describes the structure of NTFC Care and Protection Services.

Care and Protection Services comprises:

- Care and Protection Services Policy
- Child Protection Services, and
- Alternative Care.

161 Internal NTFC document.

Care and Protection Services Policy provides support to workforce development and planning, quality improvement, policy development and implementation and strategic reform projects.

Alternative Care provides residential services for children in the Care of the Chief Executive Officer including therapeutic support to children in care and recruitment, and support and training for carers.

What follows is a brief description of the family support, child protection and out of home care functions of NTFC which aims to provide an overview of the structure of child protection and out of home care services. It is not intended to be a detailed description of these functions which are examined in detail in later chapters of this report.

Child Protection Services

Operational staff in Child Protection Services undertake statutory duties in relation to case management of children in the areas of Child Protection, Out of Home Care and Family Support. In the smaller regions, such as East Arnhem, Darwin Remote and Barkly, NTFC offices are structured so that case workers work across all areas of care and protection, including conducting child protection investigations, case management of children in care and recruiting, assessing and supporting carers. Larger NTFC offices have a number of teams who are responsible for each of these specific functions. There are also several specialist teams and services that provide services to the whole of the Northern Territory or to specific regions. These include specialist child protection investigation teams, specialist placement services, and family decision-making services.

Child Protection Investigation

Primary responsibility for child protection investigations lies with NTFC Child Protection staff and the Northern Territory Police. Hospital specialists and the Sexual Assault Referral Centre (SARC) also play key roles in forensic examination and medical assessment and management of suspected victims.

NTFC is responsible for investigating intra-familial child abuse and neglect. Police have responsibility for investigating extra-familial child assaults that are of a criminal nature.

Under the Police/NTFC protocols, NTFC and Police jointly investigate some reports of child abuse. Joint investigations are undertaken by Police and staff from NTFC regional Child Protection work units. The Police/NTFC Child Abuse Taskforce and Peace at Home are specialist units that undertake investigations as co-located specialist teams.

Services in this area are:

- Central Intake
- After Hours Crisis Service
- Child Protection / Family Intervention Teams
- Child Abuse Taskforce
- Peace at Home
- Mobile Child Protection Team

Central Intake

Central Intake (CI) is the main point of intake for NTFC in the Northern Territory. CI and the NTFC After-Hours Crisis Service provide a 24 hours, 7 days a week response to reports via the child protection free call number. CI is collocated with Northern Territory Police. Collocation enhances information sharing and the capacity to gather information, and improves decision-making.

After Hours Crisis Service

Outside government business hours, NTFC services are provided through an After Hours Crisis Service (AHCS) and regional response services. The AHCS is located in Darwin, processing after-hours calls made to NTFC offices in the Northern Territory and providing a 'call out' response for the Darwin Urban area. AHCS responds to urgent reports relating to the care and protection of a child or young person. NTFC offices outside of urban Darwin have workers rostered on outside government business hours to provide an after-hours response. In Alice Springs, two workers are rostered 'on call' whereas one worker is on call in Katherine, East Arnhem and Tennant Creek.

Child Protection/ Family Intervention Teams

Child Protection Teams in regional NTFC offices are responsible for investigating allegations of child abuse. Where an investigation identifies that harm has occurred or there is a risk of serious harm and an urgent response is required from NTFC to ensure the safety of the child, a case plan to address the safety concerns is developed. NTFC ensures the implementation of the plan. The child protection investigation case is closed when there are no longer any significant risks to the child's safety due to interventions with the family to reduce the risk of harm, or the child entering out of home care.

Child Abuse Taskforce (CAT)

The Child Abuse Taskforce (CAT) in Darwin and in Alice Springs are specialist units of collocated Police and NTFC officers who are tasked to conduct joint Police/ NTFC investigations of serious child abuse. The Alice Springs CAT responds to all reports of physical and sexual abuse. The Darwin CAT responds to the most serious cases of physical and sexual abuse of children, including where there are multiple abusers and/or multiple perpetrators.

Peace at Home

The Peace at Home program in Katherine is a joint initiative of the Northern Territory Police and NTFC that provides an integrated service response to family violence in the Katherine/ Borroloola region. Staff from the Northern Territory Police Domestic and Personal Violence Unit, and from the NTFC Child Protection Services, work together in a collocated unit. This integrated service provides a joint response to situations involving the safety of family members who are at risk of serious physical and emotional harm and /or neglect due to incidents of family violence. The integrated service facilitates a coordinated response to family violence and child abuse in Aboriginal communities.

Mobile Child Protection Team

The Mobile Child Protection Team is based in Darwin and travels to remote locations as needed to investigate reports of child maltreatment and neglect. The team works closely with local support services, the Remote Aboriginal Family and Community Workers and Police.

Out of Home Care – case management of children in the care of the Chief Executive Officer (CEO)

Out of Home Care services operate at the end of the continuum of statutory services, where daily care and control or parental responsibility for a child aged 0-17 yrs has been assumed by the state. The term 'out of home care' includes placement with relatives, but does not include placements in youth justice facilities, disability services, Supported Accommodation Assistance Program (SAAP) services or overnight child care arrangements, where the child's parents retain parental responsibility for their child. Assistance is also provided to young people who have been, but are no longer in out of home care. The primary objective of out of home care services is to provide quality care appropriate to the needs of the child. NTFC Child Protection Services and Out of Home Care teams provide case management services for children in care.

Family Support

The primary objective of Family Support Services offered by NTFC in the context of statutory services is the promotion of the well being of children by preventing harm to children and preventing children entering or re-entering the care and protection system.

Services provided through Family Support Services can include:

- information, advice, supportive counselling, parenting education
- practical assistance including material aid and skills development
- training
- referral to community family support services
- advocacy to assist clients to access services needed

Services are:

- Catholic Care NT
- Remote Aboriginal Family and Community Workers
- NTFC Child Protection Services – Child Protection and Out of Home Care Teams

Catholic Care Northern Territory - Home Strengths intensive family support

Catholic Care NT Home Strengths receives referrals from NTFC Child Protection Services in Darwin and Palmerston. Home Strengths is an intensive family support service that aims to prevent children who have been identified at risk of being removed from their families to address the issues of concern. Catholic Care NT is able to work with these families for up to 12 weeks.

Remote Aboriginal Family and Community Workers

Remote Family Support Workers provide a link between Child Protection Services and families, local services and regional services. Remote Family and Community Workers provide a family support service to children and families who are case managed by child protection or out of home care case workers.

NTFC Child Protection Services – Child Protection and Out of Home Care

Family Support can be provided by NTFC Child Protection and Out of Home Care teams when:

- A Child Protection case has been closed where there is a need for further support and the family is willing to continue to engage with NTFC
- clients of NTFC require additional support following a substitute care intervention including: a young person leaving care; or child reunified with their family.

Family Decision Making

CEO-Arranged Mediation Conferences are established by the *Care and Protection of Children Act*. The mediation conference is an opportunity for the family to work in partnership with the statutory agency to develop plans to ensure the wellbeing of the child.

NTFC/CJC Family Group Conference pilot

A pilot in Alice Springs for CEO-Arranged Mediation Conferences has commenced (NTFC in collaboration with the Community Justice Centre (CJC), Department of Justice). Funding is through the Alice Springs Transformation Plan, a joint Northern Territory and Australian Government initiative. An independent Aboriginal convenor from the CJC and an NTFC coordinator have been appointed. The regulations have been gazetted and commenced. The pilot will run for thirty months and it is being evaluated by Menzies School of Health Research.

The pilot uses a Family Group Conference (FGC) model. This is a voluntary, culturally sensitive strength-based formal decision making process. In child protection matters it is a conference between the family, family group, their community and the statutory agency, using an independent person as the convenor. It is family-led and places the safety of the child at the centre of its focus. The opportunity for the child to express his/her views and opinions is given priority, either by the child attending or by representation. Family Group conferencing is also discussed in Chapter 8.

Out of Home Care Placements

A robust out of home care system is made up of several placement options. The Northern Territory has a small but growing suite of placement options, which include family based placements — foster care and family care — residential care and specialist care options for children and young people with the highest degree of need. The range of placement options available to children and young people must continuously evolve to ensure that placement options exist to meet the needs of children and young people entering care.

The majority of Placement services are provided by NTFC Alternative Care branch. Some placement services are provided by NGOs funded through NTFC NGO Service Management branch. For example, Alternative Family Care (AFC) is a program jointly funded by NTFC and DHF Aged and Disability branch to provide home-based care for children and young people with a disability with high daily care and/or support needs. The service has been out-sourced to a non-government provider and also provides care for children and young people not in the care of the CEO.

Services include:

- NTFC Alternative Care – Home Based Care, Residential Care, Secure Care
- Anglicare - Depot, Forrest House
- Tangentyere Council - Safe Families
- Life Without Barriers - Alternative Family Care.

NTFC Home Based Care

Children are placed in the home of a NTFC registered carer who receives an allowance to meet the costs of caring for the child. The majority of the children in out of home care are placed in home-based care options either with 'generalist' carers who are registered to care for children from specified age groups or 'specific' carers who have been specifically selected and approved to provide care for a particular child or sibling group, including kinship or relative carers. The latter may already know or have a relationship with the child or they may be recruited and assessed as having the skills and talents required to care for a specific child.

NTFC Residential Care

A number of NTFC residential care homes in the Darwin and Alice Springs region provide care in a group setting for children ranging in age from 0-17 years. Trained residential NTFC staff work on rostered shifts to care for the children.

Secure Care Facilities

These facilities are currently under development in Darwin and Alice Springs. It is proposed that these facilities will have the capacity for 24 hour care of up to eight young people and eight adults with high risk behaviour. The service provides a therapeutic approach for clients who have experienced the traumatic effects of abuse and neglect and who engage in high risk behaviours.

Anglicare NT - The Depot (Darwin)

This is a stabilisation, assessment and transitional program that provides residential care for four young people, aged between 10 -17 years, for up to three months.

Anglicare NT - Child and Youth Residential Support Services (Alice Springs)

Eleven beds are available for children ranging in age from 8-15 years who are in the care of the CEO. Care for children up to the age of 17 years can be negotiated. Young people are able to stay in this placement for three to six months.

Tangentyere - Safe Families

Safe Families provides residential care for Aboriginal children aged between 7-14 years who are under the care of the CEO or who are referred from the community for respite care.

Life Without Barriers

Life Without Barriers provides home-based care for children and young people with high daily care and/or support needs including, but not limited to, care for children and young people in the care of the CEO. Many of these children have high medical or disability related needs. The service recruits, assesses and trains carers to care for children approved to enter the service.

Therapeutic interventions

Primary responsibility for therapeutic interventions in response to child abuse lies with NTFC Child Protection Services branch. NTFC Family and Individual Support Services branch also provides services through SARC and Mobile Outreach Services. Other generalist services including urban and remote health centres, sexual health, women's health and mental health have a role in supporting survivors and their families. NTFC funds and coordinates the delivery of longer term generalist support services to survivors and their families including crisis accommodation and support, women's groups, parenting education, youth services, family violence services and counselling services. These services are primarily delivered by other government and non-government organisations.

Services are:

- Sexual Assault Referral Centres
- Mobile Outreach Services *Plus*
- NTFC Therapeutic Services Team

Sexual Assault Referral Centres

The Sexual Assault Referral Centre (SARC) provides a counselling service to both adults and children who may have experienced any form of sexual assault. SARC also provides information, support and counselling for partners, family members and significant others. There are SARC counsellors located in Darwin, Katherine, Tennant Creek and Alice Springs.

The recruitment of doctors to participate in the SARC on-call roster for examination of children with suspected sexual abuse is somewhat difficult as the work is confronting, with the disincentive for of having to give evidence in court. In the Northern Territory this is further complicated by the fact that SARC is a combined service, seeing both adults and children, each of which could be a subspecialty in itself. General practitioners may not be confident to examine children for forensic purposes and paediatricians are generally not comfortable seeing adults. SARC can offer the option of shared on-call, however, this means remuneration may also be shared, which is detrimental to recruitment, particularly in an environment where there are many competing demands for limited doctor time.

SARC doctors are required and supported to attend appropriate initial training in the forensic examination of children. SARC benefits from ongoing contact with a tertiary child protection unit for peer review of colposcopy recordings and reports, as well as ongoing professional development opportunities. SARC supports doctors' ongoing professional development in this complex field.

The genital examination of children is a specialist field within forensic medicine yet there is not the critical mass required to support a separate child protection unit in the Northern Territory, let alone one each for the larger centres. This field of medical practice is not only emotionally charged, but complex with an evolving knowledge base. In the 1980's, when abuse was suspected, 80 percent of child genital examinations were reported as abnormal, however, due to more research about the range of normality a landmark study reports that, even with a history of vaginal or anal penetration, there are abnormal examination findings in only about 5 percent of cases.¹⁶² Given the high consequences arising from the weight accorded by courts to medical evidence this emphasises the critical importance of appropriate initial and ongoing training, skill maintenance and peer review for report writing, as well as tertiary review and oversight,. The medical directors and management of SARC in Alice Springs and Darwin are aware of this.

Mobile Outreach Services Plus

The Mobile Outreach Service Plus (MOS) provides therapeutic counselling, information and education to children in remote communities and town camps. The recent expansion of MOS has enabled the provision of therapeutic services to children in remote areas who have experienced trauma from a range of child abuse and neglect experiences, not only sexual abuse. The Commonwealth Government has funded this service for a 4 year period. It originally operated as a part of SARC but is now a stand-alone service.

NTFC Therapeutic Services Team

The Therapeutic Services team provides direct specialist therapeutic interventions with children and young people who are ongoing clients of the NTFC and have been severely traumatised due to abuse and/or neglect. The program accepts internal NTFC referrals only and the clients referred must be showing signs of complex or developmental trauma. Therapeutic Services works with family members and/ or carers, and the broader community to provide information, support and therapeutic interventions designed to improve their understanding of the child, contextualise their behavioural and/ or emotional responses, and enhance their ability to respond to the needs of the child in an appropriate and healing manner. The team has clinicians in Darwin and Alice Springs. Services are also provided to Katherine through a remote visiting service.

162 A Heger et al., 2002, 'Children referred for possible sexual abuse: medical findings in 2384 children', *Child Abuse & Neglect*, vol. 26, no. 6-7, pp.645-59.

Coordination

Coordinating functions in the Northern Territory Child Protection System are undertaken at a regional and Northern Territory-wide level through various Memoranda of Understanding and interagency forums.

Memoranda of Understanding (MOUs) have been established between a number of agencies to improve cross-agency case management and coordination – for example, between the police and NTFC with CAT. Additionally, MOUs have been established at a national level to enhance information sharing between NTFC and agencies such as Centrelink and Medicare.

The Interdepartmental Child Protection Policy and Planning Working Group (ICPPPWG) is chaired by NTFC with the goal of further developing a whole-of-government approach to child abuse, including the development of protocols for information sharing and action. The ICPPPWG is a sub-group of the Community Safety Working Group (statutory agency directors) which reports to the Social Responsibility Subcommittee of Executive Coordination (statutory agency chief executives).

Data on statutory child protection services in the Northern Territory

The following section contains data provided by NTFC in response to requests from the Inquiry to provide statistical data on the functions of the child protection system carried out by NTFC (these are further explored in detail in later chapters). These data include the 2009-2010 financial year and the Department warns that the most recent data are not the officially finalised figures. The data include those that are routinely supplied to the Australian Institute of Health and Welfare as part of the national reporting requirements as well as information specifically requested by the Inquiry.

Data on intake and investigation in the Northern Territory

Notification and substantiation trends

Data on notifications, investigations and substantiations over several years are provided in Table 5.1.

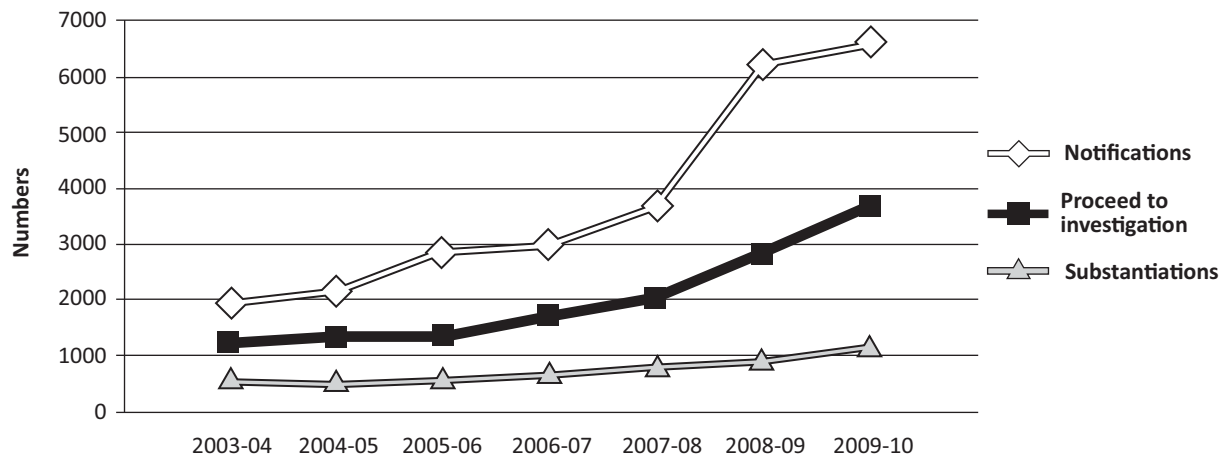
Table 5.1. Details of child protection activities for the years 2003-4 to 2009-10

Financial year	Total notifications received	Screened out, dealt with by other means or awaiting determination	Total Proceed to investigation	To be investigated but investigation not commenced	Investigation in process but no outcome recorded	Total finalised investigations	Investigation finalised but action / determination not possible	Not substantiated	Substantiated
2003-04	1953	709	1244	0	0	1244	110	512	622
2004-05	2128	791	1337	0	0	1337	113	626	598
2005-06	2864	1500	1364	0	0	1364	145	569	650
2006-07	2985	1254	1731	0	0	1731	390	593	748
2007-08	3668	1649	2019	1	17	2001	569	597	835
2008-09	6189	3370	2819	158	101	2560	651	945	964
2009-10	6584	2904	3680	606	522	2552	339	1031	1182

Figure 5.3 demonstrates the significant increase in notifications over time – notifications have more than tripled since the 2003-04 financial year. After a significant increase (69 percent) in notifications from 2007-8 to 2008-9, there now appears to be a slowing of the rate of increase (with an increase of 6.9% in notifications over the past year).

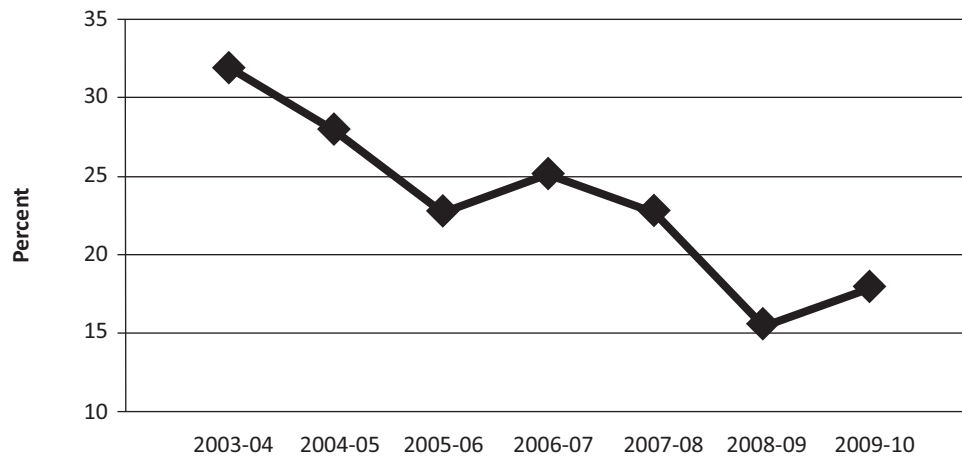
Across Australia, the number of notifications to child protection departments increased by 6.9 percent in the 2008-09 year, rising from 317,526 in 2007-08 to 339,454 in 2008-09. Of all the states and territories, the Northern Territory had the largest reported increase of 69 percent. Factors that may have contributed to the increase include the staged implementation of the *Care and Protection of Children Act 2007* and an amendment to the *Domestic and Family Violence Act 2007* in February 2009. The new legislation provides for mandatory reporting of serious physical harm in domestic relationships; and increased community awareness of child protection mandatory reporting requirements. However, as described later in this chapter, this is not reflected in an increased proportion of notifications regarding emotional abuse which would be expected if more reports were made regarding children witnessing or experiencing family violence.

Figure 5.3: Numbers of Notifications to NTFC and cases proceeding to investigation and substantiation, by year



The proportion of notifications that have resulted in an investigation has increased over three-fold yet the total number of substantiations appears to have changed little across the years 2003-04 to 2009-10. The increase in notifications and investigations, yet relatively stable rate of substantiations, is highlighted by Figure 5.3. In 2008-09, the Northern Territory had the highest rate per 1000 children who were subject to a substantiation - 12.9 per 1,000 children compared to 6.9 per 1,000 Australia wide.

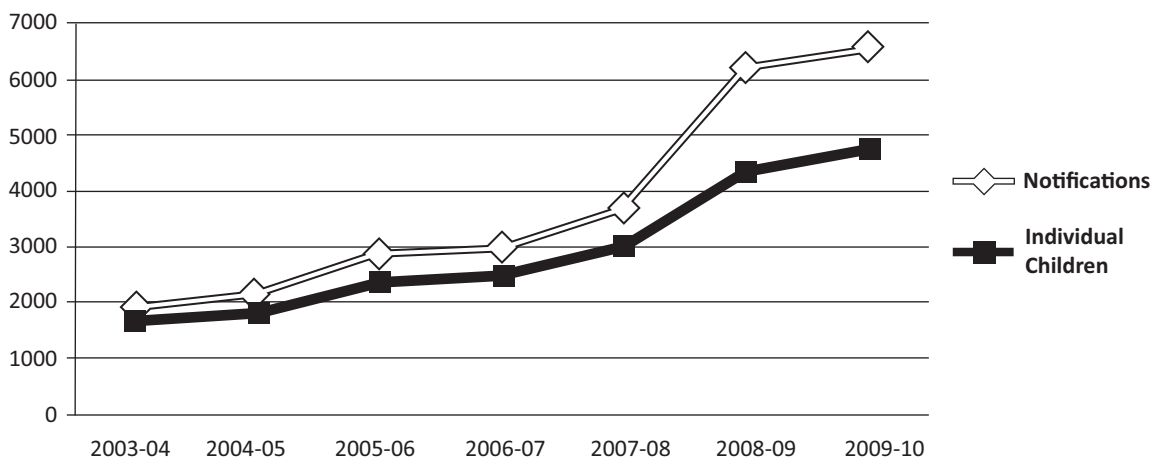
Figure 5.4: Proportion of notifications to NTFC resulting in substantiation, by year



The decrease in the proportion of notifications resulting in a substantiation (Figure 5.4) emphasises the increasingly difficult job of finding ‘the needle in a haystack’ of notifications. The falling notification-to-substantiation ratio demonstrates the inefficiency of intake processes, with an increased workload yielding relatively fewer matters of substance. Recommendations regarding the restructure of intake services in Chapters 8 and 12 address this concern.

The number of individual children notified to NTFC (rather than the total number of notifications (see Figure 5.5 and Table 5.2) has also increased significantly over time. The increase in 2008-09 was 43.8 percent compared to an increase in the past year of 9.4 percent. The number of child protection notifications is greater than the number of children who were the subject of a notification. This is because some children are the subject of more than one notification.

Figure 5.5: Notifications to NTFC by number and by number of individual children



Of concern is the significant increase in the number of children involved in a notification who had already been the subject of a notification in that same year. Since 2003-04 the rate had been slowly increasing from 14 percent to 18 percent, but the rate almost doubled to 30 percent in the 2008-09 year and has remained high in 2009-10 year (28 percent). There are parallel findings in the data on investigations and substantiations (Tables 5.2 and 5.3) which indicate that a lot of repeat work is being undertaken by investigative workers. This is further evidence of a failing system.

Table 5.2: Total Child Protection Investigations per year and the total number of individual children subject to investigation

	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Count of investigations	1244	1337	1364	1731	2018	2661	3074
No. individual children	1133	1221	1241	1557	1821	2151	2376
Number of investigations that involved children already subject to investigation same year	111	116	123	174	197	510	689
Percentage of investigations involving children who had already been subject of an investigation in year	9%	9%	9%	10%	10%	19%	23%

Table 5.3: Total Substantiations per year and the total number of individual children subject to substantiation

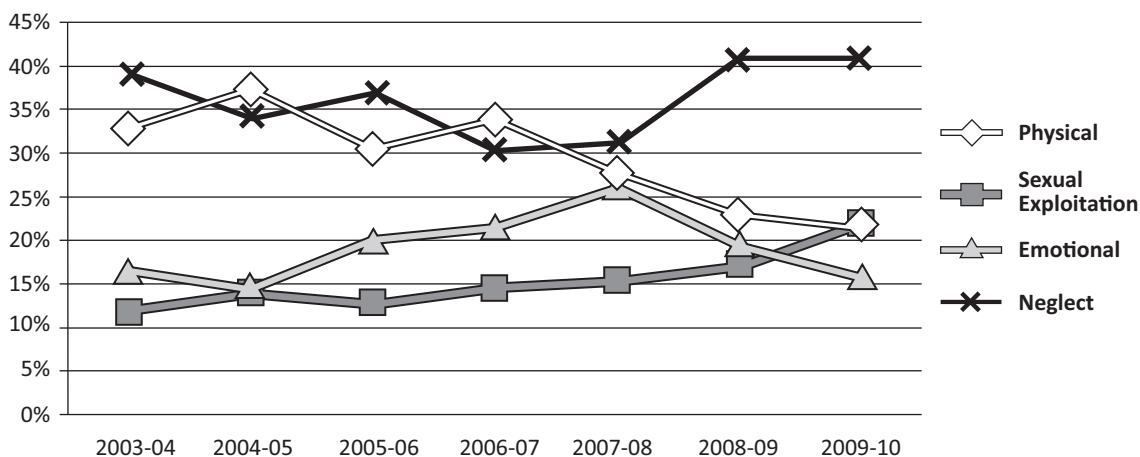
	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Count of Substantiations	622	598	650	748	835	964	1182
No. Individual Children	578	565	600	688	784	838	994
No. of substantiations that involved children already subject of substantiation same year	44	33	50	60	51	126	188
Percentage of substantiations involving children who had already been subject of a substantiation in year	7%	6%	8%	8%	6%	13%	16%

The trends outlined in the previous two tables are of concern and have significant workload implications. It is unclear why so many children with substantiated abuse are again substantiated as being abused within a year but the implication is that the previous statutory intervention failed to provide a satisfactory level of protection for the children involved. Notifiers are clearly concerned that children are remaining at risk despite previous investigations and substantiations.

A recommendation relating to the review of cases that have been re-notified and re-substantiated can be found in Chapter 13.

Types of harm

Figure 5.6: Type of harm recorded for notified cases



The data presented in Figure 5.6 indicate that neglect is the most common form of harm involved in notifications, remaining the largest harm-type category. The percentage of notifications involving sexual exploitation has increased from 12 percent in 2003-04 to 22 percent in 2009-10. The percentage of physical abuse notifications has dropped from 33 percent in 2003-04 to 21 percent in 2009-10. These changes are likely to reflect changes in attitudes and reporting trends rather than the actual prevalence patterns of the different forms of abuse.

Data provided by the Australian Institute of Health and Welfare (AIHW) indicate that, apart from Western Australia (WA) and the Northern Territory, emotional abuse usually accounts for the largest proportion of abuse substantiations resulting from notifications.¹⁶³

In the Northern Territory in the 2009-10 financial year, 41 percent of substantiations were for neglect as against 16 percent for emotional abuse. The data for neglect in WA are similar to those from the Northern Territory – 41 percent of substantiations – and probably reflect the higher number of Aboriginal families living in disadvantaged circumstances.

Gender pattern

Table 5.4: Substantiations per year by Sex of Child

Sex	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10*
Female	329	296	328	405	467	511	624
Male	293	302	322	343	368	453	557
Sum	622	598	650	748	835	964	1182

* Note in 2009-10 there was one substantiation of a report about a child for which gender was not known

163 Australian Institute of Health and Welfare, 2010, *Child protection Australia 2008-09*, Child welfare series no. 47. Cat. no. CWS 35, AIHW, Canberra.

Gender patterns revealed in the notification and substantiation data (Table 5.4) suggest consistently that slightly more females than males are the subject of a substantiation.

Age patterns

Figure 5.7: Notifications per year by age of child on date of notification

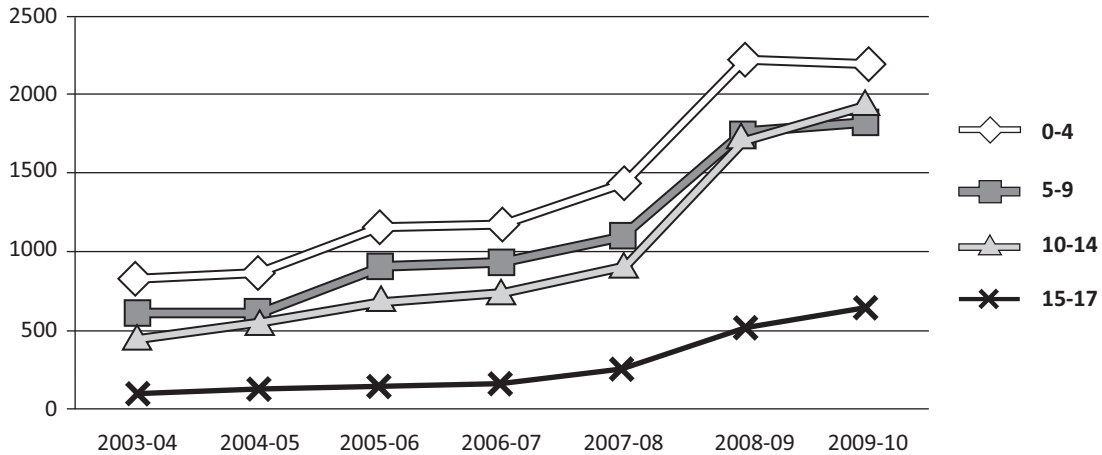
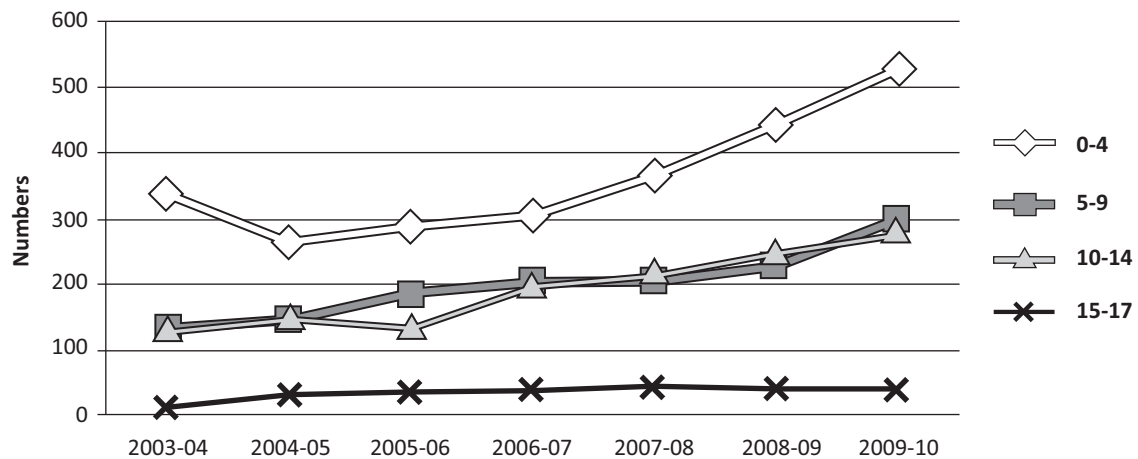


Figure 5.8: Substantiations per year by age of child on date of notification



There have been some shifts in the age patterns of children subject to notifications and substantiations in the Northern Territory (Figures 5.7 and 5.8). Whereas there was a slight decrease in the notification of young children (0-4 years) in 2009-10, there has been an increase in the other age categories. The pattern for substantiations does not demonstrate a corresponding increase for the age group 15-17.

Regional sources of notifications and substantiations

Figure 5.9: Notifications per region by year (based on work unit allocated for action)

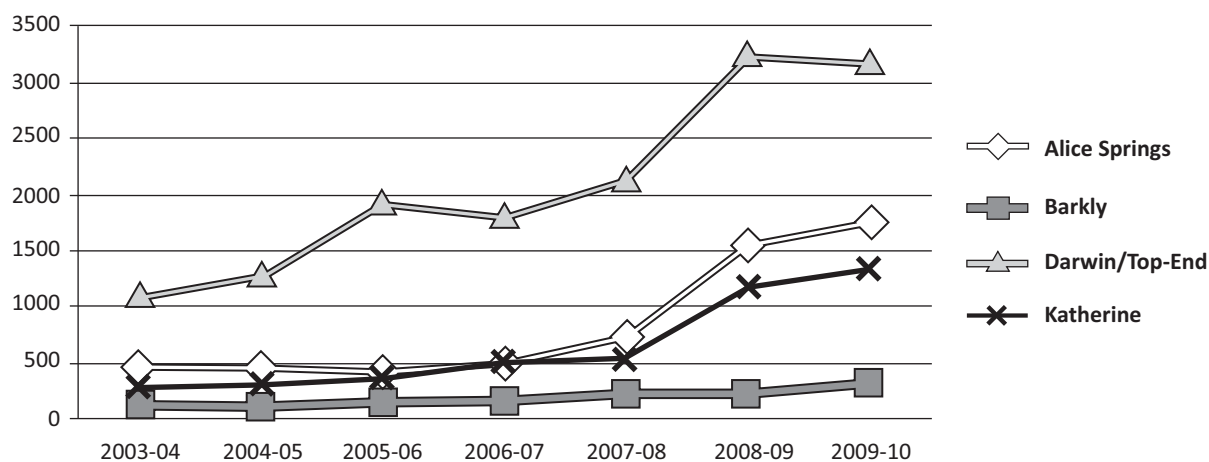


Table 5.5: Substantiations per year by Region (based on work unit allocated for action)

Region	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Alice Springs	195	189	98	169	132	238	387
Barkly	49	40	77	82	115	58	144
Darwin/Top-End	238	242	351	348	372	411	382
Katherine	140	127	124	149	216	257	269
Total	622	598	650	748	835	964	1182

Until the last few years there have been only minor changes in the percentages of notifications from the various Northern Territory regions (Figure 5.9 and Table 5.5). As might be expected, around half of all notifications are processed by a Darwin Top End office whilst around 25 percent are processed by the Alice Springs office.

Of some note may be the data that indicate that although around 50 percent of the notifications are from the Darwin/Top End region, only 32 percent of the substantiations are from this region. On the other hand, the Barkly region accounts for only 4.9 percent of the notifications but 12 percent of substantiations.

Reporter categories

Table 5.6: Number of notifications by reporter category

Reporter Category	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Anonymous	55	39	33	57	75	156	217
Child Care Personnel	13	18	17	11	27	43	45
Departmental Officer	68	102	77	164	240	382	553
Friend/Neighbour	172	185	266	201	188	209	255
Hospital/Health Centre	244	261	271	378	491	790	1030
Medical Practitioner	57	42	48	42	92	134	147
Non-Government Organisation	171	138	195	131	137	425	405
Not Stated	1	8	6	2	4	9	10
Other	65	79	112	111	142	375	318
Other Health Personnel	28	35	42	23	68	128	188
Other Relative	229	233	257	252	287	567	452
Parent/Guardian	148	245	232	277	263	452	351
Police	476	402	883	948	1177	1505	1534
School Personnel	158	214	269	300	371	849	966
Sibling	7	6	0	5	5	2	5
Social Worker	55	108	136	73	95	148	104
Subject Child	6	13	20	10	6	15	4
Total	1953	2128	2864	2985	3668	6189	6584

Table 5.6 provides a breakdown of the categories of reporter making a notification. It can be seen that the largest categories are the police, health professionals, education staff, Departmental officers, and relatives other than the child's parent or guardian. Health professionals and the police each account for around 20 percent of the total.

Children on care and protection orders 2008-09

In 2008-09 there was an overall increase of 8.5 percent of children on care and protection orders across Australia compared to 2007-08 (see Table 5.7). In the Northern Territory children on care and protection orders increased from 520 to 577 children – an increase of 9.5 percent. The rate of children on care and protection orders in the Northern Territory was the highest across Australia in 2008-09 with 9.2 per 1,000 children compared to the national average of 7.0 per 1,000 children.

Table 5.7: Number of children on care and protection orders, state and territories, 30 June 2005 to 30 June 2009¹⁶⁴

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2005	8,620	4,668	5,857	1,783	1,553	716	464	414	24,075
2006	9,213	5,011	6,446	2,046	1,671	833	558	437	26,215
2007	10,639	5,492	6,391	2,629	1,881	897	574	451	28,954
2008	12,086	6,239	7,040	3,094	2,197	914	552	520	32,642
2009	13,491	6,100	7,942	3,337	2,361	991	610	577	35,409

Children in out of home care 2008-09

Nationally there were 34,069 children in out-of-home care in 2008-09 (see Table 5.8). The number of children in out-of-home care in the Northern Territory increased by 17.4 percent, from 398 in 2007-08 to 482 in 2008-09. Throughout Australia, children in out-of-home care increased by 9.3 percent. The annual rate of children in out-of-home care in the Northern Territory was 7.7 per 1,000 – the second highest rate in Australia behind New South Wales at 9.4 per 1,000 children (see Table 5.9).

Table 5.8: Number of children in out of home care (0-17 years), states and territories, 30 June 2005 to 30 June 2009¹⁶⁵

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2005	9,230	4,408	5,657	1,829	1,329	576	342	324	23,695
2006	9,896	4,794	5,876	1,968	1,497	683	388	352	25,454
2007	11,843	5,052	5,972	2,371	1,678	667	399	397	28,379
2008	13,566	5,056	6,670	2,546	1,841	664	425	398	31,166
2009	15,211	5,283	7,093	2,682	2,016	808	494	482	34,069

Table 5.9: Annual rates per 1,000 of children in out of home care (0-17 years), states and territories, 30 June 2005 to 30 June 2009¹⁶⁶

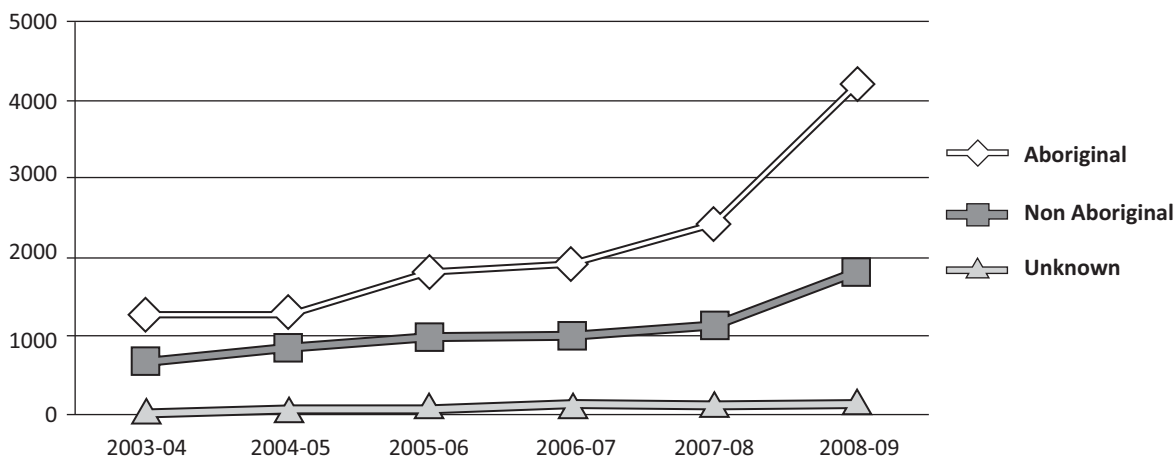
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2005	5.8	3.8	5.8	3.8	3.9	4.9	4.5	5.5	4.9
2006	6.2	4.1	6.0	4.0	4.3	5.8	5.1	5.9	5.3
2007	7.3	4.3	5.8	4.7	4.8	5.7	5.2	6.4	5.8
2008	8.4	4.2	6.4	4.9	5.2	5.6	5.4	6.4	6.2
2009	9.4	4.3	6.7	5.1	5.7	6.8	6.3	7.7	6.7

164 *ibid.*165 *ibid.*166 *ibid.*

Aboriginal and Torres Strait Islander Children

Intake data relating to Aboriginal status

Figure 5.10: Notifications by year by Indigenous status of child



There is an increase in notifications to NTFC of both Aboriginal and non-Aboriginal children over time, with a greater increase for Aboriginal children (see Figure 5.10).

With the percentage of notifications of Aboriginal children running at 77 percent, the 4,718 individual children notified in 2009-10 represent around 3,633 Aboriginal children. 90 percent of the notified children are in the 0-14 age group. Population data from the Australian Bureau of Statistics indicate that there are 22,540 Aboriginal children aged 0-14 years in the Northern Territory.¹⁶⁷ This being the case, 3,270 notified Aboriginal children (being 90 percent of the estimated 3,633 Aboriginal children aged 0-17 who were notified) represent 14.5 percent of the entire Aboriginal child population (0-14 years) having been the subject of a notification in a one year period. That is, one of every seven Aboriginal children in the Northern Territory appears to have been subject to a notification to NTFC in 2009- 10. The actual number of substantiations are far less than this (see Table 5.10).

Table 5.10: Substantiations by Indigenous status of child by year

Indigenous Status	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Indigenous	477	425	500	575	670	788	989
Non Indigenous	144	170	143	165	158	163	185
Unknown	1	3	7	8	7	13	8
Sum	622	598	650	748	835	964	1182

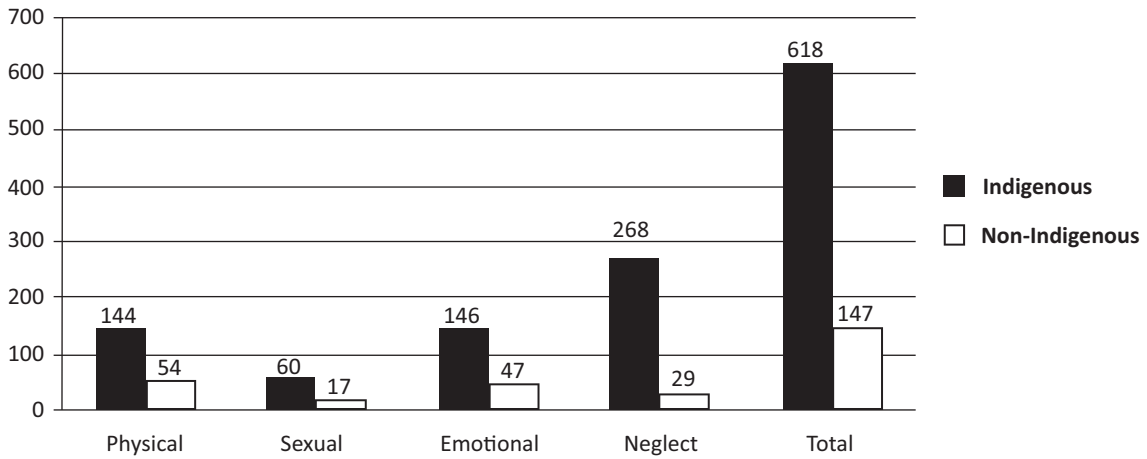
167 Australian Bureau of Statistics, 2007, *Population distribution, Aboriginal and Torres Strait Islander Australians, 2006*, ABS cat. no. 4713.0, ABS, Canberra.

Looking at actual substantiations, the data reveal a small but continuing trend of an increasing number of Aboriginal children being the subject of substantiation. Currently almost 84% of the substantiations involve Aboriginal children.

Types of harm by Aboriginal status

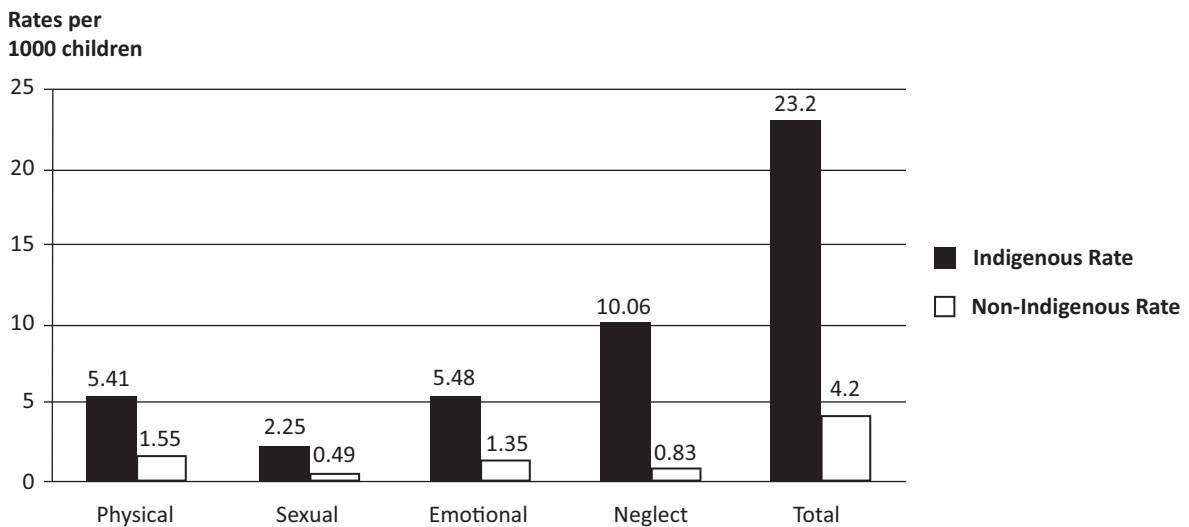
Data on the types of harm experienced by Aboriginal and non-Aboriginal children are provided in the following figures and tables.

Figure 5.11 Northern Territory Numbers of Substantiations by Harm Category and Aboriginal Status 2008-09



Source NTFC

Figure 5.12 Northern Territory population rates of substantiation by harm category and Aboriginal status, 2008-09



Source NTFC

Rates based on population data from Chondur and Guthridge 2006; ABS 2007.

It can be seen that Aboriginal children are over-represented in all forms of substantiated harm. Focusing on the population rates of substantiation, it can be seen that substantiation rates for neglect are over 12 times those for non-aboriginal clients.

Although Aboriginal children experienced a much higher rate of child neglect substantiations than non-Aboriginal children in the Northern Territory, overall the types of maltreatment experienced by Aboriginal children and non-Aboriginal children are relatively similar. In sharp contrast to media images of maltreatment in Aboriginal and Torres Strait Islander communities, child sexual abuse was the least frequently substantiated maltreatment type for Aboriginal and Torres Strait Islander children in the Northern Territory and across Australia. However, this is again likely to be an under-estimation of the actual incidence of child sexual abuse (see Box 1).

The maltreatment type most frequently substantiated in relation to Aboriginal children was child neglect. Neglect generally refers to the failure — usually by the parent — to provide for a child's basic needs, including failure to provide adequate food, shelter, clothing, supervision, hygiene or medical attention. The high rate of neglect is consistent with the disadvantaged socio-economic conditions prevalent in many Aboriginal communities, such as overcrowding, unemployment and a lack of services.¹⁶⁸

Box 1: Child sexual abuse in Aboriginal and Torres Strait Islander communities

It is estimated that less than 30 percent of all sexual assaults on children are reported and that the reporting rate is even lower for Aboriginal and Torres Strait islander children.¹⁶⁹ Inquiries into child sexual abuse in Western Australia, New South Wales and the Northern Territory have concluded that the sexual abuse of Aboriginal children was common, widespread and grossly under-reported.¹⁷⁰ Robertson (2000) estimated that up to 88 percent of all rapes in Aboriginal and Torres Strait Islander communities go unreported¹⁷¹.

In contrast to the low rates of sexual abuse substantiated by child protection services, police data on reported victims of sexual assault show that Aboriginal and Torres Strait Islander children are at greater risk than other children of being sexually abused.¹⁷²

Health data regarding sexually transmitted infections, which have been associated with child sexual abuse, showed that over twice the number of Aboriginal and Torres Strait Islander children were diagnosed with an STI compared with non-Aboriginal children.¹⁷³

Recorded victim statistics suggest that girls are more likely to be a victim of sexual abuse than boys.¹⁷⁴ However, inquiries in the Northern Territory and New South Wales present evidence to suggest that there is widespread sexual abuse of boys in some communities.¹⁷⁵

Despite the low rates of child sexual abuse substantiated by child protection services, there is sufficient evidence to suggest that Aboriginal and Torres Strait Islander boys and girls are at greater risk of being sexually abused than other children. However, it is important to keep in mind that there are significant variations between Aboriginal and Torres Strait Islander communities. Patterns of sexual assault will vary in relation to community location and factors such as substance use and family and community dynamics.¹⁷⁶

169 J Stanley et al., 2003, 'Child abuse and neglect in Indigenous Australian communities', *National Child Protection Issues Paper*, vol. 19.

170 S Gordon et al., 2002, *Putting the picture together: Inquiry into response by government agencies to complaints of family violence and child abuse in Aboriginal communities*, Department of Premier and Cabinet Western Australia, Perth; NSW Aboriginal Child Sexual Assault Taskforce, 2006, *Breaking the silence: Creating the future. Addressing child sexual assault in Aboriginal communities in NSW*, Attorney General's Department NSW, Sydney; Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, *Ampe Akelyernemane Meke Mekarle "Little Children are Sacred"*.

171 B Robertson, 2000, *The Aboriginal and Torres Strait Islander Women's Task Force on Violence Report*, Queensland Department of Aboriginal and Torres Strait Islander Policy and Development, Brisbane, Australia.

172 Steering Committee for the Review of Government Service Provision (SCRGSP), 2007, *Overcoming Indigenous disadvantage: Key indicators 2007 Report*, Productivity Commission, Canberra.

173 *ibid.*

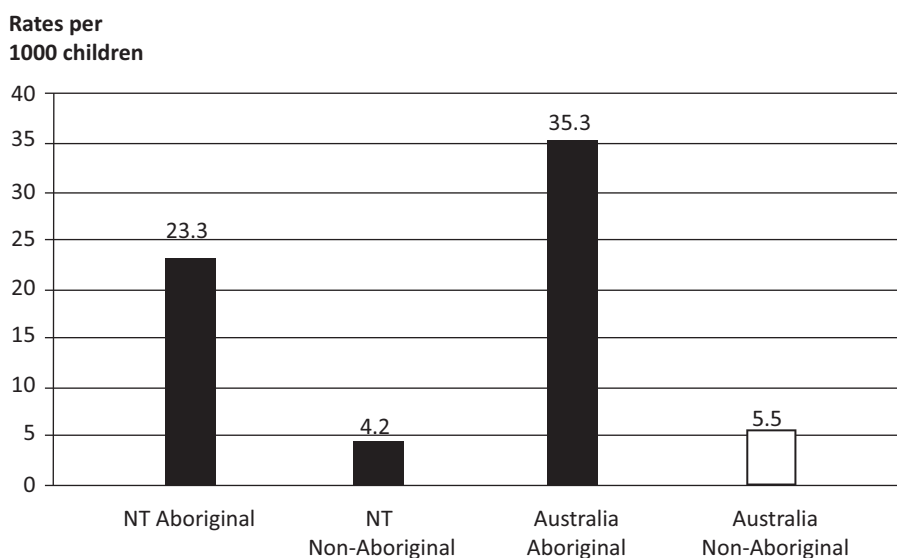
174 *ibid.*

175 NSW Aboriginal Child Sexual Assault Taskforce, *Breaking the silence: Creating the future*; Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, *Ampe Akelyernemane Meke Mekarle "Little Children are Sacred"*.

176 NSW Aboriginal Child Sexual Assault Taskforce, *Breaking the silence: Creating the future*.

Child protection activity by Aboriginal status

Figure 5.13: Rates of Substantiations by Aboriginal Status, Northern Territory and Australia



Source NTFC and AIHW 2009

Rates based on population data from Chondur and Guthridge 2006; ABS 2007.

Overall, substantiation rates for the Northern Territory Aboriginal population are somewhat lower than the average for Aboriginal people in Australia. Data published by the AIHW for 2008-09 reveal that the substantiation rate for Aboriginal children in the Northern Territory (24/1,000 children) is significantly lower than that for Aboriginal children in NSW (56.8/1,000) and the national average (37.7/1,000).¹⁷⁷ Only in WA are comparable substantiation rates lower (18.7/1,000) but these data need to be considered in the context of the very low overall substantiation rates for WA (2.9/1,000 versus 6.9/1,000 as the Australian average) and probably reflect significant changes to the intake process that took place in that state some years ago.

The apparent inconsistency between the Northern Territory having the lowest rates of child protection activity for Aboriginal children and the highest overall rate of children subject to a substantiation, is explained by the relatively large Aboriginal population in the Northern Territory (32 percent of the population versus less than 4 percent in every other jurisdiction) and the disproportionate level of disadvantage in that community.

177 Australian Institute of Health and Welfare, *Child protection Australia 2008-09*.

Table 5.11: Rates of child protection activity per 1000 children by Indigenous status, Northern Territory and Australia, 2008-09¹⁷⁸

	Australia			Northern Territory		
	Indigenous	Non-Indigenous	Rate Indigenous/Non-Indigenous	Indigenous	Non-Indigenous	Rate ratio Indigenous/Non-Indigenous
Substantiations	37.7	5.0	7.5: 1	24.1	3.9	6.1: 1
Protection orders	43.8	5.2	8.4: 1	15.8	4.1	3.8: 1
Out of home care	44.8	4.9	9.2: 1	13.2	3.4	3.9: 1

Data in Table 5.11 from the AIHW on the overall rates of child protection activity by Aboriginal status indicate that the Aboriginal population in the Northern Territory has lower rates for substantiations, protection orders and numbers in out-of-home care than their counterparts in other jurisdictions.¹⁷⁹ In addition, the Aboriginal – non Aboriginal ratios for each of the indicators are smaller indicating smaller differences between the populations compared with other jurisdictions. With respect to out-of-home care, more than three times as many Aboriginal children per 1,000 are in care in other jurisdictions than is the case in the Northern Territory.

As discussed in the Children’s Commissioner’s Annual report for 2008-09,¹⁸⁰ it is likely that the relatively low rates of substantiations, protection orders and out-of-home care reflect a problem of under-reporting in the Northern Territory or what has been referred to as ‘hidden or ignored child abuse and neglect’.¹⁸¹

There are vast differences in the recorded child protection statistics across Australia. It is important to note that the data that are recorded are only concerned with reported cases of child abuse and neglect and therefore the incidence of child abuse and neglect is likely to be much higher. As child protection data records the activity of child protection departments, not the incidence of child abuse and neglect in the community, differences across Australian states and territories may be a result of systems differences in how legislation defines who is in need of statutory intervention and policies/practice in each jurisdiction.

The placement of Aboriginal children in out of home care

The Aboriginal Child Placement Principle is discussed throughout this report. The principle states the preferred order of placement for an Aboriginal or Torres Strait Islander child who has been removed from their birth family. The preferred order is for the child to be placed with:

- With extended family, but if this is not possible
- With others in the same community, but if this is not possible

178 *ibid.*

179 AIHW uses the term ‘Indigenous’ rather than ‘Aboriginal’.

180 Children’s Commissioner Northern Territory, *Annual report 2008-2009*.

181 J Pocock, 2003, *State of denial: The neglect and abuse of Indigenous children in the Northern Territory*, Secretariat of National Aboriginal and Islander Child Care (SNAICC), Melbourne.

- With other Aboriginal people, but if this is not possible
- With non-Aboriginal people, but with plans for how the child will maintain links to Aboriginal culture.

Children placed in one of the three preferred options are sometimes described as having been placed in accordance with the principle. This is an inaccurate interpretation as the principle itself accepts that it is in the interests of some children to be placed with non-Aboriginal carers, although the proportion of these children who have cultural care plans is unknown. However, the percentage of Aboriginal children placed with Aboriginal carers does provide a practice benchmark. The percentage of Aboriginal children placed with Aboriginal carers varied substantially across jurisdictions (see Table 5.12). In Australia in 2008–09, 72.6 percent of Aboriginal children were placed with Aboriginal carers. Some of the reasons for the low percentage of such placements in the Northern Territory are explored in other chapters¹⁸².

Table 5.12: Placements of Aboriginal children with Aboriginal care providers, numbers and percentages¹⁸³

	Total Placements	Placement with Aboriginal carer	Non-Aboriginal placement	% placements with Aboriginal carers
Australia	10,461*	7,600	2,861	73
NSW	4,963	4,169	794	84
QLD	2,481	1,445	1,036	58
WA	1,192	898	294	75
VIC	724	431	293	60
SA	517	395	122	76
NT	354	168	186	48
ACT	100	58	42	58
TAS	130	36	94	28

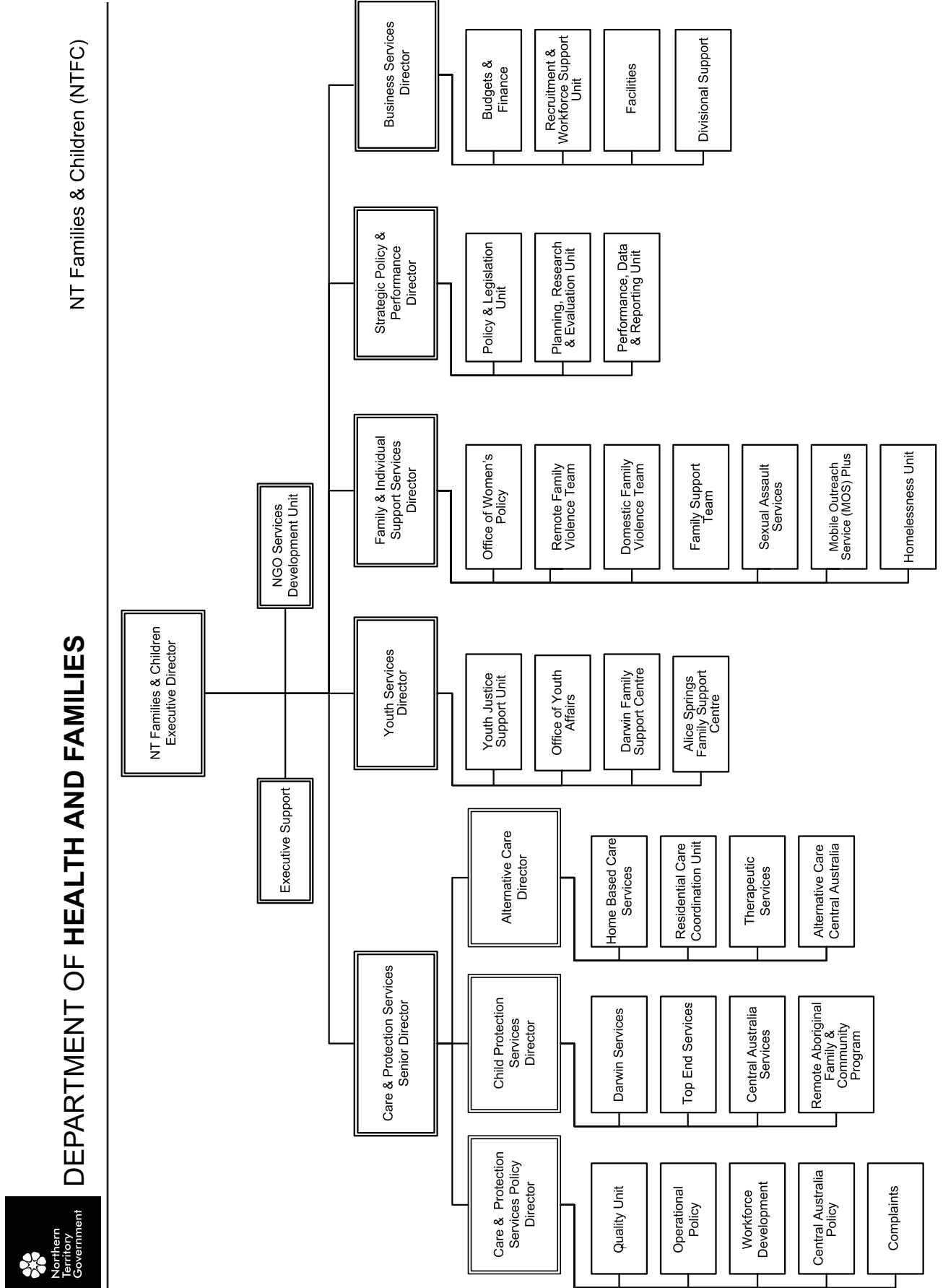
* A small number of children are placed with externally arranged foster carers who are also their relatives are not included.¹⁸⁴

182 Australian Institute of Health and Welfare, *Child protection Australia 2008-09*.

183 *ibid.*

184 The application of the ACPP is discussed in Chapter 4.

Chart 1: NT Families and Children Organisational Chart





CHAPTER 6
ENHANCING THE SERVICE SYSTEM TO SUPPORT
FAMILIES IN THE NORTHERN TERRITORY

CHAPTER 6

Enhancing the service system to support families in the Northern Territory

The contemporary challenge facing child protection systems in Australia...is sufficiently resourcing flexible preventive and early intervention services so as to reduce the numbers of children and young people who require the state to step in and keep them safe.

This chapter outlines the key service components for the promotion of wellbeing and prevention of child abuse and neglect that would be incorporated in an integrated approach to the protection of children in the Northern Territory.¹⁸⁵ The Inquiry is aware that while some services exist for vulnerable and at risk children, families and communities in the Northern Territory, these services do not cover the entire breadth of the Territory, nor are they integrated across the continuum from universal to tertiary supports.¹⁸⁶ Quality improvements in universal services — health care, maternal and child health care, education and child care — and major investment in the development and expansion of secondary and tertiary support within the system, will need to be made in the Northern Territory.

These investments will be the foundation of a comprehensive system of care for child safety and wellbeing by developing a system that is child centred, family focused, with the family as the primary client. It must begin from an understanding of what is needed for the optimal development of children, as well as the causes and consequences of child abuse and neglect.

In this chapter, we use an ecological developmental approach to explore the known risk and protective factors for child safety and wellbeing as identified in submissions to the Inquiry and in research. The mechanisms by which these risk factors impact on caregiving and other aspects of children's environments will be described, as will universal and targeted strategies for supporting communities, families and children in promoting their safety and wellbeing.

The causes and consequences of child abuse and neglect

In the Northern Territory, an effective system for protecting children and promoting their wellbeing would draw upon an understanding of why child maltreatment occurs, the effects it is likely to have and what can be done to prevent, or ameliorate harm to children. It would also recognise the factors that promote wellbeing and resilience, as enhancing these will be crucial to the promotion of child wellbeing. These understandings would drive the planning of community based supports and services that can identify targets and strategies for prevention, assist with identifying family needs and risks and harms for children, and offer the most effective therapeutic and treatment options. This is most

185 See Chapter 3.

186 Chapter 5 and Appendix 6.1 illustrate this in detail.

important if intergenerational cycles of abuse and neglect are to be broken.

While not raised extensively in submissions to the Inquiry, the multiple causes and consequences of child abuse and neglect are well known. This section describes those that are common to all child maltreatment and those that are related to specific subtypes of child abuse and neglect (physical abuse, emotional abuse, neglect and child sexual abuse).

To some extent the causes and consequences of abuse and neglect in the Northern Territory are assumed to be similar to those in other parts of Australia and the world, but the unique socio-political, historical, diversity of population and geographical context of the Northern Territory means that more needs to be known about the effective promotion of wellbeing and the prevention of and response to maltreatment in the Northern Territory. Any investment strategy for secondary and tertiary supports for children, families and communities in the Northern Territory should be based on an analysis of existing data (such as information in different administrative databases and population-based surveys such as the Australian Early Development Index) to gain a better understanding of the drivers and outcomes of child protection involvement for children in the Northern Territory. This analysis should seek to gain an understanding of the specific needs of Aboriginal people given their over representation in child protection systems. While there may be limitations to data quality that should not hinder attempts to gain a better understanding of what is happening for children in the Northern Territory.

Child Wellbeing and the Child Protection in the Northern Territory is a complex area for both research and analysis purposes. Sunrise asserts that we cannot look at improvements to the Northern Territory Child Protection system, without adopting a holistic view of all those elements that might have some influence on a child's development.¹⁸⁷

Protective and risk factors

The physical, cultural, social and biological environments of children shape their development. Risk factors and protective factors can be conceptualised as being at opposite ends of a continuum. For example, while physical safety, supportive relationships and positive social norms might be protective factors for child wellbeing, dangerous and stressful environments, relationships which involve conflict and violence, and community norms supporting harsh or neglectful parenting are risk factors for child abuse and neglect.¹⁸⁸ Risk and protective factors for child abuse and neglect provide a number of targets for prevention and early intervention in the Northern Territory. Because these factors are also associated with other outcomes – for example, children's readiness for school, children's social and emotional wellbeing, adolescent risk behaviour – targeting these as the focus of intervention efforts are likely to have impacts on many aspects of child and family functioning.

Factors which protect against child maltreatment include: positive child characteristics and behaviours – for example, child warmth and affection, 'easy' temperament – strength in culture including strong connections and strong identity; positive family belief

187 Submission: Sunrise Health Service Aboriginal Corporation.

188 For example, the Olds home visiting model, M O'Connell et al., 2009, *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*, The National Academics Press, Washington, D.C.

systems – for example, making meaning of adversity, positive outlook, transcendence and spirituality – flexible and connected family organisational patterns; clear family communication that is open to emotional sharing and which promotes collaborative problem solving; positive marital (relationship) quality; and access to social and emotional resources such as supportive social networks and good housing.¹⁸⁹

Risk factors for child abuse and neglect have been categorised as:

- Economic factors – poverty, unemployment, overcrowded or unstable housing
- Social factors – racism, discrimination, social isolation and exclusion
- Community factors – dangerous, disadvantaged or socially excluded communities, communities who have lost many community members
- Parental factors – mental health, substance abuse, family/domestic violence, learning difficulties, parental anger, strong beliefs in corporal punishment, trans-generational trauma and its impact on parenting and lower levels of empathy
- Child characteristics – low birth weight, special needs, difficult temperament, behavioural problems
- Family characteristics – poor relationships, large number of children, single or early parenthood
- Ecological factors, environmental toxins – violence, gambling, pervasiveness of unresolved grief, loss and trauma
- Previous experiences of abuse or neglect – for parents or children.¹⁹⁰

Community risk factors

The issue of child protection in the Northern Territory could be seen as one of inequity and of social injustice. The high rates of neglect and exposure to physical violence are, to a large extent, by-products of poverty and extreme disadvantage.¹⁹¹ A number of submissions to the Inquiry identified these issues as prevalent throughout the Northern Territory.

The poor standard of housing for Aboriginal peoples is a known contributor to their health problems, particularly the high rate of infectious diseases among children. Lack of attention to detail in house design, careless or sub standard construction and no cyclical maintenance make houses unsafe, affect health and waste valuable resources.¹⁹²

Neighbourhood disadvantage has been characterised as the absence of settings that provide opportunities for healthy child development, such as the absence of libraries and other settings for learning, social and recreational activities such as parks, child care, quality schools, health care services and employment opportunities. In a number of communities visited by the Inquiry, these indicators would be viewed as unrealistic, given the levels of poverty and disadvantage witnessed. Income security, stable and secure

189 D Higgins, 2010, *Community development approaches to safety and well-being of Indigenous children*, Closing the Gap Resource Sheet, Australian Institute of Family Studies, Melbourne; L Johnson & S Ketring, 2006, 'The therapy alliance: A moderator in therapy outcome for families dealing with child abuse and neglect', *Journal of Marital and Family Therapy*, vol. 32, no. 3, pp.345-54.

190 Adapted from Higgins, *Community development approaches to safety and well-being of Indigenous children*; Johnson & Ketring, 'The therapy alliance: A moderator in therapy outcome for families dealing with child abuse and neglect'.

191 Commission on Social Determinants of Health, 2007, *Achieving health equality: From root causes to fair outcomes*, Commission on Social Determinants of Health, Geneva.

192 Submission: Sunrise Health Service Aboriginal Corporation.

housing in safe neighbourhoods, accessible and affordable health care, food security, and opportunities for social care are a fundamental basis for a preventive approach to child protection in the Northern Territory.¹⁹³ As a result of such high levels of disadvantage, there is limited access to services and supports which enhance parenting.

Communities influence child development through their impact on the norms, values and beliefs of the residents. Negative social norms contribute to problem behaviours and parenting stress, whereas positive social norms in disadvantaged communities can act as deterrents to antisocial, violent or neglectful behaviour.¹⁹⁴ In the Northern Territory, social disadvantage is impacting on the safety of children in communities. Children of very young ages have been found on the streets late at night in contexts of high community and family violence, in part due to feeling unsafe in their homes.¹⁹⁵

Community disadvantage is also linked to health problems in children and families. The Inquiry heard of chronic health problems of children with untreated sores, boils and other skin infections along with not being given medication and missing appointments, sleep deprivation, and major hygiene concerns resulting from no bathing, for weeks, and no clean clothes.¹⁹⁶ Limited facilities for food storage and cooking, and overcrowding impacts on the ability to purchase and prepare foods that need storage and require cooking.¹⁹⁷ There were also reports of a lack of adequate, affordable and nutritious food, in particular for babies and toddlers.¹⁹⁸ There are also very high levels of hearing loss due to *Otitis media* in Aboriginal children, which increases children's vulnerability to neglect and abuse.¹⁹⁹

Young children are the poorest members of society and are more likely to be poor today than they were 25 years ago. Growing up in poverty greatly increases the probability that a child will be exposed to environments and experiences that impose significant burdens on his or her well-being, thereby shifting the odds toward more adverse developmental outcomes. Poverty during the early childhood period may be more damaging than poverty experienced in later ages, particularly with respect to eventual academic attainment. The dual risk of poverty experienced simultaneously in the family and in the surrounding neighborhood, which affects minority children to a much greater extent than other children, increases young children's vulnerability to adverse consequences.²⁰⁰

Poverty is associated with overcrowding, frequent mobility, poor schools, limited health care, unsafe and stressful environments, poor nutrition and poor community infrastructure.²⁰¹ While poverty is not the focus of the Inquiry, the incredible importance of social policies which address social disadvantage and poverty cannot be understated. In the Northern

193 B Jordan & R Sketchley, 2009, 'A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants', *National Child Protection Issues Paper*, vol. 30.

194 O'Connell et al., *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*.

195 Submissions: NTFC worker, Save the Children, NT Police, Elspeth Hurse, NTCOSS and Confidential.

196 Submission: Confidential.

197 Submission: Sunrise Health Service Aboriginal Corporation.

198 Submissions: Elspeth Hurse, NTFC worker, NTFC worker, NTCOSS, Save the Children, Sunrise Health Service Aboriginal Corporation and Tangentyere Council.

199 Submission: Dr Damien Howard and Jody Saxton Barney.

200 National Research Council and Institute of Medicine, 2000, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, ed. J Shonkoff & D Phillips, National Academy Press, Washington, D.C., p.9.

201 See Chapter 4.

Territory context, approximately two thirds of households with 0-14 year old Aboriginal children needed more rooms, approximately one third lived in houses with major structural problems and one third had facilities that weren't available or working.²⁰²

There are often no lockable rooms in housing and the overcrowding results in people, particularly children, being exposed to violence with no respite.²⁰³ Almost one third of households with Aboriginal children had run out of money for living expenses in previous year.²⁰⁴ Other prevention efforts will be like trying to stem the tide of a tidal wave if poverty, inequity and social disadvantage are not addressed; emphasising the futility of other efforts in the absence of strategies to address the social determinants of health and wellbeing.²⁰⁵

Parental risk factors

Risk factors such as family violence, gambling, substance misuse, mental illness, disability, learning difficulties and early pregnancy are frequently interrelated and in the Northern Territory these are commonly found within a broader context of disadvantage – for example, unemployment, poor educational opportunities, homelessness, crime, community violence, victimisation and lack of social capital.

For parents of Aboriginal children, the chance of exposure to multiple life stresses and cumulative risk is far greater than for parents of non-Aboriginal children. It is estimated that in Western Australia, more than one in five Aboriginal children live in families in which 7-14 life stress events have occurred in a 12 month period, and that the average number of life stress events experienced by carers of Aboriginal children is more than three times that experienced by carers of non-Aboriginal children — 3.9 compared with 1.2 life stressors, respectively.²⁰⁶ The Inquiry heard that this includes the ongoing exposure of children, young people and their families to a great deal of loss and grief in their communities.

One other thing to consider is this community has between 20 and 30 deaths a year. If you put that into your own home town or city area, if you had all your extended family living together in one place and you were dealing with that number of deaths - this community is going through a constant cycle of grief; we have had two funerals this week. When we are looking at why the community behaves in the way it does, why the priorities are as they are, or are not as they should be, I think we need to consider grief as a really big factor. I often try to put it into my own family situation and think how I would cope if I was dealing with 20 or 30 deaths of close relatives or slightly extended family every year. I do not think I would have health and education as a priority. It is something to have in the background. I do not think we recognise that enough.²⁰⁷

202 Australian Bureau of Statistics, 2009, 'National Aboriginal and Torres Strait Islander Social Survey, 2008', <http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/4714.0/>.

203 Submission: Save the Children.

204 Australian Bureau of Statistics, 'National Aboriginal and Torres Strait Islander Social Survey, 2008'.

205 O'Connell et al., *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*.

206 S Silburn et al., 2006, *The Western Australian Aboriginal child health survey: Strengthening the capacity of Aboriginal children, families and communities*, Curtin University of Technology and Telethon Institute for Child Health Research, Perth.

207 Hearing: Witness 59.

The Inquiry also heard of the trauma experienced by parents and their children in the Northern Territory.²⁰⁸ This includes:

Limited understanding of the negative affects of trauma on attachment,²⁰⁹ most obviously, children's removal from the community.²¹⁰ This includes poor appreciation and acknowledgement of how trauma and removal negatively affects both the children and other family and community members.²¹¹

The effects of colonisation and the impact of past policies and practices on Aboriginal people are well known. The ongoing pervasiveness of loss and grief within the Aboriginal community, and its impact on the young, is often taken for granted and yet it creates an environment where a high degree of trauma is the norm.

The importance of trauma informed theoretical frameworks and their active application are known and have been espoused by the Aboriginal community as a key approach to promote healing within the Aboriginal community. Trauma informed approaches are now widely accepted across Australia in the child and family welfare sector based on evidence based knowledge of the impact of abuse, disassociation, relationship disruption and dislocation.

Parental substance abuse is associated with children having a greater likelihood of abuse and neglect and poorer trajectories within the child protection system. Child abuse and neglect is more likely to be renotified and children more likely to enter care when a parent has a substance use problem.²¹² The Inquiry was told of the excessive and endemic use of substances across the Northern Territory.²¹³ The same could be said for the practice of gambling.²¹⁴ Submissions highlighted the negative impact of substance use on the developing foetus,²¹⁵ on the ability of the parents to parent, supervise, care for and protect their children,²¹⁶ and learn to care for and protect their children.²¹⁷

The Inquiry heard about children arriving at school having witnessed assaults and violence, coming from overcrowded houses where, despite restrictions on alcohol consumption, the drinking in homes was keeping the children awake and anxious about their own and other's safety.²¹⁸

At several of the community meetings, the Inquiry heard of the difficulties in parenting experienced by young parents, and the burden that fell to grandparents when young people did not take responsibility for their children. There are higher rates of teen

208 Submissions: CAAFLUAC, Tangentyere Council and Jane Vadivelloo.

209 Submission: Confidential.

210 Submission: Congress and NAAJA.

211 Submission: Roger and Kathleen Wileman.

212 F Wulczyn, 2009, 'Epidemiological perspectives on maltreatment prevention', *The Future of Children*, vol. 19, no. 2, pp.39-66.

213 Submissions: AMSANT, Central Australian Aboriginal Congress, Dr Clare MacVicar, NTFC worker, NTCOSS and NT Police.

214 Submissions: NTFC Darwin Remote Office, Dr Clare MacVicar and NT Police.

215 Submission: Central Australian Aboriginal Congress.

216 Submissions: Confidential, Confidential, The Forster Foundation for Drug Rehabilitation Inc. (Banyan House), Jacqueline Hingston, Save the Children and Patricia Shadforth.

217 Submission: Confidential.

218 Submission: Confidential.

pregnancy in the Northern Territory than in other parts of Australia: in 2008, the rate of babies per 1000 women aged 15-19 years was 52.2 in the Northern Territory compared with the national rate of 17.3.²¹⁹ Seventy-five percent of the 400 babies born to teenage women in the Northern Territory are born to Aboriginal women.²²⁰ Early pregnancy can be considered a risk factor as young parents may be relatively inexperienced in care-giving – although many young people in the Northern Territory may have been care-givers for their own siblings or extended family members – and young people are simultaneously navigating adolescence and parenthood. Young parenthood can potentially interrupt or prevent engagement in education and employment, which are protective factors for child wellbeing.

Young people may also be in less stable relationships and rather than childrearing becoming a shared activity, a sole parent or grandparent may be left with the bulk of parenting responsibilities. This places a great deal of strain on carers. Protective factors for child wellbeing include delaying pregnancy until after adolescence and spacing between births.²²¹ There are also difficulties due to current housing situation and of the service systems capacity to work one on one with young vulnerable or at risk mothers/parents in their home environment on their parenting if they are living with others with a range of complex issues.

Child-related factors

Certain stages of child development are associated with increased rates of reports of child abuse and neglect. In the Northern Territory, the highest rate of substantiations of child abuse and neglect are for infants less than one year old – a rate of 31.6 per 1000 children compared with rates of 16.4 and lower for other age groups.²²² Infants are highly dependent and bringing home a new baby can increase stress in the family, with parents having difficulties coping with the demands of parenting a baby. While it is important to provide supports for families early in the life of children, research from South Australia cautions against solely focusing child protection efforts in the early years.²²³ The cumulative percentage of children notified to child protection services in South Australia increased steadily each year until the age of 16 in a cohort of children and young people born in 1991. This emphasises the need to provide support across the life-course for children, young people and their families as each developmental stage presents new challenges.

The Inquiry was also made aware of children who may be in the care of several relatives or community members because of parental incarceration or death and who are receiving less than optimal care and nurturing because they don't fully belong to the households in which they are living. The vulnerable groups of children are described in more detail in Chapter 7 in the section on Drifting Children.

219 Australian Bureau of Statistics, 2009, *Births Australia 2008*, cat. no. 3301.0, Australian Bureau of Statistics, Canberra.

220 *ibid.*

221 J Barnes et al., undated, *Nurse-family partnership programme: First year pilot sites implementation in England - pregnancy and the post-partum period*, Institute for the Study of Children, Families and Social Issues, University of London, Birbeck, UK.

222 Australian Institute of Health and Welfare, 2010, *Child protection Australia 2008-09*, Child welfare series no. 47. Cat. no. CWS 35, AIHW, Canberra.

223 C Hirte et al., 2008, *Contact with the South Australian child protection system: A statistical analysis of longitudinal child protection data*, Government of South Australia, Department for Families and Communities, Adelaide.

Lack of connection to culture and an inability for children and young people to participate in ceremonies and rituals together with a lack of access to cultural practices, beliefs and values are additional risk factors for Aboriginal children and young people and have significant impact on achieving a successful transition to adolescence.

Another area of concern regarding children's wellbeing relates to children with complex medical needs and children with disabilities. The issues raised to the Inquiry included the extent to which children's complex health and medical needs create unusual demands and add stress to families' lives;²²⁴ and a perceived lack of understanding of and support for children's disabilities and medical needs, in particular the higher potential for children with disabilities and complex medical needs experiencing child maltreatment.²²⁵ Also, children who have been exposed to harmful behaviours by their parents – for example, excessive alcohol consumption in pregnancy – are likely to be born with higher care needs.

The impacts of risk and protective factors on parenting

The critical element in parenting is adaptability²²⁶ – that is, being able to meet the child's needs at any one point in time.²²⁷ Adaptability requires being able to pick up and accurately interpret a child or young person's signals,²²⁸ responsiveness to be able to continually change and adjust parenting in response to children's behaviour and, flexibility in having a broad range of parenting responses to choose from. Aspects of adaptability are gained through direct experience – parents learn to parent in the moment as well as from experiences of looking after other children which provides a chance to gain skills and insights into parenting – interactions with others, and opportunities to learn from modelling – being exposed to a wide range of parenting behaviours gives parents choice in their responses and the chance to see them in action, being able to talk to others can identify different strategies that may be appropriate in different situations – and from a range of other information sources, for example, books and the internet provide advice and examples that may suit the parent and child in their context. Parenting adaptability can be supported by protective factors and compromised by the risk factors described in the previous section.

Parents who are overly stressed, inexperienced, ill-informed, pre-occupied or isolated may provide care giving that is characterised by a lack of nurturing, unpredictability, fear and threat.²²⁹ This may result from failure to develop adaptability in parenting because of lack of exposure to and supports for effective models of nurturance and care or, because highly stressful and chaotic environments interfere with a parent's ability to be perceptive, responsive and flexible in their approach.²³⁰

Risk factors are thought to influence care giving in five core domains. These are thought to be common across all maltreatment types, such as physical abuse, neglect, emotional abuse and, to a lesser extent, child sexual abuse:

224 Submissions: Rosalie Howard and Residential School.

225 Submissions: Rosalie Howard and Tangentyere Council.

226 For more detail on parenting adaptability and parenting as a learning process, see Appendix B of the Parenting Information Project Main Report, Centre for Community Child Health, 2004, *Parenting information project - Volume one: Main report*, Commonwealth of Australia, Canberra.

227 *ibid.*

228 Also known as perceptiveness or attunement.

229 B Perry, 2004, 'Maltreatment and the developing child: How early childhood experience shapes child and culture', *The Margaret McCain Lecture Series*.

230 Centre for Community Child Health, *Parenting information project - Volume one: Main report*.

- social cognitive processing, for example, attributing hostile intent to children's behaviour, unreasonable expectations of children given their developmental stage, expectations of comfort and care from children rather than parents, and having a low sense of parental efficacy and control
- impulse control, for example, reacting to children's behaviour without adequate reflection on the purposes and potential consequences of the response; coupled with parental anger this may result in escalation of physical discipline to abuse
- parenting skills, for example, limited repertoire in the day to day care, discipline and monitoring of children; may include harsh or coercive techniques or overly permissive responses to children
- social skills, for example, limited and poor communication with others, inability to read social cues, insensitivity to the needs of others
- stress management, for example, elevated levels of emotional arousal in response to stressful situations and ineffective coping strategies.²³¹

Obviously, the more chaotic or fragile the family's environment, the more difficult it will be to raise children to be happy and healthy members of society. In very disadvantaged communities, the impacts of severe and pervasive risk factors at community levels are associated with the normalisation of risk to children, for example, sexualised problem behaviours between children, chronic neglect. Environments in which substance use and where gambling is prevalent will also impact on parental vigilance and supervision of children, can involve many strangers in the home, and can impact children's health and wellbeing through children's access to drugs, alcohol and drug paraphernalia.

In high poverty environments, parents may be unable to provide the basic necessities for children and poor overcrowded housing conditions can lead to increased care-giver stress and provide opportunities for child maltreatment that may not occur in other living situations, for example, children may be more likely to witness sexual acts or family violence among adults.

Children's early development depends on the health and well-being of their parents. Yet the daily experiences of a significant number of young children are burdened by untreated mental health problems in their families, recurrent exposure to family violence, and the psychological fallout of living in a demoralised and violent neighborhood. Circumstances characterised by multiple, interrelated, and cumulative risk factors impose particularly heavy developmental burdens during early childhood and are the most likely to incur substantial costs to both the individual and society in the future.²³²

Parents who themselves have a history of trauma and abuse may find it difficult to provide care and affection for their children. This may be because they have not experienced warm and responsive care giving and have not developed a broad repertoire of parenting skills making them unable to respond flexibly to their children's needs, and also because their own trauma history is being re-experienced in their care-giving role.²³³ Similarly,

231 Johnson & Ketring, 'The therapy alliance: A moderator in therapy outcome for families dealing with child abuse and neglect'.

232 National Research Council and Institute of Medicine, *From Neurons to Neighborhoods*, p.7.

233 K Lyons-Ruth & D Jacobvitz, 1999, 'Attachment disorganization: Unresolved loss, relational violence, and lapses in behavioral and attentional strategies.', in *Handbook of Attachment: Theory, Research, and Clinical Applications*, ed. J Cassidy & P Shaver, Guilford Press: New York.

parental mental health problems and unresolved grief and loss may mean that parents are not as emotionally available to their children as they may otherwise be, and disordered attributions and cognitions will influence parents' responses to their children.²³⁴ All of these factors may make it difficult for parents to acquire and implement effective parenting skills and to deal with stress and stressful situations.²³⁵

The impact of child maltreatment on children and young people

Child maltreatment and chaotic, impoverished care-giving are some of the most potent predictors of poor mental health and wellbeing.²³⁶ Barth et al²³⁷ have shown that poor developmental outcomes have been found, both for children who have substantiated child abuse and neglect reports and children for whom a report is made but abuse or neglect is not substantiated. This highlights the importance of services and supports for children in need, as well as for children at risk.

Virtually every aspect of early human development, from the brain's evolving circuitry to the child's capacity for empathy, is affected by the environments and experiences that are encountered in a cumulative fashion, beginning early in the prenatal period and extending throughout the early childhood years. The science of early development is also clear about the specific importance of parenting and of regular care-giving relationships more generally.²³⁸

The impact of trauma, violence and neglect on the developing child affects every dimension of a child's functioning – emotion regulation, behaviour, responses to stress, and interactions with others – and can lead to developmental delays which persist after the abuse and neglect.²³⁹ Children have different adaptive styles for responding to threats in their environment. Some children may display a hyperarousal response, characterised by defiance, resistance, aggression, hypervigilance, anxiety or panic whereas others will show a dissociative response including withdrawal from the outer world, appearing detached and numb. These responses, while adaptive in chaotic and unpredictable situations, are not suited to other environments, such as school or in the playground.

Relationships characterised by predictability, safety, security and warmth allow children to explore the world around them, meet new challenges and tolerate infrequent stressors.²⁴⁰ Children who are loved and have responsive care as a result of secure attachments with their caregivers are more likely to approach others with positive expectations and to be receptive to guidance and control.²⁴¹ In contrast, children who are subjected to chronic

234 *ibid.*

235 Johnson & Ketring, 'The therapy alliance: A moderator in therapy outcome for families dealing with child abuse and neglect'.

236 O'Connell et al., *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities.*

237 R Barth et al., 2008, *Developmental status and early intervention service needs of maltreated children*, US Department of Health and Human Services, Office of the Assistance Secretary for Planning and Evaluation, Washington, DC.

238 National Research Council and Institute of Medicine, *From Neurons to Neighborhoods*, p.6.

239 Barth et al., *Developmental status and early intervention service needs of maltreated children*; Jordan & Sketchley, 'A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants'.

240 National Scientific Council on the Developing Child, 2005, *Excessive stress disrupts the architecture of the developing brain*, Brandeis University, Waltham, MA.

241 S Silburn & R Walker, 2008, *Community Learning for Parenthood*, Australian Research Alliance for Children and Youth, West Perth.

maltreatment can still develop strong attachment to a primary caregiver even when that person subjects them to abuse or neglect but the attachment pattern, rather than being secure, is characterised by anxious, insecure or disorganised attachment.²⁴² These children in high stress environments with insecure or disorganised attachments have higher levels of stress hormone production.

Understanding how early experiences influence the developing brain and thereby influence the development of emotional and behavioural functioning highlights avenues for early intervention. Childhood maltreatment and exposure to toxic²⁴³ levels of stress associated with being in chaotic, uncontrollable circumstances can impair the connection of brain circuits, in some cases, leading to the development of a smaller brain which can, in turn lead to over reactivity to stressful experiences. Similarly, severe environmental deprivation, such as chronic neglect and the resultant under stimulation of children, impedes neural development and subsequently impairs cognition, emotional functioning, physical growth and attention.²⁴⁴

Excessive production of stress hormones, such as cortisol, can also suppress the body's immune response which leaves the individual vulnerable to a number of health problems.²⁴⁵ Research has shown an association between child abuse and chronic adult health conditions including heart disease, diabetes, arthritis, bronchitis/emphysema and more recently, cancer.²⁴⁶ Sustained excessive cortisol is said to impact on learning and memory capacity.²⁴⁷

The physical effects of maltreatment can also include physical health problems as a result of malnourishment and medical neglect, and brain damage and fractures from physical abuse including shaken baby syndrome.²⁴⁸ Child sexual abuse can result in sexually transmitted infections and pregnancy, either as a result of the abuse or from higher rates of sexual activity after the abuse. Child abuse and neglect also have far reaching cognitive and psychosocial effects including trauma and post traumatic stress disorder, learning and developmental problems including poor transition to school and early drop out, externalising behaviour problems including antisocial and risk taking behaviours including substance use, and criminal activity – particularly in cases of physical abuse, sexual abuse and witnessing domestic violence – and internalising behaviour problems and associated depression and anxiety – particularly in the case of neglect.²⁴⁹ Children

242 O'Connell et al., *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*.

243 'Toxic stress' refers to strong, frequent or prolonged activation of the body's stress management system. Stressful situations that are chronic, uncontrollable, and/or experienced without the child having access to support from caregiving adults tend to provoke these types of toxic stress responses National Scientific Council on the Developing Child, *Excessive stress disrupts the architecture of the developing brain*, p.1.

244 O'Connell et al., *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*.

245 E Fuller-Thomson & S Brennenstuhl, 2009, 'Making a link between childhood physical abuse and cancer: results from a regional representative survey', *Cancer*, vol. 115, no. 14, pp.3341-50; J Middlebrooks & N Audage, 2007, *The effects of childhood stress on health across the lifespan*, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Atlanta (GA).

246 Fuller-Thomson & Brennenstuhl, 'Making a link between childhood physical abuse and cancer: results from a regional representative survey'; Middlebrooks & Audage, *The effects of childhood stress on health across the lifespan*.

247 Middlebrooks & Audage, *The effects of childhood stress on health across the lifespan*.

248 A Lamont, 2010, *The effects of child abuse and neglect for children and adolescents*, NCPC Resource Sheet, Australian Institute of Family Studies, Melbourne.

249 M Haskett et al., 2006, 'Diversity in adjustment of maltreated children: Factors associated with resilient functioning', *Clinical Psychology Review*; Lamont, *The effects of child abuse and neglect for children and adolescents*.

and young people who have experienced abuse may experience homelessness as a direct result of parents having to flee family violence, or later in life as children leave out of home care or as adult survivors of abuse encounter difficulties in life.²⁵⁰

In extreme circumstances, child abuse and neglect can directly result in death, as well as placing young people at what has been estimated as double the risk of attempted suicide.²⁵¹ Victims of child sexual abuse, in particular, have been estimated to be at 18 times greater risk of suicide and, 49 times greater risk of fatal drug overdose than the general population.²⁵²

The prevention of child abuse and neglect and effective responses to it will have far-reaching downstream effects, for example, improved school retention, better mental health, reduced suicidality, improved future parenting, reduced drug and alcohol abuse, and better physical health. Early deprivation experiences can lead to long term impairments in social and emotional functioning, but this can be ameliorated if the child receives attentive and nurturing parenting while still young.²⁵³

Service components

It is important that a comprehensive system for protecting children and young people in the Northern Territory focuses on comprehensive and coordinated efforts which simultaneously include elements directed at communities, families and children. The Inquiry recognises that individualised programs while effective for individual children and families, at least in the short term, cannot be expected to overpower poverty and disadvantage in shaping a child's developmental outcome. Prevention programs for individuals and families are most beneficial when they are coordinated with explicit attempts to enhance competence, connections to others and contributions to community.²⁵⁴ In a coordinated system of care for children and their families, services are integrated with 'no wrong door' for children and their families, that is, services and supports can be accessed through health care settings, schools, and community based organisations.²⁵⁵

A comprehensive approach for promoting children's safety and wellbeing incorporates three areas of focus: the communities and neighbourhoods in which people live and which may confer high risk for abuse or neglect; the family environments in which children are raised including the parenting they experience and the quality of parent-child relationships, and other situations such as family violence, parental mental health and substance abuse which may directly or indirectly affect children; and of course, the children themselves.

250 Lamont, *The effects of child abuse and neglect for children and adolescents*.

251 *ibid.*

252 M Cutajar et al., 2010, 'Suicide and fatal drug overdose in child sexual abuse victims: a historical cohort study', *Medical Journal of Australia*, vol. 192, pp.184–87.

253 C Beckett et al., 2006, 'Do the Effects of Early Severe Deprivation on Cognition Persist Into Early Adolescence? Findings From the English and Romanian Adoptees Study', *Child Development*, vol. 77, no. 3, pp.696-711.

254 O'Connell et al., *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*.

255 *ibid.*

As we describe in Chapter 3 (and illustrate in Figure 6.1), prevention and response efforts are usually categorised into four different types:

- wellbeing promotion and universal/primary prevention which address the population at large
- selective prevention which targets groups or individuals with elevated risk to prevent problems from developing and where families need more assistance to provide them with appropriate referrals and supports
- indicated prevention which target individuals with early symptoms or behaviours
- treatment and maintenance designed to prevention the recurrence of harm or disability from harms already incurred.²⁵⁶

There are limitations to the categorisation of prevention and response strategies as there is likely to be overlap in the categories and the services and supports provided in each. What is most important here is not how the services and supports are labelled, but that child abuse and neglect can be prevented and responded to effectively, including cost-effectively.²⁵⁷ The latter two types of activities to prevent and respond to child abuse and neglect are discussed in more detail in subsequent chapters of this report.

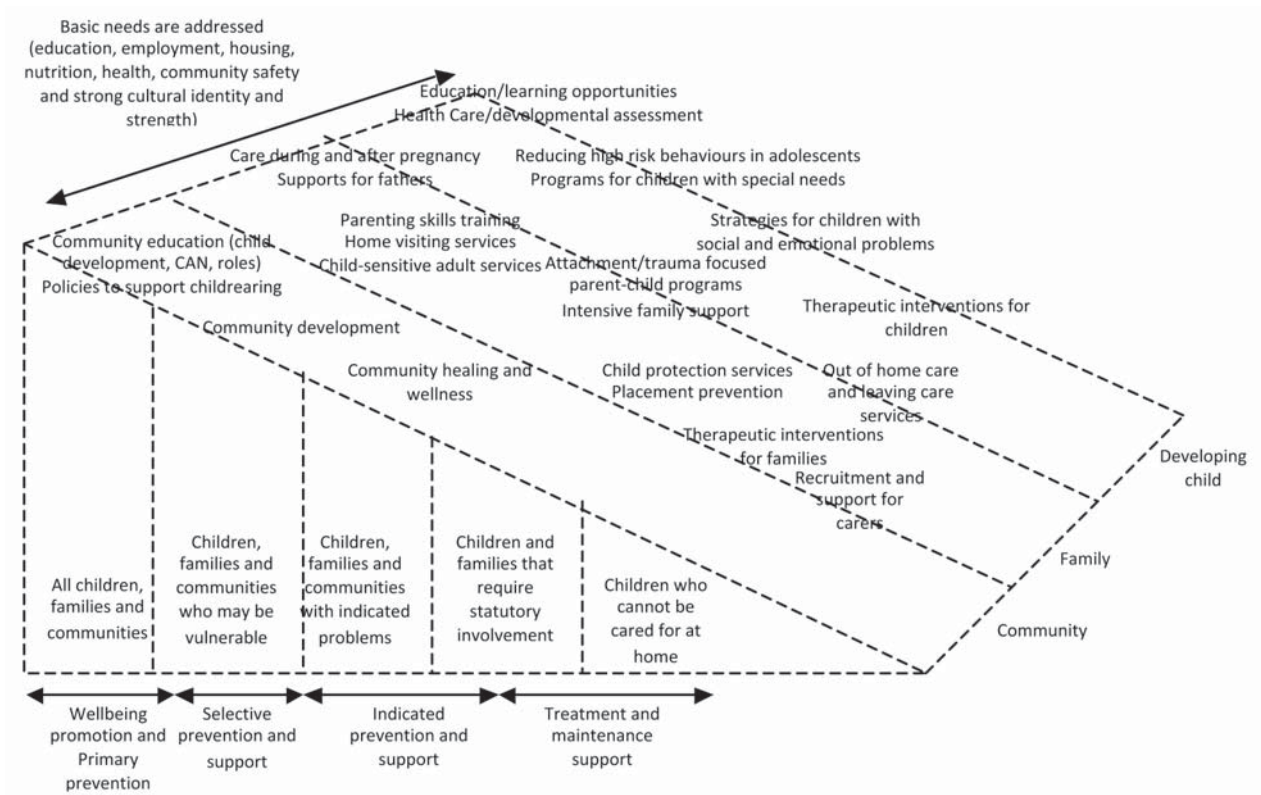
Prevention programs – broad programs and programs targeted to those ‘at risk’ – should be recognised as a continuum from prevention to tertiary services, rather than mutually exclusive entities.²⁵⁸

256 *ibid.*

257 See, S Lee et al., 2008, *Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington*, Washington State Institution for Public Policy, Washington; S Smallbone et al., 2008, *Preventing Child Sexual Abuse: Evidence, policy and practice*, Willan Publishing, Plymouth, UK.

258 Submission: Save the Children.

Figure 6.1. An Integrated Framework of services and supports for promoting child safety and wellbeing²⁵⁹



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.²⁶⁰

Preventive efforts may work in a number of ways:

- by altering the experience of the risk factor, for example, supporting coping strategies
- altering exposure to the risk factor, for example, decreasing financial stress and preventing community violence
- averting negative chain reactions, for example, breaking the cycle of insecure or disorganised attachment and children’s poor development
- strengthening protective factors, for example, promoting self efficacy and parenting skill, building social capital, and

259 F Arney & L Bromfield, 2010, ‘Beyond Inquiries and Interventions: Supporting the Protection of Children in the Northern Territory’, paper presented at the 2010 Australian College of Child and Family Protection Practitioners Conference, Canberra.

260 Submission: DHF.

- by providing turning points, for example, changing the total context and providing new opportunities for development.²⁶¹

In some cases, prevention and response efforts may target a specific type of abuse – for example, treatment services for children who have been sexually abused; feeding programs and home safety for children at risk of physical neglect – or they may target prominent risk and protective factors common to many types of abuse – for example, parent-child attachment, community safety, knowledge of child development, parental drug and alcohol use, parental mental illness, poverty, domestic violence.

The model presented in Figure 6.1 has been constructed around the prevention and response to all forms of abuse and neglect and therefore addresses the factors common across the different types of abuse and neglect.²⁶²

From crisis intervention to improved, universal prevention services as part of comprehensive primary health care and beyond...It has been clearly demonstrated that in the early childhood area there are programs that work better for people who are lower down the social hierarchy and have less and less, or even no impact as you get to the top. That is, for people who are poor, socially marginalised, have little control over their lives early childhood programs such as the Old's nurse led intensive home visitation, the Perry Pre-school program and the Chicago parenting program can make a big difference whereas for parents who are well off and with good levels of control over their lives these programs hardly have any effect. They therefore help to reverse the very social gradient that is the root cause of much preventable ill health in any population. These are also the types of services that will prevent the need for child protection services and promote healthy and safe family environments for children to grow up in. These services are very different to the vast bulk of health services which are more effective and give better outcomes to people who are already at the top of the social hierarchy. There needs to be a much greater investment in family support and early intervention services, as part of comprehensive primary health care in particular, that leaves child protection only dealing with the 'pointy end' of the spectrum.²⁶³

The following sections of this chapter use a developmental ecological lens to identify services and supports for children and young people that range from primary prevention, through to supports for children in families in which abuse has occurred.²⁶⁴ Possible interventions include prenatal care, and engagement of children and young people with education and child care, home visiting initiatives in the early years, parenting skills training and parent-child attachment based programs, community development and healing strategies and programs to address parental risk factors — for example,

261 O'Connell et al., *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*.

262 Smallbone et al., *Preventing Child Sexual Abuse: Evidence, policy and practice*, present an excellent summary of prevention strategies specifically for child sexual abuse.

263 Submission: Central Australian Aboriginal Congress.

264 Therapeutic services for children are covered in a later chapter. See also Appendices 6.1 and 6.2 for details of programs and services that are operating in communities around the Northern Territory and in Australia and overseas.

bereavement, parental mental illness, parental drug and alcohol — which share the goals of improving family functioning and creating nurturing environments.²⁶⁵

Although there is overlap, different goals and approaches which are considered targets for intervention and support include:

- parenting and family focused approaches - ensuring families are strong and connected and free from substance abuse, mental illness and violence, high quality accessible, family-centred treatment services for substance abuse and mental illness (support to families to strengthen parenting capacity including information and skills and providing respite; social networks and services attuned to child development and connected to specialty care; intensive family support services; building strong attachment through improved parent-child relationships and communication; addressing parental mental health, safety and wellbeing through providing child-sensitive adult-focused services)
- community focused approaches— ensuring communities and neighbourhoods are safe, stable and supportive and that vulnerable communities have a capacity to respond (for example, promoting strong community norms about the wellbeing of children and young people, helping communities to function well and support families within them, provide opportunities for participation and the development of social supports, services and supports target populations in communities with concentrated risk factors)
- child focused approaches - ensuring children and youth are nurtured, safe and engaged (early detection of and response to health, mental health and developmental concerns; high quality child care and schools support social and cognitive development; opportunities for youth to engage in civic and community life).²⁶⁶

Universal supports and services

Evidence-based social policies which recognise and support children and families

It is imperative that public policies align with what is known about the prevention of abuse and neglect and support the programs and practices that can promote wellbeing for children and families. For example, parental leave policies support parents to be with their children in the early months of life without fear of financial stress. Policies which discourage excessive alcohol consumption, particularly around children (e.g. ‘alcohol and children don’t mix’ campaigns) have the potential to reduce alcohol-related harms to children.

That the ‘Northern Territory Government develop a Child impact Analysis for all major policy and practice proposals across Government’ was Recommendation 4 of the Little Children are Sacred report.²⁶⁷ Similarly, the current Inquiry was told of the need for

265 Hawkins et al, 2005, in O’Connell et al., *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*; E Montalvo, 2008, ‘If you had \$5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?’, in *Preventing Child Abuse and Neglect in the United States*, ed. R Shaw & MR Kilburn, RAND Child Policy: Santa Monica, CA.

266 Adapted from L Schorr & V Marchand, 2007, *Pathway to the prevention of child abuse and neglect*, Project on Effective Interventions, Pathways Mapping Initiative.

267 Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, 2007, *Ampe Akelyernemane Meke Mekarle “Little Children are Sacred”*, report prepared by P Anderson & R Wild, Northern Territory Government, Darwin, p.22.

evidence-based social policies which align with the needs of families and children in the Northern Territory. Evidence-based social policies can support parenting and child wellbeing – for example, parental leave policies, ensuring the quality of and accessibility to early childcare environments, child friendly communities, child impact statements, alcohol management plans – by reducing stress on families and supporting the rights and development of children.²⁶⁸ The need for policies and preventive strategies developed through community consultation, research and reflection rather than ‘policy development by press release’ was highlighted.²⁶⁹

Policy development should be driven by family needs, ensuring healthy pregnancy, social inclusion, access to support for Indigenous and other disadvantaged children and families, and including those from culturally and linguistically diverse backgrounds.²⁷⁰

A Healthy and Safe Start to Life

High quality antenatal care provided within Primary Health Care is essential and will enable risk factors such as alcohol consumption, family violence and mental health issues to be addressed during the pregnancy. Child surveillance as part of child and maternal health programs enables children at risk to be detected early. Childhood surveillance will contribute to preventing abuse only if Aboriginal Controlled Health Services are resourced to provide effective and assertive case management to children detected as being at risk.²⁷¹

Submissions to the Inquiry highlighted the importance of high quality pre- and post-natal care and maternal child health services. Pregnancy and infancy are optimal times for the engagement of parents with supports and services because during this period, parents, and parents to be, may be keen to implement behaviour change, as well as it being a crucial in terms of the developing child.²⁷² During this time, engagement may focus on the need for healthy pregnancy, breastfeeding, screening and referral for mental health problems, and promoting attachment.

Services may not be equally available or equally accessed by those who need them most and there needs to be the identification of, and outreach for, families with greater needs – for example, perinatal screening for depression, drug and alcohol use and family violence can identify families who will need more supports.

As in other states and territories, high quality primary health care services, for example, maternal and child health services and Aboriginal community controlled services which serve whole populations, are a platform from which to identify families who may need extra supports. In the Northern Territory, there are opportunities to engage women and their partners during pregnancy and provide a lifelong continuum of support for children and their families.

268 J Li et al., 2008, ‘Modernity’s paradox and the structural determinants of child health and well-being’, *Health Sociology Review*, vol. 17, pp.64-77.

269 C Goddard & M Liddell, 1993, ‘Child abuse and the media: Victoria introduces mandatory reporting after an intensive media campaign’, *Children Australia*, vol. 18, no. 3, pp.23-27, p.24.

270 Li et al., ‘Modernity’s paradox and the structural determinants of child health and well-being’.

271 Submission: AMSANT.

272 Jordan & Sketchley, ‘A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants’.

Education and learning opportunities for children and young people

Provision of free high quality child care to families in high risk environments or where there is significant family dysfunction will mitigate effects of neglect on brain development and behaviour.²⁷³ Free child care should be provided in regional centres to families identified as requiring support by family support services. Child care and kindergarten services in remote communities should also be provided throughout the NT.²⁷⁴

High quality, developmentally informed early child care and education is a key component of positive development in children, particularly children from disadvantaged backgrounds.²⁷⁵ These services are frequently under-utilised by children at risk and are potentially powerful in building resilience and enriching experiences for children as well as providing respite for parents. High quality preschool environments for 3-4 year old children which include components for parents are effective at reducing child maltreatment and have shown to be cost-effective in a range of settings.²⁷⁶ High quality child care and learning environments are characterised by high staff-child ratios, well trained staff with contemporary understanding of child development, and adequate resources to facilitate learning and emotional development for children.²⁷⁷

The Inquiry recognises the difficulties in universal service provision to children and families over vast geographic distances, but this does not mean that standards of care should be compromised. Every attempt should be made by the Northern Territory Government so that early childhood education and care services meet the *National Quality Standard for Early Childhood Education and Care and School Age Care*.²⁷⁸

The integrated Children and Family Centres which are being constructed in five locations across the Northern Territory will also provide an opportunity for universal, high quality early childhood education, health and family services to be linked to more targeted supports for vulnerable and at risk families. Every avenue should be explored to see how these integrated centres can link with additional services and supports for these families. The Inquiry would like to have the integrated centres have a stronger focus on parenting programs, intensive family support with a particular focus on families of at risk and vulnerable children and young people.

273 National Research Council and Institute of Medicine, *From Neurons to Neighborhoods*.

274 Submission: AMSANT.

275 Jordan & Sketchley, 'A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants'.

276 Lee et al., *Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington*.

277 Li et al., 'Modernity's paradox and the structural determinants of child health and well-being'.

278 Department of Education, Employment and Workplace Relations (Cwth), 2010, *DEEWR website*. Australian Government, Canberra, http://www.deewr.gov.au/Earlychildhood/Policy_Agenda/Quality/Pages/home.aspx.

Recommendation 6.1

That the planning processes around the development of integrated children and family centres in remote areas specifically address the service delivery needs of vulnerable and at-risk children and families and promote collaborative practice amongst government and non-government service providers relating to these target groups.

Urgency: Immediate to less than 6 months

The Inquiry also heard that school attendance and school retention are continuing problems in the Northern Territory. According to Save the Children:

many children do not attend school from communities for complex reasons that incorporate the following:

- Lack of routine within the family home
- Parents don't value the education system
- Parents have had poor experiences of the education system themselves
- The system of education is difficult for Aboriginal families to negotiate and is frightening
- Schools don't have appropriate cultural awareness
- Poverty, lack of ability to provide lunch and other appropriate equipment, shame due to family circumstances
- Learning within Aboriginal culture is undertaken in vastly different ways to the broader community and there is often a mismatch for children when they encounter broader systems
- Complex family and community environments that include family and community violence
- Low literacy and numeracy skills amongst families and children increasing shame and inability to participate in the broader society.²⁷⁹

The importance of a successful transition to school and the transition from schooling to university, further training or employment will secure the futures of young people in the Northern Territory.

The Inquiry heard of the Birth To Jobs initiative of the Department of Education and Training which recognises that the preparation for education and learning begins at birth. Significant efforts still need to be made to enhance the transition to school and the retention of students in schooling in the Northern Territory. This includes the development of a process whereby children can be attracted to the education system and view it as a safe and positive experience.²⁸⁰ Similar to the SEAM (Improving School Enrolment and Attendance through Welfare Reform Measure) initiative which is being trialled in six locations in the Northern Territory and which links school non-attendance to supports and ultimately income management, one submission detailed:

279 Submission: Save the Children.

280 Submission: DET and Patricia Shadforth.

as a last resort...non criminal consequences... are applied to parents who do not send their children to school where it is clear that quality schools are available with adequate teacher numbers and class sizes for their children to attend. Such powers would only be used after the whole range of targeted family support and alcohol treatment services where needed, have been tried and failed due to lack of engagement...This should be done in a manner that rewards improved school attendance with a reduction in these measures over time...This should be introduced as a well evaluated trial over 2 years and only kept in place if there is evidence for its effectiveness.²⁸¹

A number of Aboriginal parents and grandparents in communities spoke to the Inquiry of their difficulties in getting children to school. Some believed with the introduction of the Northern Territory Emergency Response and its focus on abuse of children that any form of discipline would mean that children would be removed. The Inquiry believes that it is important that parenting education on appropriate discipline and boundary setting be delivered in communities.

Community education and awareness

The 'Little Children are Sacred' report made recommendations for community engagement and education regarding mandatory reporting, parenting education and support, the roles of Aboriginal men and women, personal safety and sexual health and the value of schooling.²⁸² Despite significant efforts made by a range of initiatives in this area, before and since the report — for example, NAPCAN, Safe Kids, Strong Futures, Keep Them Safe NT, MOS Plus, AEDI community sessions, Child Abuse Taskforce, community engagement and awareness — the current Inquiry received a number of submissions that suggested there is still a perceived need for community education strategies.

A number of submissions spoke of the poor understanding in the community regarding the role and responsibilities that everyone has in relation to children's safety and wellbeing.²⁸³

People need to understand that people trying to protect the next generation by disclosing are pulling the community back together not ripping them apart.²⁸⁴

Developing community education and awareness was seen as key to engaging with communities in child protection and abuse prevention activities and promoting children's safety and wellbeing.²⁸⁵ This includes, where necessary, developing people's understanding of issues relating to matters such as acceptable parenting practices, child abuse and neglect, the role of child protection, other services and communities in child abuse prevention and response, and mandatory reporting requirements.²⁸⁶ Submissions indicated that such education should include 'both-ways' listening and understanding,

281 Submission: Central Australian Aboriginal Congress.

282 Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, *Ampe Akelyernemane Meke Mekarle "Little Children are Sacred"*.

283 Submission: CAAFLUAC and NTFC Darwin Remote Office.

284 Quote from male regional practitioner in D Bessarab & F Crawford, 2010, 'Aboriginal practitioners speak out: Contextualising child protection interventions', *Australian Social Work*, vol. 63, no. 2, pp.179-93, p.183.

285 Submission: CAAFLUAC.

286 Submission: NTFC Darwin Remote Office.

and providing training for local people in this work.²⁸⁷ For example, at the Yirrkala information session, one participant described this mutual education process and the importance of working together - 'You've got a toolbox and I've got a toolbox – let's share'.

I think the community need to work in with this also – the Indigenous community. There are programs and things which are set up around town. That is another thing; that should be working also, all these programs - sexual education programs, all types of programs. That is where the breakdown is too. These programs are put in place to actually help people better their lives, but whether they are working or not is another thing. So, that is a bit of a problem too, but it is all about community and working together to identify the problems.²⁸⁸

Of key importance for the promotion of child safety and wellbeing, is increasing access of the community to contemporary knowledge and understandings around child development and the importance of the early years for subsequent child health, learning and behaviour.²⁸⁹ For Aboriginal communities it is important that contemporary knowledge and understandings build on Aboriginal child rearing practices and see these as a positive key element.

Community education should include the key principles of brain development and the impacts of traumatic experiences on children and young people, child development including social and emotional development, and positive care-giving.²⁹⁰ Social marketing is one approach used to communicate information to populations to change behaviour regarding a social issue (see Box 6-1).

However work needs to be done to engage Aboriginal communities as current mechanisms of social marketing exclude Aboriginal people.

287 Submission: Rosalie Howard.

288 Hearing: Witness 25.

289 Silburn & Walker, *Community Learning for Parenthood*.

290 Jordan & Sketchley, 'A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants'; Perry, 'Maltreatment and the developing child: How early childhood experience shapes child and culture'.

Box 6-1 Social Marketing

At a universal level, work in the fields of social marketing and health promotion holds promise regarding the use of mass media and other population-based strategies in promoting healthful behaviours over harmful practices. Social marketing is the application of marketing techniques to social problems and includes mass media strategies (e.g., television, radio, newspapers, the internet, posters, information kits and brochures) and localised messages and activities (such as community education) to change the behaviour of community members.²⁹¹ Social marketing starts with identifying the needs, wants, values and perceptions of the target group - market research is essential to designing, pre-testing and evaluating intervention programs. It recognises that there will need to be different strategies for different target groups and utilises marketing techniques to encourage the adoption of new behaviours. These behaviours might include reporting child abuse and neglect, supporting the development of children through play and healthy parenting practices, child safety, nutrition and education, providing support to families and children in the neighbourhood, encouraging help seeking for parenting concerns, etc.²⁹²

It is important to recognise what social marketing may and may not be able to achieve. There is evidence that social marketing approaches are limited in their ability to achieve behaviour change for complex or entrenched behaviours, but are more likely to succeed in raising awareness of an issue, changing attitudes and social norms, modelling appropriate and inappropriate behaviour, increasing the awareness of the target audience with respect to their own behaviour and encouraging people to take simple actions or seek help for a problem.²⁹³ Media prevention needs to provide information about the problem, what can be done to change it and about prevention. Because complex behaviour change requires direct contact with individuals and different strategies than awareness raising or attitudinal change, social marketing approaches cannot be used in isolation but must be part of a suite of integrated activities. It is also important to recognise that increasing public awareness leads to increased demands for responses from services. Services must be established before an awareness campaign is run that might encourage disclosure or prompt people to seek help.²⁹⁴ It is imperative that community education strategies must be linked to resources for assessment and service provision. Raising people's awareness of an issue can be counter-productive if supports are not available for them to access.

Social marketing has included providing general information and education about parenting, child health and development —Northern Territory Parentline, and the Raising Children Network website, the NAPCAN Children See, Children Do campaign — as well as education strategies about specific topics including soothing infants, alcohol in pregnancy, preventing shaken baby syndrome, getting support for family violence and encouraging breastfeeding.

291 D Thomas et al., 2003, 'Maltreatment incidence, impact and existing models of prevention', <http://www.childwelfare.gov/preventing/programs/whatworks/report/emerging.cfm>.

292 B Saunders & C Goddard, 2002, 'The role of mass media in facilitating community education and child abuse prevention strategies', *National Child Protection Clearinghouse Issues Paper*, vol. 16; Thomas et al., 'Maltreatment incidence, impact and existing models of prevention'.

293 Saunders & Goddard, 'The role of mass media in facilitating community education and child abuse prevention strategies'.

294 *ibid.*

The Inquiry recognises the need for current community education efforts to be evaluated and to be more coordinated and targeted to the needs of communities, as well as being a platform from which community and external supports can be activated. For example, community education activities might identify the need for community healing or parenting skills approaches which could be provided from a system of care and protection for children and their families. While this is likely to be done informally at present, a more structured community-focused approach could more effectively target these resources.

Supporting men in their parenting roles

Many people I went to...said they are designed mainly to help the woman because they are the one stuck with the kids. I said: 'Is there any support for single dads?' and they said there was none.²⁹⁵

The Inquiry has heard of the humiliation and marginalisation of men in communities prescribed under the Northern Territory Emergency Response, who felt they were seen by the outside world as paedophiles and child abusers. The palpable hurt of these men who saw the outside world as believing they were harming their children, when their role has been one of protectors, teachers and nurturers was evident²⁹⁶.

The Inquiry received a number of submissions regarding the importance of supporting men in their care-giving roles with children. Effectively supporting fathers in the lives of their children provides children with role models and helps parents to share responsibility, knowledge and tasks in parenting.²⁹⁷

In a focus on healing what we need to do is work with the men as well. We need to heal the men. If we only look at the one (women) that holds it together it doesn't work.²⁹⁸

There are a number of reasons why men may be marginalised in family support and child welfare services, including the design of services – services which operate only during business hours may miss opportunities to connect with fathers, services may not have male staff, negative images of men may be the only images of fathers seen in service delivery, for example, posters about reporting domestic violence and the perceived relevance and suitability of services and supports for men – the very name of maternal and child health services and mothers and babies groups indicates to men that they are not part of the target group of the services, even though they may wish to be key supports for their partners and children. Men may also perceive that it is not part of their role or they are fearful about being involved with the nurture and care of their children – and, in some cases men may be seen as posing a risk (real or perceived) to their children and partners.²⁹⁹

295 Hearing: Witness 61.

296 Tennant Creek public forum.

297 Montalvo, 'If you had \$5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?'

298 Quote from female regional practitioner in Bessarab & Crawford, 'Aboriginal practitioners speak out: Contextualising child protection interventions', p.186.

299 B Daniel & J Taylor, 2005, 'Do they care? The role of fathers in cases of child neglect', in *Child Neglect: Practice Issues for Health and Social Care*, ed. J Taylor & B Daniel, Jessica Kingsley Publishers: London; R Fletcher, 2010, 'Including fathers in work with vulnerable families', in *Working with Vulnerable Families: A Partnership Approach*, ed. F Arney & D Scott, Cambridge University Press: Melbourne.

‘Such a focus reinforces the view of the mother as solely responsible for the care, protection and nurture of the child ... [and]... effectively cuts fathers out of the picture. Fathers who are abusive or neglectful are not required to take responsibility for their actions in the way that mothers are and caring fathers are neither recognised nor supported.’³⁰⁰ Caring and supported fathers can play a significant role in the wellbeing of their children, even if they are not living in the same household.³⁰¹

Empower Aboriginal men. They are the lost warriors. The role of men is changing in the 20th and 21st century world for us white guys, but for Indigenous men the change is cataclysmic. I do not profess to be talking for Aboriginal men, but I just wonder if they feel so disenfranchised and unempowered that they do not care any more. I think that they would be more predisposed to feel like they have a sense of custodianship for their friends, and as their personal power increases, for their community. So yes, it has to start. If you are powerless, you cannot pick up the bat for someone else. You have to feel strong in yourself, and then you can affect some sort of positive change. So, to me, empowered Indigenous men on communities with realisable achievable goals and all that sort of stuff, would be a force for good within the confines of the smaller community, and that good vibe, if I could put it that way, would move out into the larger community.³⁰²

Supporting men through groups in the community and targeted programs where needed is essential given the critical role of men in the lives of children. The inquiry supports the development and expansion of programs which engage men in their roles as fathers, uncles and grandfathers or as fathers to be can identify and respond to the unique challenges men face in parenting and the ‘particular shame that men are socialised to feel when they struggle to provide for their family’.³⁰³ This should include opportunities for fathers to bond and play with their children, and to make their experiences with their children positive. Engaging men during and after pregnancy in the safe and positive care of their partners and their children is especially important for building attachment to the baby and is protective against many forms of child abuse and neglect. Therapeutic support is also needed for men who have been violent in their relationships with their partners and children. Such behaviour change programs could be provided either through men’s Safe Places or other community settings including primary health care. The Inquiry notes a number of resources for supporting fathers and men in their parenting roles.³⁰⁴

Community development and capacity building

Capacity building is defined in numerous ways in the peer-reviewed literature. In broad terms, ‘A capacity building approach to development involves identifying... appropriate vehicles through which to strengthen [the] ability to overcome the causes of exclusion and suffering.’³⁰⁵ Verity describes an intrinsic feature of most descriptions of community development and capacity building being the notion of community participation, and also writes in her review:

300 Daniel & Taylor, ‘The role of fathers in cases of child neglect’, p.264.

301 *ibid.*

302 Hearing: Witness 30.

303 Montalvo, ‘If you had \$5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?’, p.31.

304 See Appendix 6.2.

305 D Eade, 1907, *Capacity-building: An approach to people-centred development*, Oxfam UK & Ireland Oxford.

Other notions also feature in definitions and these, in varying ways, might touch upon leadership, social realms, individual drives and actions, organisational and system change, and community building processes. Some authors explicitly relate community capacity to social capital literature and concepts. A range of values and ideas on social issues, power, resources and change, in turn, inform meanings given to these concepts.³⁰⁶

Regardless of the favoured definition and conceptual framework for community development and capacity building, there appears to be broad agreement that some mechanism of enabling is required to assist remote communities in the Northern Territory to improve the safety and wellbeing for their children.

The Inquiry has discussed the opportunities to offer courses and training on remote communities leading to certificated child care qualifications. This will not only lead to employment opportunities for those attaining the qualification, but will also result in a higher level of informal child care and parenting by those undertaking such training. The Northern Territory has a number of organisations already delivering innovative training programs, and this is one for consideration.

Non Government Organisations (NGOs)

NGOs are an important part of the service delivery sector currently underutilised. There are several NGOs in the Northern Territory operating on remote communities on a fly-in, fly-out basis which does not suit their usual way of doing business. They can do more than they do currently, but need resources, encouragement and some degree of coordination so that each can contribute most effectively. NGOs can tap into resources and expertise from a wider base of experience than government, are generally more responsive, and some have considerably greater expertise in capacity building, a knowledge and skill base desperately needed.

Chapter 4 discusses the importance of establishing an Aboriginal controlled NGO sector in the Northern Territory's child safety and wellbeing arena. This is urgent, as their contribution particularly for children in urban areas is needed as soon as possible.

NGOs have a role in child safety and wellbeing across the Northern Territory as service providers, members of child safety and wellbeing teams, and as advocates. It is likely they can play a capacity building role in remote communities with greater agility than can government agencies.

NGOs in other regions are used to operating with a focus on building the capacity of local community members to replace, in time, the role of non-local. In remote Northern Territory communities such an approach would be useful.

306 F Verity, 2007, *Community Capacity Building: A review of the literature*, Department of Health, South Australia, Adelaide.

Secondary and tertiary targeted services and supports for children, families and communities

There needs to be an increase in the scope of targeted support services to at risk populations including vulnerable children, young people and families who are likely to be characterised by:

- multiple risk factors and long term chronic needs, meaning that children are at high risk of developmental deficits
- children, young people and families at high risk of long term involvement in specialist secondary services such as alcohol and drugs, mental health, family violence and homelessness services, and Child Protection
- cycles of disadvantage and poverty resulting in chronic neglect and cumulative harm
- single/definable risk factors that need an individualised, specialised response to ameliorate their circumstances
- single/definable risk factors that may need specialised one-off, short term, or episodic assistance to prevent or minimise the escalation of risk.³⁰⁷

In this section, more targeted supports and services are explored. The Inquiry notes that while these efforts are more targeted many can be delivered from universal platforms of service, with greater intensity for disadvantaged families and children (proportionate universalism).³⁰⁸ Also, due to the significant social disadvantage experienced by many in the Northern Territory, many of these services and supports will also be 'universal'. in the sense that they are applied to an entire subgroup of the population (e.g., the Olds' Nurse Partnership home visiting program in Alice Springs which is available to all women pregnant with an Aboriginal child who present before 28 weeks gestation) or are designed for everyone in an entire community, for example, community development and community healing programs. It is important that families are engaged with services as and when they need them; there are potential high social and economic costs if problems worsen because families feel they cannot or should not access support.

from a human rights perspective, all children have the right to experience the conditions for optimal health, growth and development, and society has an obligation to ensure that parents have the necessary resources to raise children.³⁰⁹

Assertive outreach will be needed from universal services to engage families who have multiple and complex needs. These families will be less likely to approach services for assistance because of previous negative experiences, social isolation or a fear that their children may be removed.³¹⁰ Rather than thinking of clients as 'hard to reach',

307 Submission: Central Australian Aboriginal Congress.

308 M Marmot, 2010, *Fair Society, Healthy Lives. The Marmot Review. Strategic Review of Health Inequalities in England Post-2010*, The Marmot Review, London.

309 Reading et al, 2008 in Jordan & Sketchley, 'A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants'.

310 Centre for Community Child Health, 2010, *Engaging Marginalised and Vulnerable Families*, Policy Brief 18, Centre for Community Child Health, Melbourne.

some services can be conceptualised as ‘hard to reach out’.³¹¹ The Inquiry noted several examples in the Northern Territory of universal services such as schools and child care centres running playgroups for vulnerable families in remote areas such as Mutitjulu and Ramingining, which were doing exceptional work.

Parenting and family support approaches

The lack of appropriate family support mechanisms for families is now critical in the Territory. We know that family support is essential to building strong families, preventing child protection issues and assisting families to build their own responses to issues that impair the safety of their children. Save the Children’s research report on Family Support for marginalised families ‘No Empty Promises’ 2008 emphasised the following:

‘There are many reasons that families refrain from working with a professional in the community. However, FSW’s rarely found a person who lacked motivation for change or in denial, negative responses were seen in the context of fear for families. When a relationship is respectfully established fear could be sidelined and even drug use and violence is openly discussed. The development of a relationship became the crucial factor that determined the engagement in conversations or actions that made a difference to them and their children.’³¹²

The Inquiry heard of the gap that exists in many areas of the Northern Territory in the family and parenting support sector. In many cases there was seen to be no services or supports available between universal services, such as health clinics and schools, and child protection services. Where services and supports did exist there was a sense that they were driven by the needs of the service or the funding body rather than the needs of families, or where they were meeting a need in the community they were limited by the absence of adequate or long-term funding.³¹³

The Inquiry strongly recommends that family support services be focused on achieving change for their clients – changes in their client’s behaviour and changes in their client’s circumstances. This involves the identification of family goals and strategies which are based on outcomes, as well as the service being accountable for achieving those outcomes for families and children.

Any Family Support or Parenting Services that are established in remote communities need to be able to actively reach out and assist families to connect with them....Ideally local people in the community need to be involved in identifying their own parenting needs and provide their own ideas for how these needs can be effectively met.³¹⁴

311 J Hoffman-Ekstein, 2007, *Pathways to community participation*, Australian Research Alliance for Children and Youth, West Perth.

312 Submission: Save the Children.

313 See later in this chapter about service fragmentation.

314 Submission: NTFC Darwin Remote Office.

Studies have shown vulnerable families may often regard services as not being timely, not being informative, not respecting the parent's expertise and as addressing the needs of the service rather than the needs of the family.³¹⁵ Barriers to families engaging with services include structural barriers, such as access, affordability, availability and relevance of services, family level barriers, including lack of transport, homelessness, family stress and relational barriers, such as insensitive or judgemental behaviour from staff, lack of cultural competence, a focus on deficits rather than strengths and for families a fear of or misperception of services or poor previous experiences.³¹⁶

Key service characteristics of family-centred support services which successfully deliver services to families include a focus on factors such as:

- The quality of the relationship between the parent and the service provider, including flexibility, respectfulness and honesty
- Achieving positive change for the family and recognising, enhancing and utilising the assets and strengths of families and communities
- Establishing shared decision making and implementing strategies to eliminate barriers to people participating in policy, program and service development
- Cultural competence
- Non-stigmatising environments and programs including a local base and programs which are responsive to local needs
- Minimising practical or structural barriers to services
- Providing practical supports such as respite and crisis care
- Mobilising formal and informal sources of supports
- Providing crisis help prior to other intervention aims
- Assertive outreach to families
- Various entry points to the system – 'no wrong door' including warm referrals in which practitioners contact referral agencies on behalf of their clients
- Strong links between different services, particularly as families with complex needs are likely to be involved with more than one service
- Flexibility in service design
- Clarity of roles and responsibilities
- Using a care team approach
- Providing wrap around services
- The use of critical elements of evidence-based programs and practices.³¹⁷

315 D Ghate, 2010, 'Supporting parents in the poorest communities: practice challenges and policy solutions', paper presented at the Association of Children's Welfare Agencies Conference 2010, Sydney.

316 Centre for Community Child Health, *Engaging Marginalised and Vulnerable Families*.

317 Adapted from *ibid*; D Daro & K Dodge, 2009, 'Creating community responsibility for child protection: Possibilities and challenges', *The Future of Children*, vol. 19, no. 2, pp.67-93; P Slee, 2006, *Families at risk: The effects of chronic and multiple disadvantage*, Shannon Research Press, Adelaide, p. ix. See the report developed by the New Jersey Task Force on Child Abuse and Neglect, 2003, *Standards for Prevention Programs: Building Success Through Family Support*, State of New Jersey, Department of Human Services. for an excellent resource on standards for prevention programs through family support.

Parenting support interventions in the field of child welfare operate under three assumptions: that, first, intervening with parents will improve parenting skills and capacities (e.g., by reducing stress and increasing efficacy), second, certain child outcomes will be improved, and, third, it can reduce the future risk of maltreatment.³¹⁸ Some models of intervention may focus more on the mass delivery of information about parenting and child development (universal programs), whereas other programs become progressively more targeted as the needs and complexities of families increase — selected and indicated programs. In the former category are parenting information and education initiatives and community education strategies discussed earlier. More targeted interventions include home visiting strategies, parent skills training, attachment based child and family supports, and intensive family support programs such as family preservation services.

Home visiting strategies

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 intervention ... 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.³¹⁹

The Inquiry heard of the success of family home visiting initiatives in Alice Springs, and other areas of Australia. For families who are considered vulnerable (e.g., first time parents, parents living in areas of high socio-economic disadvantage), some targeted home visiting services have been shown to be effective at enhancing parenting and child development, and in some cases in reducing child abuse and neglect, for example, the Olds’ Nurse Family Partnership and Project SafeCare. Although caution should be added that only some models, particularly those with specific components which address the key risk and protective factors and mechanisms involved in abuse and neglect have demonstrated such positive results³²⁰ and a benefit to cost ratio of at least 3:1, compared with other home visiting models in the order of 0.5:1.³²¹

Key components of effective home visiting programs have been identified. These include:

- early intervention
- intensive services over a sustained period
- development of a therapeutic relationship between the home visitor and parent
- careful observation of the home situation
- focus on parenting skills
- information about child development

318 Johnson & Ketring, ‘The therapy alliance: A moderator in therapy outcome for families dealing with child abuse and neglect’.

319 Submission: DHF.

320 For example, the Olds home visiting model, M Chaffin & B Friedrich, 2004, ‘Evidence-based treatments in child abuse and neglect’, *Children and Youth Services Review*, vol. 26, pp.1097-113.

321 Lee et al., *Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington*.

- child-centred services focusing on the needs of the child
- provision of 'concrete' services (e.g., health care, accommodation, health and developmental checks for children)
- case management
- inclusion of fathers in services
- ongoing review of family needs to determine frequency and intensity of services.³²²

Home-visiting services which recognise the expertise that parents, including young parents, bring to their parenting roles are particularly good at engaging Aboriginal mothers.³²³

In relation to maternal health and well being Indigenous people have a strong body of knowledge that is passed through the whole of life. It is uncommon for there not to be a pregnant woman, new born child or infant in a family. Children through to adult hood are afforded a rich learning ground from parents and grandparents. It is part of the social economy that all family members including children are part of the nurturing and care of a baby. By the time an Indigenous person is bearing a child, they have many years of experience in caring for and watching babies being cared for. Unlike many Western families who utilise child care services, family provides much of the care and support.³²⁴

Because of the number of risk factors experienced by families in which child abuse is likely to occur, they are unlikely to engage with or benefit from interventions which will benefit families with fewer risk factors unless strategies such as active outreach, preparation and potentially one on one therapy are involved.³²⁵ Incorporating cognitive elements in standard home visiting programs may enhance the prevention of child abuse and neglect.³²⁶

Parenting skills training and enhancing parent-child interaction

An excellent suggestion from the mother interviewed for this story was that having completed parenting programs she would have liked the opportunity to put what she had learnt into practice with some in-home support. The type of respite that she felt would have helped her and her son would have been someone to spend time with her in their home to model and show her how she could manage his behaviour better and keep her own emotions in check. As with all forms of learning if the learner does not put what they have been taught into practice soon after having completed classes what's been learnt is quickly forgotten. This isn't a function of someone's culture or life circumstances it is a feature of the human brain and how the new things we learn have to be put into practice in order to be retained. In her case a short-term in-home support intervention may have prevented the need for a long-term child protection intervention.³²⁷

322 Thomas et al., 'Maltreatment incidence, impact and existing models of prevention'; O'Connell et al., *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*.

323 L Sivak et al., 2008, *A pilot exploration of a family home visiting program for families of Aboriginal and Torres Strait Islander Children*, Report and recommendations: Perspectives of parents and Aboriginal children and organisational consideration, University of South Australia, Adelaide.

324 Submission: Jane Vadiveloo.

325 O'Connell et al., *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*; Chaffin & Friedrich, 'Evidence-based treatments in child abuse and neglect'.

326 See also intensive support services later in this chapter.

327 Submission: Danila Dilba.

Submissions to the Inquiry raised concerns that there is a need for support in gaining parenting skills in families across the Territory.³²⁸ Examples of this include:

The extent to which parents and other family members report struggling to manage children's behaviour and boundaries, including restricting the degree to which children wander around late at night ³²⁹ This includes very young children in some communities.

The notion that children are 'growing themselves up'³³⁰ or, predominantly being reared by grandparents.³³¹

Parents and carers experiencing extreme stress and this is negatively affecting their capacity to provide for children's wellbeing.³³²

Lack of specialist parenting supports, skills and education that are required to care for children with disabilities.³³³

Preventive positive parenting programs should be coordinated with and embedded within larger communitywide, multilevel prevention initiatives. Rather than being small targeted programs scattered around communities, individual programs should be integrated in sustainable, collaborative, coordinated, community-centred systems of care to prioritise limited resources and leverage impact.³³⁴

Parent skills training and particularly programs that have a parent-child interaction component are more effective at improving children's behaviour and socio-emotional outcomes than is parent education alone.³³⁵ Effective parenting programs typically include opportunities for parents to practice new skills with their children, a focus on parental consistency and emotional communication skills, as well as positive parent-child interactions.³³⁶ Programs may be delivered in centre-based environments or in the home and they may be group-based or delivered to individuals.

Many parenting programs share common elements. Parenting skills training to prevent child maltreatment typically focuses on building protective factors such as:

- Developing and practicing positive discipline techniques, such as, using praise and rewards to reinforce desirable behaviour and replacing criticism and physical punishment with mild and consistent negative consequences for undesirable behaviour such as timeout and brief loss of privileges

328 Submission: DHF.

329 Submissions: Central Australian Aboriginal Congress, Dr Clare MacVicar, NTFC worker and Jacqueline Hingston.

330 Submission: NTFC worker.

331 Submissions: Central Australian Aboriginal Congress and Jacqueline Hingston.

332 Submission: Central Australian Aboriginal Congress.

333 Submissions: Rosalie Howard, Residential School and NAAJA.

334 American Psychological Association, 2009, *Effective strategies to support positive parenting in Community Health centers: Report of the Working Group on child maltreatment prevention in Community Health centers*, American Psychological Association, Washington, DC, p.15.

335 For example, see the Let's Start program which has been operating in the Northern Territory. G Robinson et al., 2009, *Let's Start: Exploring Together. An early intervention program for Northern Territory children and families. Final evaluation report*, School for Social and Policy Research, Institute of Advanced Studies, Charles Darwin University, Darwin; K Mbwana et al., 2009, 'What works for parent involvement programs for children: Lessons from experimental evaluation of social interventions', *Child Trends Fact Sheet*, vol. 2009-47.

336 American Psychological Association, *Effective strategies to support positive parenting in Community Health centers: Report of the Working Group on child maltreatment prevention in Community Health centers*.

- Learning age-appropriate child development skills and milestones including understanding the reasons for children’s behaviour and making appropriate attributions about it
- Promoting positive play and interaction – for example, storytelling – between parents and children
- Locating and accessing community services and supports
- Developing parental control, self esteem and self-efficacy.³³⁷

In the Northern Territory, parenting programs could be delivered from the universal platform through maternal child health and from primary health care settings with active outreach, as primary health workers are highly valued by communities and seen by patients as caring and knowledgeable; and through early childhood services such as playgroups, child care and early year providers to engage young parents. This would also help to normalise parenting problems and help seeking for parenting problems, and reduce stigma.³³⁸ The Inquiry is aware that a number of staff across a range of different agencies undertake training through the World Health Organisation/UNICEF Care for Development program which gives families age-appropriate play and communication activities to stimulate the psychosocial development of young children and promotes sensitive and responsive care-giving.³³⁹

Once you start looking into that family all those children need some level of support, all those children have grown up in a household that has been struggling, where there has been probably way, way back some very firm, maybe harsh is a better word to use, traditional punishment that has then moved on to a situation where mum – and this is very common – where mum and dad have no idea how to discipline the kids. Mum and dad are now apart and so those children - because mum and dad do not know how to discipline children, the role modelling is not there. These children are growing up – they are now teenagers - so they are behaving in a way that is totally unacceptable and antisocial. It is not only those two particular children, but the whole family is one big whirlwind of family violence, aggression, inappropriate behaviour.³⁴⁰

While many families may benefit from parenting skills training, more intensive interventions or targeted approaches using alternative methods may be required for specific groups of parents including those with additional needs, limited parenting experience, or where there are multiple complexities. For example, with first-time parents, parents of adolescents, families from refugee backgrounds, adolescent parents, fathers, grandparents – especially given the number of grandparents, aunts and uncles who are primary carers for their children – foster and kinship carers (who currently receive very little training in managing children’s behaviour), parents with a physical,

337 *ibid*; Mbwana et al., ‘What works for parent involvement programs for children: Lessons from experimental evaluation of social interventions’.

338 American Psychological Association, *Effective strategies to support positive parenting in Community Health centers: Report of the Working Group on child maltreatment prevention in Community Health centers*; D Daro, 2008, ‘If you had \$5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?’, in *Preventing Child Abuse and Neglect in the United States*, ed. R Shaw & M Kilburn, RAND Child Policy: Santa Monica, CA.

339 E Vargas-Baron, 2006, *Parenting Programs: Formative Evaluation. Volume II Programme Analyses*, UNICEF, Regional Office for Central and Eastern Europe and the Commonwealth of Independent States, Geneva.

340 Hearing: Witness 59.

sensory, learning or mental health difficulty and parents with substance abuse issues.³⁴¹ Effective parenting interventions exist for all of these groups.³⁴²

The Inquiry recognises the potential harms that the use of unadapted mainstream parenting programs might have for specific population groups including parents who have had their children removed from their care. Such parents won't necessarily have the chance to practice the skills that are being taught, they may have very distorted attributions and beliefs about their own behaviour and that of their children, may feel stigmatised in a mainstream group setting and are dealing with grief and loss about the removal of their child and potentially other unresolved grief and trauma in their lives.

Specific approaches targeted for this population, such as trauma and attachment-focused family interventions for parents who do not have their children with them, and which address the cognitive aspects of parenting and provide support for issues such as mental health problems, family violence, drug and alcohol use are needed.³⁴³

Trauma and attachment-focused programs for caregivers and children

The intergenerational hurt and trauma in many communities was described to the Inquiry. Caregivers who themselves have a history of abuse and neglect in their childhood or who have unresolved losses in their life are more likely to demonstrate neglectful or frightened and frightening parenting behaviours. What would otherwise be the child's source of security is either non-responsive or is actually perceived as a source of alarm and threat, and insecure, avoidant or disorganised attachments result.³⁴⁴ For these reasons addressing parental histories of trauma and loss and the internal working models of parents are particularly important components of attachment-based interventions.³⁴⁵

Some parenting approaches such as those described earlier may not be appropriate, at least in the short term, for families in which there have already been severe disruptions to attachment and where parents have significantly disordered social cognitions about their child's behaviour. More intensive, attachment- and trauma-based interventions for parents and children might be more appropriate in the first instance, with families joining group-based programs after they develop confidence in one on one parenting situations. These approaches have been found to be very cost-effective, with returns on investment in the order of almost 6:1 for skills training such as Parent-Child Interaction Therapy.³⁴⁶

341 Silburn & Walker, *Community Learning for Parenthood*.

342 See, S Dawe et al., 2008, 'Improving outcomes for children living in families with parental substance misuse: What do we know and what should we do?', *Child Abuse Prevention Issues*, no. 29; K Lewig et al., in press, 'The role of research in child protection policy reform: A case study of South Australia', *Evidence and Policy*; R Mildon et al., 2008, 'Considering the contextual fit of an intervention for families headed by parents with an intellectual disability: An exploratory study', *Journal of Applied Research in Intellectual Disabilities*, vol. 21, no. 4, pp.377-87; M Salveron et al., 2010, 'Supporting parents whose children are in out of home care', in *Working with Vulnerable Families: A Partnership Approach*, ed. F Arney & D Scott, Cambridge University Press: Melbourne; D Olds, 2006, 'The Nurse-Family Partnership: An evidence-based preventive intervention', *Infant Mental Health Journal*, vol. 27, no. 1, pp.5-25; Fletcher, 'Including fathers in work with vulnerable families'.

343 Salveron et al., 'Supporting parents whose children are in out of home care'.

344 Lyons-Ruth & Jacobvitz, 'Attachment disorganization: Unresolved loss, relational violence, and lapses in behavioral and attentional strategies.'

345 J Amos et al., 2007, 'Parent and Child Therapy (PACT) in action: An application of an attachment based intervention for a 6 year old with a dual diagnosis', *Australian and New Zealand Journal of Family Therapy*.

346 Lee et al., *Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington*.

Because parent-child attachment may be severely disrupted as a result of poor care-giving, approaches which specifically focus on repairing and strengthening the attachment relationship demonstrate potential for long lasting effects. In these programs it is the relationship between caregiver and child that is the focus of the intervention, not the individual parent or child. Promising programs are emerging in work with infants, toddlers and school aged children.³⁴⁷ Infant-parent psychotherapies for example treat disturbances in parent-infant relationships as the 'manifestations in the present of unresolved conflicts that one or both of the baby's parents have with important figures from their own childhood. [For these parents] the current baby is not perceived as a baby in their own right'.³⁴⁸

These programs could be incorporated as part of therapeutic interventions for children and families, such as those delivered by MOS Plus and targeted and intensive family support services across the Northern Territory, if additional funding was provided and staff were given the capacity to do so.

Intensive family support

There are a large number of children seen by the Paediatric Department as hospital inpatients and outpatients, who suffer from malnutrition, inadequate schooling, inadequate housing, exposure to violence and exposure to alcohol and substance abuse. The majority of these children reside in remote Indigenous communities and these factors are often well recognised and assessed by remote and acute care health workers. Unfortunately, we have limited services to engage to assist these families. Under the current legislation we are mandated to report these children to [Northern Territory Families and Children (NTFC)] Child Protection Services when they are considered to be at risk of substantial harm due to this social adversity.

In most cases NTFC further investigate the risk of harm, and it would seem they are also very limited in the support they can offer these families. Often, many of these families do not need further investigation but rather direct family support, education and monitoring. Non-government organisations may be better at providing this service with a view to also providing longer term community development and building individual and community capacity. Child Protection Services would then be able to focus more on children at greater risk. The need for community based Family Support services with good local engagement is crucial in this setting.³⁴⁹

In the Northern Territory, multi-component programs which include practical supports such as feeding malnourished children, improving home safety and parents' ability to respond to health concerns, and providing respite for parents will need to be combined with parenting skills and attachment-focused therapies to address child neglect, failure to thrive and in

347 Amos et al., 'Parent and Child Therapy (PACT) in action: An application of an attachment based intervention for a 6 year old with a dual diagnosis'; NJ Cohen et al., 1999, 'Watch, wait, and wonder: Testing the effectiveness of a new approach to mother-infant psychotherapy', *Infant Mental Health Journal*, vol. 20, no. 4, pp.429-51; Haskett et al., 'Diversity in adjustment of maltreated children: Factors associated with resilient functioning'; Robinson et al., *Let's Start: Exploring Together. An early intervention program for Northern Territory children and families. Final evaluation report.*

348 Lyons-Ruth & Jacobvitz, 'Attachment disorganization: Unresolved loss, relational violence, and lapses in behavioral and attentional strategies.', p.556.

349 Submission: Paediatric Department, Royal Darwin Hospital.

preventing stress, family breakdown and supporting the reunification of families.³⁵⁰ This will need to include active case management for families as they may have multiple problems to be addressed by a range of service providers where these are available.

An immediate program response to Failure to Thrive cases in remote locations that stops victimising the children who are subjected to starvation. This could simply be a foreign aid (Red Cross, Oxfam, etc) type feeding program that does nothing more than deliver essential food to starving children whilst other programs address the underlying issues of poor parenting, poverty, overcrowding, violence, drug abuse, alcoholism, gambling, etc, etc.³⁵¹

The Inquiry believes that targeted family support services which are focused on achieving change for clients should be made available across the Northern Territory for vulnerable children and their families and, that a referral from child protection services should not be a requirement of entry to these programs – parents and other professionals should be able to refer to the programs (see Chapters 7, 8 and 9 for more details on families involved with the child protection system). These targeted supports should also include elements which address issues of drug and alcohol misuse, family violence and the social and emotional wellbeing of family members in their delivery.

These people have been drinking for the last 10 years, so what we need to look at is family support. These parents love their kids; they just do not look after them well enough. This is a battle we have every single day when we go there... The kids should be there if the parents can get some support because, lost in the child protection system, nobody would love them. At home their families actually love them, and the kids belong. I see that all the time. If the kids I am thinking of are taken away and put somewhere else - they have disabilities, they have incredible behaviour. It takes an awful lot to accept someone, and that essence would be missing. If, on the other hand, there were support systems in place for families to get off the grog, to keep their house, be able to have reasonable housing and reasonable cleanliness, it would go much further. We do much in the school. We provide shame-free shower, and we provide food, we provide clothing, we teach the kids life skills.³⁵²

As part of intensive support for families, submissions to the Inquiry from across the Northern Territory called for the development, resurrection and/or expansion of residential supports for families in different circumstances including young parents and families wanting to escape alcohol and violence.

Many of the children my family have taken care of have been babies of young mothers. I believe very strongly that these mothers need to be taught to parent, as they will have more children. I believe instead of putting these babies into foster care it is important to give the mother a choice of keeping her baby and committing herself to a couple of months in a home environment for young mothers. The aim of the home is to equip and teach mothers how to care for their infant via information as well as 'hands on' mother to mother care.³⁵³

350 R Gershater-Molko et al., 2002, 'Using recidivism data to evaluate Project Safecare: Teaching bonding, safety, and health care skills to parents', *Child Maltreatment*, vol. 7, pp.277-386.

351 Submission: NTFC Darwin Remote Office.

352 Hearing: Witness 42.

353 Submission: Renee Allison.

A recurring theme is the removal of children from Indigenous mothers who are homeless, such as long grassing in Darwin, and who experience family violence and alcohol misuse. Often these mothers are very caring and protective of their children and have the children's best interests at heart. A more compassionate approach in some (but not all) cases would be to establish a program such as those in NZ that house a mother and her children in an NTFC house living with a family support worker for 3-6 months. During this time, the family would develop a routine involving school, regular meals etc, and the parent would be assisted to engage in work or training and learn life skills such as budgeting and basic home hygiene etc. While this might seem costly, it is vastly less expensive in both financial and human terms than keeping children in care to age 18 and depriving them of normal, healthy family life.³⁵⁴

Recommendation 6.2

That the Northern Territory Government explores with the Commonwealth the (trial) development (or expansion of) existing infrastructure in remote areas (e.g. women's safe houses, day care centres, health clinics) to provide on-community therapeutic residential options for mothers and small children where the latter have been identified as being at risk of removal into foster care because of 'failure-to-thrive', neglect, or otherwise inadequate parenting. The trial of such options would need to include the development of a therapeutic intervention model and staffing /supervision options.

Urgency: Within 2-3 years

Family preservation programs

Another situation; for example, you refer a family in crisis who are attempting to problem solve a situation to NTFC (before the family dynamics deteriorate to a point where it is unsafe for the child to reside in the home) and nothing happens until the family are in complete crisis and the police have been involved and the family have told the child to leave the home...There appears to be little to no framework for active case-management to enforce preventative strategies- to put concrete policies in place that support case-managers to manage referrals so that situations for families who are trying their best to cope are supported. I have seen a young person end up in care where the situation could likely have been avoided with early intervention.³⁵⁵

For some families in the Northern Territory, targeted attempts at family support may be ineffective and families will reach a crisis point, in other circumstances, a family may not come to the attention of services (particularly child protection services) until there is a crisis and the child is at imminent risk of being removed from their home. Intensive family preservation services – typically short-term intensive in-home crisis intervention for families at imminent risk of children being placed in care – have key components which offer a combination of concrete and clinical supports and services and referral when necessary. These include:

354 Submission: NTFC Darwin Remote Office.

355 Submission: Hannah Moran.

- Enhancing parent-child interactions through parent skills training
- Providing vulnerable families with tangible supports for parenting and childcare, for example, housing, transport, help with bills, food and clothing
- Addressing the factors that place children at risk.³⁵⁶

I saw some incredibly good work on one of the town camps. A family that I have known for a long time, with children who I have felt sorry for, but really could not see any way they could be helped. The father of that family approached me and said the children had been taken while they were on a remote community, could I please ring the FACS worker whose name he gave me. Several days later, when I rang the FACS worker, they explained really clearly what they were doing. They, basically, took the children for an incredibly short amount of time. They then put the entire family up in a hostel and systematically addressed the issues that had been concerning them. The family is now spending much more time than they used on the remote community they always said they lived on, and there has been a dramatic turnaround in that family.³⁵⁷

Family preservation services have shown limited evidence in their effectiveness (and no evidence with families in which child sexual abuse has occurred), with the exception of the original Homebuilders model and its derivatives which have demonstrated benefits in terms of preventing entry into out of home care and subsequent maltreatment.³⁵⁸ The Homebuilders model includes the following components:

- 24 hours a day, 7 days a week intake and the same availability of caseworkers for clients and to their supervisors
- Contact with the family within 24 hours of the crisis
- Small caseload size for workers (2-3 families at a time)
- Single therapist with a back up team
- Organisational support and extensive training
- Flexible service delivery, in timing and type of service
- Service duration of four to six weeks
- Accountability – outcomes are tracked
- Skills-based approach to service delivery
- Provision of concrete services and advocacy
- Interactive assessment and goal setting
- Intensive service delivery.³⁵⁹

356 Higgins, *Community development approaches to safety and well-being of Indigenous children*; L Tully, 2008, *Family preservation services: Literature review*, Centre for Parenting and Research, Service System Development, Ashfield, NSW.

357 Hearing: Witness 53.

358 Tully, *Family preservation services: Literature review*.

359 *ibid.*, p.iii, 6.

The Inquiry believes intensive family preservation services should be made more broadly available across the Northern Territory. While their low caseloads and high availability can make them an expensive intervention, research has shown a benefits to cost ratio of approximately 2.5:1.³⁶⁰

Inclusion of parenting roles and children in adult-focused services and adult-focused supports in children's services

Aboriginal Community Controlled Health Services are ideally placed to provide family-centred care for patients with AOD and mental health problems as part of Comprehensive Primary Health Care. This service would provide screening and early intervention as part of adult health checks, as well as prevention and community development activities, thus contributing to primary prevention of child abuse and neglect.³⁶¹

The Inquiry has heard of the need to enhance the capacity of parenting support services and children's services to engage with families with multiple and complex needs, and for adult-focused services – drug and alcohol, mental health, family violence, homelessness – to be able to work with children and to incorporate the parenting role into treatment and support services.³⁶² Services such as family-based residential drug and alcohol treatment services (which exist in some parts of the Northern Territory), could be expanded, or the links between these programs and child protection and family support services formalised and strengthened.³⁶³

This will include building the capacity of workers within those services to address the needs of their clients as parents and family members as well as building links between services, for example, between Safe Houses and child protection and family support services, and incorporating them into a system of care for protecting children and supporting their families.³⁶⁴

Specific training and education initiatives for adult workers to understand the developmental needs of children and young people and in parent- and family-focused service delivery will need to be provided.³⁶⁵ Family violence and homelessness services are in an excellent position to incorporate assessments of children's and parent's needs, when children arrive at the service with their parents.

In the Northern Territory this might include making Safe Places for women able to detect and respond to trauma issues for children; improving the family-friendliness of drug and alcohol services by providing family-focused therapies and child-friendly spaces; incorporating parents into children's services and being able to provide referrals for parents from these services.³⁶⁶

360 Lee et al., *Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington*.

361 Submission: AMSANT.

362 Submissions: DHF, The Forster Foundation for Drug Rehabilitation (Banyan House) and Patricia Shadforth.

363 Submission: The Forster Foundation for Drug Rehabilitation (Banyan House).

364 D Scott, 2010, 'Working within and between organisations', in *Working with Vulnerable Families: A Partnership Approach*, ed. F Arney & D Scott, Cambridge University Press: Melbourne.

365 Jordan & Sketchley, 'A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants'.

366 Dawe et al., 'Improving outcomes for children living in families with parental substance misuse: What do we know and what should we do?'.

Social and emotional well being services including Parents Under Pressure, Positive Parenting and other evidence based service models. These services should also include accessible, ambulatory alcohol rehabilitation services based on case management, psychotherapy including CBT (and other forms of therapy, such as narrative therapy where CBT cannot be used), social and cultural support and pharmacotherapies. These services need to be available as part of all primary health care services.³⁶⁷

Targeted action in communities: Community activation and development

As Deborah Daro points out, 'child abuse is indeed a public issue which means the problem and its solution are not simply a matter of parents doing a better job but rather creating a context in which 'doing better' is easier'.³⁶⁸ Intervention efforts have tended to focus on the individual child, parent or family rather than the broader network of factors that influence child maltreatment.³⁶⁹ 'Not only do parents in distressed communities lack resources that parents in other communities may take for granted but parents in weaker communities simply have a harder job to do.'³⁷⁰

Help and healing flow in many ways and it is important to recognise that this is not necessarily, and in fact it may be unlikely to be, through formal channels. Parents and caregivers will often seek support from other family members and friends before seeking professional help³⁷¹. It is necessary to boost and support informal networks of support whilst also making professional help widely available to those in need.³⁷²

The review of risk and protective factors for child abuse and neglect and the strategies included in a public health approach highlight the potential of community-based strategies to impact on child safety and wellbeing at a population level.³⁷³ However, community-based efforts have often been limited to pilot projects without sustained funding or concerted efforts to implement them in more than one site. Initiated by voluntary agencies or individual teams, they have often fallen victim to changes in public policy or staff resistance.³⁷⁴ They can also be expensive.³⁷⁵

367 Submission: Central Australian Aboriginal Congress.

368 Daro, 'If you had \$5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?', p.13.

369 A Tomison & S Wise, 1999, *Community-based Approaches in Preventing Child Maltreatment*, National Child Protection Clearinghouse Issues Paper 11, Australian Institute of Family Studies, Melbourne; Daro & Dodge, 'Creating community responsibility for child protection: Possibilities and challenges'; G Jack & O Gill, 2010, 'The role of communities in safeguarding children and young people', *Child Abuse Review*, vol. 19, no. 2, pp.82-96.

370 J McDonnell & G Melton, 2008, 'Toward a science of community intervention', *Family and Community Health*, vol. 31, no. 2, pp.113-25, p.114; Daro & Dodge, 'Creating community responsibility for child protection: Possibilities and challenges'.

371 Centre for Community Child Health, *Parenting information project - Volume one: Main report*.

372 R Gilligan, 2010, 'Responding to vulnerable children, young people and their families: nurturing capacity, promoting resilience, building supportive environments', paper presented at the Association of Children's Welfare Agencies Conference 2010, Sydney; Ghate, 'Supporting parents in the poorest communities: practice challenges and policy solutions'.

373 M Carrasco, 2008, 'If you had \$5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?', in *Preventing Child Abuse and Neglect in the United States*, ed. R Shaw & MR Kilburn, RAND Child Policy: Santa Monica, CA; G Jack, 2004, 'Child protection at the community level', *Child Abuse Review*, vol. 13, pp.368-83; McDonnell & Melton, 'Toward a science of community intervention'.

374 Jack & Gill, 'The role of communities in safeguarding children and young people'.

375 Daro & Dodge, 'Creating community responsibility for child protection: Possibilities and challenges'.

In impoverished environments characterised by social disconnection – boredom, alienation, loneliness, low self esteem, intolerance of others, and a lack of motivation may be seen – ‘isolation is contagious’.³⁷⁶ Residing in a community of high unemployment, high crime rates, poor transport facilities, and poor access to services, and where interactions are with others who are struggling to cope, can lead to poor outcomes. Because of factors such as increased mobility, family privacy, family breakdown families are no longer receiving as much support from others in their care-giving roles.³⁷⁷

A system of care for protecting children should be provided by a continuum of community-based services employing a mix of professionals and trained community leaders who can identify families in need and connect them with services and supports to meet those needs. ‘Seemingly barren neighbourhoods with few points of assistance may actually have a myriad of resources under the surface that can be identified by community and peer leaders’.³⁷⁸ For this reason community engagement and community development approaches are essential in protecting children in their own environments.

Addressing Indigenous disadvantage is critical to addressing the factors that put Aboriginal and Torres Strait Islander children at-risk of abuse and neglect. Child abuse and neglect can be prevented by addressing disadvantage (for example, overcrowded and inadequate housing); recognising and promoting family, community and cultural strengths that protect children; and developing community-wide strategies to address specific risk factors where they occur in high concentration, such as alcohol misuse.³⁷⁹

Community-focused strategies which address the needs of families at risk are drawn from the fields of crime prevention, community development and mental health and wellbeing. These include:

- Creating safe, attractive physical environments including parks, playgrounds, streets and buildings
- Subsidising programs and providing transport to encourage children and young people to participate in sport and recreational activities
- Developing comprehensive community based initiatives that connect residents in communal activities
- Providing opportunities...to learn advocacy and leadership skills that could be applied towards community development initiatives
- Inclusion and participation in social programs such as early childhood education and childcare, employment, housing, community and neighbourhood development
- Population-based parenting support and early childhood development programs
- Policy and strategy to protect and improve the safety of women and children.³⁸⁰

376 Garbarino & Abramowitz, cited in Tomison & Wise, *Community-based Approaches in Preventing Child Maltreatment*, p.5.

377 *ibid.*

378 Montalvo, ‘If you had \$5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?’, p.29.

379 Submission: DHF

380 Adapted from Slee, *Families at risk: The effects of chronic and multiple disadvantage*, p.vii.

The causes and that way to me seemed to be that there was a generation, or generations, of children that had been raised in absolute poverty, lack of services, lack of engagement in appropriate services, services that had little understanding of how to work with people, services that had little capacity to be able to work out a way to engage with people that would have a meaningful outcome for people, services that maybe worked with an individual, but did not actually consider the wider cultural issues of the family and so did not work with the whole family, and as well as that, work within the whole community. So, therefore, there is no sustainable change because they are small piecemeal types of approaches. There was a den of violence, huge violence that children were growing up in. There was a lack of parents on the ground through incarceration, through death, through a number of factors that had really destroyed the strength of families, and so you had children in that community who were in families that were literally self-referring to the agencies in town. There were very greatly skewed children marching across the valley over to the FACS office and knocking on the door and saying: 'We are starving, we want food, we want you to come and help us'. Parents crying out for help but we had this uncoordinated approach by services, which is really the origin of how that community centre started.³⁸¹

Communities in which more targeted action is needed could be identified on the basis of a number of factors, and targeted community-based strategies can then be accompanied by more family-focused and individual-focused strategies for families with potential or existing problems. Communities could be identified on the basis of community level of exposures to factors such as poverty, including unemployment, high levels of grief and loss, community violence, poor developmental progress of children³⁸² and based on community needs which are identified through the sort of community education and awareness strategies outlined above, together with other mapping processes, such as baseline mapping taking place in Remote Service Delivery locations, including the Northern Territory Growth Towns. Community engagement and activation could then be used to identify strategies to address child health, nutrition, safety and nurture with families in these communities.

In the health promotion field, community activation activities have been used to address major health concerns. Community activation emphasises the involvement and coordination of major community institutions to mobilise community leadership and resources for health promotion and improve public awareness.³⁸³

Community activation includes organised efforts to increase community awareness and consensus about health and social problems, coordinated planning of prevention and environmental change programs, inter-organisational allocation of resources, and citizen involvement including the formation of coalitions for action. Community leaders, citizen representatives and service providers are all involved in planning, and the focus is on key community organisations that can offer access and support to target groups including social and religious groups, community-based health organisations, local businesses, local government, and other key organisations such as child welfare, family support, police, health, and education agencies. The focus is on integrating public and private

381 Hearing: Witness 53.

382 See the Australian Early Development Index.

383 T Wickizer et al., 1993, 'Activating communities for health promotion: a process evaluation method', *American Journal of Public Health*, vol. 83, no. 4, pp.561-67.

systems for protecting children,³⁸⁴ including maintaining and strengthening culture.

It is important to recognise strengths in communities and adopt proactive rather than deficit perspectives and approaches.³⁸⁵

Community-focused strategies such as community development recognise the importance of community-based organisations and groups such as, sporting clubs, women's and men's groups, music groups, art collectives, and local small businesses. While they are not a service *per se*, the potential of community groups to make an impact on the life of an individual, family or community is potentially huge, for example, through giving a sense of identity and belonging, attachment to significant others, leadership and purpose.

Community activation and development strategies help to identify people who can be involved in the lives of children as advocates, mentors and role models, thereby increasing the ability and possibility for informal supports and strategies for parents. These strategies also recognise the skills, abilities and training that people in many communities already have. Community activation builds the capacity of community members to offer assistance to families (bonding), for families to link with local resources – bridges to participation in services and community – and to encourage community members to become advocates for change within their community and within broader political systems – links to civic participation.³⁸⁶

A community development approach is required to develop new Aboriginal programs and agencies with non-Indigenous services providing resources, support, assistance, and mentoring where required. By working in this way non-Indigenous services will benefit by being able to appropriately access and learn from Indigenous expertise in child rearing, community development, advocacy, family support and family resilience. By working in this way non-Indigenous agencies will for the first time in post-colonial Australian history be able to say that they are working on child welfare as Aboriginal people want them to.³⁸⁷

Community healing

History of trauma through; dispossession of land, language and culture; stealing of children; death as a result of violence and ill health and grief; racism and exclusion - these traumas are pervasive and underpin all issues related to child protection. The cycle of grief, loss and trauma is relentless. Addressing grief and trauma is fundamental to the child protection system.³⁸⁸

384 Tomison & Wise, *Community-based Approaches in Preventing Child Maltreatment*; K Healy et al., 2003, 'Engaging communities for sustainable change: Promoting resilience', paper presented at the Integrated Learning Network Consultative Policy Development Conference, Canberra.

385 Submission: Sunrise Health Service Aboriginal Corporation.

386 Daro, 'If you had \$5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?'; Hoffman-Ekstein, *Pathways to community participation*; R Kimbrough-Melton & D Campbell, 2008, 'Strong communities for children: A community-wide approach to the prevention of child abuse and neglect', *Family and Community Health*, vol. 31, no. 2, pp.100-12.

387 Submission: Danila Dilba.

388 Submission: Jane Vadiveloo.

The factors that cause, and result from, family violence and child abuse such as alcohol and substance misuse, poor housing, past history and trauma must be addressed. This includes recognising the importance of spirituality, ritual and ceremony, and having Aboriginal people recognised (and paid) as the experts in the use of cultural practices to drive healing and child protection – to ensure sustainability, stability and pride in tradition and culture.³⁸⁹

The Inquiry believes the pervasive grief, loss and trauma experienced by many Aboriginal people in communities across the Northern Territory is one of the priorities to be addressed in the prevention of intergenerational cycles of trauma and abuse. As for children, the experience of emotional trauma for adults and their ongoing trauma histories impairs all facets of their life, both publicly and privately. For this reason, there needs to be community-based and individualised approaches to healing for adults and children. For other work to be possible, healing needs to take place. Healing trauma will provide space for generating positive stories about families and communities to build positive identity and self esteem.

The Inquiry heard that promoting community wellness should include:

- recognising and supporting counselling / healing services³⁹⁰
- in particular in relation to men gaining better understanding their roles and positively engaging with family and community³⁹¹
- Re-asserting cultural norms, rebuilding proud traditions and community structures and regaining respect in Aboriginal communities.³⁹²

There is nil or very limited access to cross culturally appropriate early assistance and support, and counselling / healing services outside Alice Springs. A lack of money and transport often prevent attendance at services located in Alice Springs.³⁹³

Building hope and optimism in communities is a key feature of healing communities. Effective healing strategies are necessary to overcome the lack of confidence, hope or optimism in disenfranchised communities (entrenched social exclusion and isolation; negative previous experiences); and the lack of trust or confidence in services and systems.

Informal and formal healing work is taking place in Aboriginal communities across Australia and to a limited extent in the Northern Territory, but this needs to be better supported. The Aboriginal and Torres Strait Islander Healing Foundation could play a role in establishing community healing centres and therapeutic communities in the Northern Territory as part of the community activation approach described above.³⁹⁴

Healing approaches led by Aboriginal mental health professionals and leaders in other states and territories are also likely to have relevance for the Northern Territory. For example, Judy Atkinson's healing models from Gnibi College at Southern Cross University

389 Submission: Save the Children.

390 Submissions: CAAFLUAC and Sunrise Health Service Aboriginal Corporation.

391 Submission: Sunrise Health Service Aboriginal Corporation.

392 Submission: Sunrise Health Service Aboriginal Corporation.

393 Submission: CAAFLUAC.

394 L Bowen et al., 2004, 'Engaging community residents to prevent violence', *Journal of Interpersonal Violence*, vol. 19, no. 3, pp.356-67.

and Darrell Henry's work in Western Australia as well as the Family Wellbeing model from South Australia. These models look to the assets in communities and involve women and men strong in their law and culture in the healing process,³⁹⁵ including employing Aboriginal community members as natural helpers and service providers who mediate with mainstream professional services in the community.

Social and emotional wellbeing and support for mental health of children and young people

During 2009, 1772 online and telephone contacts from the Northern Territory were made to the Kids' Helpline and 286 online or telephone counselling sessions were provided.³⁹⁶ These included sessions about interpersonal relationships; mental and emotional wellbeing – including suicidality; bullying; or child abuse. Where Aboriginality was recorded, only 15 percent of callers were identified as Aboriginal. Forty-nine of the counselling sessions included a report of suicidality or self-injurious behaviour. A quarter of the children receiving counselling from Kid's Helpline were receiving ongoing counselling or intensive support with a case management plan. The other 75 percent represented either new clients or those receiving intermittent support.

Early intervention models - targeting young children who are at a vulnerable age. There is an inherent lack of support services working with children 5-12 yrs (bar TFSS) who have often been out of the school system for significant periods, or initiating at-risk behaviours (substance use, criminal activity, supervision etc). Current models focus on older children 12 onwards who have likely established their behaviours in their earlier years. Interventions are more likely to be successful if an intervention occurs at an early stage when the warning signals become evident.³⁹⁷

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.³⁹⁸

In the Northern Territory, mental health services and supports for children and young people are provided through a range of service providers, although a coordinated and comprehensive infant, child and adolescent mental health strategy is lacking.³⁹⁹ The importance of infant mental health services in promoting development and wellbeing – including those which target the infant's symptoms, emotional development, and the infant-parent relationship⁴⁰⁰ has been recognised in other Australian states and territories and can be promoted through early home visiting programs as described above.

Developing children's sense of self esteem, social skills, and self-regulatory and problem-solving behaviour might be both protective and therapeutic in experiences of child

395 F Crawford & P Dudgeon, 2007, *Developing therapeutic communities for abused Aboriginal children and their families: An Indigenous practitioners' cooperative inquiry*, Ministerial Advisory Council on Child Protection with support from the Telethon Institute for Child Health Research and Kulunga Research Network, Perth.

396 Kid's Helpline, 2009, 'Northern Territory Report', <http://www.kidshelp.com.au/upload/22865.pdf>.

397 Submission: Confidential.

398 Submission: DHF.

399 See Chapter 8.

400 Jordan & Sketchley, 'A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants'.

abuse and neglect.⁴⁰¹ For children who have been abused, the development of positive relationships with others and positive views of self – for example, high self-esteem including making internal attributions for positive events – are both affected by poor care-giving experiences, but are also predictive of children’s functioning after abuse or neglect.⁴⁰²

Youth services and programs for vulnerable teenagers need to be available to enable young people to be case managed and access a range of treatment services and programs.⁴⁰³

A strong sense of culture and identity are protective for young people. Providing leadership development activities for young people that includes identifying their roles and responsibilities within their communities can enhance self-esteem and emotional wellbeing. For example, programs are being run in the juvenile justice system in South Australia to encourage young Aboriginal men to understand their role as providers and protectors in their communities as well as encouraging them to make steps towards achieving their goals, whilst receiving help and support around unresolved trauma.⁴⁰⁴

Most Aboriginal young people today do not have a living history of the times of resistance and Aboriginal self determination. Many do not understand their own immediate histories. For many they have only ever experienced trauma and poverty, and do not have a context for why this is happening. They are treated differently, they experience racism and they understand once they hit adolescence that life will be challenging. Children and young people need to be taught their own history, understand why things are they way they are and how things can be different....A child protection system that is focusing on early intervention and support can integrate this through schools, youth services, counselling and treatment programs and related services.⁴⁰⁵

A need was identified for approaches which encourage children and young people to form respectful relationships with their peers and others in their communities and which provide sex education. The Inquiry is aware of the Northern Territory Department of Education and Training’s program funded under the Commonwealth Government’s Respectful Relationships program and is being implemented in 40 targeted schools, and also aware of the NAPCAN LOVE BiTES program. The evaluation of this program will be crucial in determining the successfulness of whole-of-school and community-based learning about respectful relationships.

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.⁴⁰⁶

401 Haskett et al., ‘Diversity in adjustment of maltreated children: Factors associated with resilient functioning’.

402 *ibid.*

403 Submission: Central Australian Aboriginal Congress.

404 T Minniecon, 2009, ‘The Journey Program’, paper presented at the CAMH Conference, Adelaide.

405 Submission: Jane Vadiveloo.

406 Submission: DHF.

they should have a belief in their right to a safe environment and a safe life. A lot of the girls who are being victimised do not have that belief in their right - and that is the key. They do not have that belief in their own right to their own safe environment. They do not see it as their right.⁴⁰⁷

These strategies may also be key in delaying pregnancy. A multi-component approach which includes elements to encourage postponing sex, using contraception and addressing poverty, lack of opportunity, family disorganisation, social isolation and boredom/hopelessness is required.⁴⁰⁸

Features of current service provision in the Northern Territory

A system for protecting children is not just about waiting until problems occur. Child abuse and neglect can be prevented and can be responded to effectively. The Inquiry believes there are many actions that can be taken now to address the high degree of service fragmentation (including an assessment and plan for coordination of existing strategies to prevent and respond to child abuse and neglect in the Northern Territory), community-driven service design (including identification of appropriate service and funding models using knowledge from here and elsewhere) and workforce development.⁴⁰⁹

Service Fragmentation

Rather than develop a best practice model of service to address need, by bringing NGOs and Government together to formulate an effective system, the system has developed reactively. The ongoing pattern appears to be public and media attention on particular cases, followed by politicians calling together a meeting of service providers, followed by money put on the table, following by funding of a variety of services across a variety of NGOs, with poor coordination or strategic development. In a desperate need to fill gaps in substance misuse services for young people, or protective placement options, the Government has funded services that are not providing best practice and are failing to deliver for children and young people. The options available are not addressing need.⁴¹⁰

The Northern Territory child and family services sector is characterised by much activity in some areas and almost none in others (see Appendix 6.1 as an attempt to map some of the service activity for children and families in the Northern Territory). Short-term funding agreements and service strategies which are not locally driven, together with competitive tendering have led to a situation where services may be competing for clients rather than coordinating their activities and providing holistic support for families that is driven by family needs and goals. Children and families are likely to either be overwhelmed or fall through the gaps of a fragmented system. The Inquiry has heard that fragmented service delivery has led to duplication, service gaps, confusion of roles, conflicting service mandates and different service requirements and target groups.

407 Hearing: Witness 17.

408 New Jersey Task Force on Child Abuse and Neglect, *Standards for Prevention Programs: Building Success Through Family Support*.

409 See Chapter 12 for more on this.

410 Submission: Jane Vadiveloo.

Different agencies have been funded to provide similar services in the same location rather than providing complementary services along a continuum of care to meet the needs of families and communities. There has been no coordinated planning strategy and short timelines for implementation have meant that structures may have been built without thought for the content of these buildings and services.

There appears to be limited knowledge across both broader NT and Australian government departments about services that are being provided. This results in some communities being over serviced and some receiving no services.⁴¹¹

Compartmentalised service provision also means that many families must relate to 3 or 4 services to have their needs met, creating complex relationships for service providers and confusion and intrusion for families. The lack of holistic models of service delivery means that many families must wait interminable periods of time for access to any number of services and staff are at the behest of other services referral criteria and waiting lists to ensure that clients are enabled to have their needs addressed. This leads to staff burn out and frustration and families often giving up on pursuing services due to the long wait and problems becoming more entrenched.⁴¹²

Protecting children and promoting their wellbeing involves the will and actions of families, communities, service providers and governments. Successful prevention is interdisciplinary; it includes strategies at multiple levels of intervention and from different agencies and professionals.⁴¹³ In the Northern Territory, there has been an over-reliance on child protection services to provide services and supports to families, when they have not had the capacity to do so, nor is it their core function. In the Northern Territory, there are many stakeholders who could be brought together for the promotion of safety and wellbeing of our children. This includes:

- children, young people and their families and carers
- community members and local community-controlled organisations including, land councils, Aboriginal medical services, and legal groups
- Local community organisations, for example,, service clubs, sporting clubs, special interest groups
- Northern Territory Government service providers, such as, child protection, health, education, housing and, justice
- the Shires
- the Commonwealth Government
- non government and community based agencies with an established presence in different parts of the Territory and those who have more recently responded to service delivery opportunities in the Northern Territory and are wanting to establish a presence here
- research and education-based organisations

411 Submission: Catholic Care NT.

412 Submission: Save the Children.

413 O'Connell et al., *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*.

- for-profit and commercial agencies
- philanthropic providers.

In recent years, in response to media exposure of certain cases, a knee jerk reaction to funding family support services had occurred. The process has been poorly planned, has failed to assess the strengths and gaps in the community and has relied on Government bureaucrats dictating service approaches. In recent years services with no local knowledge and no sector experience have been funded. In the past 6 years there has been a huge increase in the number of NGOs receiving funding for family support type of services. This has led to the youth sector becoming more fractured and less easy to coordinate.⁴¹⁴

The Inquiry has heard how currently, access to services and supports for families in need is primarily via statutory child protection services which are designed for responding to children who are at risk of significant harm: for example, Targeted Family Support Services initially required the referral to come from a child protection office via intake who record the voluntary involvement of families. This means help may be delayed for families and there is a further burden on already overwhelmed intake services which take and forward the concern. As is now happening in case of the Alice Springs Targeted Family Support Service, support services for families and children need to be established or further developed so that they can take appropriate referrals directly from families and from other non-statutory agencies.

The mother in this case reached out to the Department when she was struggling to cope with her [child's] behaviour. Rather than being rewarded for seeking help she was told that as she was no longer a child protection client the Department could do nothing to assist her The outcome of this approach is that issues are left until children are harmed before the Department gets involved. This is exactly what happened in this case. Later in the court hearings in relation to the Department seeking orders the mother's earlier involvement with the Department was used as part of the case against her. A better approach that would prevent some children from being harmed, remove the need for a formal child protection response, take pressure off the Department's child protection staff and take demand of the OOH system would be to provide support earlier. Had [assistance] been provided as the mother requested there is a strong possibility that the situation could have been stabilised. Instead of providing short to medium term respite care for her [child] the Department now has to provide long-term full time OOH for her [child]. It has had to dedicate resources to court processes when it could have dedicated resources to the in-home support she requested.⁴¹⁵

Despite efforts to link on the ground, each initiative may be treated as a separate program without consideration of how it meets community needs or fits with existing services. More recently efforts have been made to reduce service fragmentation and coordinate service delivery with interagency and inter-departmental groups in Darwin, Alice

414 Submission: Tangentyere Council.

415 Submission: Non-Government organisation.

Springs, Tennant Creek and other regions. While there are still limitations on the roles of these coordinating bodies, these structures and systems, along with the involvement of community representatives, could be harnessed for the implementation of the new system for protecting the Northern Territory's children.

The Inquiry understands that the Early Childhood Plan being auspiced by a Northern Territory cross-government steering committee will produce a framework for the early years which will reinforce the vital importance of early childhood development and help to reduce service fragmentation.

There needs to be a clear plan and process to engage with communities about the service delivery of child protection services to communities.

Strategies to Aboriginal communities need to be long term, highly supported and use a partnership approach. A variety of options will allow for success and learning and will not put pressure on a particular model or approach.⁴¹⁶

Principles

In addition to the principles described in Chapter 1, the Inquiry recommends the following principles for a system for protecting the Northern Territory's children and young people and supporting their families and communities:

1. Service development based on a robust consultation and engagement process with all key stakeholders including communities, statutory workers, non-government organisations, the three levels of government, and academic/research institutions
2. That family services are explicitly orientated towards achieving behaviour change with goal setting processes, clearly articulated outcomes, and accountability measures
3. Services be compatible with existing policy frameworks (such as Working Future, the Early Childhood Framework, the National Child Protection Framework and the various National Partnerships), and consultation processes around service delivery in remote areas and town camps
4. Services built on capacity and commitment to work collaboratively with other NGO and statutory services such as NTFC, Department of Local Government Housing and Regional Services, and the Department of Health and Families. Responsibility for and investment in interventions for promoting child safety and wellbeing are shared by multiple service systems
5. Active involvement and participation of Aboriginal people in all aspects of service development and delivery according to accepted self-determination and empowerment principles⁴¹⁷
6. Whilst some pilot or trial programs will need to be introduced in order to develop evidence and benchmarks, it is essential that long term, sustainable services are developed rather than relying on short-term pilot initiatives

416 Submission: Catholic Care NT.

417 Submissions: NTFC Darwin Remote Office and Sunrise Health Service Aboriginal Corporation.

7. High priority on provision of a range of services to address a range of needs in order to avoid fragmentation
8. Focus on services that are geared to building the capacity of communities to assume responsibility for service delivery over time
9. Capacity to deliver services in a range of settings, in particular, remote communities, rural, town camps and homelands
10. Every grant to include an evaluation component.

Analysis of the existing service system

The Inquiry believes an analysis of existing infrastructure and services is necessary to identify effective models and effective practice approaches to be used in the Northern Territory.

Important too is the need to develop capacity for new service providers and for current service providers to take on new roles, extend their service provision or be freed up from other responsibilities to return to their original mandates. This will include expanding the role of universal health services – government and community controlled – and education in responding to the needs of vulnerable children and families and providing family support and therapeutic services. This will also involve ensuring those universal platform services are of high quality, otherwise there is the potential of doing more harm to children. For example, with low quality child care, the outcomes for children are likely to be much worse for children compared with high quality child care.⁴¹⁸

This might also include re-configuring or expanding the roles of specific workers to include broader involvement in child abuse prevention and response. For example, the role of remote Aboriginal child and family workers could be expanded in selective and indicated prevention efforts as well as in the statutory response to child abuse and neglect; similarly, adult-focused and child-focused services could expand their roles in responding to whole families rather than just the adults or children who are their clients.

Historically, their role has changed over time. There was a time where there were family support cases, and family support workers worked with the families. There was actually a family support team - I am going back a few years now. Then, there was a restructure and those family support workers were absorbed pretty much into the family intervention team, with the intention that you continued working along those lines. Of course, what actually happened was the child protection stuff took over and the family support workers' role largely became around transporting kids, assisting with access visits, supervising access visits - a number of roles around that stuff. The actual capacity for family support workers to work with families around particular issues and that sort of thing - there is just no capacity for them to do that anymore because of the sheer volume of kids coming into care, and the needs of providing access visits.⁴¹⁹

418 Centre for Community Child Health, 2009, 'Integrating services for young children and their families', *Policy Brief*, vol. 17.

419 Hearing: Witness 38.

Service development

The Inquiry recommends the development or expansion of a suite of service options including intensive maternal and child support, therapeutic services for children, youth and families, counselling and support services for children and youth, substance abuse treatment, parenting skills development, intensive family preservation, targeted family support, and community development and healing (around issues such as sexual abuse, alcohol abuse, neglect, domestic violence and gambling). Appendix 6.2 has some examples of promising, proven and untested programs with these different focus areas.

While the tide is turning in Australia more towards evidence-informed policy and practice it is important to note that the ‘it seemed like a good idea at the time’ attitude which has prevailed in child welfare has not been successful – there is limited learning from the few pockets of success as they tend to be personality or person driven. Child abuse prevention programs, rather than being based on evidence, have to some extent been based on advocacy, theory, weaker program evaluation designs, fashion, guesswork, and hope.⁴²⁰ Some initiatives have been taken to scale on the presumption that the model makes sense despite there being no evidence for their effectiveness. Later evidence has shown them not to work and in some cases to be harmful.⁴²¹

There is a very rich knowledge base of previous efforts in supporting families and children in the Northern Territory that can’t afford to be lost. At one of the public forums It was suggested that we need to go ‘back to the future’ to discover what seemed to work and what didn’t. This collective mind mapping exercise (similar to the Pathways mapping efforts in the US) would involve the sharing of community, practitioner, policy and organisational knowledge together with research (see Box 6-2 for initiatives that may support these mapping and planning initiatives).

Consultation with communities to be serviced

It is essential that communities are engaged on service delivery issues and actively involved in consultations. Community members engaged should include men and women, and young and older people. Community engagement is required for ownership of service delivery issues, dissemination of information, to consider alternate service delivery means, to identify service delivery gaps, and to effect positive change.⁴²²

420 Chaffin & Friedrich, ‘Evidence-based treatments in child abuse and neglect’.

421 Examples from the United States include the DARE program, Scared Straight and juvenile bootcamps, *ibid.*

422 Submission: CAAFLUAC.

Box 6-2 Initiatives to support community-based child abuse prevention and response**Communities That Care**

Communities That Care is a model which includes a process for communities, through community prevention boards to select and trial interventions that have demonstrated effectiveness/promise (in this case in reducing adolescent risk behaviours) in other sites. The theory of change for this initiative suggests it will be at least five years until outcomes of interest show change (risk factors which are the focus of interventions are expected show change within a two to five year period).⁴²³

The Pathways Mapping Initiative

The Pathways assemble a wealth of findings from research, practice, theory, and policy about what it takes to improve the lives of children, youth and families, particularly those living in tough neighborhoods. By laying out a comprehensive, coherent array of actions, the Pathway informs efforts to improve community conditions within supportive policy and funding contexts.

The Pathways framework does not promote a single formula or program. Rather, the emphasis is on acting strategically across disciplines, systems, and jurisdictions to achieve one or more of the following results:

1. More children ready for school and succeeding at third grade
2. More young people who make a successful transition to young adulthood
3. Fewer children abused or neglected

The Pathways provide a starting point to guide choices made by community coalitions, services providers, researchers, funders, and policymakers to achieve desired outcomes for children, youth, and families. They lay out the actions that contribute to achieving the outcomes, along with examples, research-based rationale and evidence, ingredients of effectiveness, and indicators of progress. They offer guidance to communities which, in combination with local wisdom, provide a structure for planning and acting strategically.⁴²⁴

The Inquiry suggests that place-based strategies include adaptation of existing interventions in response to community-specific cultural characteristics (contextualised approaches), preventive interventions based on research principles in response to community concerns, and approaches that have been developed in the community and which show promise.⁴²⁵ There needs to be room for innovation and community driven approaches, and to offer families and communities something which has been based on experience, logic and evidence.

423 Hawkins et al, 1992 cited in O'Connell et al., *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*.

424 Schorr & Marchand, *Pathway to the prevention of child abuse and neglect*.

425 O'Connell et al., *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*.

Funding

Given the high costs of treatment and the relatively lower cost of prevention, if prevention efforts result in even modest decreases in the incidence of child abuse and neglect they will have demonstrated their cost-effectiveness⁴²⁶. A significant investment will be required to provide adequate primary, secondary and tertiary supports for children and families to be able to anticipate and respond to parenting difficulties and to promote optimal childrearing environments. These investments are considered in relation to the costs of providing child protection out of home care services if prevention efforts are not made. Currently, the Northern Territory spends approximately one twentieth of the amount on intensive family support services as it does on child protection services (\$717,000 compared with \$15,254,000, respectively) and this proportion is smaller even still when compared with expenditure on out of home care (\$717,000 on intensive family support compared with \$34,813,000 for out of home care services).⁴²⁷

While the investment in intensive family support services in 2008-2009 did grow by 50 percent over the previous year, it is clear that a much greater investment needs to be made in support services for families if children are to be given the opportunity to remain in the safe care of their families.

Financing the system of care requires funds to cover a broad array of services and supports; financing to promote individualised, flexible service delivery; financing for evidence-based and promising practices over sustainable periods of time; and financing of early intervention and early childhood services.⁴²⁸ There will be a need to invest in service capacity development including the development of the Aboriginal child welfare sector,⁴²⁹ and the non-government sector in terms of providing preventive and therapeutic responses. This should include an exploration of blended or braided funding models (sharing costs across portfolios) as the benefits of preventive efforts are likely to be realised by a number of government portfolios including health, education, justice and social welfare.⁴³⁰

Economic modelling can identify where the largest potential return on investment will come with different ranges of services.⁴³¹ Key to responsive services is providing families and services with choices about what types of intervention can be funded with the flexible funding. For example, respite care, family and peer support, supported employment, brokerage funds, therapeutic foster care, one to one personal care, skills training, intensive in home services, transportation, housing, utilities, clothing, food, summer camps, and home repairs.

Also strategies are needed to fund staff to participate in individualised service planning

426 FRIENDS, 'Making the case for preventing child abuse and neglect: An overview of cost effective prevention strategies', *FRIENDS Report*.

427 L Bromfield et al., 2010, 'The economic costs of child abuse and neglect', *NCPC Resource Sheet*, <http://www.aifs.gov.au/nch/pubs/sheets/rs2/rs2.html>.

428 B Stroul, 2008, 'Financing to support a broad array of services and supports', paper presented at the A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, FL.

429 As described in Chapter 4.

430 D Duquette et al., 1997, 'We know better than we do: A policy framework for child welfare reform', *University of Michigan Journal of Law Reform*, vol. 31, pp.93-157.

431 See, Lee et al., *Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington*, and Professor Leonie Segal's work in South Australia.

through membership of decision making teams.⁴³² Financing and or incentives can be used to promote the use of evidence based and promising practice or to develop the evidence base, such as through evaluation, as well as financing development, training and fidelity monitoring (see Chapters 13 and 14).

Does the NTG significantly underspend on Child and Family Services?

In their submission (and oral evidence) to the Inquiry, the Northern Territory Council of Social Services (NTCOSS) claimed that the Northern Territory Government significantly underspends its share of GST revenue in a number of program areas including Child and Family Services. This allegation echoes similar claims that have been made in the national media over the past few years.

NTCOSS state that in 2007-08 the assessment of need by the Commonwealth Grants Commission (CGC) for this program area was \$216.840 million whereas the actual spend was \$71.963 million or 33% of the total – this pattern has been occurring for years. They go on to point out in the 2007-08 year the assessment for sport and recreation was \$46.456 million yet the actual expenditure was \$72.294 million – an apparent overspend of 70%.

In response to a request from the Inquiry, the Northern Territory Treasury (NTT) along with the Department of Health and Families (DHF) responded to explain the apparent discrepancy. They note that the CGC calculates each assessment based on the notion of Horizontal Fiscal Equalisation (HFE) a principle that ‘aims to ensure that states and territories have equal fiscal capacity to provide services’ and quoted the following from the most recent CGC report:

State governments should receive funding from the pool of good and services tax revenue such that...each would have the fiscal capacity to provide services and associated infrastructure at the same standard...

It appears then, that the CGC calculates the assessments around need in specific service areas (such as Child and Family Services), but the NTT/DHF submission asserts that there are differences between the CGC and the various jurisdictions in the way service areas are defined thus making inferences from aggregated data problematic. They state, for example, that the costs of the joint police/NTFC Child Abuse Taskforce are captured in several different CGC categories.

Most tellingly, the NTT/DHF submission points out that the CGC itself has stated that the grants formula ‘does not contain any expected or target, or ideal of expenditure by State, program, location or intended service recipient with the recommended distribution of the GST pool...The states have discretion as to how they use their share of the pool’.

The Inquiry accepts that the Territory has the legal right to spend its GST revenue as it sees fit, however, it remains the case that the CGC assessment is clearly based on a formula designed to bring about some form of parity with the average service level in other jurisdictions and that it takes into account factors such as geographical isolation and economic disadvantage. This being the case, there is a strong moral imperative for the NTG to significantly increase its expenditure in the area of Child and Family Services.

432 See Chapter 12.

Recommendation 6.3

That the Northern Territory Government makes a very significant and sustained new investment in the development (and expansion) of a suite of secondary prevention, tertiary prevention, therapeutic and reunification services for vulnerable and at-risk children, families and communities. The majority of these services should be provided by the non-government sector and administered through an enhanced Northern Territory Families and Children grants program. The investment in such services should involve new rather than redirected funding and within a five year period, should match or exceed the combined Northern Territory Families and Children expenditure in statutory child protection and out-of-home care.

This investment program should be based on an analysis of:

- The reasons that children are coming into contact with the child protection system in the Northern Territory
- The regional/community indicators of disadvantage and vulnerability based on Australian Early Development Index results, school attendance rates, sources of notifications, reports of family violence, etc
- Service models that may be relevant to the unique cultural, demographic and geographic realities of the Northern Territory
- Successful Aboriginal-specific programs and services within the Northern Territory and interstate to inform the service development process
- Workforce and training needs in both the statutory and NGO sectors

The development of these services should also be underpinned by the principles outlined in Chapter 6.

The suite of service options should include intensive maternal and child support, therapeutic services for children, youth and families, substance abuse treatment, parenting skills development, intensive family preservation, targeted family support, and community development and healing (around issues such as sexual abuse, alcohol abuse, neglect, domestic violence and gambling).

Urgency: Within 18 months

Recommendation 6.4

That the Northern Territory Government seeks the cooperation of the Commonwealth in undertaking a strategic review of child and family wellbeing services in the Northern Territory. The review should inform the development and implementation of a joint strategic plan around service planning and funding in order to overcome fragmentation, inefficiencies and duplication and to target services where they are most needed.

Urgency: Within 18 months

Recommendation 6.5

That the Northern Territory Government undertakes a review of the Northern Territory Families and Children grants program and secretariat with a view to ensuring that the provision of service grants aligns with the goals and strategic priorities of Northern Territory Families and Children, that funding grants are determined by way of a transparent process, that all grants include robust quality assurance and accountability measures, that there is a commitment to progressively implementing a three-year funding cycle, and that the grants section is adequately resourced to administer a substantially enhanced program.

Urgency: Within 18 months

Conclusion

This chapter has provided a broad overview of the key service components of an integrated approach to the promotion of wellbeing, prevention of child abuse and neglect and the protection of children. The core elements of approaches to tertiary prevention and child protection are addressed in detail in later chapters, along with specific recommendations on these elements of the system for protecting children.



CHAPTER 7
THE STATUTORY INTERVENTION PROCESS
PART 1 – INTAKE AND INVESTIGATION

CHAPTER 7

The Statutory Intervention Process, Part 1 – Intake and Investigation

Introduction

This chapter describes the findings of the Inquiry regarding the intake and investigation functions of the child protection system in the Northern Territory. These functions and some of the statistical information regarding them were briefly described in Chapter 5 in the context of the broader child protection system (also including family support and out of home care functions).

Intake

Access to child protection services in the Northern Territory (Northern Territory) is through one narrow communication gateway. This gateway is officially known as the Central Intake (CI) service. The service is operated by Northern Territory Families and Children (NTFC), a division of the Department of Health and Families (DHF). There is provision for the intake function in the *Care and Protection of Children Act 2007* (the *Act*) and operational details of the service are outlined in the NTFC Policy and Procedures Manual (NTFC Manual).⁴³³

Statutory basis for the intake function

The *Act* includes powers to enable the Minister for Child Protection to act to protect children from harm and exploitation. The *Act* provides the Minister and the CEO (of the administering Department, now known as the Chief Executive, or CE) with authority to:

Protect children who are in need of protection... (Section 24(b)).

Under the *Act*, people who believe that a child ‘has suffered or is likely to suffer harm or exploitation’ are required to report to the police or to the CEO through his/her delegates.⁴³⁴ The definition of harm provided in the *Act* is as follows (Section 15):

- (1) ... any significant detrimental effect caused by any act, omission or circumstance on:
 - (a) the physical, psychological or emotional wellbeing of the child; or
 - (b) the physical, psychological or emotional development of the child.

433 Northern Territory Families and Children, 2009, *NTFC Care and Protection Policy and Procedures Manual, Version 2.0*, Northern Territory Government, Darwin.

434 *Care and Protection of Children Act 2007*, Section 26(1)(a)(i).

- (2) Without limiting subsection (1), harm can be caused by the following:
 - (a) physical, psychological or emotional abuse or neglect of the child;
 - (b) sexual abuse or other exploitation of the child;
 - (c) exposure of the child to physical violence.

The definition of exploitation is defined in the *Act* as follows (Section 16):

- (1) ... sexual and any other forms of exploitation of the child.
- (2) Without limiting subsection (1), sexual exploitation of a child includes:
 - (a) sexual abuse of the child; and
 - (b) involving the child as a participant or spectator in any of the following:
 - (i) an act of a sexual nature;
 - (ii) prostitution;
 - (iii) a pornographic performance.

The *Act* enables the CEO to take specific action. For example, he or she may 'make inquiries about a child if the CEO receives information that raises concerns about the child's wellbeing' and that, 'on completing the inquiries, the CEO must decide whether any further action should be taken for the child...' (Sections 32(1) and (2)). The CEO and the police may then investigate 'to determine whether a child is in need of protection' (Sections 35 and 36). The CEO may also provide information to the informant (Section 29(2)(a)).

The only specified action in relation to the intake function that is required of the CEO is that 'The CEO must record the receipt of a report...or a notification about a report...in relation to a child' (Section 29(1)).

The intake service provides a critical function being the only official gateway for the provision of statutory child protection services apart from the option of reporting to a police officer (Section 26(1)(b)) who must, in turn, notify the Department (Section 28). This being the case, it is essential that the intake service is able to effectively and expeditiously process incoming reports and notifications, assess them for the level of risk and urgency, and pass the information along to child protection officers in the various regions to assist with formal investigations. To effectively operate, the intake service needs to gain the trust, respect and understanding of the various stakeholders, particularly members of the public and professional groups such as the police, health workers and teachers.

Background to and description of centralised intake

In 2003-04, the then *Family and Children's Services* (FACS) program launched a child protection initiative – the 'Caring for our Children' Reform Agenda. A key component of the reform was the development of a centralised intake (CI) process or call centre to cover the whole of the Northern Territory.⁴³⁵ Prior to this, abuse and neglect notifications

435 Central Intake (CI) is sometimes referred to as CIT in Departmental documentation and therefore the initials may be used interchangeably through the report.

could be made directly to regional FACS offices. There had been a number of concerns about the decentralised notification process, including service variability across the Territory and, in particular, different decision-making thresholds, out-of-hours staffing problems, the difficulty in record keeping, and response timeliness.

The centralised service commenced in November 2006 and was extended to the entire Territory in June 2007. The primary function of CI is to respond to notifications or reports about actual or suspected harm to children and, where necessary, to conduct an inquiry into the report (Section 32). There is a single telephone number, consisting of two active lines, to cover the entire Northern Territory, with the call centre located at the Berrimah Police Headquarters.

The CI is co-located with the Child Abuse Taskforce (CAT) a joint program operated by the police and NTFC and focused on joint agency responses to serious cases of child maltreatment, including extra-familial sexual abuse. Up to March 2009 there were eight intake workers in the CI along with two team leaders and one Manager. An after-hours team had four permanent and two casual staff members. Two further intake workers were added following the tabling of the interim progress report in January 2010.⁴³⁶

The intake process

According to the Department of Health and Families submission, the following are the key elements of the statutory child protection intake and investigation process:

1. Report – notifier provides information to the Department of their concerns about harm to a child/young person
2. Central Intake Team – the team gather information from their own inquiries, as well as Police and other experts
3. Threshold Assessment – the case proceeds to investigation if concerns are assessed as constituting harm, and there is sufficient information to proceed. For these cases, an initial danger assessment is conducted, which considers vulnerability issues, actual harm, and risk of harm. There are three possible outcomes of the Initial Danger Assessment: *child concern* (formal investigations to commence within 5 days), *child at risk* (investigations to commence within 3 days), or *child in danger* (investigations to commence within 24 hours)
4. Investigations are conducted by the local NTFC Office, police and/or Child Abuse Taskforce:
 - a. Interview child
 - b. Interview parents or carers, relatives and others where necessary
 - c. Medical assessment
 - d. Police investigation
 - e. Ensure child safety
 - f. Conduct full danger assessment

436 Children's Commissioner Northern Territory, *Interim progress report into intake and response processes*.

5. Outcome – harm/risk of harm is unsubstantiated or substantiated. A Safety Decision is made, with three possible outcomes: (a) safe; (b) conditionally safe; or (c) unsafe
6. Finally, a decision needs to be made as to whether a protective order needs to be obtained from the Family Matters Jurisdiction of the Local Court and/or whether a child needs to be placed (or to continue) in some form of out-of-home care in order to ensure their safety.

As an alternative to a child protection ‘outcome’, intake workers can ‘outcome’ a case as requiring family support – this involves the creation of an NTFC family support case; or, they can ‘outcome’ a matter as requiring a protective assessment which is a classification used for adolescents referred by the Youth Justice Court or Centrelink; or, as a notification requiring ‘no further action’ or ‘Screened out’, perhaps because of insufficient information being available; or they might simply note the matter but not take further action. A flow chart for the current intake process can be found in Appendix 7.1

The NTFC Manual provides for the use of a risk assessment tool in CI called the *Initial Danger Assessment* (IDA). The IDA is comprised of a list of items that are essentially decision-making prompts. There is no formal scoring system associated with the instrument with workers required to form a subjective judgement based on the pattern of responses. The IDA is intended to inform a response priority assessment and the ‘outcome’. When the IDA ‘outcome’ is determined, all child protection matters – those in one of the three risk categories– are forwarded to an appropriate work unit (regional office or CAT) for allocation to a child protection worker or police officer who undertake an investigation that includes the completion of the *Full Danger Assessment* instrument.

Intake and response performance data

Data on intake and investigation processes in the Northern Territory can be found in Chapter 5 of this report. This includes notification, investigation and substantiation numbers and rates, sources of reports, the numbers of children involved, types of abuse and neglect, and the status of the children in terms of Aboriginality. In this section we review the performance data relating to intake and investigation.

Number of matters processed to ‘outcome’ within the 24 hour target

Table 7.1 Time to finalise notification outcomes

Total notifications recorded 1 Jul 2009 and 31 Dec 2009	Number of notifications with outcome approval date within 24 hours	Number of notifications with outcome approval date more than 24 hours	Number of notifications without approval date
3462	1094 (32%)	2365 (68%)	3

The data in Table 7.1 reveal that less than one third of notifications to CI are processed to 'outcome' within the 24-hour target period. This CI backlog appears to be a chronic one which should have been improved following the addition of two new workers to the intake team. Jay Tolhurst, in a submission regarding an internal review of NTFC intake in 2009, makes the following observation:

My 2009 Intake Review argued that the NTFC Intake Service was chronically unable to process the level of incoming [child protection] demand in a timely way. That reportedly remains the case in 2010, despite recent increases in the Intake staff establishment. It means that Intake still cannot reliably meet its 24 hour processing time standard for other than its most urgent cases (i.e. 'Child in Danger' cases). Children in Danger cases comprise only a small proportion of all reports received. All other cases, including numerous serious matters deemed to require an investigative response from an NTFC office, are typically not processed at Intake within that 24 hour period. It means that often cases which the system expects will have interventions commence within a defined number of working days will not even receive advice from Intake that these cases exist until that period has already elapsed.⁴³⁷

Recommendation 7.1

That Northern Territory Families and Children either extends the 'outcome' timeframe from 24 to 48 hours for matters that do not appear to require an immediate response; or retains the current 24 hour target but intake workers make an initial assessment based only on the information to hand, as is the case in some other jurisdictions.

Urgency: Within 18 months

Number of child protection matters awaiting allocation for investigation

The interim progress report noted that as of 31 October 2009, there were a total of 785 'outcomed' child protection matters that had been referred to work units (regional offices/CAT) for formal investigation for which there was no record of the investigation having commenced. This delay in actually commencing investigations was identified in the interim report as being one of the three that 'stand out as having the most immediate and significant bearing on the safety and wellbeing of children'.⁴³⁸ The Inquiry requested updates of this data during the course of the Inquiry.

The Department provided data concerning unallocated child protection cases as of the beginning of each month from January 2010 (Table 7.2).

437 Submission: Jay Tolhurst.

438 Children's Commissioner Northern Territory, *Interim progress report into intake and response processes*, p.29.

Table 7.2: Child protection notifications awaiting investigation (no CCIS entry to indicate commencement of investigation)

Date (2010)	1 Jan	1 Feb	1 Mar	1 Apr	1 May	1 Jun	1 Jul	Average
Investigations not commenced	776	778	809	766	797	786	870	797

The bulk of such unallocated or 'not commenced' matters as of 1 July 2010 were from the Casuarina office (318), the Katherine office (116) and the Palmerston office (138).

Further data on these unallocated matters indicates that the vast majority have been waiting in excess of 11 days.

Table 7.3: Urgency ratings for outstanding child protection matters awaiting investigation on 1 July 2010

Urgency rating	Investigations not commenced
Cat 1 - Child in Danger	29
Cat 2 - Child at risk	151
Cat 3 – Child Concern	690
Total	870

The majority of the outstanding investigations relate to matters that have been initially classified as 'child concern', however, a significant number involve the two higher risk classifications.

The Inquiry is also aware that many of the child protection reports sent to some regional offices are being processed by an approach that involves the calling of notifiers for further information and, further to advice that alternative actions were in place, closing the cases. This means that many of the children 'outcomed' as needing a full investigation are not receiving one unless they are at immediate and significant risk. This approach is certainly better than not investigating at all, and may be acceptable as an emergency measure, but it is not acceptable as normal practice according to the NTFC Manual. It means that the very high numbers of children awaiting an investigation in Table 7.3 above are in fact, an undercount.

The significant and chronic backlog of matters awaiting allocation to case workers for formal investigation represents the most glaring failure of the current child protection system to ensure the safety and wellbeing of children in the Northern Territory. It is apparent that most of the children involved are from the lower risk categories and would not be at immediate risk but it is equally likely that a small number would indeed be at significant risk. The Department owes it to the children and to those who have been concerned enough to notify the authorities about their concerns, that these cases are investigated as speedily as possible so that those at immediate risk can be identified.

The Inquiry is deeply concerned that the large backlog of investigation matters continues to exist many months after the problem was identified and specific recommendations to address the problem were made in the Interim Progress Report on intake services.⁴³⁹

439 *ibid.*

Recommendation 7.2

That Northern Territory Families and Children immediately develops and implements a strategy to clear up the backlog of unallocated child protection investigations whilst ensuring all notified children are safe. Furthermore, that Northern Territory Families and Children develop a longer term sustainable approach based on a resource allocation model to ensure that such backlogs do not re-emerge.

Urgency: Immediate to less than 6 months

'Outcome' risk classifications**Table 7.4: Child Protection Investigations commenced in each year by urgency**

Rating applied at the determination of the Child Protection Report/Notification.	2004-05	2005-06	2006-07	2007-08	2008-09
1. Child In Danger	209	200	227	314	330
2. Child At Risk	508	396	496	638	784
3. Child Concern	613	748	836	976	1528
Total Investigations	1330	1344	1559	1928	2642

Turning to the issue of the actual 'outcome' risk classifications, Table 7.4 shows a marked increase in the numbers in each risk classification over the four year period 2003-04 to 2008-09. Category 1 matters increased by 59 percent to 330; Category 2 matters by 54 percent to 784; and Category 3 matters increased by close to 250 percent to 1,528. These data confirm that the recent very large increase in notifications is predominantly made up of children in lower risk categories. The implication is that the intake process is being swamped by matters that do not necessitate an immediate response but do require time to process.

Other 'outcome' categories

Two other major outcome categories are 'protective assessment' and 'family support'.

Table 7.5: Number of new protective assessment cases opened in each counting period

	2004-05	2005-06	2006-07	2007-08	2008-09
Number of Protective Assessment Cases Commenced	124	141	238	329	413

The Department reported that, in the four year period 2003-04 to 2008-09 there was a significant increase in 'protective assessment' cases opened (usually for youth at risk) from 124 to 413 cases (see Table 7.5). However, only 20 such cases were opened in the

6 months to 31 December 2009. The Department reported that this significant reduction is the result of a narrowing of the protective assessment criteria and that such cases are now more likely to be classified as child protection matters.

The Department has informed the Inquiry that it does not collect data on the completion of protective assessments.

Table 7.6: Number of new family support cases commenced by year

2004-05	2005-06	2006-07	2007-08	2008-09
486	497	506	425	500

The Inquiry requested data on assessments 'outcomed' as family support cases. It is apparent that the number of matters 'outcomed' as family support has remained relatively steady at close to 500 for each of the past four years and, 187 cases were opened in the six months to 31 March 2010 (see Table 7.6).

A submission from a NTFC work unit would appear to confirm that there are legitimate concerns about existing family support services:

due to the overwhelming caseload of CP work, FS referrals are rarely acted upon and consequently intake workers are disinclined to put up a notification as a FS referral because they know it is unlikely to receive attention.⁴⁴⁰

Given the poor levels of response to Category 3 (child concern) matters, it would be reasonable to suspect that matters 'outcomed' as requiring family support (i.e. of less urgent concern) may also be poorly served, particularly as there are no accountability requirements.

The Department has indicated that, as of 30 June 2010, there were 220 open family support cases. Of these open cases, 73 or one third of the total have no evidence of activity recorded in the previous two months.

It should be noted that in the 12 months to 30 June 2010, of all the concerns outcomed as family support cases that came to the attention of the Department only one matter was referred from the CI to external family support services.

Recommendation 7.3

That Northern Territory Families and Children formally reviews its internal family support program. This should result in a clear practice framework and accountability measures including the collection and reporting of service data relating to family support.

Urgency: Within 18 months

440 Submission: NTFC Therapeutic Services Program.

Response timeliness

The Department has been reporting on 'response timeliness' for some time now. This refers to the number/percentage of investigation responses (undertaken by child protection workers in the work units and CAT) to the initial risk classification 'outcomes' that meet the required time frames for actioning. For example, the formal investigation for Category 1 matters should commence within 24 hours of a notification being received; for Category 2 matters the target is 3 days; whilst for Category 3 matters it is 5 days. It is not clear what the 24 hour response actually refers to. The Manual notes that:

If a report requires an immediate response, that is, has been assessed as a Category 1 – Child in Danger, it must be allocated to the appropriate NTFC work unit promptly, to enable an investigation to commence with 24 hours of the receipt of the report.⁴⁴¹

However, 7.7.1 of the Manual refers to the following Practice Standard:

The outcome of a Child Protection Report will be determined and approved by the team leader and allocated or referred to an appropriate regional NTFC work unit or other service provider within 24 hours of receipt of the report.

The first statement suggests that the report must be allocated to enable an investigation to commence within 24 hours but the second requires simply that the report be allocated or referred within 24 hours. The first statement places the onus on both the CI and the work unit to refer the matter and commence the investigation within the required timeframe whilst the responsibility in the second statement rests solely with CI.

Data in Table 7.7 indicate that there appears to have been an improvement in response timeliness for Category 1 but not for the other two categories.

Table 7.7: Percentage of investigations that commenced within the stipulated time frame

	2004-05	2005-06	2006-07	2007-08	2008-09
1. Child In Danger	78%	72%	73%	74%	83%
2. Child At Risk	61%	46%	52%	49%	48%
3. Child Concern	34%	32%	30%	25%	23%

From the evidence, Category 1 response timeliness has improved over a four year period from 78 percent to 83 percent but for the other two categories there has been a marked decline (Category 2 is down from 61 percent to 48 percent whilst Category 3 is down from 34 percent to 23 percent). Interim data for the 6 months to 31 December 2009 show that there have been small improvements in timeliness in all three risk categories (Category 1 = 85 percent; Category 2 = 53 percent and Category 3 = 26 percent).

However, there is a serious problem with this measure as it is currently reported. 'Timeliness' is calculated only for those matters for which an investigation has actually commenced. As this report illustrates, there is a very large backlog of cases – 870 as of

441 Northern Territory Families and Children, *Policy and Procedures Manual, Version 2.0, 7.7.*

1 July 2010 – yet to be allocated to a child protection worker for investigation.

The report on Baby BM revealed that in that case a matter requiring investigation had not been allocated for investigation for over five months and that in some cases unallocated matters are simply ‘written off’.⁴⁴² As currently reported, the timeliness measures, particularly for risk Categories 2 and 3, do not reflect the degree to which the Department has been unable to expeditiously investigate notifications of harm to children.

It might be noted that child protection departments around the country have varying response targets for the commencement of investigations. For example, the Department of Human Services in Victoria has a 2 day target for urgent matters and a 14 day target for non urgent ones⁴⁴³.

Recommendation 7.4

That Northern Territory Families and Children immediately reviews the response targets for the commencement of investigations for the various risk categories and considers whether other targets may be more realistic. Once updated policies/ guidelines have been agreed, ongoing timeliness data should be calculated on all matters that have been ‘outcomed’ (processed by Central Intake) not just those for which an investigation has commenced.

Urgency: Immediate to within 6 months

The Interim Progress Report on Intake and Response Processes

In November 2009, the then Minister for Child Protection, the Hon. Malarndirri McCarthy, requested that the Northern Territory Children’s Commissioner prepare a report on the operation of the intake and response services of NTFC to be completed in December 2009. This request was made in the context of a number of highly publicised events involving deaths and injury of children who had allegedly been reported to NTFC as being at risk. The Minister requested the report pursuant to section 260(1)(e) of the *Care and Protection of Children Act 2007* (the Act) which:

- reviews the effectiveness and timeliness of Intake processes within NTFC;
- reviews the capacity of the NTFC Intake system
- identifies and reviews assessment tools and processes, having regards to the public comments and cases referred to above
- reviews the capacity of the intake system to respond to matters proceeded to investigation; and
- reviews the processes in place to manage unallocated child protection investigations.

442 Children’s Commissioner Northern Territory, 2009, *A report relating to a child protection notification made to Northern Territory Families and Children in respect of Baby BM*, Office of the Children’s Commissioner, Northern Territory Government, Darwin.

443 Department of Human Services (DHS), 2007, *Substantiation and risk assignment*. Victorian Government, Melbourne, http://www.cyf.vic.gov.au/__data/assets/pdf_file/0018/41724/ecec_substantiation_and_risk.pdf.

On 5 January 2010, the Children's Commissioner received a letter from the new Minister for Child Protection, the Hon Kon Vatskalis, requesting that the work done to that point be submitted by way of an 'interim progress report' as a broad-ranging Inquiry into the child protection system had been commissioned which would cover similar ground. The letter requested that the final report into the intake system be provided along with the full report of the Board of Inquiry.

The Interim Progress Report was tabled in the Legislative Assembly in January 2010 and made available to the Board of Inquiry.

Summary of findings

In summary, the Interim Progress Report found that:

- The timeliness of NTFC responses to initial classifications of risk had improved in the past year. In 84 percent of cases, formal investigations of reports classified by the centralised intake service (CIT) as being in the highest risk category ('child in danger'), had commenced within the 24 hours target timeframe. For the two other risk classifications (child in danger and child concern) response timeliness stood at 58 percent and 33 percent respectively. Altogether in the 11 months since the new *Act* had been commenced, a total of 1,190 cases had not been actioned within the target time frame.
- Although detailed data were not available, it was apparent that CIT was struggling to meet its 24-hour 'outcomes' target (that is, determining a preliminary risk classification within 24 hours). At the time of that investigation (October 2009) 370 cases were awaiting an initial assessment 'outcome'.
- With respect to effectiveness, it was noted that no generally accepted measures are available. However, there had been a raft of publicly-aired complaints about the operations of the CIT and specific allegations that misclassifications had led to the injury and deaths of children. A lack of feedback to notifiers, especially mandated professionals, was the most frequent complaint.
- It is clear from the 69 percent increase in notifications in the space of a year that the CIT experienced capacity problems. The investigation revealed that the CIT, with a notional staffing team of eight, had been operating with a daily average of less than five people and, on occasion, with as few as two people. During this period, NTFC also found it difficult to recruit appropriately-qualified staff to CIT, particularly at professional level 2 or P2's.
- There had been a number of criticisms of the assessment tools and processes in use in the CIT, particularly the inability of the tools to assess for, and identify, issues of both cumulative and potential harm. Discussion took place on the need for a major shift in the focus on child protection away from what was termed a forensic orientation to one which is more support-focused, early intervention.
- The Operations Manual lacks guidelines on the identification of infants at risk of harm, and on appropriate responses. In some cases, infants from clearly high-risk families were not afforded a high risk classification because they were currently being cared for in hospital and therefore not currently at risk. It was recommended that NTFC develop a specific initiative around the longer-term safety, wellbeing and stability of infants and young children who are brought to its attention.

- Data provided by NTFC revealed that there was a large backlog of cases awaiting assignment to a caseworker for investigation. At the time of the report there were 785 such cases which had received an initial outcome classification suggesting a child may be at risk but for which formal investigation had not commenced. There were 345 cases from one urban office in this category.
- NTFC managed these backlogs in a variety of ways, including the temporary re-assignment of staff, the creation of trouble-shooting teams and, on occasion, the 'writing-off' of some cases that had been awaiting investigation.

The report concluded that the three most pressing concerns involved:

- problems with instrumentation and assessment processes
- the need for effective support and intervention services to which at-risk families could be referred and,
- underlying workforce issues that have directly led to the serious response delays.

It was noted that the Inquiry into the child protection system would be more sharply focused on the detail of many of the issues addressed in the interim report and on integrating information received from written and oral submissions. A key issue raised but not explored in detail, is the question of whether the centralised intake model adequately meets the needs of concerned members of the public and professional notifiers who live in rural and remote areas.

Because of the nature of the interim report, six draft recommendations were made:

- That NTFC immediately review its training program for CIT staff members to ensure that all workers receive training in core child protection issues, critical decision making and cultural awareness as part of their orientation program for working in CIT
- That NTFC immediately review its training program for CIT staff members to ensure that all workers receive training in core child protection issues, critical decision making and cultural awareness as part of their orientation program for working in CIT
- That NTFC give urgent consideration to the findings of a recent review of Intake Services undertaken Jay Tolhurst (2009), and in particular those recommendations addressing efficiency concerns
- That the staffing level of CIT be increased by two full-time workers and a systematic review of caseloads and other workforce needs in CIT be undertaken by NTFC
- That NTFC consider the development of an initiative focused on the longer-term safety and wellbeing of infants and young children who come to its attention. This could be modelled on the 'One Chance at Childhood' initiative of the Department of Communities in Queensland but should also include guidelines for case classification at Intake as well as ongoing case management
- That NTFC policies and procedures be amended to reflect the principle that the opinions of medical and allied personnel who have worked directly with infants and young children and their caregivers, should be afforded 'special consideration' in assessing the risk status and wellbeing of children and when intervention decisions are made

- As the particularly chronic workforce issues faced by both the CIT and some NTFC work units and are having a serious adverse impact on NTFC's ability to ensure the protection of children, it is recommended that NTFC act immediately to address the backlogs involving initial assessments and case allocations and, to prioritise implementation of recruitment and retention strategies developed by their internal review team.

The Case of Baby BM

At the time the intake report was commissioned by the Minister, the Children's Commissioner was also asked to prepare a report on a specific case, Baby BM⁴⁴⁴. This matter involved allegations that the intake process had failed to appropriately identify and act on the risk to an infant who subsequently died. Staff members at the Royal Darwin hospital had notified the Department at the birth of BM believing that he was at risk given the parental history of alcoholism, mental health issues and domestic violence.

This investigation report determined that there was a long family history of notifications and investigations over a period of five years. However, no children had been removed and it was unclear whether formal assistance had been provided. Of particular concern was that a notification had been received concerning harm to the infant's five-year old sibling, five months prior to the infant's birth. This notification had been 'outcomed' as a child protection matter (child concern) requiring further investigation but, at the time of the infant's birth, the case was still awaiting allocation to a worker for investigation.

At the time the notification for the infant was received, the intake workers processed it as an 'intake event' only and passed this information along to the Casuarina office where the original matter was still awaiting allocation to a worker for investigation. The girl's case was still awaiting investigation when the infant died aged eight weeks.

At the time of the infant's death it was widely reported in the media that the infant had died as a result of abuse. However, the Northern Territory coroner issued a statement the next day to the effect that a preliminary autopsy had determined that there was no evidence of obvious injuries, trauma, broken bones or abuse. The death was formally referred to the Northern Territory Coroner for investigation.

In reviewing the BM matter it was determined that:

- serious issues relating to the quality of the information being passed along to child protection authorities had emerged
- the current assessment processes appeared to overlook the problem of chronic risk and cumulative harm
- the opinions of medical personnel were not satisfactorily taken into account in the making of assessments
- there did not appear to be a protocol for guiding the responses of caseworkers to ensure the safety and wellbeing of infants and children, and
- the workloads of caseworkers, court evidentiary requirements and the lack of available placements were also identified as having a direct bearing on the decision-making processes.

444 *ibid.*

The report on BM made the following recommendations:

- First, that NTFC policies and guidelines be amended to reflect the principle that the opinions of health and allied personnel who have worked directly with infants and young children and their caregivers, should be afforded special consideration in assessing risk status and intervening to ensure the wellbeing of children
- Second, that NTFC develop specific guidance for the assessment of notifications involving infants and very young children that draws attention to their particular vulnerabilities and needs and that prompts consideration of a parent's capacity to ensure safety and wellbeing
- Third, that NTFC ensures that the new decision-making instrumentation to be used in its Central Intake service is specifically configured to identify and to prompt for appropriately protective responses to issues of cumulative harm.

The Inquiry endorses the recommendations from the two reports from the Office of the Children's Commissioner: *Report in respect of Baby BM* and 'The Interim Progress Report on Intake and the response process' and calls for their timely implementation as per Recommendation 7.5 below.

Recommendation 7.5

That the recommendations from the two reports from the Office of the Children's Commissioner: *'Report in respect of Baby BM'* and 'The Interim Progress Report on Intake and Response Processes' be implemented as a matter of priority, subject to any over-riding proposals from the current Inquiry.

Urgency: Within 18 months

Written and oral submissions on intake and response services

The Inquiry received a large number of submissions that addressed issues relating to intake and response services. The submissions were largely, but not exclusively, critical of current structures and practices. However, there were also many suggestions for improving the system.

Difficulties in making notifications

A number of submissions indicate there were major differences of opinion over the roles and responsibilities of various professionals and that, in some cases, relationships between CI and some notifying professionals had become marked by hostility and mistrust.

One group of professional staff indicated that they had stopped making notifications over the telephone because of the hostility that marked the interactions and doubts were expressed about whether the notifications were being appropriately registered. Their use of written notifications had led to further tensions with CI which, in December 2009, had requested that notifications only be made verbally and, allegedly, returned written notifications in a punitive manner to the professional workers who authored them.

One confidential submission suggested that the directive to a particular group to only make notifications verbally was seen 'as indicative of a desire to take notifications from that group 'off the books'⁴⁴⁵. The concern that not all notifications are registered appropriately is one that came up in a number of submissions.

It should be noted that an internal NTFC report on Intake services by Jay Tolhurst suggested that the practice of sending written or faxed notifications was adding to the inefficiencies in CI because intake workers always had to attempt to call the notifiers back to request further information.⁴⁴⁶ Regardless of the causes, any breakdown in the relationship between CI and a major referring group must be of serious concern.

Some submissions refer to difficulties in actually getting through to the intake line, a problem also noted in the Interim Intake Report⁴⁴⁷. A submission describes the experiences of one person who attempted to make notifications:

I add my own experience of being unable to contact the Central Intake Team on a number of occasions and receiving recorded messages that I should call back later because the line was overloaded. I believe that these minor issues would be resolved if structural issues of the crisis in child protection were addressed.⁴⁴⁸

A school principal also comments on the practical impediments that he faces in making notifications:

School Leaders are keen to fulfill their responsibilities toward children. The cumbersome nature of present requirements, if refined, will help them to do this in a more positive and strategic manner. The Mandatory Reporting sign-off requirements presently in place are too unwieldy and need to be refined.⁴⁴⁹

Other submissions noted that the processes of making a notification are onerous and take a long time. Some drew attention to the fact that there were only two phone lines and one often had to wait on line for long periods of time. One submission noted that it is difficult to get a positive response after 4:21pm, the notional public service closing time.

445 Submission: Confidential.

446 Northern Territory Families and Children, June 2009, *Review Report of NTFC Intake*, report prepared by J Tolhurst, Northern Territory Government, Darwin.

447 *ibid.*

448 Submission: Dr Rosalie Schultz. see comment above.

449 Submission: Henry Gray.

Another submission addressed the risk to young people where there are long delays in processing notifications. Long response delays may not just be an administrative matter but a matter of life and death:

Why are staff at intake level not actively referring people to non-government sectors or police etc for more immediate support. Leaving matters un-attended for months after we have explained the process to children re: notifications and the fact that the police and or NTFC will likely question them re-traumatises young people. Where I ask are the needs of the young person considered in this? They are not. Meanwhile mental health teams are left to manage the risk that follows with such interventions. If NTFC is to function effectively, Referrals have to be responded to immediately.⁴⁵⁰

Unhelpful bureaucratic requirements

Some submissions refer to the unrealistic requirements for detail which, if not available at the time, may lead to CI refusing to take the notification. In one case a witness stated that they were unable to complete a notification about an infant at risk because they did not have the exact address of the mother who was living in the 'long grass'. The police were called and reportedly responded immediately, locating the woman and the child.

Several submissions make reference to a requirement that follow-up calls from professionals or members of the public relating to open cases (already processed through CI and investigated) also needed to go through CI. One referred to:

The inability to go directly to case workers and having to go back through the 1800 intake number often is detrimental to a child's safety.⁴⁵¹

Sunrise Health Service Aboriginal Corporation commented on a particular matter:

FACS visited the community the day before looking for a child. To report that I had seen this child, I was asked to go through the intake team again. - The next day I was contacted by... FACS; the case worker was going on leave and asked that any further issues be forwarded through the intake team. Nothing further has happened.⁴⁵²

Several submissions suggested that where reporters had information on new developments in an open case (i.e., one that had been substantiated) they should not have to go through the whole intake process again.

450 Submission: Hannah Moran.

451 Submission: Crockford and Carolin (see comment above).

452 Submission: Sunrise Health Service Aboriginal Corporation.

Recommendation 7.6

That Northern Territory Families and Children develops guidelines to the effect that professional notifiers with follow-up information on an open case (i.e. a case formally under investigation or a matter that has been substantiated) have the option of directly contacting the relevant regional office rather than needing to be processed through Central Intake.

Urgency: Within 18 months

Third report rule

Some submissions, including that from DHF, noted that word has got around that in order to secure a response from CI multiple notifications had to be made to trigger the so called 'third report rule'.⁴⁵³ This stems from an NTFC Manual guideline⁴⁵⁴ which mandates an investigation into child protection in circumstances where, regardless of the 'outcome' classification, three notifications have been made over the course of a year. One submission notes that:

The process to make 3 reports before action/investigation of a known family is contrary to the reporting requirements.⁴⁵⁵

The Manual does not provide the reasons for instigating the 'third report rule' but it is likely that the intent was to trigger an investigative response to matters involving cumulative harm where individual events do not reach the investigation threshold. However, given the chronic backlog of matters awaiting investigation it is unlikely that any such intention of the 'third report rule' is being met.

Internal processing of notifications

A number of submissions were received that raised questions about the efficiency of the actual processes involved.

Earlier this year a new data entry screen was developed for CI which is called the 'Intake event'. This screen was designed to speed up processing and cut duplication. Several submissions mentioned that, although this may have been the intention, the data screen does not appear to have made an appreciable difference and may even have made the process longer.

Jay Tolhurst who undertook a review of intake services for NTFC in 2009 made a number of recommendations to address inefficiencies in the processing of notifications. In his submission to the present Inquiry he suggests that NTFC should reconsider:

existing business rules/processes which add significantly to processing time costs at intake (e.g. the progressive withdrawal of email/fax reporting).⁴⁵⁶

453 Submission: DHF.

454 Northern Territory Families and Children, *Policy and Procedures Manual, Version 2.0*.

455 Submission: Crockford and Carolin.

456 Submission: Jay Tolhurst.

NTFC has indicated that they are in the process of actioning the efficiency recommendations made in the Tolhurst report and supported in the interim progress report undertaken by the Children's Commissioner⁴⁵⁷.

Some submissions addressed issues relating to collaborative work with the police and how some collaborative requirements resulted in unacceptable delays. Observing that some guidelines require consultation prior to making an intake decision, one submission notes:

The working relationship with police has created practice issues... NTFC response should not be dependent on police action, but rather clear on protection of the child. This relationship also creates lengthy delays in intakes being outcomed and forward to local offices.⁴⁵⁸

Another submission from a statutory worker drew attention to the fact that some internal referral processes are so cumbersome that they leave young people at risk because many internal referrals are not dealt with expeditiously.

Data supplied by DHF indicate that there is a large number of matters under investigation by the CAT North for which a case has been opened but the investigation has yet to be completed. As of 31 March 2010 there were 391 such matters recorded by CAT North and another 69 for which an investigation had been completed but not 'signed off'. NTFC has indicated to the Inquiry that these data may not reflect incomplete investigations but rather follow-up casework that has not taken place or that has not been entered on the data system. Either way, these data need to be formally reviewed and action taken to clear the apparent backlog.

Recommendation 7.7

That Northern Territory Families and Children and the Northern Territory Police review the large numbers of apparently incomplete investigations from CAT North to determine the accuracy of the data and whether action needs to be taken to address the apparent backlog in completing investigations.

Urgency: Within 18 months

Management and supervision of workers

In the written and oral submissions there is comment about the management of the CI. Some noted that there had been a significant turnover of team leaders as well as intake workers in a short period of time whilst others broadly suggested that there are deficiencies in the management of the service.

The Interim Progress Report on intake noted that pressures in CI had led to a falling-away of normal supervision arrangements - a number of submissions made reference to the fact that formal supervision was rarely provided for intake workers and is not considered to be a priority.

457 Children's Commissioner Northern Territory, *Interim progress report into intake and response processes*.

458 Submission: NTFC employee.

Other workplace management issues raised in submissions include a poor induction and orientation program being provided for new workers. Some suggested that morale in the CI was low – ‘It’s not a happy place, for many reasons, and it is a tough job...It is quite grim, and that’s all you do all day... You are weighing up risk all day so there is pressure there...It is a very cold place...It is not a safe place to work’.⁴⁵⁹

Workplace issues are explored in more depth in Chapter 12.

Qualifications of intake staff

The issue of staff qualifications for working in CI came up in a number of submissions. In the Children’s Commissioner’s interim report⁴⁶⁰ it was observed that the practice standard for intake staff was that they are required to be at the P2 level but that P2 staff are in a minority because of chronic recruitment difficulties. The NTFC Barkly submission states:

The reality is that intake is such an important job that it should consist of the most experienced staff who know the right questions to ask and can identify what is and is not Child Protection and how seriously it should be treated (triage).

Other confidential submissions stated that a role as important as intake needs to be undertaken by very qualified and experienced staff members and several noted that problems multiplied when poorly experienced and non-professional staff began gathering information for assessments.

The Department accepts that it is having significant problems attracting staff, noting:

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.

A client of one NGO was reported as making the following comments:

They keep putting new people on you...you really need some of your best workers on intake so that they can assess things properly from the start not ‘cleanskins’ ...that’s what they used to be called...you want good quality people that know what to look for and what to ask and can make good assessments straight away.⁴⁶¹

One submission maintains that NTFC should consider employing general staff members in CI who are trained as call centre operators rather than insisting on professionally qualified staff members.

Clearly the issue of attracting and retaining staff members is a critical one that at some level underlies most of the practice concerns outlined in this report.

459 Hearing: Witness 62.

460 Children’s Commissioner Northern Territory, *Interim progress report into intake and response processes*.

461 Submission: Danila Dilba.

Training of CI staff

The Children’s Commissioner’s Interim Progress Report noted that most (but not all) of the CI staff members had received some training in areas of child protection practice, but there did not appear to be a systematic approach to ensuring that all CI staff had the specific training required to undertake the work.⁴⁶² For example, only two of the staff members at that time had received training in ‘critical decision-making’, a core skill for the intake task. It was recommended that NTFC undertake an immediate review of the training program for CI staff to ensure that the appropriate training was provided.

Specific types of training were recommended in some submissions. For example, some health workers called for:

Consistent and appropriate training for intake staff to ensure that notifications are taken in a timely and courteous manner. Some anecdotal evidence to explain this point includes: staff member making a notification on a Friday afternoon at 4.00pm was told that it was an inappropriate time to make a notification and that she should call back; staff member made to feel that her concerns were frivolous.⁴⁶³

One recommendation in the Interim Progress Report on intake states:

That NTFC immediately review its training program for CIT staff members to ensure that all workers receive training in core child protection issues, critical decision-making and cultural awareness as part of their orientation program for working in CIT.⁴⁶⁴

This recommendation is strongly supported by the current Inquiry and the Inquiry believes it must be addressed without delay.

Training of notifiers

A number of submissions make reference to the fact that there needs to be a more effective education program for those who are expected to notify, not just those who receive notifications. In one submission it is states:

Minimal training provided to the community in relation to the current Mandatory reporting responsibilities in the community. This leads to ill informed reporting processes at times. Especially, health and educational staff need to be trained more intensively re child protection matters.⁴⁶⁵

A number of submissions express concerns about community expectations, education and knowledge of how to access the system, the allocation of public resources, and cultural awareness. For example:

462 Children’s Commissioner Northern Territory, *Interim progress report into intake and response processes*.

463 Submission: Palmerston Child and Family Health Nurses.

464 Children’s Commissioner Northern Territory, *Interim progress report into intake and response processes*, Draft Recommendation 1.

465 Submission: Tangentyere Council.

Indigenous and non-Indigenous communities lack understanding about [child sexual abuse] and mandatory reporting obligations in the Northern Territory. It is widely accepted that [child sexual abuse] is extensively under-reported. There is a need to educate communities about what is/not sexual abuse; what is/not acceptable behaviour; and what role communities can play in protecting children. There have been no funds allocated to do this, yet there is a well-funded plan to support mandatory reporting of [domestic violence]. NTFC needs to educate Indigenous and non-Indigenous communities about [child sexual abuse] – what it is, how communities and individuals can prevent it, and mandatory reporting obligations.⁴⁶⁶

On the need for a broader educational perspective, AMSANT observes:

The Office of Aboriginal and Torres Strait Islander Health [OATSIH] has funded a series of workshops on the detection and management of child abuse targeted to clinicians working in Aboriginal primary health care. These have been well received. Education in this area needs to be provided regularly given rapid staff turnover and a high proportion of locum /inexperienced staff due to workforce shortages. Aboriginal Community Controlled Health Services (and other services) need to be assisted to orientate their staff in this area.

There is some confusion over the specific requirements of notifiers and a need for more specific training in complex matters:

We understand that any staff member is required to report if reasonable ground[s] to believe abuse has occurred. However, we are advised not to investigate so as not to ‘taint the evidence’. As a result, the information we gain is often limited. From experience we have learnt that when later called to be a witness and cross examined in court we are left in a difficult position. What are our obligations in relation to collecting and recording information?⁴⁶⁷

It should be noted that the need for a ‘public awareness campaign’ for Aboriginal people about child sexual abuse was a key recommendation of the *Little Children are Sacred* Report.⁴⁶⁸ The Northern Territory Children’s Commissioner pointed out that although there had been a specific Northern Territory government commitment to ‘a wide-spread and sustained educational campaign’ this had yet to eventuate.⁴⁶⁹

Specific suggestions around training include the following:

(The) Development of a ‘checklist’ or flowchart to assist other clinical staff as to when a FACS notification should be made, including any interim referral pathways.⁴⁷⁰

466 Submission: Gerri Grady.

467 Submission: Residential School.

468 Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, *Ampe Akelyernemane Meke Mekarle “Little Children are Sacred”*, Recommendation 94. See Chapter 6 for more detail.

469 Children’s Commissioner Northern Territory, *Annual report 2008-2009*.

470 Submission: Palmerston Child and Family Health Nurses.

One submission from within NTFC made the observation that:

NTFC currently has no allocated staff or dedicated positions available to offer Community Education or mandatory reporting sessions.⁴⁷¹

Jay Tolhurst who makes extensive comment on the operations of CI and who undertook an internal review of CI for NTFC, also made reference in his submission to improved education of the notifying public as a key element in improving the efficiency of the intake system.

Cultural competence of intake workers

A number of submissions addressed the issue of cultural competence. One of the NTFC work groups observes:

Consideration needs to be given to recruiting more Aboriginal staff to the Central Intake Team to assist with making assessments on reports about Aboriginal children in remote locations. Perhaps the Aboriginal Community Resource Worker team that is based at Central Intake could be co-opted to provide this function.⁴⁷²

An experienced statutory worker who is familiar with the process, observes:

Most of the orientation consisted, and I imagine it remains the same, of people being given a map of the Health Centres, Aboriginal Communities and Police Stations. No orientation was given about the history of the Stolen Generations or the formerly 'welfare' system.⁴⁷³

The Children's Commissioner's Interim Progress Report recommended that cultural awareness training should be an orientation requirement for any worker at CI.⁴⁷⁴

Critical issues relating to the effectiveness of and confidence in Central Intake

Differences of opinion over the risk classifications made by Central Intake

Many submissions and community service providers addressed the question of different perceptions of the level of risk experienced by notified children and the particular thresholds being used in CI to determine harm.

Perceptions that the NTFC uses high thresholds for intervention have also been raised in the two reports prepared by the Children's Commissioner for the Minister for Child

471 Submission: NTFC Training and Development Unit.

472 Submission: NTFC Darwin Remote Office.

473 Submission: Confidential.

474 Children's Commissioner Northern Territory, *Annual report 2008-2009*.

Protection.⁴⁷⁵ Numerous NGOs and external professionals have expressed their concerns about the decision-making processes, especially the high thresholds being applied which exclude many children who remain at risk. For example, thresholds for acceptance into the child protection system as recognised by remote Aboriginal Health Workers are not recognised as meeting the threshold at the Intake point.

Being told that the report doesn't warrant being entered on the system.

Being informed that the behaviour is normal for Aboriginal people, such as teenage girls wandering the streets late at night, and as such does not constitute harm.⁴⁷⁶

Lack of response from the Department on issues of serious concern frustrate a number of organisations. This is frequently expressed in the submissions. According to Save the Children, the organisation:

repeatedly notified on some families due to serious concerns for the safety of children with little or no response from the Department unless the issue is elevated to senior levels. No notification we have made on a town camp has resulted in children being removed to safety despite at times serious violence and neglect issues.

Many practitioners with a long history in child protection work found the assessment and screening process confusing, particularly 'threshold' assessment on the part of the person managing the intake.⁴⁷⁷ This same frustration was expressed by Tangentyere Council in their submission:

Notification was made to NTFC by staff regarding two siblings. CP informed staff that children were not high enough risk for them to investigate, staff requested Targeted Family Support Scheme (TFSS) pick up the case and we were informed that children were too high risk for their team, resulting in no service delivery and a non-actioned notification. Children fell through the gap.

One experienced NTFC worker made the following observation:

What someone gets charged with torture for in the Eastern states we accept as 'normal' in the Territory, and this higher threshold of neglect has been confirmed by staff at [NTFC]. It becomes demoralising on a daily basis to witness the needless death and suffering that Territory children live with and know that there is no point in notifying [NTFC] as the notification will be closed at Intake.⁴⁷⁸

There were numerous complaints that CI had refused to recognise that particular children had been harmed or were in danger of being harmed or to accept recommendations that a family needed family support services.

475 *ibid.*

476 Submission: Centre for Remote Health, Charles Darwin University/Flinders University.

477 Submission: Relationships Australia.

478 Submission: Confidential.

There was an allegation this young girl was hit around the head and three people decided NTFC needed to be involved. She had over 10 previous notifications and many substantiations of harm. It goes through from the community as a child at risk but when it is finalised it comes out as 'insufficient information' because there is no evidence of harm.⁴⁷⁹

Schools and health services repeatedly reported serious concerns of child safety. For example, one professional reporter provided a detailed outline of a chronically neglected child raised by parents with serious drug and alcohol problems. Despite a long history of reporting the case, a number of years passed before the boy was actually taken into care.

Repeated phone calls were made to FACS ... We were repeatedly told that there was not enough evidence to act on.⁴⁸⁰

Frustration was also expressed in a submission from Sunrise Health Service Aboriginal Corporation: of the two cases reported to the intake team, one was not considered serious enough to follow up despite evidence of neglect and emotional abuse by the step parent. This type of poor response was a common theme in the submissions, particularly when reporting involved volatile substances and abuse⁴⁸¹ and, for example,

One consequence of the marginalisation of child neglect ('child concern') is that child neglect referrals tend to get accepted only when the situation is entrenched and not easily responsive to intervention...⁴⁸²

Counsellors also report that there is a view that neglect of children is regarded by NTFC workers as less serious or concerning than sexual or physical abuse. Parents are reportedly saying 'why bother ringing NTFC'. A remote clinic nurse intended to report a baby with continual illness and infected scabies but for whatever reason did not report this.⁴⁸³

Medical neglect is another form of abuse that is rarely followed up by [child protection services], and those that are investigated briefly happen only after repeated calls to intake by paediatricians and paediatric nurses. Medical neglect occurs when a child with serious medical conditions is not taken to paediatric appointments despite multiple phone calls and reminder letters sent by the hospital. They also miss appointments with other specialty Departments and allied health. Some of these children are in care!⁴⁸⁴

Another submission from a medical practitioner raised similar concerns providing examples of chronic medical neglect involving non-compliance with medical advice in situations involving 'significant growth concerns'. The practitioner maintains that the Department 'appears reluctant to respond to such cases'.

479 Hearing: Confidential witness.

480 Submission: Confidential.

481 Submission: Confidential.

482 Submission: Nettie Flaherty.

483 Submission: Relationships Australia.

484 Submission: Paediatric nurse.

Other submissions expressed anxiety at the Department's lack of response to notifications of children who need to spend long periods of time in hospital but do not receive visits from family. In such cases there are concerns about abandonment or neglect yet such matters do not meet the imminent or actual harm criteria for triggering a formal assessment.

(There is a) Huge emphasis on tangible harm at intake...This means that children with disabilities or children with behavioural problems, or children where there is no substantive evidence of harm, are not accepted as clients at intake level.⁴⁸⁵

Reports from schools regarding children who are not physically abused but are neglected, and living in substandard conditions are ignored by the Department.⁴⁸⁶

Given the widespread dissatisfaction over decision-making in CI it is not surprising that one confidential submission called for the establishment of a review function for notifications.

The case examples referred to here are a small sub-set of the large number of submissions that addressed this issue. Many of these submissions were marked confidential and/or contain details that may have led to the identification of particular children, so they have not been cited. Clearly, there is a significant gulf of misunderstanding between NTFC and professional notifiers with respect to what constitutes harm to children and what circumstances call for a protective response. Of particular concern to the Inquiry have been the examples from health and education professionals from across the Territory who claim that the Department has routinely refused to act on notifications where there is abundant evidence that children are being harmed.

It should be noted that any discussion of intervention thresholds needs to consider the context of practice in the Northern Territory and disparities that exist between the Northern Territory and other states. Generally poor living standards in remote areas, the devastating impacts of alcohol/kava, marijuana and gambling, the decline in traditional cultural practices, the history of forced child removal⁴⁸⁷ and the significant shortage of Aboriginal foster carers along with the adoption of the Aboriginal Child Placement Principle, all contribute to the creation of a complex practice context in which there are conflicting imperatives and some policy confusion. Additional complexities exist in understanding and working with Aboriginal people with a complexity of living arrangements such as those in the Northern Territory eg Town camps, long grass, outstations, homelands, rural and remote. Intervention standards in use elsewhere, could, if adopted locally, lead to many more children and families coming under the purview of NTFC which does not have the resourcing to adequately deal with current numbers. A paediatrician captured some of the complexities and the difficulties faced by child protection workers:

485 Submission: NTFC employee.

486 Submission: ANTSEL.

487 Human Rights and Equal Opportunity Commission (HREOC), *'Bringing them home'* report.

Neglect is one of the main problems I deal with as a Community Paediatrician. There are no clear definitions of neglect, and it is subjective to decide when a child is being harmed due to 'non intentional' neglect. Nearly all children living in remote communities and on town camps may be included in this category. Allowances must be made for culture, different child raising practices, poverty and disempowerment. It is difficult to know whether a relativism approach is required (standard of care compared to other children within the same community), or absolute approach (same standard applied to all children regardless of ethnicity, location etc). This makes it difficult to know right from wrong at times, and as professionals we have little training in this area. There are no clear guidelines as to which children should be notified, and this remains variable between clinicians resulting in a lack of consistency. Often new, and visiting staff, have a lower threshold for notification, as once you have worked in this area for some time many things may become 'normalised'. (There are) lower thresholds for reporting in the Northern Territory – we see the normalisation of the abnormal.⁴⁸⁸

Concerns such as these and numerous other examples of different opinions regarding risks and responses, highlight the pressing need for policy clarity, clear guidelines, clear understanding of professional roles, and compelling mechanisms for interagency collaboration and training.

Key recommendations contained in this report around interagency roles and collaborative practice (see Chapter 11), if implemented, should contribute substantially to addressing problems that arise in the assessment of risk.

Cumulative harm

Many, but not all, of the differences of opinion concerning risk pertain to the differences between actual and imminent harm versus cumulative harm. Cumulative harm 'refers to the effects of multiple adverse circumstances and events in a child's life. The unremitting daily impact of multiple adverse circumstances and events on the child can be profound and exponential'⁴⁸⁹. Particular episodes of abuse or neglect (for example a child witnessing domestic violence) may not in themselves reach the threshold that triggers a statutory intervention but the cumulative impact of many such episodes may result in serious harm to a child's development. Cumulative harm is often (but not exclusively) associated with neglectful parenting.

Most risk assessment instruments and decision-making processes in child protection services focus on particular harmful events and on the urgency requirements in terms of response. That is, the emphasis is on issues of *urgency* and *imminence* not *significance* of harm. These response elements are necessary ones but in overloaded systems they may become the only areas of focus and thus children who are being seriously harmed but whose circumstances do not require an immediate response, do not get the protection and support they deserve. Recent Northern Territory reports such as the report on Baby BM highlight this problem⁴⁹⁰. In the Baby BM case, the Commissioner observed:

488 Submission: Dr Clare MacVicar.

489 L Bromfield et al., 2007, 'Cumulative harm and chronic child maltreatment', *developing practice*, vol. 19, pp.34-42, p.35.

490 Children's Commissioner Northern Territory, *Report in respect of Baby BM*.

There is a common theme in all the notifications received by NTFC which suggest that AJ (BM's 5-year-old sister) is likely to have been exposed to numerous incidents of family violence, alcohol and drug usage, inappropriate sexual behaviour, shouting and verbal abuse from the adults, all over a long period of time...It would appear that this chronic pattern of behaviours and risks may not have been given due consideration when the case severity was being assessed and that each notification was looked at as an isolated event rather than as part of an ongoing pattern.⁴⁹¹

A number of similar examples were provided for the Inquiry in confidential submissions.

The Department itself is well aware of the problems with the current assessment focus and it might be noted that the relative neglect of cumulative harm has been identified in other jurisdictions around Australia. For example, the Victorian Ombudsman in a recent report on child protection services in that state observed:

Throughout my investigation, it has been apparent that the Department's capacity to respond is so stretched that cumulative harm to children has not been given the priority and attention it should.⁴⁹²

The submission from NTFC Therapeutic services captures the assessment dilemma:

If a notification doesn't meet the threshold to raise a child protection investigation (CPI) it doesn't get an intervention – deemed 'no further action' or 'no abuse or neglect found' because although there is clearly something going wrong in this family it does not yet meet the statutory definition of child abuse. Yet this is where the work should be focused – with early intervention and preventative supports put in place so issues are resolved at an earlier stage and further abuse and neglect is prevented.

The submission from Tolhurst (author of the internal review of intake services) addressed the question of cumulative risk in some detail. He observes:

I think a preferable agency response is that which NTFC is currently developing where lower risk cases (which will often involve cumulative harm) are diverted from the system without investigation and connected directly to family support services where they exist. Note that this Diversion Response (i.e. DRF) is a process undertaken in the NTFC office, not at Intake.

In my view Intake is not the place to make system changes to address cumulative harm. That is because current and future [Structured Decision Making] screening processes are configured to capture these cases reliably. The problem in the cumulative harm response is not at Intake. It is in the resources available to respond to these cases in NTFC offices, and the accessibility/availability of community support services to which the families involved can be connected.

491 *ibid.*, p.13.

492 Ombudsman Victoria, *Own motion investigation into the Department of Human Services Child Protection Program*, p.11.

The Inquiry agrees that the fundamental problem does indeed relate to the availability and quality of services to which families can be referred for assistance (see Chapter 8), but that the problem of identifying cumulative harm also remains an issue for CI.

The intake service is the gateway to those services that do exist and if cumulative harm cases are not being identified then no assistance will be provided, especially in those complex matters that may require a statutory intervention. Moreover, many of the submissions provide examples of cases involving cumulative harm in which the present harm to children is significant and their developmental prospects are undeniably compromised, yet they did not receive an investigation.

From 1 July 2010, NTFC began introducing what is termed the Structured Decision-Making (SDM) system – an empirically-based assessment set of tools that can be used at various points in the statutory process and which has been adopted in some other states. The first step was to introduce the system to CI, including a new initial assessment tool. The SDM system provides for a clear, step-wise decision-making protocol and it is understood that it has been specifically configured to screen for issues of cumulative harm. However, Tolhurst observes that despite an increased emphasis on cumulative harm risk factors using new tools, such as the SDM Response Priority Tool, the prospect of imminent harm still informs the SDM Response Priority rating.⁴⁹³

The children who drift

Related to the issue of cumulative harm is the issue of children who are receiving less than optimal parenting by a variety of caregivers and whose developmental potential is seriously compromised, but who are rarely picked up by child protection systems.

The Inquiry heard about a number of such children who slip through the usually effective extended familial support networks that operate in most Aboriginal communities. Some children may be looked after in a basic fashion but not provided with the love and care they need. For example, the Inquiry heard about the ambivalence evidenced by some carers when required to look after a grandchild following the death of the child's parent (their own son or daughter) in an episode of domestic violence. It also heard from a teacher who was concerned about the care of a nine-year-old student who was related to the family with whom he lived. She did a home visit and discovered that whilst the other children slept inside the house, he was required to sleep by himself on the veranda. The High Risk Audit⁴⁹⁴ reviewed a case in which an infant was passed between relatives to other community members and eventually handed on to the police by people who did not know the identity of the child. The Children's Commissioner's annual report⁴⁹⁵ has also drawn attention to such children who might be accepted by a community but do not have anyone in particular to parent them. In some cases there may have been reports to child protection services alleging neglect, but these have not resulted in an assessment that has identified the lack of attachment to any particular person or people.

In discussion with community members around the Northern Territory, the issue of 'wrong way' babies was raised on a number of occasions. These are infants that result from parental unions that violate the complex 'skin' or moiety prescriptions of

493 Submission: Jay Tolhurst.

494 Northern Territory Department of Health and Community Services, *Northern Territory Community Services high risk audit: Executive summary & recommendations*.

495 Children's Commissioner Northern Territory, *Annual report 2008-2009*.

traditional cultural practice. It was suggested that such children may be at increased risk of being rejected by a biological mother and passed on to relatives who may not have a commitment to providing the necessary parenting and support that children need. The Inquiry was also told about other infants that might be at increased risk of abandonment – in addition to children with a disability, these include what were termed ‘grog babies’ (conceived in the ‘wrong way’ whilst the mother was under the influence of alcohol) and ‘conscience babies’ (rejected by the biological mother because she had a ‘bad conscience’ about the circumstances around the conception of the child).

Although the terms ‘wrong way baby’, ‘grog baby’ and ‘conscience baby’ were brought up spontaneously, it is unclear how widely the terms are used, the number of children to which they apply, and the degree to which such children are at increased risk of neglect. That such terms exist at all suggests that assessment and investigation processes must be sensitive to the possibility that some children may be provided with the basic necessities of life but not the vital attachment and engagement so necessary for healthy development.

Recommendation 7.8

That Northern Territory Families and Children ensures that its investigation processes and instruments are sensitive to the possibility that notified children (particularly for reasons of neglect) may be provided with the basic necessities but not be meaningfully bonded with a caring adult or adults, and that they can experience significant developmental harm as a result.

Urgency: Immediate to less than 6 months

Potential harm

A number of cases involving potential harm, rather than actual or imminent harm, have come to the attention of the Inquiry. These generally involve infants who are currently safe (for example, they may be in a paediatric ward in hospital) but are due to be discharged to a parent or parents with serious substance abuse problems or histories of serious domestic violence. Complainants were told that the Department could not assess such children as being ‘in danger’, or ‘at risk’, as no harm had occurred. For example:

There has been concern that the NTFC response to children referred by health staff as being at high risk of child abuse has at times not been adequate. These are obviously difficult situations e.g. child abuse not substantiated therefore NTFC Child Protection Services do not have statutory powers to intervene. However in such situations, health care staff would recommend a high level of case monitoring and family support, and this has not occurred. There have also been situations where child abuse has been considered likely by health care staff but not agreed upon by [child protection services] staff, which again has resulted in inadequate action to ensure the best outcomes for these children.⁴⁹⁶

496 Submission: Royal Darwin Hospital, Paediatric Department.

In one case widely reported in the media, an infant was severely harmed some weeks after being notified, on a number of occasions, as potentially at risk when he was discharged. In that case, the Department apparently deemed that the child's situation did not reach the threshold for a child protection investigation and a request for a family assessment was refused.

Clearly, such matters involving potential risk do fall within the statutory role of the Department – 'any adult is required to report a matter in which a child 'has suffered or is likely to suffer harm...' (s. 26) – however, the Department is reluctant to become involved. To some extent this may be a result of the resource implications.

The Interim Progress Report on intake services recommended, that the Department:

- consider the development of an initiative focused on the longer-term safety and wellbeing of infants and young children who come to its attention.⁴⁹⁷ The initiative could be modelled on those of other child protection Departments around the country. It is imperative that such a program be established for infants and young children in the Northern Territory and the Inquiry notes that NTFC has indicated that they are in the process of implementing such a policy.

Recommendation 7.9

That Northern Territory Families and Children urgently implements an initiative focused on the longer-term safety and wellbeing of infants and young children who come to its attention. This might be modelled on the 'One Chance at Childhood' initiative of the Department of Communities in Queensland but should also include guidelines for case classification at intake as well as ongoing case support and management.

Urgency: Immediate to less than 6 months

Protecting unborn infants and neonates at risk

The issues of providing protection for unborn infants or for neonates were raised in a number of submissions. Concerns arise where a pregnant woman may be engaging in high risk behaviours such as the serious abuse of substances, to the extent that such behaviour may harm the unborn child. There are frequent situations in which the behaviour of a pregnant woman and/or her mental health or disability status suggests that she may not be able to provide adequate care and protection for her infant.

No formal powers are provided in the *Act* for the Department to act in matters involving harm to unborn infants or potential harm to neonates but there is a practice guideline to the effect that the latter may be noted by case workers so that case planning may proceed. The NTFC Manual notes that:

497 Children's Commissioner Northern Territory, *Interim progress report into intake and response processes*, Draft recommendation 4, p.7.

Reports made before the birth of a child that identify risks to the child after their birth should be recorded on CCIS and referred to an NTFC work unit for follow-up if appropriate. The purpose of recording these reports is to allow assistance and support to be provided to the family to reduce the likelihood of being harmed when born.⁴⁹⁸

The Department was unable to provide information about any case in which such planning has taken place.

The Inquiry was made aware of cases in which babies had been born to very young mothers who were themselves under protection and who were engaging in high risk behaviours. Despite being aware of the dangers facing the newborns and, in one case, being advised internally by senior personnel to take action prior to a child's birth, no preventive actions or preparatory planning had taken place.

A related recommendation is included Chapter 10.

Assessment based on ability to respond

It has been observed that a major influence on the initial assessment processes in the Northern Territory is the availability of services and options to which vulnerable families can be referred.

Where such services do not exist or are hard to locate, there are subtle pressures on the decision-making process which can lead to poor assessments. For example, if an Intake worker is aware that family support services are not available for families (as is the case in many remote communities), they may be more likely to pragmatically assess a lower-risk notification as 'no action required'. Likewise, a Central Intake worker may be aware that there is a large backlog of unallocated cases in a particular region and thus be inclined to avoid higher risk 'outcome' classification which would add to the already over-stretched case loads.⁴⁹⁹

The Victorian Ombudsman's report also made reference to the 'conditional' nature of risk assessments and how the context for a decision affects the outcome.⁵⁰⁰ According to the report, different decision-making standards operate in different regions of Victoria.

A number of submissions addressed the organisational issue, for example:

Assessment of intake (is) sometimes based on capacity of office to respond.⁵⁰¹

Part of the justification for centralising the intake function was that the assessment process could be standardised and focused on objective indicators of harm to children. This problem might be improved with centralisation where greater oversight and common training can be provided but the influence of response capacity factors cannot be entirely removed, particularly in the Northern Territory where family support, therapeutic and out-of-home care resources are so stretched.

498 Northern Territory Families and Children, *Policy and Procedures Manual, Version 2.0, 9.7.2.*

499 *ibid.*, p.21.

500 Ombudsman Victoria, *Own motion investigation into the Department of Human Services Child Protection Program.*

501 Submission: NTFC employee.

The need for a significant investment in the development of family support and intervention services is addressed throughout this report (see in particular, Chapter 6).

The role of the courts

It has been observed that the role of the courts is also a significant background factor in the decisions that are made by child protection workers including those from CI. The Children's Commissioner noted that:

The Family Matters Court is involved in the determination of protective orders where children are found to be at risk and the thresholds of proof for abuse and neglect adopted by the court indirectly affect the way NTFC staff frame the tasks and present documentation. Court processes are heavily influenced by evidence and such evidence is more readily found in cases involving physical and sexual abuse. Inevitably, such processes help to frame an NTFC worker's understanding of what constitutes risk and what evidence will be needed to obtain formal protection orders.⁵⁰²

Discussions focused on the decision making process and the role of the courts, suggest that addressing problems with assessment tools and procedures, in the absence of other reforms, will not be sufficient to solve the problems confronting the NTFC intake service. Consideration needs also to be given to the reform of court processes together with legislative reforms if significant reforms to the way the system of child protection operates in the Northern Territory are to be achieved. Some of these issues are addressed in Chapter 10.

Lack of feedback to notifiers

A consistent complaint in both the written and oral submissions is that notifiers do not receive feedback on the notifications they make. They often do not know whether NTFC has deemed the notification worthy of investigation and whether the child they were concerned about remains at risk. There are numerous examples in the submissions from individuals and organisations, of which the following are a sample:

An e-mail following notification is occasionally received from Central Intake to say the case has been passed on to the office in Alice for further investigation (or the case is not being further investigated), but there is often no further information about who the case worker is, the outcome of the investigation or whether the concerns were substantiated. I am rarely contacted by the case worker for more information.⁵⁰³

One of the difficulties I have encountered over the years is when reports are lodged feedback is rarely offered. While appreciating issues attaching to privacy, school disclosure often brings issues to light. Not knowing how matters are progressing leaves reporting agencies in the dark.⁵⁰⁴

502 Children's Commissioner Northern Territory, *Interim progress report into intake and response processes*, p. 21.

503 Submission: Dr Clare MacVicar.

504 Submission: Henry Gray.

[The participants of a survey] were disconcerted by the lack of feedback from child protection workers...[They] also commented that many cases referred to the child protection agency were not investigated, but no information was given as to the reason for this.⁵⁰⁵

Professional staff will make a notification and they often feel as though they are not taken seriously, there is no follow-up with the worker of the family. I am not clear if this is a systems issue, resource issue or that staff do not have the capacity or skills to assess cases.⁵⁰⁶

The Central Australian Aboriginal Congress reported on a particular case involving a teenager at high risk. The lack of response left the young person at risk and the organisation not knowing how to proceed. They concluded:

Currently, intake assessment is a one way street with no feedback or inadequate feedback to referring organisations.⁵⁰⁷

There is specific provision in the *Act* for the Department to provide feedback to notifiers (s29:2) and the NTFC Manual also provides for this to be done for 'Reporters who are making a report in their professional capacity' (section 7.3.4). There is no reason why most reporters cannot be provided with basic information about the response classification that has been provided and the work unit to which a matter may have been referred. The many submissions received on this matter suggest that such feedback is given very little priority in the current system and has led to a significant loss of trust.

When the system is plagued by long response delays as is currently the case such that many notifications are not investigated for months, some information relating to the formal investigation is unavailable. Again, where such delays exist and meaningful outcomes cannot be relayed to notifiers, their confidence in the Department is affected.

As the submission from Dr MacVicar suggests, professional notifiers also expect NTFC to consult them to discuss responses to particular cases and to provide assistance with case consultation. This level of collaboration can and must happen if notified children are to be adequately protected.

For example, in section 7.3.4 of the NTFC Manual sentences such as 'Reporters who are involved in service provision for the child and/or family *may* be provided with information...should be re-phrased as 'Reporters who are involved in service provision for the child and/or family should be provided with information.

Recommendation 7.10

That Northern Territory Families and Children develops an indicator based on the provision of feedback to notifiers to be used in reporting on performance

Urgency: Within 18 months

505 Submission: Marie Land.

506 Submission: Catholic Care Northern Territory.

507 Submission: Central Australian Aboriginal Congress.

Centralised versus decentralised intake

Perhaps the most critical issue relating to intake services in the Northern Territory is whether the current centralised model is achieving its objective of providing for a reliable and responsive gateway for the provision of statutory intervention services for vulnerable children across the Northern Territory. The centralised model was established as part of a reform package in the mid-2000s following concerns about the regional office-based intake model that had operated to that point.

Examples of concerns from individuals about the centralised intake model include the following:

The centralisation of the intake system leads to a remoteness of service, and a sense of alienation of people outside Darwin. I do not know whether this has affected the quality of service, but our perceptions have deteriorated.⁵⁰⁸

Unless ...office has a localised intake system, I have little hope that (a) thing will change. Darwin based intake workers do not have local knowledge, which is essential for accurate assessment of children, and timely handover to the child protection team...⁵⁰⁹

A number of NGOs also expressed concerns about the centralised model:

A centralised intake system has limitations as it becomes a risk aversion process rather than a people based way of approaching very complex family problems. By relying on their checklists and rules they may miss the obvious, and are not able to accommodate local nuances and situations.⁵¹⁰

Being able to discuss ongoing concerns around the intake process face to face would be useful. On some occasions there has been a sense that the Darwin based system is not familiar with our geographical remoteness and there is a sense of disconnectedness as opposed to partnering us in our work.⁵¹¹

Intake staff have no local knowledge or experience and therefore assessment for Alice Springs clients is poor, for example they may not prioritise cases due to lack of local knowledge and then high risk cases fall through the gap.⁵¹²

The submission from staff at Alice Springs hospital, where many child protection concerns are identified, make the following observation:

Centralisation of NTFC intake has been detrimental. Decisions and prioritisation are made without local knowledge of [the Central Australia] area or the families...

A number of statutory workers themselves were also critical of the centralised model, for example:

508 Submission: Dr Rosalie Schultz.

509 Submission: NTFC worker.

510 Submission: Catholic Care Northern Territory.

511 Submission: Relationships Australia.

512 Submission: Tangentyere Council.

We need an...Intake/referral system that is local, inclusive of other service providers and has the ability to be flexible depending upon the size and the resources at a local community level.⁵¹³

And...

Is anyone considering why the public want to de-centralise the intake process. Presumably the most common response would be to add a local face to the intake process. The fact is that most intakes come in by phone with very little face to face contact. Another reason might be to add a local flavour to the process. We live in the same town/area therefore you know what I am talking about.⁵¹⁴

Not all the submissions were critical of the centralised intake model. For example, the Territory Opposition submission observes:

A responsive and effective central intake system is crucial...

The submission from the Strategic Projects unit of NTFC comments as follows:

The current problems with Central Intake System should not be seen necessarily as a result of centralising the function. Some of these problems are related to issues like inadequate staff capacity to meet enormous increases in reports that would arguably carry more risk if the function were devolved to local offices where a staffing shortage could mean that there is literally no one to perform the function.

The submission from NTFC Barkly contained a number of observations on problems with the previous de-centralised intake model. These include:

Duty Intake workers were usually rostered on for 5 days at a time – when it was their turn, they still had to manage their own case work as well. There was no one to take over their work while they were rostered on

Duty Intake workers avoided phone calls

Duty workers were often sick when they were rostered on. This caused hostility between workers as others not rostered on have to fill the void

Local on-call staff were much busier with no gate keeping

Clients and other professional[s] will approach NTFC staff after hours or at staff homes to make notifications

Staff get no down time – particularly Indigenous staff who are approached because of their connections

The police will phone staff at home – this was the practice for years in Tennant Creek prior to the centralised intake system.

513 Submission: NTFC worker.

514 Submission: NTFC Barkly.

The majority of people who gave evidence in camera and who commented on the centralised intake model, were critical, particularly those witnesses who were from rural and remote areas. One professional stated that they no longer used the central reporting line as they had lost confidence in NTFC.

Options for the re-development of the intake system to help address the concerns of people in rural and remote areas are outlined later in this report.

After hours service

There were many submissions that commented on the after-hours service operated by NTFC in Darwin. Most comments were critical and suggested that the current service model did not meet the needs of rural and remote areas. For example:

Having to go through Darwin after hours is unsatisfactory. They don't understand local context and issues of child at risk and sometimes assess a situation as not urgent and leave the patrols having to come up with alternative and unsatisfactory solution[s].⁵¹⁵

Several submissions and witnesses gave examples of notifications being made after hours only for the response to be, for example, 'there is nothing we can do'.

The Alice Springs Hospital submission referred to an incident:

Where central intake have refused to take a notification because it was a Public Holiday.

It should be noted that NTFC is undertaking a formal review of the After Hours services including planning for a new responsive after-hours system:

(NTFC is) developing a proposal for provision of an Out of Hours Child Protection Service in Alice Springs. After Hours service responses to carers also need 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.⁵¹⁶

Formal investigation of child protection 'outcomes'

Although much of the comment in submissions focuses on CI and the initial responses to a notification, some have commented on the actual process of formal investigation by child protection workers after CI refers a matter to a work unit.

As noted earlier, the outstanding problem here is the huge backlog of cases awaiting allocation to a worker for investigation. As of 1 July 2010, this backlog stood at 870 matters. Data provided by the Department suggests that the backlog has remained consistently high in the past year and urgently needs to be addressed.

515 Submission: Tangentyere Council.

516 Submission: DHF.

Tolhurst, in his submission, makes the following observations about the delay in undertaking investigations:

This continues to leave children at risk of serious harm un-responded to for unconscionable periods. It also continues to frustrate notifiers who have reported their concerns in good faith and who, as subsequent days pass, cannot see evidence of any on-the-ground NTFC response to their concerns. The above, in my view, and that of many NTFC staff, is contributing to a widespread loss of community confidence in the NTFC response to the [child protection] reports it receives.

In the Interim Progress Report on intake, the Children's Commissioner identified the backlog and the 'serious and chronic workforce problems' that underlie it. The report, highlights the backlog as one of the three issues with the most 'immediate and significant bearing on the safety and wellbeing of children'⁵¹⁷

Caseloads and workforce are addressed in Chapter 12 of this report and specific recommendations are made to address these underlying issues that contribute to many practice problems. However, regardless of the causes, the investigation backlogs present a serious threat to the safety and wellbeing of vulnerable children in the Northern Territory and need to be addressed as a matter of urgency.

A draft recommendation in the Children's Commissioner's interim report states, in part:

that NTFC act to immediately address the backlogs involving initial assessments and case allocations...⁵¹⁸

A specific recommendation regarding the pressing need to clear up this backlog is made earlier in this chapter.

Who undertakes the investigations?

Concerns were expressed during the community consultations that remote area issues are managed by staff in urban areas. The Darwin Remote team, responsible for providing services to remote areas outside of Darwin, raised questions in their submission about who actually undertakes the investigations of notifications relating to children in remote areas:

There is a recognised need for specialist local based services – [the] fly-in fly-out approach currently adopted by NTFC to service remote communities does not provide the necessary regular, consistent intervention for children and families and impacts negatively on building the necessary working relationships with families and the wider community.

Recommendations relating to a new community-based intake model are summarised later in the current chapter and are provided in Chapter 11.

517 Children's Commissioner Northern Territory, *Interim progress report into intake and response processes*, p29. The Report was tabled in the Northern Territory Legislative Assembly, January 2010.

518 *ibid.*, draft recommendation 6.

Police and the Child Abuse Taskforce

Formed in June 2006, the Child Abuse Taskforce (CAT) is comprised of NTFC workers, Northern Territory Police and the Australian Federal Police. It provides a joint investigative response to reports of serious child abuse matters, particularly where there are multiple victims of child sexual abuse and multiple offenders. The work commenced with the investigation of offences committed on remote communities and this has continued to be the central focus of CAT activities. CAT commenced with four police officers and four NTFC workers. DHF have observed that there are currently 13 Northern Territory police officers, 4 AFP officers, and 9 NTFC personnel in the CAT North (Darwin based) along with 4 Northern Territory police officers, 2 AFP officers and 3 NTFC personnel in CAT South (Alice-Springs based)⁵¹⁹. Furthermore, they note that police greatly outnumber NTFC personnel in the CAT teams and thus the focus tends to be on pursuing criminal investigations rather than broader child protection interventions⁵²⁰.

The DHF submission went on to note that both branches of CAT have worked with 282 children whilst investigating alleged sexual assaults in Northern Territory communities (between 1 July 2009 to 28 January 2010). This has resulted in 99 arrests and 26 court summonses.

With the possible conclusion of the Northern Territory Emergency Response, the planned withdrawal of AFP officers over the next 18 months (January 2010 – June 2011) has been identified in the Northern Territory police submission as a serious concern for the ongoing viability of the CAT teams.

Recommendations made by the independent review of the Northern Territory Police role in CAT to further enhance its effectiveness were made around governance and some operational issues – particularly the Northern Territory Police involvement in the NTFC Central Intake process⁵²¹.

The proactive work of CAT in raising the profile of child protection in remote communities is important⁵²², and consistent with the strategic directions identified in the National Framework for Protecting Australia's Children, as well as recent scholarship⁵²³.

Information-sharing

Issues relating to the process for working collaboratively between Police and DHF were directly raised in the Northern Territory Police submission. In particular, concerns were raised about of lack of information sharing between police in CAT and NTFC workers in CAT. One submission drew attention to procedural problems noting that child sexual assault matters could not be investigated by NTFC until police had interviewed the child (either on their own, or jointly with NTFC staff). The problem raised was that:

519 C Gardiner-Barnes, email, 25 August 2010.

520 Submission: DHF.

521 Submission: Northern Territory Police.

522 Ibid.

523 D Higgins, 2010, *Community development approaches to safety and well-being of Indigenous children*, Closing the Gap Resource Sheet, Australian Institute of Family Studies, Melbourne.

...unless the police were presented with a report where there was good collaborating evidence, or a good disclosure by the child and there was a good chance of a criminal conviction, then there often seemed no urgency by police to investigate. In cases such as these, sometimes reports could not be actioned by NTFC staff for months after [it was] allocated because of the above practice of NTFC officers waiting for the matters to be first investigated by police.⁵²⁴

The same submission went on to offer ways that CAT teams could operate more effectively by reviewing and clarifying the criteria for cases to accept. The legislative mandate of NTFC does not clearly extend to cases of extra-familial abuse where parents are acting protectively – yet such cases were alleged to have been accepted by CAT teams⁵²⁵.

In their submission, the Northern Territory Police recommend that CAT teams be expanded to include representatives from Department of Education and Training (DET) and Remote Health. They argue that the co-location and addition of DET and Remote Health representatives as permanent members of CAT teams would provide a multi-agency critical response to communities at high risk of child abuse. The call for an enhanced interagency response, particularly in remote areas, is considered in more depth Chapter 11.

One submission⁵²⁶ identifies that what they perceived as a large amount of funding for the CAT meant that NTFC workers in the CAT team were under-employed and doing largely unnecessary work on cases where there was no legislative mandate (i.e., cases of extra familial abuse where the parents were clearly protective). This was seen as being an unfair intrusion into family life when there is no evidence of caregiver abuse/neglect, and creating an unfair differential between other NTFC workers who were not part of a CAT team.

Community engagement

Given the educative/preventive role of CAT, community engagement needs to be a critical part of CAT work. However, engagement needs to be based on a sound community partnership model. The Northern Territory Police submission recommended that a community partnership problem-solving model is developed and implemented as part of a sustainable community engagement strategy for protecting children in remote communities. This is consistent with calls for community development approaches to child safety in Aboriginal communities⁵²⁷ (see Chapter 6) as well as the remote community child protection model outlined in Chapter 12, and is supported by this Inquiry.

524 Submission: NTFC worker.

525 Ibid.

526 Submission: Confidential.

527 Higgins, *Community development approaches to safety and well-being of Indigenous children*.

Recommendation 7.11

That the Northern Territory Government in considering the impact of the phased withdrawal of AFP by the Commonwealth, ensures that adequate planning and funding is in place to respond to the issues of serious abuse in remote areas.

Urgency: Immediate to less than 6 months

Recommendation 7.12

Given that a number of issues have been raised in submissions touching on strategic goals, resourcing, communications and governance, that a joint review of CAT is undertaken by Northern Territory Families and Children and NT Police during the first phase of child protection reforms resulting from this Inquiry.

Urgency: Within 18 months

Other issues involving the police and child protection

A number of other issues relating to police/NTFC investigations and responsiveness were brought up in submissions. These included problems around the sharing of information⁵²⁸; the alleged reluctance by NTFC to refer matters (such as those involving domestic violence) to the police for investigation; and the alleged failure of the police to contact NTFC when they come into contact with young people apparently in need of protection. For example, the NAAJA submission made the following observations:

It is NAAJA's view that when Northern Territory Police arrest a child who is alleged to be committing offences and for whom no responsible adult can be located, a police officer should be required to immediately initiate an investigation to determine whether a child is in need of protection. In NAAJA's experience, often what occurs is that a police officer will instead arrange for a support person to be present when the child is interviewed (the Youth Justice Advisory Committee maintains a register of persons appropriate to be support persons). The problem with this approach, however, is that police are not responding fully and effectively to the issue of whether a child is in need of protection. It simply delays appropriate action being taken at the earliest opportunity to determine whether a child is in need of care, usually until the child without a responsible adult appears before the Youth Justice Court.

In the discussion of youth issues in Chapter 8 there is a call for the development of a child protection youth strategy to include collaborative inter-agency strategies to address the needs of vulnerable young people.

Sex offenders and community safety

The Northern Territory Police submission to the Inquiry made reference to the fact that in October 2006 there were 64 reportable sex offenders on record with 8 living on remote communities. Three years later in November 2009 there were 192 reportable offenders with 60 living on remote communities. They added that there are currently 90 other offenders in custody many of whom will become reportable offenders upon release. The potential risk to children in the communities is a significant one, particularly as there are few formal monitoring mechanisms available. The submission went on to suggest a number of approaches being used elsewhere to monitor the behaviour of offenders including the Child Protection Watch Team approach which was recently trialed in NSW⁵²⁹.

The Inquiry notes that there has been a great deal of work put into the development of community safety plans (CSPs) as a component of the Local Implementation Plans in the 20 growth towns⁵³⁰ and Northern Territory Police have informed the Inquiry that CSPs are currently under development in 6 remote communities. It is the view of the Inquiry that management strategies for sex offenders on release should be included as part of such plans in each of the 20 growth towns to include coverage of the associated outstations and homelands.

Recommendation 7.13

Given that there has been a significant increase in the number of 'reportable offenders' on the sex offenders register, and that many such offenders are paroled to their home communities, that the Northern Territory Government ensures there are resources available to maintain the effectiveness of the Reportable Offender Management Unit and to implement a community-based 'child protection watch' scheme linked with the development of Community Safety Plans.

Urgency: Within 18 months

Inappropriate practice relating to investigations

In the course of the hearings, the Inquiry heard a number of allegations relating to investigative processes. Most of the allegations were difficult to verify as those making the claims could not identify the clients involved, or the specific case workers.

However, the Inquiry notes that a former staff member of NTFC alleged that, in some cases, staff in a particular work unit appeared to arbitrarily 'write-off' cases referred for investigation (i.e. closed them without formal investigation) because of the long periods of time that had elapsed from the receipt of the notification from CI. The issue of 'writing-off' matters is raised elsewhere, both in submissions to the Inquiry and in previous reports. 'Write-offs' appear to have occurred both in CI and the work units. Reference to this practice was also made by the Children's Commissioner in his interim report.⁵³¹

529 See report, Jan McClelland and Associates Pty Ltd, 2008, *Evaluation of the child protection watch team trial in South Western Sydney: Report to the Director-General of the Ministry for Police*, NSW Ministry for Police, Sydney.

530 A Anderson (Minister for Indigenous policy) & P Henderson (Chief Minister), 20 May 2009, *A working future: Real towns, real jobs, real opportunities*, media release, Northern Territory Government.

531 Children's Commissioner Northern Territory, *Interim progress report into intake and response processes*.

Jay Tolhurst, referring to directions to 'write-off' cases, states that this is 'a very regular event' and makes the following observations:

To ask workers as part of the Arrangements to say that there are no concerns when the matter has not been investigated is to ask them to arrive at a conclusion that is not based on the agreed minimum required interventions set in policy for making that determination. Policy requires interventions which involve sighting the child and a series of family interviews etc to arrive defensibly at such a view. Workers are therefore not properly able to say un-investigated situations are concern free...It is a decision for which management should be transparently accountable. Operational staff involved should not bear any risk for the future implications of the closure.⁵³²

Another allegation of inappropriate practice relates to action being taken in lieu of an investigation. The former employee, mentioned above, alleged that on several occasions, children were removed from families in remote areas without any on-the-ground investigation of the circumstances. That is, the action was taken on the basis of the original notification, not following an official investigation and in contravention of the Act. The following allegation is in the submission from a paediatrician:

Many of the indigenous children notified live in remote locations. It appears that NTFC is reluctant to fly workers out to these locations to do investigations. Sometimes it appears that the police are used to remove children, rather than a proper investigation being carried out.⁵³³

There were also complaints about culturally biased and otherwise misinformed assessment processes:

Child protection assessments and investigations are often based upon the opinion of one or two 'whitefellas' in the community that may or may not have a proper knowledge of these particular children and young people, leading to ill informed and subjective decisions.⁵³⁴

New assessment instrumentation

The submission from the NTFC Strategic Projects Unit referred to the new instrumentation to be introduced for family assessments –The Family Strengths and Needs Assessment (FSNA). The tool has been introduced in the Targeted Family Support Service operated by Congress in Alice Springs. According to the NTFC this tool might also be used by:

all agencies working with vulnerable families, including NTFC and that it will support collaborative responses to those families.⁵³⁵

The tool is not yet in formal use within NTFC but use of the new SDM intake tool commenced on 1 July 2010.

532 Submission: Jay Tolhurst.

533 Submission: Dr Clare MacVicar.

534 Submission: NPYWC.

535 Submission: NTFC Strategic Projects Unit.

Consultation with notifiers

There has been some comment on the need for a collaborative approach to the investigation process. It stands to reason that a professional who notifies a matter might be consulted during the investigation process but this does not always appear to be the case. For example, the paediatrician, reported earlier, observes:

An e-mail following notification is occasionally received from Central Intake to say the case has been passed on the office in Alice for further investigation (or the case is not being further investigated), but there is often no further information about who the case worker is, the outcome of the investigation or whether the concerns were substantiated. I am rarely contacted by the case worker for more information.⁵³⁶

A confidential submission by an NTFC worker reinforces this point and suggests that the collaboration should go beyond investigation information to actual case planning:

It is vital that the allocated worker completing the investigation (has) much contact the referrer to gather background information (about) the incident. With regards to confidentiality one must consider whether the referrer needs to know the outcome of the incident, however one would hope that other agencies working with the family, schools for example are involved in developing the case plan.

Save the Children make a similar point in their submission:

There is also concern that FACS responses to families are inadequate. There is little partnership evident with other community groups and a continued devaluing of the cultural knowledge of workers...

There are existing guidelines in the NTFC Manual⁵³⁷ around the gathering of information from other professionals as part of an investigation along with details of the authority to do so, but there is very little on consulting with the referring professional and/or other service providers who may be familiar with the case in order to come up with more valid and useful information. It is noted that certain professionals 'are legally required to provide the information requested by NTFC.'⁵³⁸ However, the Manual contains little about the importance of engaging other professionals in a collaborative way during the investigation phase. Given that many cases in the Northern Territory involve children and families in remote areas and that professionals on location (such as health workers, teachers and the police) may be well placed to comment on issues such as risk and protective factors, this is a major oversight. The promotion of collaborative forms of practice is a major theme of this report and the imperative of collaboration needs to be written into sections of the Manual covering initial assessment, investigation as well as case planning. It is noted that issues relating to interagency collaboration and information sharing are addressed in Chapter 11.

536 Submission: Dr Clare MacVicar.

537 Northern Territory Families and Children, *Policy and Procedures Manual, Version 2.0*.

538 *ibid.*, 11.6.2.

Recommendation 7.14

That the Northern Territory Families and Children Policy and Procedures Manual be formally reviewed with a view to actively encouraging workers to adopt a collaborative approach to practice with respect to intake assessment, investigations and case planning.

Urgency: Within 18 months

Engagement with family

The need to engage positively with family members at various stages of the statutory investigation process is noted in the NTFC Manual⁵³⁹ but there is not a great deal about engaging the extended family as part of the assessment process. The need for such an approach has been canvassed in a number of submissions, for example:

Assessment does not appear to be satisfactorily engaging with all family members and other services with a solid understanding of the child and the family.⁵⁴⁰

Tangentyere Council also advocates for:

Regular, frequent and appropriate case meetings with families occur throughout investigation, and occur at a place and in a fashion that is determined by the family.⁵⁴¹

Other submissions observe that engagement with family and extended family was needed at all decision-making points of the statutory process. For example, the analysis of one case by Danila Dilba led to the following observations:

As with other case stories there was no concerted effort from the child protection workers to engage with the family, at each critical decision making point, and discuss how best to support the children. The policy environment in the Northern Territory seems to place no importance on family group conferencing or other mechanisms for families to be at the centre of the decision making process. Enshrining the rights of families to participate in decision making and resourcing these processes should be a priority for child protection legislative reform in the Northern Territory.⁵⁴²

539 *ibid.*, 11.5.

540 Submission: Tangentyere Council.

541 *Ibid.*

542 Submission: Danila Dilba.

Recommendation 7.15

That the Northern Territory Families and Children Policy and Procedures Manual be reviewed and re-worded to embed the principle that engagement and collaboration with the family and extended family should be considered part of normal child protection practice where the child's safety is not compromised.

Urgency: Within 18 months

As noted earlier there are often differences of opinion about the level of risk in a particular case, a frequent scenario being that external professionals believe that a child is at high risk but cannot convince CI that this is indeed the case. Such differences extend to the actual investigations undertaken by NTFC. Examples of such cases are provided in the submissions. For example:

Case workers were becoming so de-sensitised by the level of neglect in Indigenous families that they were inadvertently lowering the bar in what they would substantiate as child abuse/neglect.⁵⁴³

Such concerns should be at least partially addressed by the re-calibration of the intake instrumentation used in NTFC to include specific references to neglect and cumulative harm (commencing 1 July 2010), the introduction of broader family needs and strengths tools, and a significant investment in the development of support and intervention services for families at risk.

Qualifications and experience of staff

A number of submissions were received that called attention to the fact that some staff members undertaking investigations were not qualified to do so. This was confirmed by some confidential submissions received from NTFC staff. A number of referring professionals also expressed concern about being interviewed by administrative rather than clinically-trained staff members. This issue is addressed in more detail in Chapter 12 which specifically addresses workforce issues.

Recommendation 7.16

That Northern Territory Families and Children evaluates current intake and assessment functions to determine the skills, qualifications and training that are required and whether these are functions that need to be performed by P2 classified workers.

Urgency: Within 18 months

543 Submission: NTFC worker.

The focus on substantiation rather than the needs of children and families

Submissions noted that the current emphasis, and national data reporting requirement, is for each investigation to lead to a ruling on whether a case is substantiated or not. This can lead to a skewed, forensic approach that focuses more on the technicalities of whether harm occurred rather than on meeting the actual needs of families and children⁵⁴⁴. For example, relatively minor harm may have occurred in a particular case (requiring a substantiation), but a more useful outcome of an investigation in the case might be determining what level of support or therapeutic intervention the family/parents need to create a safe environment for children therefore avoiding future notifications.

Unnecessarily restrictive legislation

A number of submissions refer to the fact that under the new *Act* there is no direct mandate for the provision of assistance outside of an abuse/neglect substantiation. For example, a parent complained in a submission that when she requested assistance, the Department responded that help could only be offered to 'derelict' parents, not those who sought out help. This parent also stated, 'I have continually sought assistance to no avail.'

Several other parents told the Inquiry that they sought assistance from FACS around the management of their children only to have their children removed from them. One parent observed that 'it had to reach a crisis point before FACS was forced to provide some assistance'⁵⁴⁵.

It might be noted that the *Act* does allow for assistance to be provided where a matter has not been substantiated as well as in matters where there has been no notification. For example, the CEO 'can take actions for the wellbeing of children generally (including actions with the voluntary participation of parents and for children who are not necessarily in need of protection') (Section 41). However, in an over-stretched system which has difficulties responding to those at immediate risk of harm, it is unlikely that much attention and assistance will be provided for those who need help as a preventive measure.

The issue of voluntary assistance to families outside of statutory investigations is explored throughout this report.

Developing a model of intake, investigation and assessment for the Northern Territory

The broad intake and assessment model being presented in this discussion is based on research commissioned by the Inquiry and undertaken by the Australian Institute of Family Studies (AIFS), the numerous submissions received by the Inquiry relating to this topic, the service delivery data provided by the Department, and consultations with communities, the reference group and various child protection experts from across the country. The model is consistent with the primary thrust of the national child protection framework and reflects a move to a model which places emphasis on early intervention and the provision of family support rather than a more forensic approach.⁵⁴⁶

544 Submission: NTFC Therapeutic Services.

545 Hearing: Confidential.

546 Council of Australian Governments, *Protecting children is everyone's business*.

In broad terms, the approach outlined here supports the NGO sector and a range of government agencies to assume a more prominent role in assessing and responding to the needs of vulnerable children and families whilst ensuring that DHF and NTFC in particular, have the means to provide statutory child protection where this is necessary to protect children from harm.

The AIFS review of assessment and intake models operating in various Australian jurisdictions and overseas is provided in Appendix 7.2. In undertaking the background research on assessment and investigation models the Inquiry did not identify any existing models that could be adopted in the Northern Territory but did identify a number that had strengths and features that might be usefully adapted.

There are a number of key issues that need to be considered in the development of intake models for child protection in the Northern Territory. These include the following:

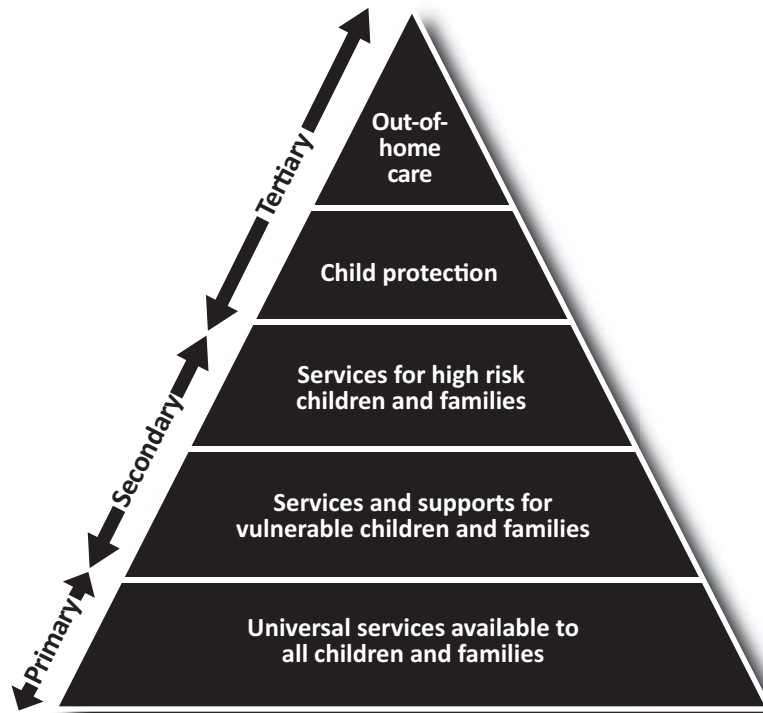
- A small population spread over a large geographic area, primarily remote, with limited professional services and supports in local areas
- A large population of Aboriginal children living in circumstances of concentrated disadvantage
- The historical context involving dispossession and the forced removal of some Aboriginal children leads to a deep sense of mistrust and injustice
- A high proportion of children are experiencing abuse and neglect
- Many families are vulnerable to future problems, such as inability to meet their child's needs, but may be able to do so with support
- A lack of coordinated state-wide services and supports for high risk and vulnerable families
- The only state-wide visible entry point into services is through the centralised child protection intake services. There is no visible entry point directly into services and supports for high risk and vulnerable children and families.

These issues have culminated to a system in which:

- Child protection services are unable to respond to demand
- There are significant delays in response time
- Many children are not receiving services despite risk
- High risk and vulnerable children are not receiving services despite need.

Statutory child protection is designed to be an intervention of last resort, in which children are protected after they have been abused and neglected or are at high risk of very serious harm. Child protection should be understood as just one part of an integrated service system that also provides services and supports to families to prevent abuse and neglect. Figure 7.1 is based on the models described in Chapters 3 and 6. It represents the broad categories of services and supports that should be available to families as part of an integrated service system.

Figure 7.1: Integrated model for child protection services



Most families are at the bottom layer of the pyramid, but with increasing need they rise up the pyramid such that there is increasing involvement of services culminating in the statutory authority assuming the responsibility for meeting a child's needs. From the lowest layer and upwards:

- Most families are meeting their children's needs. They will benefit from formal and informal supports available to all families.
- Some families are meeting their children's needs, but are vulnerable to future problems. They will benefit if they are supported with targeted assistance to prevent problems from occurring.
- Some families are not meeting all of their children's needs, but are open to receiving support and can meet their children's needs if they are provided with assistance.
- Some families are not meeting all of their children's needs, but may be able to meet those needs with assistance. They are not open to receiving support, but will comply with statutory involvement.
- Some families cannot or will not meet their children's needs, or cannot make the changes to meet those needs in the child's developmental timeframe. The state is in loco parentis and is required to facilitate children's needs being met.

The fundamental challenge is to design an integrated system of services and supports that leads to early identification of children and families at risk and referral of these families to early intervention services and supports. Overall, the thrust of an integrated system of services and supports would be formalised referral pathways that mean families can access supports and services no matter what level of need they have and

that they will not need to require a child protection referral to access general family supports. If families are not willing or able to provide for the needs of their child despite the use of strategies such as family-decision making models, more intrusive forms of intervention can then be used. An integrated service system does not prevent referrals being made from child protection to child and family service hubs or universal services to child protection, yet it does change the primary referral pathway into these services.

To meaningfully discuss intake processes we need to consider them in the context of broader structural changes being proposed for the child protection system in the Northern Territory. These changes are more fully explored in later chapters.

Integrating intake, assessment and investigation into child protection services

This section explores the potential applicability of the broad model of child protection intake, assessment and investigation as part of an integrated system of services and supports for child safety and wellbeing in the Northern Territory. Rather than focus on structures, we take a step back and identify the functions of services in the child and family safety and wellbeing agenda throughout the integrated service system and who is best placed to perform them in the Northern Territory. The issues raised include:

- referral pathways
- professionals and services well-placed to make assessments, and
- the nature or purpose of the assessment.

Different models for undertaking investigations into child abuse and neglect are also considered.

Consideration of this broader safety and wellbeing agenda offers families a non-stigmatising and non-threatening pathway to access services. A population health approach offers services to all children and families, more of those services plus therapeutic services to vulnerable children and families, through to indicated services for those deemed to require them, through to what is traditionally known as child protection and out of home care. This model reduces the involvement of the statutory authority for vulnerable children and families such that the overwhelmed child protection services are no longer the initial point of referral and assessment.

Universal services available to all children and families (level 1)

Referral pathway

Universal services are those which every child and family can access regardless of whether or not there are specific vulnerabilities. As with any provider of services for children there is a need for workers in this field to know how and when to access services higher up the pyramid, and in particular when to access the child protection system.

In a subsequent chapter we discuss that a strengths and needs assessment instrument must be developed, and it would be useful for universal services. Such a tool needs to be standardised and suitable for professionals and community members with varying

qualifications and experience to assess a child and family's strengths and needs. As a population approach applied to all children, the assessment instrument would need to be brief and relatively non-intrusive, such as a screening instrument.

The focus of the AIFS review described in Appendix 7.2 was to examine assessment instruments for abuse and neglect, thus no example of universal strengths and needs tools were evaluated. However, the Common Approach to Assessment, Referral and Support (CAARS) developed as part of the National Framework for Protecting Australia's Children may warrant investigation⁵⁴⁷.

Any assessment instrument used in the Northern Territory would need to be purpose-designed or modified to ensure it is culturally sensitive and takes into account social and structural inequity.

Services and supports for vulnerable and high-risk children and families (levels 2-3)

Referral pathway

At present, there is a variety of services and supports for vulnerable and at risk children and their families. However, as described in Chapter 6, coverage is variable and largely operator dependent, with some communities having some services and others without. There is no coordinated Territory-wide approach to developing a service and support sector for vulnerable and high-risk children and families, and as a consequence there is no coordinated state-wide visible referral pathway into these services.

In addition to allegations of child abuse and neglect, the CI is acting as the primary visible referral point for vulnerable and at risk children and their families. However, it is unlikely to know what services and supports are available within local communities, making it difficult if not impossible for intake workers to make appropriate referrals. Moreover, as described, the CI is overwhelmed by the number of notifications it receives and is unable to keep up with even the urgent matters it receives. Realistically, the current system cannot provide a reliable referral service for families who need assistance short of statutory intervention.

Many of the reports currently made to CI could be referrals made, with the families' knowledge, directly to a regional family support referral centre; or families could self-refer. To achieve this goal the primary (most visible) referral point for vulnerable and high-risk families would need to shift from CI to the community. This is a similar concept to the operation of Child FIRST in Victoria, Gateway Services in Tasmania and more recently in NSW. In remote areas, the Community Child Safety and Wellbeing teams would assume a similar function.

Despite a vulnerable child still being at risk of harm from, say, neglect, referring a child and family to a recognised safety and wellbeing centre should satisfy mandatory reporting requirements (with appropriate adjustments to the legislation). This dual track referral system diverts referrals from statutory child protection, where they are inadequately addressed, to support oriented services. In Tasmania this formally occurred on the 1 August 2009. New provisions were made in the *Children Young Persons and their Families Act 1997*

547 *ibid.*

(*Tasmania*), providing the option for mandatory reporters to report their concerns about the care of a child to the non-government Gateways service (a community-based intake service), and that such a report fulfils mandatory reporting obligations.

By way of summary, the proposed centres or 'gateways' will address the need for a visible referral pathway in the urban areas – the alternative model in remote areas will be through the local Child Safety and Wellbeing team.

Professionals and services well-placed to make assessments

There is currently a shortage of skilled child and family welfare professionals within the Territory. A few specialist services are being provided in remote and very remote communities on a fly-in, fly-out basis, for example, the NTFC Mobile Outreach Service for trauma victims. However, for the most part, the only professionals within the communities who come into contact with families are those who form part of universal government services, such as police officers, teachers and health workers.

The proposed interagency team model, described in the chapter on interagency collaboration, provides an opportunity to develop local community-based responses that draw upon those professionals within the communities in partnership with members of the community. This approach has similarities with the description of the community-based child protection teams operating in countries affected by armed conflict or natural disasters as it is developed because of a unique set of needs and circumstances and mobilises the resources at hand.⁵⁴⁸

For community-based models to be effective, a staged approach to implementation that builds skills and capacity of community members to provide services is essential. For example, the province of Manitoba in Canada built the capacity of community-controlled non-government agencies through the secondment of the existing government child protection practitioners to the newly established services for a two-year period while the fundamental shift in practice and organisational culture was achieved.

In the major urban centres there could be an intensive effort to develop service hubs. The Tasmanian Gateway Services were developed in the four-year period after 2006 following two reviews that identified the lack of non-government child and family services as contributing to an overwhelmed and ineffective child protection service.⁵⁴⁹

The nature or purpose of assessment instruments

The purpose of the assessment is to assess whether children's needs are currently being met: 'What are the strengths and needs of this family looking after this child?' That is, they would have a family service orientation with a therapeutic focus comparable to the child and family welfare approach in many European countries.

For children whose needs are not being met, the assessment will also need to determine (a) whether the family can meet the child's needs with assistance; and (b) whether the family is open to receiving support. If the outcome of either (a) or (b) is negative, then a referral must be made to statutory child protection services. If the outcome of (a) and

548 See Appendix 7.2.

549 A Jacob & D Fanning, 2006, *Report on child protection services in Tasmania*, Tasmanian Government Department of Health and Human Services, Hobart; KPMG, 2006, *Review of the Tasmanian family support service system*, Tasmanian Government Department of Health and Human Services, Hobart.

(b) is affirmative, then the role of child and family service hubs will be to provide the services and supports or connect families to the services and supports that they require to meet their child's needs.

An assessment instrument for use with vulnerable and high-risk families would need to be suitable for professionals and community members with child and family welfare experience or training.

As previously discussed, any assessment instrument used in the Northern Territory would need to be purpose designed or modified to ensure it is culturally sensitive and avoids holding parents accountable for social and structural inequity. Existing consensus-based assessment instruments which incorporate theory in their development, could potentially be adapted to fit the Northern Territory context. Given that NTFC has invested in the SDM system of tools, the *Family Strengths and Needs Assessment* being investigated for use in 'Differential Response' services may provide a common assessment tool for secondary level family assessments.

Children requiring statutory intervention for their protection (levels 4 & 5)

Referral pathway

At present, there is a large group of vulnerable and at risk children and families who require a therapeutic response and for whom child protection responses are not appropriate. Many of these children are currently reported to child protection services through the CI.

Referral to a statutory child protection service is stigmatising and threatening to families. Regardless of the ability to take on the number of such referrals, it is questionable whether statutory child protection services can effectively engage families in voluntary therapeutic interventions anyway. Child protection practitioners face an overwhelming demand for their services and role confusion as they try to fulfil the multiple obligations of investigation, surveillance and monitoring of risk to children whilst, at the same time, therapeutically engaging families to support and assist them in a process of change.

The culmination of these factors is that child protection intake services are the primary, and most visible, referral point for professionals concerned about a child. This means that families must be assessed by an agency that provides a coercive (involuntary intervention) to access the voluntary support service they require. This situation acts as a deterrent to families seeking support and creates inefficiencies with families being assessed by multiple services.

European countries with a family service orientation still retain a legal response for families in which a coercive intervention is required (i.e., families not open to receiving support) and for children who require legal redress as they have experienced serious maltreatment (sexual abuse, severe physical abuse and criminal neglect). However, the proportion of families requiring such a legal response is relatively small. For example, as outlined in Appendix 7.2, research shows that only 7 percent of cases reported to a Confidential Doctor Centre in Brussels required a judicial intervention and incidence of re-abuse was low after receipt of services.⁵⁵⁰

550 S Borthwick & B Hutchinson, 1996, 'The confidential doctor system: An appraisal', in *Child protection the therapeutic option*, ed. D Batty & D Cullen, British Agencies for Adoption and Fostering; M Madge & K Attridge, 1996, 'Children and families', in *Social care in Europe*, ed. B Munday & P Ely, Harvester Wheatsheaf: London.

Narrowing the scope of child protection

There are opportunities here to reframe and more narrowly scope statutory child protection services by removing all voluntary service functions. Child protection would focus solely on families requiring a coercive intervention and the protection of children who have experienced serious maltreatment (sexual abuse, severe physical abuse and criminal neglect) that require forensic investigations. This would help to address the current role confusion between families who need assistance who can and will engage with voluntary services and those who need to be compelled under law to change their behaviour or have their children removed.

Statutory interventions are generally more costly than voluntary interventions.⁵⁵¹ In addition, there is inefficiency in assessments being undertaken by child protection for families subsequently referred to voluntary services, which in turn undertake their own assessment.

It is possible that a more narrowly scoped child protection service could result in cost savings. Any cost savings could be re-invested into voluntary child and family support services for vulnerable and high-risk families. It is important to note that any changes designed to reduce the scope of statutory child protection services to coercive interventions and criminal investigations could not be safely carried out without having a robust, well-funded and supported alternate voluntary service response and visible referral pathways for high-risk families.

Different types of assessment: Intake and investigation

At present, there are two types of assessments made by child protection services prior to a substantiation decision: an initial screening assessment made by intake staff based on information provided orally (primarily by phone); and a comprehensive assessment made as part of an investigation, which generally requires a child and their home environment to be sighted and discussions held with parents.

At present, initial screening assessments are performed by a centralised child protection intake team. In regional centres, investigations are performed by child protection practitioners. In remote areas, investigations may be conducted by child protection practitioners who are part of mobile child protection teams transported into the community, or by local police based within communities.

A more narrowly scoped child protection service would have a less prominent intake function, as child and family safety and wellbeing 'gateways' and teams would be the primary referral point for vulnerable and high-risk families.

The role of narrowly scoped child protection services would include:

- investigating allegations of sexual abuse, serious physical abuse and criminal neglect and presenting evidence before the courts
- presenting evidence before the courts requesting orders be made to require parents to participate in an intervention (e.g. drug rehabilitation) or to remove children from the care of their parents
- to provide for children who need to be placed with carers other than their parents because of protective concerns, and

551 Lonne et al., *Reforming child protection*.

- to facilitate, where appropriate, the restoration of removed children to the care of their parents or the transition to independent living.

Where the harm or risk to any child falls below the 'significant harm' threshold, the CI would, where appropriate, refer the family and/or child for further assistance.

There would be a continuing need for investigations to be made by professionals who are in a position to see and assess the child and their family. The following discussion addresses assessments made during an investigation.

Professionals and services well placed to make assessments and carry out investigations

With the proposed model, CI and NTFC will still undertake the assessment and investigation role, although there will be standing inter-agency, inter-disciplinary teams to assist with determinations around complex cases.

The police currently undertake some remote child protection investigations but most are undertaken by fly/drive-in workers from urban centres. Around the country there are a number of existing models of investigation that formally involve police officers and health professionals who are able to conduct forensic medical assessments. In the Northern Territory the CAT located in both Darwin and Alice Springs provides an inter-agency investigation service for complex child sexual abuse matters and they call on the expertise of specialist forensic medical specialists as required. However, there are no formal inter-disciplinary assessment/investigation models for broader child protection concerns.

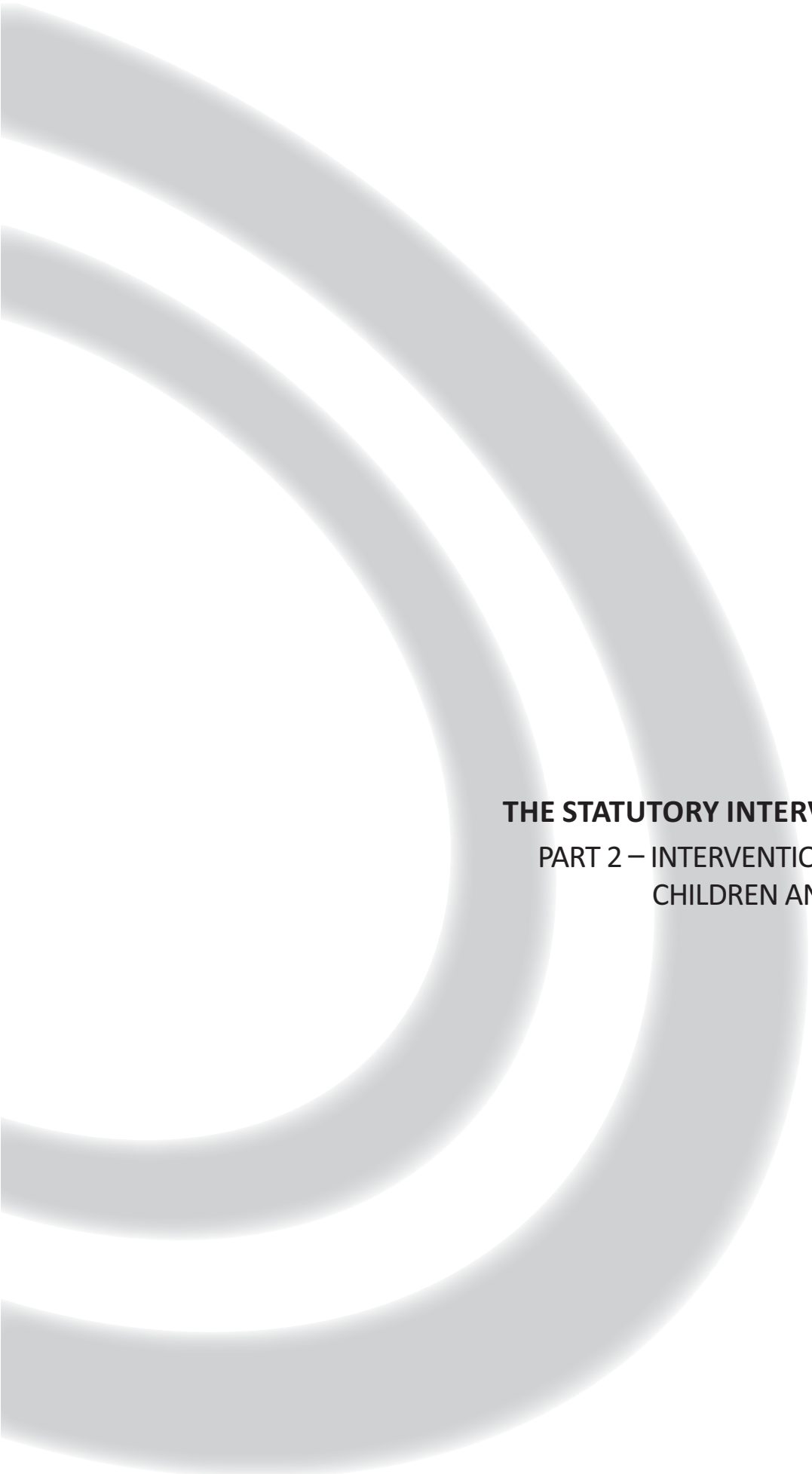
There are limited professional services and supports based within remote communities other than police officers, teachers and health workers and the Community Child Safety and Wellbeing teams proposed in this report will be a means for facilitating collaboration amongst these. However, formal statutory investigatory functions in remote areas present a number of difficulties for the teams given that most members of the teams will be resident in the communities and, given concerns raised in some submissions, may be uncomfortable in this role. There may therefore be some need for external child protection specialists (such as represented by the mobile Child Protection Team currently operated by NTFC) to assist the police in such investigations, in consultation with the Community Child Safety and Wellbeing teams.

The nature or purpose of assessment instruments

The purpose of the assessments undertaken by child protection services at different stages of the child protection process would be to confirm whether abuse and neglect has occurred (along with a response urgency rating), the extent to which the child has been harmed as a consequence of this abuse and whether children are able to safely remain in the care of their parents. Thus the nature of the assessment would be focused on abuse and neglect and an assessment of future risk of further abuse and/or neglect.

Given the dual pathways advocated in the proposed model, the assessment instrument/s must be able to identify matters which should be referred to centralised intake where appropriate. There would also need to be robust training and accountability programs to ensure that the application of the tools is consistent.

As previously stated, assessment instruments used in the Northern Territory need to be purpose-designed or modified to ensure they are culturally sensitive and avoid holding parents accountable for social and structural inequity (e.g., where children are vulnerable due to a lack of adequate housing in the community), thus a consensus-based instrument which is theoretically informed may be more suitable than an actuarial instrument which is based on statistically valid measures.



CHAPTER 8
THE STATUTORY INTERVENTION PROCESS
PART 2 – INTERVENTIONS FOR PROTECTED
CHILDREN AND YOUNG PEOPLE

CHAPTER 8

The statutory intervention process, Part 2 – Interventions for protected children and young people

The previous chapter focused on the intake and investigation role of Northern Territory Families and Children (NTFC), and the Northern Territory Police, following the receipt of child protection reports and notifications. This chapter reviews key aspects of the statutory intervention process after a child protection report has been outcomed by Central Intake (CI) and/or investigated.

Differential response

In its description of the statutory intervention process, the Department of Health and Families (DHF) submission noted that, where a child protection report is substantiated following an investigation – step 6 – child protection workers need to decide whether the child in question needs to be removed from their parents to ensure their safety or whether their safety needs can be met in other ways. Intervention to remove a child or to provide other services to involuntary clients usually involves an application to the Family Matters jurisdiction of the Local Court.

As described in Chapters 3 and 6, in recent years there has been a new policy emphasis around the country on the development of non-legal options for intervening to ensure the safety of children. Various so-called ‘differential response’ options have been explored including the provision of support services and the use of family decision-making models.

One of the consistent implications from the evidence presented to the Inquiry was the need for something other than the statutory response for families in need of support, that is, a differential response. Currently, the child protection system is the gateway to provision of services for vulnerable children and their families. However, in line with criticisms of many child protection systems across English speaking developed countries, there are growing concerns about the stigmatising nature of contact with a statutory system, and the need for alternate entry points to family services so that families who are best helped without statutory intervention are diverted to alternatives. As identified in Chapter 7, for those families who do come in contact with the system, but for whom the risk to children is low, there should also be a differential response. This is consistent with calls for a population or public health approach, with enhancements to both the universal and secondary service systems, and targeted support for a smaller statutory system focusing only on high-risk cases that would result in significant harm.⁵⁵² This is a key issue identified by numerous authorities as the necessary basis for enhancing systems for protection children in Australia.⁵⁵³

552 See Chapter 3.

553 D Higgins & I Katz, 2008, ‘Enhancing service systems for protecting children: Promoting child wellbeing and child protection reform in Australia’, *Family Matters*, vol. 80, pp.43-50; Lonne et al., *Reforming child protection*; Australian Research Alliance for Children and Youth, 2008, *Inverting the pyramid: Enhancing systems for protecting children*, report prepared by TAC Group, ARACY, Woden, ACT.

The broad issue of access to adequate support to promote safety and intervene early is also one of six supporting outcomes identified in the National Framework for Protecting Australia's Children and has been a prominent feature in recent Australian Inquiry reports into child protection⁵⁵⁴.

Workload pressures on statutory child protection workers to reach a timely decision as to whether or not to substantiate a child protection investigation can have serious consequences, as the absence of an alternate avenue for working with a family outside of an investigation means that an 'unsubstantiated' translates into 'no service'.⁵⁵⁵ In overloaded systems, particularly where there is inadequate or incomplete evidence on which to base the decision, workers will feel the pressure to not substantiate the report.⁵⁵⁶ Again, without a differential response, families are left unsupported, with the likelihood that the risks increase over time. This is supported by the data on re-referrals, that is re-notifications and re-substantiations, not only from the Northern Territory,⁵⁵⁷ but also in other jurisdictions in Australia.⁵⁵⁸

Referrals

As identified in Chapter 7, one of the most important reasons for implementing a robust differential response for families is the number of cases of children coming to the attention of the Department who are not removed from the care of their parents, but who are then subsequently re-notified. Within the same year, the current figure is 28 percent.⁵⁵⁹ The Department is unable to provide data on the proportion of children who, in any year, had been the subject of a referral in previous years or, for whom a sibling had been referred. Given the current figure is 28 percent within the same counting period, the unknown figure is likely to represent a significant proportion of those who were referred prior to the current counting period, with the exception of infants. Therefore, the current figure is likely to be a significant underestimation of the level of 'churn' in the system – that is, children who are coming back again and again to the attention of the Department because a notifier has ongoing concerns about their safety and wellbeing. It is quite possible that, at some time in their life, somewhere in the order of more than half of the children notified to the Department have already had a notification about them, or a sibling. This is strong evidence of system failure and is itself an argument for creating an alternative response.

The continuing and widening gap between the number of notifications and subsequent substantiations, also highlights the need for a differential response.⁵⁶⁰ If only 50 percent of notifications are investigated, and 18 percent substantiated, this suggests that there is a very significant service need that might be met by support orientated services.

Re-referrals are a clear indicator of the level of unmet need within the service system.

554 Council of Australian Governments, *Protecting children is everyone's business*; Wood, *Special Commission of Inquiry into child protection services in NSW*.

555 Submission: NTFC Therapeutic Services; see also Chapter 7.

556 Submission: Jay Tolhurst.

557 Supplied by the Department to the Inquiry; see also Chapter 5 of this Report.

558 Wood, *Special Commission of Inquiry into child protection services in NSW*; Bromfield et al., 'Cumulative harm and chronic child maltreatment'.

559 This data can be found in Chapter 5.

560 See Chapter 7 for more detail.

They can reflect the perceptions of notifiers that sufficient action has not been taken and, that by making multiple notifications, they hope to trigger an investigation and prompt action to address the concerns.

Without a robust differential response for child concern and family support cases, not only is there 're-cycling' in the statutory child protection system, there are also pressures on other parts of the health and welfare system, such as hospitals:

Many children have been discharged from hospital, only to be readmitted again a short time later due to poor health, poor parenting and poor outcomes.⁵⁶¹

What would a robust differential response for Family Support cases look like?

To be effective, a differential response needs to prioritise what are known to be the key areas of need and vulnerability for children and families. The risk factors for significant harms to children are well known and were explored in detail in Chapter 6. They include the social determinants of health and wellbeing, such as inadequate or crowded housing, education status, financial insecurity, and also the parent characteristics of substance misuse, mental illness, inter-partner violence, physical health problems and intellectual disabilities.⁵⁶² The need to focus attention on addressing these parental/family characteristics is supported by qualitative research on Aboriginal young people in out-of-home care, who express the view that they want help provided to their families so that they can return home.⁵⁶³

According to evidence presented to the Inquiry, the lack of strong provisions for working with a family outside of an investigation is a basic flaw in the current legislation.⁵⁶⁴ It is difficult to gauge the degree to which this is a function of the legislation *per se*, the practice culture, or the level of resourcing for family support services, or a combination of all three. For example, one submission alleged that:

NTFC have refused requests for family support from [hospital] social workers, even when the family have requested social work to pursue this line of intervention and support.⁵⁶⁵

However, as identified in Chapter 7, for a differential response pathway to work effectively, there needs to be appropriate training and risk assessment tools to identify low risk cases which are suitable for a therapeutic, rather than a forensic response.

Without an appropriate differential response option that provides for appropriate early intervention to support families in need, the severity of cases escalates, and because of the risk of cumulative harm, the child is more likely to be removed from the care of their family. For example, one submission states:

561 Submission: Susan Mansfield.

562 Higgins, *Community development approaches to safety and well-being of Indigenous children*; Higgins & Katz, 'Enhancing service systems for protecting children: Promoting child wellbeing and child protection reform in Australia'.

563 P Holzer et al., 2006, 'The effectiveness of parent education and home visiting child maltreatment prevention programs', *National Child Protection Issues Paper*, vol. 24.

564 Submission: NTFC Therapeutic Services.

565 p cit. Submission: Susan Mansfield.

One consequence of the marginalisation of child neglect ('child concern') is that child neglect referrals tend to get accepted only when the situation is entrenched and not easily responsive to intervention. This problem is compounded by the lack of a secondary service system, and according to a number of workers increases the likelihood that the only intervention is removal of the child.⁵⁶⁶

Across the submissions, there is a general theme that the system is focused on assessing 'harm', rather than 'need'. A refocused system could more effectively protect children if the focus was on the level of need that children have, and the capacity of the family to respond to the child's needs were they to be provided with appropriate supports.

The development of an effective differential response relates closely to the issue of having an appropriate threshold for statutory intervention.⁵⁶⁷

A differential response model which diverts families out of the child protection system by providing appropriate supports, is the most effective way of addressing the rising demand for statutory services, in particular, the backlog of unallocated cases. To be successful, this would involve massive and sustained investment in family support services – both at the universal level, for example, parenting education classes, day care etc – but particularly targeted services for vulnerable families.⁵⁶⁸

To be effective, action is required at all service levels and in a range of different service systems, including shifts in organisational cultures and practices.⁵⁶⁹ It is unrealistic to expect that the level of demand for family support can be met within the current system, or with the current resources.⁵⁷⁰ A very consistent theme across submissions to the Inquiry is the absence of capacity within the Department to provide effective family support services. Because of this, few workers identify cases as requiring a family support response, believing that the response will be inadequate or non-existent.⁵⁷¹

Lack of response for families in need

A number of witnesses and submissions described what they saw as inadequate support from the Department. Words like 'unresponsive' or 'inadequate' were typical.⁵⁷² Examples were provided of case closures, despite information being provided to the Department of ongoing high-level risks to the safety and wellbeing of children, such as continued alcohol abuse and ongoing violence by a father towards his wife and child, leading to hospitalisation.⁵⁷³

There are two levels at which family support is alleged to be inadequate. One is where, through the lack of a robust differential intake model, family support cases are not diverted out of the statutory system, and instead receive a statutory response or no

566 Submission: Nettie Flaherty.

567 See Chapter 7.

568 This is fully described in the recommendations in Chapter 6.

569 Higgins & Katz, 'Enhancing service systems for protecting children: Promoting child wellbeing and child protection reform in Australia'.

570 Submission: NTFC Therapeutic Services.

571 Submission: NTFC Therapeutic Services.

572 Submission: Paediatric Department, Royal Darwin Hospital; Submission: NTFC Therapeutic Services; Submission: Gerri Grady.

573 Submission: Tangentyere Council.

response at all, rather than a primarily therapeutic response. The other is where families themselves identify needs and seek support and are then told that the issues do not require child protection intervention. This leaves parents feeling that they have to reach crisis point before appropriate assistance can be made available.⁵⁷⁴

The difference between a child and their family's needs and the statutory authority's approach being one of an assessment of risk is at the heart of the problem. It is dangerous to allow children at 'low risk', and who can best be responded to therapeutically with a family support response, to get swept up into an acute tertiary system or to receive no response. A differential response for family support cases focuses on such cases, including those that are re-referrals, which have become a major component of the workload of the statutory system in the Northern Territory.

Further details on the need for differential responses and on specific models can be found in the recommendations of the Wood Inquiry report, recent revisions to the Victorian child protection system with the introduction of Child FIRST, and system reviews such as 'Inverting the Pyramid'.⁵⁷⁵

Requirements for change

The following are the key change elements that are required to establish a differential response:

- Implement a report/notification response pathway such that reports not requiring a forensic investigation, that is, cases assessed as 'low risk', receive a less intrusive, therapeutic response by a family support service, independently or in conjunction with the Department
- Amend the Child Protection (CP) legislation to provide a clear avenue for working with a family outside of an investigation
- Increase resourcing, training, and support for NGOs to provide family support services
- Develop a clear conceptual framework for a model of family diversion that can be embedded in legislation, interagency collaboration protocols, risk assessment and case-management practice.⁵⁷⁶

As described in earlier chapters, the Department has taken the first steps in establishing what they term a Differential Response Framework (DRF) with the commencement of the Targeted Family Support Program operated by the Central Australian Aboriginal Congress in Alice Springs. Funding for the roll-out was provided in the Northern Territory Government budget process but a recent expansion of the program to allow for referrals outside of statutory child protection, is Commonwealth funded through the Alice Springs Transformation Plan. A preliminary evaluation has been conducted by Charles Darwin University, however, more evaluative information is needed for the future roll-out of such services across the Territory.

574 Submission: Parent.

575 Wood, *Special Commission of Inquiry into child protection services in NSW*; Department of Human Services (DHS), 2007, *Child FIRST fact sheet*. Victorian Government, Melbourne, http://www.cyf.vic.gov.au/__data/assets/pdf_file/0015/41730/ecec_child_first.pdf; Australian Research Alliance for Children and Youth, *Inverting the pyramid: Enhancing systems for protecting children*.

576 For a description of the model being proposed for the Northern Territory see Chapter 12.

Case-management

From the discussion of intake and investigation procedures, it is clear that there are difficulties getting into the 'system' and receiving a service. Issues such as prioritisation of physical and sexual harm over neglect, and the high substantiation threshold serve to limit the number of children in the system. But once a child is in the system – once a case is investigated and harm is substantiated – what case management is provided apart from monitoring? People giving evidence to the Inquiry were critical of the case-management practices and lack of support for families.

Several submissions maintain that case management provided by Departmental staff is problematic. For example in their submission, Tangentyere Council observed that:

It appears that effective case management does not occur. The issues experienced by Tangentyere staff are inadequate co-operation, collaboration, and communication on numerous occasions.

In some cases it is alleged that deep-seated attitudes and beliefs affect this aspect of statutory intervention. For example:

a Senior worker told me: I should return a child to parents because, 'they are never going to do anything (to change) anyway'. The child was in care due to serious neglect and abuse. - 'Don't remove a child from community because it will cause you extra work'. - 'Don't remove a child because family will get payback'. In one case a child was exposed to ongoing sexual abuse. The family were not prepared to protect the child stating that 'she asked for it'. In another case the child was seriously neglected and suffering severe Failure to Thrive (at hospitalisation level) and other health problems such as ongoing cases of scabies.⁵⁷⁷

Permanency and stability planning

Tilbury and Osborn explain:

Permanency planning is the process of making long-term care arrangements for children with families that can offer lifetime relationships and a sense of belonging.⁵⁷⁸

In the Inquiry's view, the issue of stability and permanency planning should be a core feature of work with all children in the child protection system, whether they are removed from their families or remain in the care of their parents. There were no specific issues with regards to stability and permanency planning raised in submissions however there were numerous examples in the practice of NTFC, it was one of the stand-out concerns expressed in the meetings with young people in care who asked why it was that they were moved from placement to placement so often. The problem of instability in care was also brought up repeatedly in the foster care forums.

⁵⁷⁷ Submission: Senior NTFC worker.

⁵⁷⁸ C Tilbury & J Osmond, 2006, 'Permanency planning in foster care: A research review and guidelines for practitioners', *Australian Social Work*, vol. 59, no. 3, pp.265-80, p.2.

The need for effective permanency and stability planning is an important aspect of case management recognised nationally and internationally and given prominence in the professional literature.⁵⁷⁹ There is only one reference in the DHF submission to permanent home-based care arrangements. No mention is made of reunification services or other forms of stability planning.

In the last 20 years there has been a renewed focus on this area of practice due in part to the increasing number of children in care, a foster care system under pressure and placement instability and 'drift' in care. The underlying rationale of permanency planning is that children who are not protected or cared for adequately by family should be cared for temporarily by other carers until their own family can resume the role as primary carers. If returning home is not possible then a permanent arrangement should be found sooner rather than later.⁵⁸⁰

The issue of stability planning and its importance is mentioned in the NTFC Manual but it is included along with a host of other case work requirements and is not given the prominence that it has in most other jurisdictions. In a system overwhelmed by child protection reports and the need to investigate urgent matters, general imperatives around the need to undertake case planning tend to be given a low priority. Stability and permanency planning including the issue of reunification must be considered from the start of a placement and included in case planning documentation.

Although there were no direct calls for a reunification strategy in submissions, there was a great deal of reference to the impacts of a failure to undertake timely case planning, including planning for permanence/stability and reunification of children with their birth parents if this is indicated. For example, a number of foster carers described the emotional devastation of having infants and children in long-term placements being removed at short-notice to be placed again with their birth families. In several such cases there appeared to have been no formal case planning to prepare the children, the foster families or the birth parents.⁵⁸¹

In one particular case reported to the Inquiry, a child was removed from a long-term carer and returned to a remote community at short notice and then hospitalised within a week because of serious health concerns. The carer was asked to resume their caring role. The result of this lack of planning can be an experience of traumatic loss for both the children and the carers which might be characterised as 'systems abuse'. As one carer pointed out:

A baby's attachment (cannot) be smoothly transferred onto another caregiver... they may be well settled in their out of home placement, then removed to be reunified with parents who may only maintain change for a short amount of time. Thus they are likely to be removed once again. Thus they are being traumatised by their parents and the state.⁵⁸²

579 L Bromfield & D Higgins, 2005, 'Chronic and isolated maltreatment in a child protection sample', *Family Matters*, vol. 70, pp.38-45; A Osborn & L Bromfield, 2007, *Outcomes for children and young people in care*, In *Research Brief 3*. National Child Protection Clearinghouse, Australian Institute of Family Studies, Melbourne, <<http://www.aifs.gov.au/nch/pubs/brief/rb3/rb3.html>>.

580 Tilbury & Osmond, 'Permanency planning in foster care: A research review and guidelines for practitioners'.

581 Submission: Confidential, Roger and Kathleen Wileman, Confidential, Carers at Northern Territory Inquiry forum-Alice Springs.

582 Submission: Confidential.

Discussing permanent placements for children is a contentious issue because of the enormity of the decisions to remove parents' rights to care for their own child and the fact that much of the available research does not directly explore the practice of permanency planning. Instead it looks at the related issue of inadequate placement options which prevent permanent plans being successfully implemented.⁵⁸³

There are additional considerations of permanency planning in developing policies for Aboriginal children in out of home care. Concern that poor cultural identity formation is linked to poor emotional wellbeing and mental health problems in later life means that in all aspects of permanency planning, family and Aboriginal community members should be involved. This is required particularly if children are being placed with non-Aboriginal care givers.⁵⁸⁴

As mentioned, permanency planning is a relatively recent development and not all jurisdictions have legislated for this aspect of service planning and delivery. Generally, where it is not in legislation then policy frameworks often provide guidance with respect to permanency planning.⁵⁸⁵ Some Australian jurisdictions have incorporated permanency planning into their legislation. For example, the *Children, Youth and Families Act 2005* (Victoria) recognises that the age of the child is related to their different needs for attachment. The timeframes require a permanency decision to be made no later than 12 months after a child has come into care if the child is less than two years old, within 18 months if the child is between two and six years old and within two years if the child or young person is seven years or older. The Act has a provision that requires a report from an Aboriginal agency if an Aboriginal child is to be placed with non-Aboriginal carers before an order can be made.⁵⁸⁶

In Western Australia the *Children and Community Services Act 2004* and *Adoption Act 1994* allow for a number of placement arrangements to be considered for a child in the care of the CEO. One such arrangement is a new provision allowing the CEO to apply for a special guardianship order, as well as a carer who has had the continuous care of the child for two years or more. Under a protection order (special guardianship), parental responsibility for the child, until they reach 18 years of age, will be transferred to the special guardian and the child will no longer be in the care of the CEO. The special guardian has all the duties, powers, responsibilities and authority which, by law, parents have in relation to their own children.⁵⁸⁷ Similar to the Victorian legislation there is recognition of the different attachment needs of children of varying ages and timeframe are set in respect of these. The best interests of the child are prioritised when there are differences between the child's needs and the time it might takes for the parents to resolve their problems.⁵⁸⁸

583 Osborn & Bromfield, *Outcomes for children and young people in care*.

584 Tilbury & Osmond, 'Permanency planning in foster care: A research review and guidelines for practitioners'.

585 P Holzer & A Lamont, 2009, *Australian child protection legislation*, Resource Sheet 9, National Child Protection Clearinghouse, Australian Institute of Family Studies, Melbourne.

586 Children, Youth and Families Act 2005 (Victoria) Section 4.10.

587 Department of Child Protection, 2010, *Permanency planning policy*. Government of Western Australia, Perth, <http://www.community.wa.gov.au/NR/rdonlyres/3EEF0FF1-30CA-45E0-9B79-714E6C064BDB/0/PermanencyPlanningPolicy.pdf>.

588 P Ford, 2007, *Review Report*, In *Review of the Department of Community Development*, <http://www.community.wa.gov.au/NR/rdonlyres/96699E41-3DE1-4907-A1C9-B21B0C4647CD/0/DCDRPTFordReview2007.pdf>.

The idea of providing stability for children by means of a permanent placement is not incorporated into Northern Territory legislation although it is outlined in policy. It is apparent to the Inquiry that the policy is not implemented in practice. Reasons for this are unclear but it could be due to the uncertainty of workers who are unsure about applying such a significant policy without a legislative base; or, the fact that there are no guidelines to assist in implementation; or, that due to high staff turnover case plan goals and strategies are not always carried out. Regardless of the reason, NTFC needs to engage in community consultation to develop a policy on permanency and stability planning and consider whether any legislative changes are required (see Chapter 10 for more detail). Consultation should occur widely with attention to Aboriginal communities and agencies.

Reunification with a child's birth family is one possible outcome of permanency/stability planning and must be a core feature of casework with families to maximise the likelihood of children returning home.

Given the over representation of Aboriginal children in the protection system within the Northern Territory there needs to be particular emphasis on stronger compliance with the intent of the Aboriginal Child Placement Principle. There are many that believe that permanency planning has major implications for Aboriginal children and some that question the priority given to permanency planning.

SNAICC, the national body representing Aboriginal children and families, believes that strengthening permanency planning policies is not an appropriate or adequate way to improve stability and security in foster care for Aboriginal and Torres Strait Islander children. SNAICC proposes five elements as an approach to achieve stable and culturally strong out of home care for Aboriginal children:

- Moving towards total Aboriginal and Torres Strait Islander control of child and family welfare services for Aboriginal and Torres Strait Islander people including child protection services and out of home care service delivery and case management
- Properly implementing the Aboriginal Child Placement Principle and more effectively recruiting, training and supporting Aboriginal and Torres Strait Islander foster carers and kinship carers
- Developing national standards for Aboriginal and Torres Strait Islander children that reflect cultural and spiritual needs
- Enabling Aboriginal and Torres Strait Islander children in out of home care to maintain and build family connections, and
- Developing healing and family support services for Aboriginal and Torres Strait Islander families to prevent child abuse, neglect and removal and to bring removed children home.⁵⁸⁹

Given these considerations it is important that consultation be held with Aboriginal people in the Northern Territory.

A more detailed discussion of family reunification and permanency planning practice and policy can be found in Chapters 9 and 10.

589 Secretariat of National Aboriginal and Islander Child Care, 2005, *Achieving stable and culturally strong out of Home Care for Aboriginal and Torres Strait Islander children*. SNAICC, Melbourne, http://www.snaicc.asn.au/_uploads/rsfil/00061.pdf.

Recommendation 8.1

That Northern Territory Families and Children engages in a community consultation process to develop a formal policy on permanency and stability planning and consider whether any legislative changes are required.

Urgency: Within 18 months

Ongoing risk management

Even where abuse or neglect is substantiated, NTFC does not always seek to remove children from their families but to work with the families to reduce the risk to their children. Generally this is facilitated through obtaining a supervision order. In such cases ongoing risk management is a critical issue given that the child has been deemed to be at some risk. Where the staffing resources of the agency are as stretched as the data indicate with a large backlog of new cases to be investigated, there is always a possibility that ongoing risk management processes may not be given the attention they require.

NTFC does not appear to have structured processes in place to ensure that effective monitoring of such cases is undertaken in a timely manner. The NTFC Policy and Procedures Manual indicates that 'Caseworkers involved in protecting children should be continually assessing the risk to the child' and draws attention to the 'Risk Assessment Tool' which leads to a risk classification outcome (see Chapter 7). It indicates that such risk assessments should always be undertaken at 'critical decision-making points' defined as prior to a child being removed, prior to them returning home or closing cases (11.10.2). However, there do not appear to be the means to ensure that workers actually undertake such assessments during the course of an open case and no data is routinely collected or reported.

It might be noted that the issue of arbitrary case closures without formal risk assessments was specifically brought up in the submissions. Some submissions raise the issue of premature case closures where there were unresolved protective concerns – identifying resource management and inadequate capacity as the driver for early or inappropriate case closures: that is, denial of services was decided on the grounds of lack of capacity, rather than the absence of clinical need.⁵⁹⁰ That submission recommends that, in such cases NTFC management should acknowledge that protective concerns may still exist, in order to protect individual workers from responsibility for any harm to children that may occur subsequent to case closure. This is particularly so for cases which are not investigated according to the appropriate procedures, such as sighting the child, interviewing the family, and so on.⁵⁹¹ The Inquiry was told that case workers feel under pressure to close cases without undertaking adequate risk assessments and that inadequate case closure strategies are sometimes put in place to address a build up of case backlogs.

The need for a specific review of the risk management sections of the NTFC Policy and Procedures Manual was one of the recommendations from the High Risk Audit (Recommendation 7). The response of NTFC dated November 2009 states that:

590 Submission: Jay Tolhurst.

591 *ibid.*

FACS has reviewed risk assessment sections of the Policy and Practice Manual and developed a new care plan template. Training was provided to staff with implementation of the new legislation.⁵⁹²

In the absence of the collection of data on this issue or a reporting framework regarding ongoing risk management, the impact of the earlier recommendations regarding risk management practice will be unable to be assessed.

Notwithstanding the need for effective risk management in cases where risk has been identified, several submissions made reference to the fact that an over-riding risk management focus does not always meet the needs of children. For example, a focus on risk-management can hide cases of vulnerability where children/families have ongoing needs, such as where children have disabilities, or parental alcohol misuse is chronic, but the children are assessed as not being at risk. One submission by a teacher discussed the number of notifications that were made in a particular case by school staff concerned about a family with multiple children with disabilities:

School staff have consistently tried to meet the needs of these children through food, health and hygiene programs and by working with the family. It is not sustainable and it does not address the issue of what will happen once the children leave Primary School.

As identified in Chapter 7, some submissions describe instances where risk-management processes had broken down, and unsafe decisions were alleged to have been made on the basis of factors such as (a) extra workload created by removing a child who comes from a bush community; and (b) the risk of payback for the family if the child is removed.⁵⁹³ In these instances, the witnesses alleged serious risks to the child, such as exposure to ongoing sexual abuse in one case, and health problems such as scabies and severe failure-to-thrive, requiring hospitalisation, in another.

Recommendation 8.2

That Northern Territory Families and Children reviews its policy relating to the ongoing risk management of open cases (as initially recommended in the High Risk Audit – recommendation 7) in the light of the new Structured Decision-Making risk assessment instruments that are being introduced, with a view ensuring that regular assessments are undertaken, the results recorded, and appropriate action taken.

Urgency: Within 18 months

592 Northern Territory Department of Health and Community Services, *Northern Territory Community Services high risk audit: Executive summary & recommendations*.

593 Submission: Senior NTFC worker.

Aboriginal Family Group Conferencing

Since approximately 75 percent of statutory notifications relate to Aboriginal and Torres Strait Islander children, culturally appropriate decision-making processes and intervention options must be central to the work of NTFC.

Submissions to the Inquiry include instances where Aboriginal families were willing to be engaged in the decision-making process and believed that they were able to offer solutions that were culturally safe, as well as ensuring the physical safety of the child. Yet, despite their willingness, they were not consulted and were aggrieved that decisions were made to remove children from the kinship group and community.⁵⁹⁴

A key message from the personal experiences described in one submission is the failure of the system to engage with the family, on either the maternal or paternal side, and explore with all the family members how the child could be kept safe, cared for and supported.⁵⁹⁵ Family input into decision-making, where it does occur in child protection, is often limited to the initial placement decision. Involving family in all decisions regarding children deemed to be at risk may prevent the need for children to be brought into care.

As outlined by Higgins,⁵⁹⁶ family decision-making models have grown out of the New Zealand experience based on Maori and Pacific Islander understandings of family and the responsibility that this wider group can take for ensuring the safety and wellbeing of children and young people.⁵⁹⁷ They are based on principles of collective responsibility, mutual obligations and shared interest since, it is the wider family that is most likely to be the people that have the greatest investment in the wellbeing of the child and who have to 'live with' the decisions that are made. This approach is also consistent with the National Framework for Protecting Australia's Children⁵⁹⁸ and the focus on strengths-based practice in NTFC.⁵⁹⁹

One of the fundamental principles on which family group decision-making models are based is the belief that if they are brought together and given appropriate information, families are capable of making responsible decisions about a child who is at risk of abuse or neglect.⁶⁰⁰ This is consistent with the principles of community development and Aboriginal community control.

In a family group conference model, considerable preparation time is spent identifying extended family members and other significant people in the child's life who can play a role in identifying strategies to address concerns about the child. In the meeting, the information sharing phase includes child protection workers and other professionals

594 Submission: Danila Dilba.

595 *ibid.*

596 Higgins, *Community development approaches to safety and well-being of Indigenous children.*

597 N Harris, 2008, 'Family group conferencing in Australia 15 years on', *Child Abuse Prevention Issues* 27, <http://www.aifs.gov.au/nch/pubs/issues/issues27/issues27.html>.

598 Council of Australian Governments, *Protecting children is everyone's business.*

599 ———, 2009, *National Partnership Agreement On Remote Service Delivery 2009-2014*. Australian Government, Canberra, http://www.coag.gov.au/intergov_agreements/federal_financial_relations/docs/national_partnership/national_partnership_on_remote_service_delivery_with_amended_schedule.pdf; NT Families and Children, 2010, *Family Group Conferences: A Mediation Model for Care and Protection in the Northern Territory*. *Internal Report*, report prepared by E Flynn, NTFC, Darwin.

600 P Ban, 2005, 'Aboriginal child placement principle and family group conferences', *Australian Social Work*, vol. 58, no. 4, pp.384-94.

sharing information about the protective concerns with the family group. The family is then given space (private family time) to ‘confer’ on their own about what needs to happen to keep a child safe. In his comprehensive review of family group conferencing on both sides of the Tasman, Harris noted a particular innovative practice in Victoria, with the development of an Aboriginal -specific family decision-making model, which he sees as a way of empowering Aboriginal families and communities.⁶⁰¹

According to Ban:

The family group conference is a meeting held by extended family members following a crisis regarding a child of that kin network. Professional service providers involved with child protection also attend to inform the family network of their legal mandate, assessments and potential resources to resolve the issue at hand... The intention of this process is to transfer the power and authority of decision making for children into the hands of the people who have a life-long connection with them and who have to live with the outcome of the decisions made.⁶⁰²

Ban identified that family group conferences are a way of meeting the objectives of the Aboriginal Child Placement Principle. When children who are at risk of harm in the care of their parent(s) need to be removed, the principle stipulates the priority of placing the child with extended family, the child’s community, or, finally, another Aboriginal person.⁶⁰³ The problem with implementation of the principle is that for non- Aboriginal agencies (or in fact, anyone without detailed local knowledge of community and kin), it is difficult to know who may be appropriate and available to take responsibility for the care of the child. Family group conferences provide a mechanism for addressing this issue.

Based on a number of international evaluation studies, Harris concluded that family group conferences ‘lead to greater feelings of empowerment by families, are usually able to produce a plan that is acceptable, mobilise greater informal and formal support for families, and would seem to increase the safety of children and other family members where violence is a concern’.⁶⁰⁴ However, the implementation of plans formed as an outcome of the conference is a critical feature of their effectiveness, and plans are often not implemented fully.

Appropriate models need to be considered for both court-ordered decisions, and protective decisions outside of the children’s court context.⁶⁰⁵ Appendix 8.1 contains details of a range of family-decision making and mediation models that have been used in a range of contexts. Chapter 10 also discusses mediation. The rollout of such programs in the Northern Territory needs to be accompanied by rigorous monitoring and evaluation processes to gauge the effectiveness and success of the program. Evaluations could encompass trials, and the comparison of different modes, such as Aboriginal healing circles in New South Wales, and different models for court and non-court based contexts.⁶⁰⁶

601 Harris, ‘Family group conferencing in Australia 15 years on’.

602 Ban, ‘Aboriginal child placement principle and family group conferences’.

603 See Chapter 4.

604 Harris, ‘Family group conferencing in Australia 15 years on’.

605 For an overview of how it is used in other states, see *ibid*.

606 M Young, 2006, ‘Aboriginal healing circle models: Addressing child sexual assault: an examination of community based healing circles used to address child sexual assault within aboriginal communities in Canada’, http://www.churchilltrust.com.au/site_media/fellows/Young_Mandy_2006.pdf.

The NTFC Strategic Projects Submission details a best-practice model for the Northern Territory that has been developed over the past two years, but, inadequate funding prevents its effective implementation.⁶⁰⁷ It is understood that some funding has recently been received as part of the Alice Springs Transformation Plan for a 30-month roll-out of this service in the Alice Springs region.⁶⁰⁸ Menzies School of Health Research are working with NTFC on the development of an evaluation for the Alice Springs model which will inform future roll-out.

Recommendation 8.3

That an Aboriginal Family Group Conferencing model and/or other culturally appropriate decision-making models be developed and progressively implemented to cover all key service regions of the Northern Territory; that the programs are formally evaluated; and that they are funded (in time) as part of the normal budget process.

Urgency: Within 18 months

Quality control

A number of written submissions, as well as experiences recounted during the hearings, drew attention to the need for casework practice quality control measures. A number of related practice issues are covered here.

Culturally appropriate decisions and practice standards

One critical aspect of practice in the Northern Territory is the degree to which decisions and actions can be demonstrated to be culturally appropriate. In the submissions there were a number of references to examples of practice that might be considered culturally inappropriate or where apparently sound practices were labelled by others as being inappropriate.⁶⁰⁹ This suggests the need for better articulated guidelines that clearly address the issue of how to operationalise a definition of cultural appropriateness for workers' actions and to examine how this fits with legislative responsibilities and other clearly articulated Departmental policies. Addressing this issue of cultural competence, the submission by Danila Dilba argues:

The inquiry should recommend that a set of practice standards be developed to ensure a level of consistency and quality of service from child protection. These standards must go to the detail as discussed in this story and should be developed collaboratively with input from a range of stakeholders including Aboriginal agencies, Out-of-Home Care service providers, Departmental staff and the Northern Territory Children's Commissioner. They should also encompass the standards of practice required to implement the Aboriginal Child Placement Principle.

607 NT Families and Children, *Family Group Conferences: A Mediation Model for Care and Protection in the Northern Territory. Internal Report.*

608 See Chapter 10 for further discussion relating to Aboriginal Family decision-making.

609 Submission: Senior NTFC worker.

Another submission observed that good practice principles may get blamed as a result of poor decision-making:

At times the Aboriginal child placement principles get blamed for poor placements, when the real culprit is poor decision making.⁶¹⁰

Cutting corners

Allegations were made that, under pressure from an inappropriately high workload, workers cut corners in order to finish the case at hand so that other investigations already overdue for attention do not need to wait any longer for a response. This was seen as 'a failure of the NTFC Quality Assurance (QA) system' to ensure that investigations are completed in a procedurally compliant manner.⁶¹¹ It is plausible that this sort of corner cutting arises when capacity is stretched, when structures and staff to reinforce methodical QA across the system are lacking.⁶¹² Workload factors may lead to other aspects of casework practice being problematic. For example, according to the submission by Tangentyere Council:

The lack of case plans is particularly noticeable around safety plans in times of crisis. It at times appears that safety plans are non-existent.

Child not sighted during investigations

There were allegations that workers may not actually see children as part of their child protection assessments.⁶¹³ This issue is compounded by remoteness. For example, one submission claims that NTFC was reluctant to fly workers out to remote locations to do investigations and, that sometimes, police were used to remove children prior to an investigation being conducted.⁶¹⁴ Others report that investigation cases were closed without any investigative work actually being done.

The Tolhurst submission noted that 'The decision to close without investigation might be seen as rationing decision affecting cases with *unresolved* CP concerns'. Tolhurst goes on to maintain:

If it were possible to responsibly conclude that a child's situation is free of concerns without these family interviews etc, surely they would not be included as part of the required investigative procedures in the first place. The fact that they are included in policy, and that similar requirements always appear in the operational policy of comparable jurisdictions elsewhere, is testament to the fact that selected other agency inquiries cannot substitute for a proper defensible investigative process which includes face-to-face contact with key affected family members, most especially the child him/herself.

610 Submission: Northern Territory Council of Social Service (NTCOSS).

611 Recommendations relating to quality control and review can be found in Chapter 13.

612 Submission: Jay Tolhurst.

613 Submission: Jay Tolhurst; Hearing: Witness 44.

614 Submission: Dr Clare MacVicar.

While one confidential submission recognised that the current requirement for sighting a child who is the subject of a notification within a specified timeframe was unrealistic, the author identified some possible alternatives that allow for more responsive actions to notifications by allowing for immediate assessment and timely action if and when required:

For example where a child is from a remote community, there are community clinics and schools who could take responsibility for preliminary and immediate assessments, (i.e. is the child at school? What is the health record? Have there been any recent changes to this child's environment?).

Poor use of interagency options

Submissions also identified the poor use of interagency links to ensure more comprehensive assessment, drawing on the knowledge and assistance of other agencies working in the community.⁶¹⁵ Poor coordination and interagency relations are discussed in Chapter 11, with a model for interagency collaboration.

Court orders and legal matters

Legal matters are dealt with in depth in Chapter 10 but a few such matters relating to the statutory process are noted here. Issues relating to children's court orders, including temporary protection orders, were not addressed in the written submissions in detail although there were allegations in the hearings of inappropriate coercion being used to obtain voluntary orders.⁶¹⁶

A witness alleges that in relation to a child with serious injuries requiring hospitalisation the only protective strategy available to the child's mother was for her to initiate Family Court proceedings to ensure the long-term safety of her child.⁶¹⁷

In oral submissions, further complaints were made that Departmental workers may refer concerned family members to the Family Court to resolve matters that were clearly of a protective nature. For example, where a grandmother has assumed care of a grandchild because of concerns about his/her safety, it has been alleged that the Department routinely refers such concerned relatives to the Family Matters Court in order to validate the arrangement rather than dealing with the matter as a kinship placement. The Children's Commissioner has also referred to such practices.⁶¹⁸

The Family Court had to implement a particular model of case management to address the unique issues caused by intersecting jurisdictional responsibilities in relation to the safety of children in matters coming before the court.⁶¹⁹ Even though the Magellan case management process has improved the case flow issues and the provision of appropriate information for the court, in light of the information in submissions, a number of gaps remain.⁶²⁰

615 Hearing: Witness 44.

616 This matter is addressed in Chapter 10.

617 Submission: Confidential.

618 Children's Commissioner Northern Territory, *Report in respect of Baby BM*.

619 D Higgins, 2007, *Cooperation and Coordination: An evaluation of the Family Court of Australia's Magellan case-management model*, Family Court of Australia, Canberra.

620 Submission: Confidential.

Child protection practice in remote communities

A consistent theme across submissions was the lack of staff in remote communities and the reliance, despite poor resourcing, on fly-in/fly-out models of investigation and intervention.

Witnesses argue that the fly in – fly out approach of NTFC places pressure on non government organisation (NGO) staff in remote communities.⁶²¹ The model fails to capitalise on local knowledge that could contribute to better intake decisions. The implications are that this results in a lack of family support, because of this culture of service delivery, where the workers do not know the child.⁶²² This perspective is strongly supported by an inter-agency child safety service that had formed in Maningrida, a remote community, in response to serious child abuse concerns. This committee, which includes workers from the local night patrol, school, clinic, and police, has been providing a collaborative, joint case management approach to working with vulnerable children and families. They had concerns about the limited inter-agency vision of NTFC but have established a positive working relationship with the NTFC officer for their community (see more in Chapter 11).

One submission argues that local workers need to be drawn from a range of disciplines –social work, psychology, education, early childhood, and cultural advisors– to live in the community in order to understand its issues, and provide better options for how to address identified concerns.⁶²³

Engagement of communities on every level is critical to the success of both investigation and intervention. This engagement can only come about through gaining the confidence of a community, which can only come about through local involvement, spending time, and building relationships with elders, parents, children, and other members of local communities.⁶²⁴ Proactive work from police, particularly in those communities where child safety and wellbeing are identified as being at highest risk due to factors such as breakdown of positive community authority, overcrowding, youth wandering the streets at night, alcohol, drugs and gambling, is an important part of both prevention and early intervention work.⁶²⁵

However, there are mixed views about the role of non-NTFC staff in remote communities. A number of submissions referred positively to the capacity for existing professionals in remote communities, such as community clinic and school staff, who could take responsibility for conducting preliminary assessments, addressing questions such as the child's school attendance, health record, and other aspects of the child's environment.⁶²⁶ Others criticise NTFC's understanding of remote communities, and the 'over reliance on non-Aboriginal staff working in these communities to provide a range of tasks that would otherwise be the responsibility of NTFC'⁶²⁷. This submission states:

621 Submission: NTFC Darwin Remote Office; Hearing: Witness 41.

622 Hearing: Witness 44.

623 Submission: Aboriginal Resource & Development Services Inc. (ARDS).

624 Submission: Northern Territory Police.

625 *ibid.*

626 Submission: Confidential.

627 Submission: NPY Women's Council (NPYWC).

Child protection assessments and investigations are often based upon the opinion of one or two ‘whitefellas’ in the community that may or may not have a proper knowledge of these particular children and young people, leading to ill informed and subjective decisions.

In order to overcome the lack of Aboriginal NTFC staff, particularly in remote communities, one submission noted that Aboriginal Health Workers (AHWs) are a key resource as cultural brokers.⁶²⁸ However, some submissions identified that even when these workers are enthusiastic about assisting NTFC staff, their capacity to do this is subject to the ‘good will’ of the primary health clinic manager, for example:

Many clinic managers are unhelpful at best, and hostile at worst, towards child protection workers, and refuse to release AHW staff to assist.⁶²⁹

It is particularly problematic when NTFC staff, who fly in at significant expense, find that AHWs may not be available, for example, when a health issue unexpectedly arises.⁶³⁰ The author of this submission, an NTFC worker, further states that it is unacceptable to have staff with the legislative responsibility to provide statutory welfare services being reliant on individual relationships with broader health staff such as clinic managers:

Of course building relationships is crucial, particularly in remote communities, however NTFC staff should [not] have to be totally reliant on them as such relationships are frequently reliant on the clinic staff’s attitude and perception of NTFC roles.

On another practice issue, the Save the Children submission claims that, in remote communities, there was a greater likelihood that the Department will leave child in the care of kin, rather than implement a statutory intervention. This places considerable responsibility on family, often without support or the financial resources provided for other foster carers.⁶³¹ More detail on these ‘Family Way’ placements is included in Chapter 9.

Service responses for at-risk and protected young people

As identified in Chapter 6, a number of submissions and hearings focused on the unmet needs of young people. One graphically draws attention to the failures of the current response system:

Currently young people in need of care and protection are seriously neglected and actively placed at risk by the system...for young people at serious risk – substance abusing, being sexually exploited, actively recruiting other young people into sexual exploitation, experiencing violence and homelessness – the system has failed.⁶³²

628 Submission: Nettie Flaherty.

629 Submission: Nettie Flaherty; See also, Submission: NTFC worker.

630 Submission: NTFC worker.

631 Recommendations about the work of NTFC, other statutory agencies and NGOs in remote communities are made in Chapter 11.

632 Submission: Jane Vadiveloo.

There are particular youth-related problems in the remote communities and some of the town camps in the Northern Territory. The Inquiry heard from many community members and service providers who draw attention to the large numbers of children and young people wandering the streets of remote communities at night, refusing to heed the direction of their parents, abusing substances, and engaging in sexual activities. In one community, members referred to the ‘wandering boys’, a group of troubled, substance-affected young people who were not welcome to stay in the community but who appeared to have banded together for mutual support.

The issue of service responses for adolescents is a vexing one for child protection systems in all jurisdictions but it is particularly challenging in the Northern Territory given the levels of disadvantage, demographics, workforce problems and the lack of support services. NTFC has a Youth Services Branch which focuses on youth-related policy and includes initiatives such as the Youth Justice Strategy, a component of which is the establishment of Family Support Centres which implement the Family Responsibility Orders in the Youth Justice Act 2006. The focus of the present discussion is on protected young people and services that assist or should assist them. Youth-related themes are raised in a number of sections of this Report but they are explored more directly here.

The need for early intervention

The need for NTFC to engage in early intervention services for young people was strongly emphasised in a number of submissions to the Inquiry. Early intervention and inclusive case planning to enhance protective factors when children enter the protection and care system were identified as a strategy to strengthen those children as they enter adolescence.⁶³³ The inconsistent support that was seen as being offered by NTFC to children and young people was believed responsible for negative impacts on clients, particularly those with repeated or extended periods of child protection involvement.⁶³⁴

Lack of responsiveness

A number of submissions contain complaints about what they allege to be the non-responsiveness of NTFC to reports involving adolescents in need and about the lack of a willingness to collaborate with external youth services. Many examples were provided of crisis events involving teenagers that were reported through CI but were not accepted for investigation on various grounds. Chapter 5 demonstrates an increasing number of notifications to NTFC for adolescents, but a static number of substantiations. In one case a reporter noted that the young person in question was a protected child but still no assistance was provided because ‘the case was about to be closed’.

The Inquiry also heard from a number of parents who had sought assistance in managing the behaviours of their teenage children who were placing themselves at risk, but who received no effective help. One parent reported the following about their interactions with NTFC:

633 Submission: Confidential NGO.

634 Submission: Confidential NGO.

My concerns with the manner in which my issues have been handled are as follows:

I have continually sought assistance to no avail...Even though FACS became aware that...were intermittently attending school and in the end...was not even enrolled in school - there were no concerns or assistance provided to liaise with the school for assistance or with my child...The care in which...are now placed has been organised my myself and they have had limited follow up or assistance by FACS...That it had to reach a crisis point before FACS was forced to provide some assistance.⁶³⁵

The Inquiry also heard from a number of service providers and other interested members of the public who express frustration at the lack of responsiveness they received from NTFC when they approached the agency for help with troubled teenagers.

It must be noted that NTFC cannot be expected to have the answers to the complex problems of many young people that vex so many in the broader community and provide severe challenges for teachers, mental health professionals, the police and others. In some cases the expectations placed on the Department appear to be unrealistic, however, there is an expectation that there will be an appropriate response to the needs of young people that are clearly within the remit of the statutory department in terms of their age and risk status.

Inappropriate service responses

Some submissions draw attention to inadequate responses to the needs of vulnerable and protected youth. For example, one submission noted that Departmental workers sometimes used cash handouts and McDonalds' vouchers as a means of controlling the behaviours of young people in their care. Of more concern was the use of inappropriate and potentially dangerous service responses, as outlined in the following:

NTFC repeatedly place young people in motels with 24 hour carers to supervise them. There is no active education; assessment, counselling, or life skills support occurring. I have witnessed young people sitting day in, day out, for weeks on end in both motels and 'treatment' programs, doing nothing but listening to their ipod, texting or reading magazines.⁶³⁶

The Inquiry heard from a number of other witnesses who drew attention to the use of motels to accommodate children and young people in crisis and the employment of carers from fee-for-service providers to look after them. Such responses may be necessary to manage crises and meet the immediate accommodation needs of some young people and similar crisis responses are used by child protection departments in most jurisdictions. However, there are many risks in the use of essentially untrained carers in unstructured situations.

Clearly there is a need for programmatic responses to the needs of vulnerable children and young people rather than a reliance on hastily contrived arrangements. The Department has not been able to provide data on the number of such placements that have been made, the number of protected young people involved, or the costs of such placements.

635 Submission: Confidential.

636 Submission: Jane Vadiveloo.

The Inquiry heard from a few carers who had taken on challenging young people at the request of the Department with very limited financial and respite support. In one case a single foster carer was operating what might be described as a residential program in her own home, looking after a group of young people with high needs, most of whom had youth justice records. Residential programs around the country often operate with as few as three or four teenaged young people and staffing compliments of up to eight workers on rotating 8–12 hour shifts. A single foster carer cannot be expected to safely operate a program for multiple teenagers with high needs without significant youth worker and administrative support, respite, and adequate, stable financial compensation. Such programs around the country often cost in excess of \$350,000 to operate and using a single foster carer to provide such a service without significant support is both unethical and dangerous.

Another witness stated that the Department sometimes sent young people with substance abuse problems to willing but untrained traditional owners in the absence of treatment services.

NTFC left (high needs young people under care orders) in the care of the traditional owners from the area they came from with the expectation the traditional owners would work with them to deal with the substance abuse issues but without the training and support to do this.⁶³⁷

Shortage of service options

The dire shortage of service options for young people in the care of the Minister was raised in numerous submissions and hearings. The DHF submission itself noted that there were particular concerns around the lack of specialist therapeutic services, accommodation, mental health services, sexual health, and suicide awareness strategies. A range of NGOs drew attention to the pressing need for services including case management, therapeutic options for young people with sexual behaviour problems,⁶³⁸ crisis youth and family accommodation⁶³⁹ and long-term, safe accommodation⁶⁴⁰.

With respect to the need for mental health services for young people, a number of witnesses and submissions point out that much more needs to be done. One paediatrician observes:

There are very limited opportunities for older remote children to access a school counsellor. There are also only very patchy access to youth and mental health services particularly for adolescents.⁶⁴¹

637 Hearing: Witness 33.

638 Submission: Confidential; Submission: Jane Vadeloo; Hearing: Witness 42.

639 Submission: Association of Northern Territory School Educational Leaders (ANTSEL); Submission: NTCOSS.

640 Submission: Tangentyere Council; Hearing: Confidential Witness.

641 Submission: Dr Clare MacVicar.

Another call for services ran as follows:

We need many more drop in centres and free afterschool activities for these disengaged youth. There is a real need for a significant increase in youth worker numbers. More specifically, we should be looking at training programs for youth workers who originated from difficult circumstances and have succeeded, especially amongst the indigenous population. They would act as much needed role models.⁶⁴²

This submission and others also noted that many young people in the 15-18 age group were particularly poorly serviced at present.⁶⁴³

Partially funded specialist services

Some service providers drew attention to the very significant demand for their services from NTFC and the low level of financial support that had been provided by the Northern Territory Government. For example, Bushmob, a residential substance abuse program in Central Australia, noted that they were one of the very few service options available in the region for 12-25 year-olds but could not expand to meet the strong demand, including that from NTFC for young people in its care. They report that they are directly funded to operate five beds for the whole region but that their average occupancy in 2008 was eight per night. Moreover, to date they have been unsuccessful in gaining funding to move their program from an unsuitable location that is unsettling to the young people and compromises their ability to deal with substance misuse. Thus far, partial funding for the program has been received from the Volatile Substance Abuse program and the Alcohol and Other Drugs Program but not directly from NTFC.

A very similar funding situation was outlined by the Council for Aboriginal Alcohol Program Services (CAAPS) who run a residential substance abuse program for young people in Darwin yet do not receive sufficient funding to staff the program in the critical evening and week-end hours. The CAAPS program was also established through the NTGs Volatile Substance Abuse program with very limited funding for a growing number of clients who are in the care of the CEO.

There are many other specialist services that help to address the needs of vulnerable young people including those referred by NTFC. These include the Balanu Foundation, founded and operated by an Aboriginal youth worker with very little funding from government, the Mount Theo program operated out of Yuendumu, and the Brahminy Group of programs. Without sound financial support such programs cannot be sustained or developed to meet the needs of an increasing number of youth at risk including those who are formally under the protection of the CEO. The development of programs that engage successfully with Aboriginal youth and can demonstrate positive outcomes must surely be a government funding priority.

642 Submission: Patricia Shadforth.

643 Submission: Residential School.

Life education needs of young people

The Sunrise Health Service submission highlighted the many needs of young people they serve and in particular, the broader education needs of young people in their region. Sunrise points to the need for education around sexual health and recommends programs that provide training around being positive parents. Others highlighted the need for young people to develop skills in dealing with violent partners.⁶⁴⁴ Some of these strategies were described briefly in Chapter 6.

Young people in regional offices

In the course of the Inquiry, NTFC staff members drew attention to the increasing number of young people who come to the regional offices seeking support and to the lack of options they have to deal with the young people. Some staff observe that such young people can disrupt normal office activity and that two regional offices have had to employ youth workers to respond to the immediate needs of young people and prevent office disturbances. Such initiatives are reported to have helped workers deal with youth-related incidents but they are not the result of a strategic planning process and are not an officially reported activity of the Department.

Positive youth-related initiatives

In addition to hearing about the work of a number of specialist intervention programs for children and young people and visiting some of these, the Inquiry heard about a number of other positive initiatives that are planned or underway. For example, the Department of Education has a commitment to addressing the needs of disconnected youth and a number of initiatives are being developed. In their submission they state:

The Department will coordinate Alternative Education Programs (AEP) in the provincial centres in a coordinated effort to re-engage disconnected youth. The focus will be on providing a variety of pathways designed to reconnect young people. AEP focus on re-engaging students in education, training, and employment. The Department will do this by working in partnership with key government agencies and other service providers.

The Alice Springs Youth Action Plan is an impressive initiative that involves Northern Territory Government agencies, the NGO sector, local government and other interested parties coming together to develop a response plan to the very significant needs of adolescents in the Alice Springs region.⁶⁴⁵ This plan relies on a major financial investment by government – \$3.467 million for the period 2010–11. However, the plan is based on extensive local consultation, clear strategic planning processes, collaborative action, and operational staff from both the government and NGO sectors, with built-in accountability and review mechanisms. The key elements of the plan include the following:

644 Submission: NTFC worker.

645 Northern Territory Government, 2009, *Report into the coordination of youth services in Alice Springs*, report prepared by DMT Kelly, Northern Territory Government, Darwin.

- The establishment of a Youth Policy and Strategy committee representing the key stakeholders and chaired by the Executive Director of NTFC, along with a 'youth policy and strategy accord' to drive the process
- The coordination of service responses (both government and NGOs) to at-risk young people based around a service hub (a former school)
- An after-hours response for young people in crisis involving the creation of crisis accommodation options, the clarification of police powers, and development of a data collection system
- Case management and casework follow-up provided for clients
- A focus on engagement with schools and alternative education options
- The provision of structured recreation activities after-hours and during holiday periods.

The operational staff will include a Youth Services coordinator (already appointed) and a site coordinator for the service hub in addition to the various service providers.

The initiative is still in its development phase but it offers a great deal of promise in addressing the needs of at-risk young people in the region by facilitating the coordination and integration of the many existing services for youth in the region and developing service options that have not been available in the past.

Other key youth-related initiatives of NTFC

There are four other innovative NTFC initiatives that provide specialist services for young people under the care of the CEO. The Therapeutic Services Team was recently established to provide 'specialist therapeutic interventions with children and young people who are ongoing clients of the NTFC and have been severely traumatised due to abuse and neglect'⁶⁴⁶. Using a variety of therapeutic approaches based around neuro-developmental research, the individually-focused service commenced in Darwin in 2008 and in Alice Springs in late 2009 with outreach to other centres.

The Mobile Outreach Service (MOS, now MOS Plus) is operated by NTFC and funded by the Commonwealth Government through the Office for Aboriginal and Torres Strait Islander Health (OATSIH). As described in Chapter 5, MOS was initially a part of the Sexual Assault Referral Centres that were expanded following the release of the 'Little Children are Sacred' Report and originally offered trauma-based support and counselling to children affected by sexual abuse.

The newer MOS Plus comprises a project manager, two regional managers, counsellors, Aboriginal therapeutic resource officers, a principal practice advisor, two problem sexual behaviour specialists, and administrative staff. It will shortly be offering a Forensic Medical Examination Service with a remote community service option. The service is based in Darwin, Alice Springs and Tennant Creek but the service focus is on remote communities and their associated outstations. MOS Plus services are not targeted at children in the care of the CEO but do provide a service option for some protected children, particularly for those children in remote communities who have no other options available. The service

646 Information provided to the Inquiry by NTFC.

provides a mix of therapeutically-orientated services such as counselling, education, training and family support. The focus is now on a range of traumatic experiences resulting from abuse and neglect, not only those associated with sexual abuse.

The Specialist Care Program is an initiative of NTFC to provide a range of flexible care options for hard-to-place young people. The program has been operating for some years and has developed a range of care options ranging from small group programs to individual programs designed for young people with particularly high needs. It has adopted a therapeutic care approach based around the Therapeutic Crisis Intervention model developed by Cornell University in the US. To this end a key focus is on the development of positive supportive, trusting relationships between staff and residents.

The Youth At Risk Team in Alice Springs was set up to address the needs of a group of disengaged young people (in excess of 30), many of whom were substance abusers and were the subject of orders under the Volatile Substance Abuse Act. Although officially in the care of the CEO, many of these young people are poorly connected with parents, schools and other community programs and are mobile, moving freely around the Alice Springs region with 'a tendency not to stay in places nominated by the Department'⁶⁴⁷. They often have mental and physical health issues and may engage in high-risk and illegal behaviours. Workers in this program require a great deal of persistence in attempting to engage with and provide case management for sometimes reluctant and resistant young people.

Youth services strategy

There is a pressing need for the development of a comprehensive youth services strategy within the protective services of NTFC. Such a strategy is needed to provide a strategic framework for responding to the many needs of protected young people that have been identified in the course of this Inquiry and in numerous investigations over time. The High Risk Audit undertaken in 2007 specifically identified the need for the then FACS to develop a youth services plan to address a range of needs and cover a range of service domains:

This plan should cover the development of identification, assessment and case management protocols as well as educational, recreational, and therapeutic and accommodation options for the focal young people. It should involve plans for resourcing, recruiting, training, supervising and supporting those who work with troubled youth and for the phased development of specialised intervention services. It should also address the need for cross-Program and NGO collaboration.⁶⁴⁸ (Recommendation 2)

Despite the development of a number of services that provide some support for young people — as outlined above and including planning for a small secure unit, and a Shared Client Case Management Framework for both adults and children — a youth strategy for protected young people was never developed or implemented. Broader youth strategies, such as the Alice Springs Youth Action Plan, set a context for specific services for protected children but the needs of protected young people need to be addressed in their own right.

647 From information provided by the Department.

648 Northern Territory Department of Health and Community Services, *Northern Territory Community Services high risk audit: Executive summary & recommendations*.

The Inquiry sees a pressing need for the development of a Protected Young Persons' Strategy, or Plan, that is focused on the particular needs of young people in the care of the CEO. Such a strategy should address the elements outlined in recommendation 2 of the High Needs Audit. It should also incorporate recent developments, such as planning around a 'secure welfare' unit, new residential care options in Alice Springs, specialised therapeutic services, and initiatives around planning and support for young people leaving care. The strategy should provide for liaison and collaboration with the broader youth services sector and prioritise areas of need – for example, substance abuse services – around which NGO services could be funded to provide or to increase the capacity to respond to referrals.

As part of a comprehensive approach to the needs of young people, the Inquiry also supports the call in the DHF submission for a new 'adolescent/youth at risk' intake category within CI which can trigger an assessment and referral to appropriate services and supports. One witness observed:

I believe there needs to be a child protection model and a youth protection model - a very specific youth protection model - and youth Intakes are treated and assessed differently, because the risk factors are very different.⁶⁴⁹


A report in this category may or may not trigger the delivery of a statutory intervention but when a statutory intervention is indicated, specialist case work staff should be available to conduct investigations, case planning and case management. Where a statutory intervention is not indicated consideration should be given to referring the case to an appropriate youth support service in the NGO sector. Given the increasing demand on NTFC from young people the establishment of specific adolescent support teams in Darwin and Alice Springs involving caseworkers and youth workers, should be actively considered.

Recommendation 8.4

That Northern Territory Families and Children develops and implements a comprehensive response plan (as detailed in Chapter 8) around the needs of protected young people who come to its attention as recommended in this Report and in the High Risk Audit, including the creation of a new 'youth at risk' outcome category for Central Intake.

Urgency: Within 18 months

649 Hearing: Witness 32.



CHAPTER 9
OUT OF HOME CARE

CHAPTER 9

Out of home care

The State's ability to effectively parent an increasing number of children that have been removed from parental care is in doubt. There is no question that there is a need for the State to intervene in serious cases of abuse and neglect and to take such action that is necessary to protect children. But both sides of this equation have to be addressed. This means that strategies that have the potential to reduce admissions to care must be emphasised. A focus on early intervention and prevention, along with high level family support services, which are available on a continuous basis throughout a family's child rearing years, are vital parts of this effort.⁶⁵⁰

Introduction

Out of Home Care (OOHC) includes all of the alternative accommodation arrangements that are put in place by the State in order to accommodate and care for children under 18 years of age who are assessed as no longer able to live with their parents or caretakers. The purpose of OOHC is to provide children who are unable to live at home due to significant risk of harm, with a 'home', that ensures their safety and healthy development.⁶⁵¹ The aim is to provide quality temporary or long term care that is responsive and targeted to the individual needs of the child.

This chapter focuses on the current provisions for these children and young people in the Northern Territory while, at the same time, taking heed of the important warning above: that placement of a child or young person in OOHC is a serious decision made only when it is assessed that they are otherwise at serious risk. The chapter describes the complex and quite unique contemporary landscape of OOHC in the Northern Territory, identifies the range of services that do exist, describes the challenges in the present-day arrangements and points to the gaps and limits in care provision. The Inquiry proposes that there be radical alterations to the current system of OOHC in the Northern Territory and the recommendations capture this imperative for change.

OOHC in the Northern Territory is governed by the *Care and Protection of Children Act 2007*. Part 2.2 of the *Act* provides the legislative basis for children in the care of the Chief Executive Officer (CEO). The majority of children in the care of the CEO are placed in OOHC options. Section 12 of the *Act* outlines the principles in relation to Aboriginal children in care and describes the Aboriginal Child Placement Principle (ACPP)⁶⁵² which has a vital place in the child welfare legislation in every Australian jurisdiction.

650 F Ainsworth & P Hansen, 2008, 'Children in out-of-home care: What drives the increase in admissions and how to make a change', *Children Australia*, vol. 33, no. 4, pp.13-20, p.18.

651 Australian Institute of Health and Welfare, *Child protection Australia 2008-09*.

652 C Berlyn & L Bromfield, 2010, 'Child protection and Aboriginal and Torres Strait Islander children', *NCPC Resource Sheet 10*, <http://www.aifs.gov.au/nch/pubs/sheets/rs10/rs10.html>.

Whilst acknowledging the 'last resort' need to remove Aboriginal children from the care of their families if their safety is at risk, this principle emphasises, among other things, that Aboriginal children's sense of identity and sense of culture has to be 'enhanced and preserved' if they are placed in any form of OOHC.⁶⁵³

All services providing OOHC are designed, among other things, to:

- provide a nurturing, safe environment for children and young people who can no longer remain at home
- provide a range of placement options and specialist programs;
- recruit, train and support staff and carers with specialised skills and knowledge to meet the needs of the children and young people
- have a strong placement matching and coordination component to minimise the potential for placement breakdowns
- provide care of a consistently high quality, and
- recognise the importance of stability planning for children and young people in OOHC.

Both internationally and nationally, the current emphasis in child protection, is on keeping children with their families wherever possible or reuniting them with their family as quickly as practicable once they are removed. When a child is removed from their parent's care, the preferred placement is within the wider family or community. This kind of placement is preferable for Aboriginal children and is consistent with the Aboriginal Child Placement Principle (ACPP).⁶⁵⁴ The growing trend in Australia is to give all children the opportunity to live within their extended family if possible but if it is not viable then a non-relative placement will be sought. Reunification of a child with their family is the desired outcome but if the family is assessed as not being able to care for their child then placement stability through a permanent placement is sought.⁶⁵⁵ In the Northern Territory, \$34 million was spent on out of home care services in 2008-09.⁶⁵⁶ Costs on OOHC far exceeded costs spent on child protection and intensive family support services to divert children from being placed in care. Tilbury⁶⁵⁷ also notes the imbalance in the distribution of resources towards OOHC versus supporting parents to look after their children safely at home (as described in Chapter 6).

It is important to note at the outset of this chapter that there has been a steady increase in the number of children coming into OOHC over the last ten years.⁶⁵⁸ This is consistent with data for all other jurisdictions in Australia. ABS figures for 2009 show that Aboriginal children constitute 43.3 percent of the children in the Northern Territory⁶⁵⁹ but make up

653 See Chapter 5.

654 Australian Institute of Health and Welfare, 2009, *Child protection Australia 2007–08*, Child welfare series no.45 Cat. no. CWS 33, AIHW, Canberra.

655 Osborn & Bromfield, *Outcomes for children and young people in care*.

656 Bromfield et al., 'The economic costs of child abuse and neglect'.

657 C Tilbury, 2009, 'A "stock and flow" analysis of Australian child protection data', *Communities, Children and Families Australia*, vol. 4, no. 2, pp.9-17.

658 Australian Institute of Health and Welfare, *Child protection Australia 2007–08*.

659 Australian Bureau of Statistics, 2010, *Indigenous Territorians Population Profile*, ABS Cat. No 3238.0.55.001, ABS, Canberra.

74 percent of the population of children in care⁶⁶⁰. This disparity has expanded steadily since 2005 and highlights for the Inquiry the need to place some emphasis in the report on the particular needs of Aboriginal children in care and their families as well as addressing the needs of the non Aboriginal cohort of children.

Multiple reports testify to the challenges confronting OOHC services across the world as they strive to support children and families.⁶⁶¹ Most challenges are reflected in all Australian jurisdictions and it is evident that they are amplified in the Northern Territory where small population size, geographic spread, isolated and remote communities and systemic disadvantage are just some of the vectors that compound the problems of ensuring the care and safety of children in general as well as when they are in the 'care system'. As Bromfield et al observe in their 2009 research publication:

The policies and practices of State and Territory departments responsible for child protection influence the size and nature of the out of home care population and the approach of government to the support of both children and carers.⁶⁶²

The following challenges identified from research are relevant to the Northern Territory context.⁶⁶³ All of these challenges have been mentioned during the course of the Inquiry – some with more emphasis than others:

1. Increasing numbers of children and young people with complex care needs
2. Building enabling environments in Aboriginal families to maintain and build family connections
3. Organisational complexities in establishing OOHC to meet needs of children and families in their own geographical area
4. Problems meeting the needs of special populations of children such as those with severe behavioural or mental health problems
5. Increasing evidence of the need for the urgent development of a range of therapeutic interventions for children in care
6. The need for higher standards for OOHC placement, monitoring and reunification
7. Permanency planning for those children unable to be reunified with their parents
8. Recruitment, support and retention of high quality foster carers and kinship carers

660 Data supplied by DHF (see Chapter 5).

661 L Bromfield et al., 2005, *Out-Of-Home Care in Australia: Messages from Research*, A report to the Community Services Ministers Advisory Council commissioned by the Australian Government Department of Families, Community Services and Indigenous Affairs, National Child Protection Clearinghouse, AIFS, Melbourne.

662 *ibid.*, p.x.

663 M Joyce et al., 'The lottery of systems: Ways forward for children in need – Kinship or Foster Care?' (paper presented at the ACWA Conference, Sydney, 2008); A Osborn et al., 2007, *Foster families*, National Child Protection Clearinghouse, AIFS, Melbourne, <http://www.aifs.gov.au/nch/pubs/brief/rb4/rb4.html>.

9. Understanding the particular standards and demands for kinship care.
10. Increased cultural sensitivities including lack of processes in place to understand and utilise the Aboriginal Child Placement Principle
11. Increased needs for all forms of residential care
12. Tensions about funding arrangements and appropriate locations for service delivery, for example, government, not government and/or private.

Along with these challenges, the evidence is that children and young people in OOHC are not faring as well as other children. They tend to have greater psychological, emotional, behavioural and health needs which may be related to their experiences prior to entering care as well as during their time in care.⁶⁶⁴ On leaving care these young people tend to have less education, reduced job prospects, instability in future living arrangements and lack continuity and consistency in their lives which impacts on their ability to make a successful transition towards independence.⁶⁶⁵ The National Framework acknowledges the high priority that needs to be placed on developing the highest possible standards for OOHC in Australia in order to improve outcomes for these children.⁶⁶⁶

For Aboriginal children the potential problems and negative outcomes of removal from family and community and placement in alternative care are additionally significant. Research and history provide rich and tragic testimonials to the failure of alternative care for Aboriginal children over many generations.⁶⁶⁷ It is clearly imperative for the Northern Territory Government to accept the challenge of providing early intervention and support services for Aboriginal communities and families (as described in Chapters 3 and 4). In the longer term, by implementing alternatives this will reduce the number of children removed from their families by assisting them to provide appropriate care for their children. However, for those Aboriginal children who do have to enter some form of OOHC, the stakes are high and a high quality range of OOHC services and a strong kinship care structure are essential.

Principles for OOHC

There is a general and reasonable assumption on the part of the community and many professionals that children who have been removed from their families and placed in the care of the state will live in safe environments and have a better chance of succeeding in life than if they had remained in their homes. Tragically, a series of government inquiries and a significant amount of research indicate that children in OOHC are often subject to further abuse and they are in fact less likely to achieve the outcomes expected.

Many jurisdictions have documented standards/principles for OOHC. The National Framework is in the process of developing national standards.

664 J Barber & P Delfabbro, 2003, 'Placement stability and the psychosocial well being of children in foster care', *Research on Social Work Practice*, vol. 13, no. 4, pp.415-31, pp. 1283-301.

665 Bromfield et al., *Out-Of-Home Care in Australia: Messages from Research*; P Mendes et al., 2008, 'Improving the physical and emotional health of young people transitioning from state out-of-home care', *developing practice*, vol. 20, pp.33-40.

666 Council of Australian Governments, 2009, *Investing in the early years - A national early childhood development strategy*, Commonwealth of Australia, Canberra.

667 Human Rights and Equal Opportunity Commission (HREOC), 'Bringing them home' report.

Out of home care services within statutory child protection are one part of a broad and robust system for protecting children and ensuring their wellbeing

In addition to the principles outlined in Chapter 1, the Inquiry proposes the following principles for out of home care in the Northern Territory:

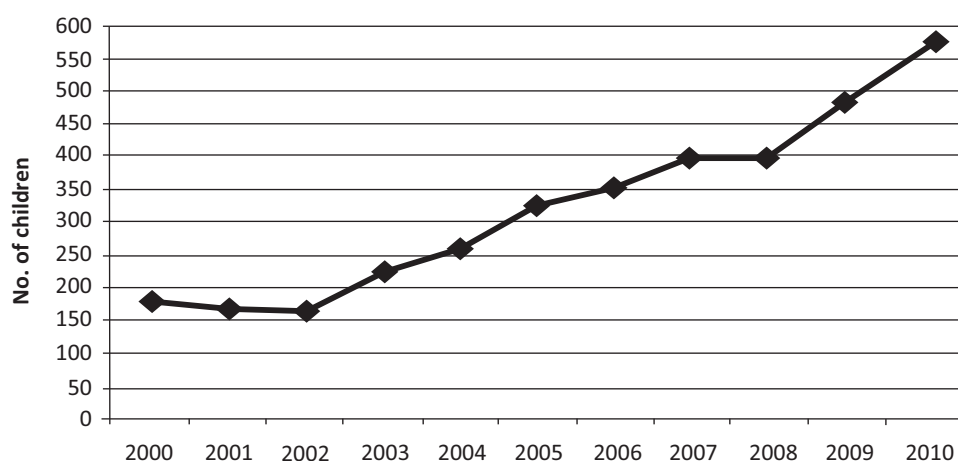
1. Children have a right to be free from abuse and neglect and where parents can't or won't protect and care for children (even with widest possible assistance) the State needs to intervene and care for the child.
2. Out of home care placements must be determined by the needs of children not the needs of the system
3. Such care is generally impermanent and should only be the long term plan for children if return to family of origin is assessed to be untenable
4. Every effort must be made to retain the child in his/her family and community, return the child to their family and community if at all possible and if neither of these are possible, assist the child to maintain contact and connection with family and community or origin
5. If children or young people need to be removed from their homes, wherever possible and practicable, they should be accommodated with extended family or community
6. Working with children in care, their families and communities as well as the range of people involved in their OOHC requires a special range of values and skills amongst which are:
 - a. The capacity to hold respect for all parties – children, their families and carers – and to manage the complexity of working with the conflict and differences that often arise between them
 - b. A strengths-based approach to working with children and families
 - c. The capacity to relate to children of all ages
 - d. The ability to assess the meaning of separation for children and families
 - e. The ability to work with children to minimise the effects of traumas they have experienced
 - f. Cultural sensitivity and competence
7. Such a system must be accountable to specific performance standards that demonstrate defined outcomes for children, families and communities
8. It is essential that the views and voices of these children and young people as well as adults who have experienced OOHC are included in decision making and policy development
9. Carers are key stakeholders and partners in the system
10. Case planning includes an Aboriginal and Torres Strait Islander perspective and takes a life course approach.

A Picture of OOHC in the Northern Territory

Although the Northern Territory shares similarities with other jurisdictions it has some distinguishing features which present it with a unique set of challenges. It is these characteristics, such as the higher percentage of Aboriginal children and young people in OOHC, the small but geographically dispersed population, the large percentage of Aboriginal people living in remote areas and the cost of providing services to remote and rural areas that impact on the Northern Territory's capacity to meet the basic needs of its children and young people in care as well as address their therapeutic needs.

The last 10 years in Australia has seen a steady increase in the number of children removed from parents, families or primary care-givers and placed in OOHC (see Chapter 5). In the Northern Territory the number of children in OOHC has grown from 176 in 2000, to 555 by mid 2010 – an increase of almost 215 percent⁶⁶⁸. At the end of June 2010, there were 555 children recorded in OOHC in Northern Territory, an increase of 15 percent in the year (see Figure 9.1).⁶⁶⁹ The last two years have seen an increase in numbers of over 39 percent.

Figure 9.1 Number of NT children in OOHC care 2000-2010⁶⁷⁰



These increases in the numbers of children in OOHC present unique challenges to the already stretched OOHC services in the Northern Territory. Insufficient placement capacity and options to meet the growing demand and difficulties in locating suitable placements for the high number of Aboriginal children plus the need for increased training and support for carers coping with children with complex behaviours, is undoubtedly putting severe strain on the system and its workers.

When looking at the profile of children in care in the Northern Territory, it is clear that in the last five years there has been a growth across all age groups: the 0-4 age group has increased by 50 percent; 5-9 age group by 84 percent; the 10-14 age bracket by approximately 87 percent and 15-17 year olds by 100 percent (see Table 9.1).

668 Percentages and rates are useful for comparison but should be considered carefully when in relation to small numbers.

669 Data supplied by DHF.

670 Based on data from Australian Institute of Health and Welfare, Child Protection Australia 2007-2008; Australian Institute of Health and Welfare, Child Protection Australia 2008-2009; and data supplied by DHF (2010 data).

Table 9.1 Children in out of home care by age⁶⁷¹

	30/06/2004	30/06/2005	30/06/2006	30/06/2007	30/06/2008	30/06/2009
Number						
0-4	81	96	91	112	119	122
5-9	77	84	91	120	135	142
10-14	74	87	83	95	113	142
15-17	25	38	43	39	47	53
Total	257	305	308	366	414	459

Aboriginal children

The Northern Territory's Aboriginal population comprises 67,400 people which represent approximately 30 percent of the total Northern Territory population. In contrast to other states, 81 percent of the Aboriginal population in the Northern Territory lives in remote and very remote areas.⁶⁷²

In 2006, in all states and territories a greater proportion of the Aboriginal population were considered very disadvantaged compared to the non-Aboriginal population. The Australian Bureau of Statistics data⁶⁷³ reports that the Northern Territory is more socio-economically disadvantaged compared to most other states and territories and that 58 percent of the Aboriginal population are in the most disadvantaged quintile.⁶⁷⁴

In all jurisdictions, there were higher rates of Aboriginal and Torres Strait Islander children in OOHC than non-Aboriginal children. In the Northern Territory, Aboriginal children are almost 4 times more likely to be in care than non-Aboriginal children (see Table 9.2).⁶⁷⁵ The proportion of Aboriginal children in OOHC has steadily increased from 67 percent in June 2005 to 74 percent in June 2009.

671 Data provided to the Inquiry by NTFC.

672 Australian Bureau of Statistics, *Population distribution, Aboriginal and Torres Strait Islander Australians, 2006*. See also, Chapter 2.

673 *ibid.*

674 Australian Institute of Health and Welfare, 2008, *Child protection Australia 2006–07*, Child welfare series no. 43. Cat. no. CWS 31, AIHW, Canberra.

675 ———, *Child protection Australia 2008-09*.

Table 9.2 Northern Territory children in out of home care at 30 June: number and rate per 1000 children aged 0–17 years, by Indigenous status⁶⁷⁶

	2005	2006	2007	2008	2009
Children in out of home care at 30 June					
Number of children in care					
Indigenous	218	247	268	281	358
Non-Indigenous	106	105	129	117	124
All children	324	352	397	398	482
Rate per 1000 children aged 0–17 years in population					
Indigenous	8.9	10.0	10.8	11.3	13.2
Non-Indigenous	3.1	3.0	3.5	3.1	3.5
All children	5.5	5.9	6.4	6.4	7.7

It is clear that the likelihood of an Aboriginal child being in care is greater than that for their non Aboriginal counterparts. The rate of Aboriginal children in care has increased from 8.9 to 13.2 in the last five years while during the same time the rates of non Aboriginal children in care have remained relative stable.

The fact that there are large numbers of Aboriginal children in care has major policy and practical implications when considering kin and relative placements and other OOHC options for Aboriginal children.

The underlying causes of this over-representation are discussed widely in the child protection literature and research which point to:

- the legacy of past policies of the forced removal of Aboriginal children from their families
- intergenerational effects of previous separations from family and culture
- poor socio-economic status, and
- cultural differences in child-rearing practices.⁶⁷⁷

All jurisdictions have adopted the Aboriginal Child Placement Principle in legislation and policy directions and compliance is assessed by the number of Aboriginal children placed with either Aboriginal caregivers or with other relatives. As described in Chapter 5, 48 percent of Aboriginal children in the Northern Territory are placed with Aboriginal carers.⁶⁷⁸ Only 22 percent of Aboriginal children are placed with relatives or kin. Both these statistics are low compared with most other jurisdictions.

It is worth noting that, in considering why jurisdictions often fail to place Aboriginal children in accordance with the Aboriginal Child Placement Principle, researchers have

676 Steering Committee for the Review of Government Service Provision (SCRGSP), 2010, *Report on government services 2010*, Productivity Commission, Canberra, Table 15A.159.

677 Australian Institute of Health and Welfare, *Child protection Australia 2006–07*; Berlyn & Bromfield, 'Child protection and Aboriginal and Torres Strait Islander children'.

678 Australian Institute of Health and Welfare, *Child protection Australia 2008–09*.

pointed to a number of possible factors:

- Trauma and disadvantage associated with the stolen generation affecting many Aboriginal and Torres Strait Islander adults today to the extent that they are not able to care for children
- The unwillingness of some Aboriginal and Torres Strait Islanders to be associated with the 'welfare' system due to past government practices including forced removal, and
- The disproportionately high number of Aboriginal and Torres Strait Islander children compared to adults⁶⁷⁹
- A shortage of appropriate kinship carers because of circumstances common to a number of rural and remote Aboriginal communities such as poverty, unemployment, and domestic violence
- Additional complexities of compliance and observance of traditions and practices, and
- The extended families of non-Aboriginal children may live elsewhere and moving a child interstate may not be a preferred option.

There may be limited local options for the placement of children. According to the Secretariat of National Aboriginal and Islander Child Care (SNAICC)⁶⁸⁰ with 70 percent of the Aboriginal population under the age of 30 not only will the number of children requiring OOHC escalate but at the same time placement options will decline within the Aboriginal community. Quite simply, there are fewer and fewer Aboriginal families able to provide substitute care and more and more children likely to require a placement.

Although there is a high percentage of Aboriginal children in care there is only one Aboriginal agency in Alice Springs providing residential care for 5 children in the Northern Territory. As described in Chapter 4, in the past there were Aboriginal child care agencies in both Alice Springs and Darwin providing out of home care but these have not operated for a number of years and the services they provided are now predominantly carried out by Northern Territory Families and Children (NTFC).

This observation in the submission by Danila Dilba captures the significance of the loss of an Aboriginal Child Care agency:

Our Indigenous agencies over home would be available to provide some support. Back home we (the Department) would do a contract with the family we would say we can see that you are struggling – what support can we give to make sure we don't have to bring your kids into care – how can your family support you and we'd do that for another 12 months and then we'd do another risk assessment and if things were better we would say fine we don't need to bring your children into care.

The Inquiry supports a focus on placed-based child protection decision-making as

679 Osborn et al., Foster families.

680 Secretariat of National Aboriginal and Islander Child Care (SNAICC), 2002, *Child Abuse and Neglect in Indigenous Communities - Background Issues and Options for Reform*, Australia Council on Children and Parenting, ACCAP, Melbourne, http://www.snaicc.asn.au/_uploads/rsfil/00098.PDF.

outlined in Chapter 11. Currently, the numbers of children removed to OOHC from any particular remote community are very small however, it may be possible to consider local (or remote regional) OOHC initiatives as have been trialled in other states. The Inquiry notes that the issue of child safe houses for communities was raised in a number of remote community consultations and this is discussed in more detail in this chapter.

Growing demand

Admissions and Discharges

The data in the previous sections confirms that the number of children in OOHC is growing, particularly the number of Aboriginal children, but it does not explain how this growth is occurring. Tilbury's research into trends in the numbers of children in care provides a good picture of the drivers for the current demand in OOHC.⁶⁸¹ What she suggests is that it is as important to look at the movements in and out of care as it is to record the numbers of children in care at any one time. Importantly, Tilbury argues that in understanding where and why growth is occurring helps to inform OOHC policy, assists in planning services and allocating funding⁶⁸².

Table 9.3 shows that the trend in the number of children entering OOHC is increasing while the number of children exiting is fluctuating significantly. Discharge figures are not available for the last two years but given previous years' data combined with the growth in the actual number of children in care, it is obvious that fewer children are leaving the system than are entering it.

Table 9.3: Number of children admitted to and discharged from out of home care 2004-2009⁶⁸³

	2004-05	2005-06	2006-07	2007-08	2008-09
Number of children admitted	285	263	384	276	318
Number of children discharged	205	60	353		

Utilising the modelling and scenario planning of Warburton⁶⁸⁴, NTFC estimates that 945 children will either remain in, or move through, OOHC during 2011-2012 (Figure 9.2).

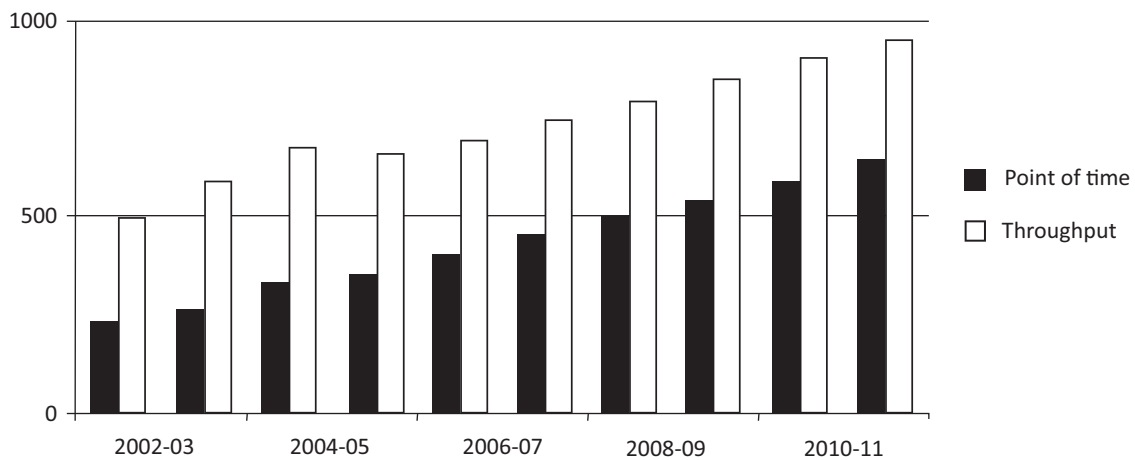
681 Tilbury, 'A "stock and flow" analysis of Australian child protection data'.

682 *ibid.*

683 Compiled from Australian Institute of Health and Welfare, *Child protection Australia 2008-09*; ———, 2007, *Child protection Australia 2005-06*, Child welfare series no. 40. Cat. no. CWS 28, AIHW, Canberra; ———, *Child protection Australia 2007-08*; ———, 2006, *Child protection Australia 2004-05*, Child Welfare Series no. 38, cat. no. CWS 26, AIHW, Canberra; ———, *Child protection Australia 2006-07*.

684 L Warburton, 2008, *A framework to create a sustainable out of home care system*, Department of Health and Community Services, Northern Territory Darwin.

Figure 9.2 Children in Care - Point in Time and Throughput 2002/03 – 2006/07 with Future Projections to 2012⁶⁸⁵.



There is general consensus about the reasons for the increased demand for OOHC.⁶⁸⁶ Children come into care from increasingly complex family situations associated with parental substance abuse, mental health, poverty, homelessness and family violence which have a bearing on the length of time spent in care.

There has been a steady increase in the length of time children are spending in care as Table 9.4 shows. In 2009 the majority of children (78 percent) spent less than 5 years in OOHC and 53 percent children spent up to two years in care before exiting. As at end December 2009, approximately 48 percent of children had been in care for two years or more compared with 27 percent in 2005. This is consistent with national trends for children to remain in care for longer periods of time.⁶⁸⁷ The longer a child spends away from their family the less chance they have of being reunified.

Table 9.4 Children in out of home care at 30 June by length of time in continuous out of home care, Northern Territory⁶⁸⁸

Length of time in care- all children	2005	2006	2007	2008	2009
Less than 1 month	36	30	148	262	26
1 to less than 6 months	85	88	48	16	70
6 months to less than 1 year	63	62	63	26	70
1 to less than 2 years	52	70	45	32	80
2 to less than 5 years	71	74	62	39	132
5 years or more	17	28	31	23	104
Total non-respite	324	352	397	398	482

685 *ibid.*

686 Bromfield & Holzer, *A national approach for child protection*; Council of Australian Governments, *Investing in the early years - A national early childhood development strategy*.

687 Australian Institute of Health and Welfare, *Child protection Australia 2008-09*.

688 Steering Committee for the Review of Government Service Provision (SCRGSP), *Report on government services 2010*, 15A, 162. - Note the data for 2007 and 2008 for one month is high. No explanation is provided for this anomaly.

Types of care

The OOHC options available to children and young people in the Northern Territory are broadly classified into a home-based and a non-home based group.

Home Based Care	Non-Home Based Care
General foster care	General residential care
Crisis foster care	Specialist Care
Specific foster care/Kinship care and Family Way placements	Fee for Service Placements
Intensive foster care	

In contrast to most other jurisdictions the Northern Territory Government manages and provides the majority of home based OOHC services. All general and kinship carers are reportedly recruited, trained, assessed and supported by NTFC. The exception is Life Without Barriers (LWB), a service operated by a non-government agency which provides foster and respite care for children with high needs and/or disability and is grant funded by NTFC and the Aged and Disability Program (ADP). The agency recruits, assesses and trains its own carers and places children referred by the funding bodies.

There are a small number of residential services managed by non government agencies while the others are managed by NTFC. In most other jurisdictions there is greater partnering with non government and private organisations to provide OOHC although the extent to which this happens varies.

In addition to these, although classified differently, is the therapeutic care, and the secure care model. Therapeutic care can be utilised in both home-based and non-home based care whilst secure care is always residential. At present, the Northern Territory does not have specifically therapeutic OOHC models although the Specialist Care Program (SCP) does offer different levels of intensive support. A secure care option is under development as will be discussed later in this chapter.

Home based care

General foster care

General foster care is delivered to children and young people aged 0-17 years by NTFC registered carers in their own home. Carers are volunteers who receive a weekly allowance (subsidy) to cover the day to day costs of caring for a child. It is broadly understood that this allowance for foster carers is not sufficient and, modelling is being undertaken in an attempt to improve funding for foster care.⁶⁸⁹ Recommendations have been made in recent research publications that a national framework for foster care payments be developed⁶⁹⁰. In some part the expectation is that this might facilitate increased capacity for recruitment.

689 See <http://www.fostercare.org.au/docs>.

690 See Council of Australian Governments, *Protecting children is everyone's business*, p.13.

Crisis foster care

Crisis foster care is provided for short periods of time but these carers may become general foster carers if there is a need for an extended placement.

Specific foster care

Specific foster carers are registered to provide care for a particular child with whom the carer does not have a familial relationship. These 'specific foster carers' are not included in the pool for general foster care placements.

Kinship placements

Kinship placements are provided by an extended family member when there has been statutory intervention and the child is on a protection order. The carers are entitled to receive a weekly care allowance as do general foster carers.

A Family Way placement

A 'Family Way' placement is a colloquial term used in the Northern Territory for a placement of a child with family where:

NTFC reach an unwritten agreement with a family that a child will be removed from a parent and placed with another family member. NTFC may physically transport the child to the non-parent carer. The procedures NTFC apply to this practice appear to differ depending on the region.⁶⁹¹

A 'Family Way' placement is an adaptation of the Aboriginal observance of a whole of family commitment to the shared upbringing of children. In the Northern Territory it is a form of kin care which occurs where NTFC has had some form of intervention with the child and their family but when there is no long term protection order. In some instances, NTFC may have secured a short-term order for the child. It is understood by the Inquiry that family agree amongst themselves that the child should be moved from their usual carers and identify alternate care arrangements for the child within the family. Providing that the child's needs for care and protection are met there may be no requirement to extend any provisional or temporary protection orders for the child. Financial support is available to assist in establishing the placement but it is not ongoing.

The Inquiry is aware that a number of submissions and hearings expressed concerns about both the legality and the propriety of this practice and its implications for the adequate care of children.⁶⁹² Concerns were also expressed about 'Family Way' placements being used to remove children under provisional or temporary protection orders which are not extended and where there are ongoing child protections concerns. The Inquiry was informed that this may have happened at times and also that the process does not always include the parents in the decision making thereby creating uncertainty for them as to their ongoing role in parenting their children. This issue is explored further in Chapter 10.

691 Submission: Northern Territory Legal Aid Commission.

692 *ibid.*

Intensive foster care

Intensive foster care placements are available for children with more complex and higher support needs. This care is sometimes available also to sibling groups as they often require an intense level of care. Carers receive a higher level of reimbursement due to the higher support level required by the child/ren.

In addition to these placements, some children and young people are in 'situational' living arrangements such as boarding school, hospital, disability care services and juvenile detention facilities. Protected children who are also in juvenile detention facilities would be under dual orders.

Residential care

It is generally accepted that residential care should be used selectively for children and young people with high support needs, sibling groups, young people moving on to independent living, and children and young people following a foster placement breakdown.⁶⁹³ Although there has been a move away from the use of residential care it has again become an option with a number of authors showing new evidence that it can be an effective type of care for children with complex and severe problems.⁶⁹⁴

Group home settings staffed by family care workers may be the best alternative for children and young people with challenging emotional and behavioural problems, as they provide the necessary support, structure and therapeutic intervention that is required.⁶⁹⁵

General residential care

This type of care is usually provided in a group setting where paid staff work on rostered shifts to care for children and young people with significant behaviour problems, needs or attachment issues.

Specialist care

This type of care offers high support settings for children and young people with exceptionally high needs that preclude them from being placed in other models of care. This model is staffed by rostered youth workers in a property established by NTFC or by specialist carers who care for the child or young person in their own home and receive a financial package.

Fee-for-service placements

Fee-for-service placements are provided by either private (for-profit organisations) or non-government agencies who supply residential care for children with complex and extreme behaviours. These placements are established on an as-needs basis for as long

693 A Tomison & J Stanley, 2001, *Strategic directions in child protection: Informing policy and practice*, Unpublished report for the South Australian Department of Human Services, Adelaide; Barber & Delfabbro, 'Placement stability and the psychosocial well being of children in foster care'.

694 H Bath, 1998, *Missing the mark: Contemporary out of home services for young people with intensive support needs*, Association of Childrens Welfare Agencies and Child and Family Welfare Association of Australia, Sydney. 1161; ———, 2008, 'Residential care in Australia, Part 1: Service trends, the young people in care, and needs-based responses', *Children Australia*, vol. 33, no. 2, pp.6-17; Tomison & Stanley, *Strategic directions in child protection: Informing policy and practice*; Osborn & Bromfield, *Outcomes for children and young people in care*.

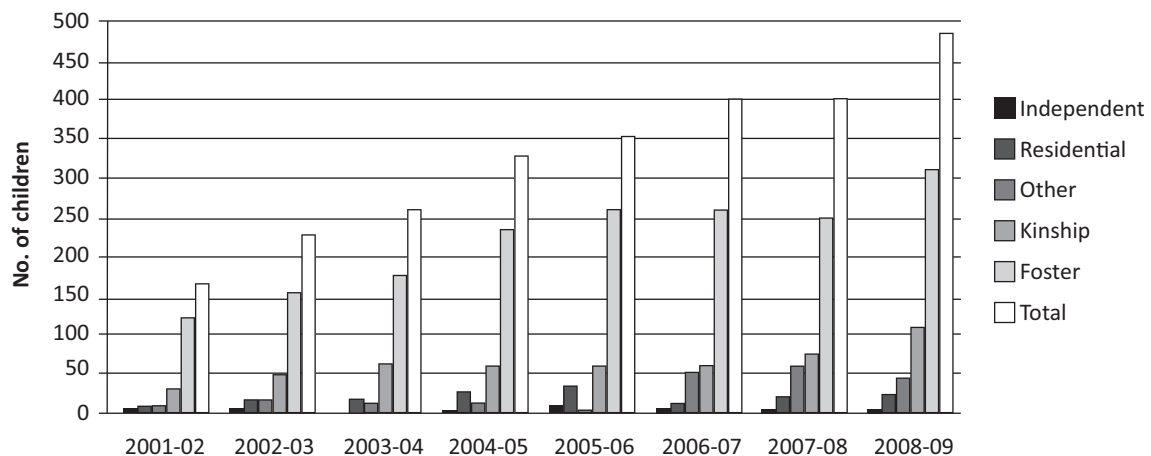
695 Tomison & Stanley, *Strategic directions in child protection: Informing policy and practice*, p.1.

as required and are negotiated individually. The majority are supplied by private agencies because they can respond quickly to placement requests. However, the higher cost of these placements has raised questions about whether these services result in positive outcomes for the children and young people in their care.

Distribution of children in OOHC

NTFC relies heavily on foster care with the majority (64 percent) of children placed in this type of care while another 22 percent are placed with kin and relatives (Figure 9.3). This reflects the NTFC policy position that home-based care, being the closest to 'normal' family living arrangements, is the preferred model for most children.⁶⁹⁶ However, it is worth noting that most other states officially have a higher percentage of children placed in home based care than the Northern Territory. In 2009 only South Australia had fewer children in this type of placement and Western Australia had similar figures to the Northern Territory. All other states had a greater use of this form of placement (SCRGSP 2010: 15A.23).

Figure 9.3 Children by type of placement from 2001-2009⁶⁹⁷



The increasing trend towards the use of kinship and relative placements as an option for all children in care may be due to a number of factors including:

- the lack of general foster carers, for all children and young people, Aboriginal children and young people
- an awareness of the need to increase compliance with the Aboriginal Child Placement Principle
- placement within a child's family or community can provide significant benefits for them and will, often, be the best care option⁶⁹⁸
- kinship care is often a cheaper option than other forms of care such as foster or group home care.⁶⁹⁹

696 Northern Territory Families and Children, *Policy and Procedures Manual, Version 2.0*, 18.4.1.

697 Data provided to the Inquiry by NTFC.

698 L Bromfield & A Osborn, 2007, 'Getting the big picture': A synopsis and critique of Australian out-of-home-care research', *Child Abuse Prevention Issues*, no. 26; T Conway & R Hudson, 2007, *Is Kinship Care Good for Kids?*, Centre for Law and Social Policy, Washington DC, <http://www.clasp.org/>; NSW Department of Community Services, 2007, *Out of home care service model*, Out of Home Care Policy Directorate, DoCS, Sydney.

699 C Smyth & T Eardley, 2008, *Out of home care for children in Australia: A review of literature and policy. Final report*, Social Policy Research Centre, University of New South Wales, Sydney.

The percentage of Aboriginal children placed with kinship carers has increased slightly from 2006 and 2009 from 17.8 percent to 22.1 percent while the percentage of non-Aboriginal children placed with relatives increased substantially (12.4 percent to 22.6 percent). Notwithstanding this increase, in 2009 the Northern Territory had the lowest percentage of both Aboriginal children (22.1 percent) and non-Aboriginal children (22.6 percent) placed in relative/kin care of all Australian states and territories (see Table 9.5).

Table 9.5 Children in out of home care placed with relatives/kin by Indigenous status, 30 June 2009⁷⁰⁰

Number of children	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Indigenous	3303	343	855	693	265	33	46	79	5617
Non Indigenous	5317	1620	1524	494	502	196	181	28	9862
All	8620	1963	2379	1187	767	229	227	107	15479
As a proportion of all children in out of home care by Indigenous status (%)									
Indigenous	66.2	46.7	34.5	57.9	50.9	25.4	46.0	22.1	53.4
Non Indigenous	52.0	35.6	33.0	33.3	33.6	28.9	45.9	22.6	41.9
All	56.7	37.2	33.5	44.3	38.0	28.3	46.0	22.2	45.4

Residential care, including family group homes, is not used to any great degree in the Northern Territory and only 4 percent of children reportedly live in this type of care arrangement (as depicted in Figure 9.3). This is not surprising given the decreased popularity of residential care for children across Australia in recent years.⁷⁰¹ As will be discussed later, the existing data collection protocols do not actually pick up all of the young people in residential placements so the 4 percent figure is likely to be a significant undercount. To manage the increasing number of children requiring an OOHC placement NTFC has been developing its residential care program in Darwin and Alice Springs but has no residential programs in rural and remote locations at this stage.

To deal with the shortage of OOHC placements in the Northern Territory, fee-for-service providers have increasingly been utilised. It is not clear to the Inquiry whether or not this is a strategic or pragmatic solution or both. Fee for service placements are those which are purchased on an 'as-needs' basis from a private agency. These placements are negotiated individually for children when there are no NTFC approved placements available as well as for children with complex and extreme needs who cannot be placed in other options. Such placements incur a higher cost than grant-funded services, which are contracted for an agreed level of funding to provide a service. Currently there are over 100 children placed in fee for service placements, both residential and home-based, highlighting the pressure under which the OOHC system operates, its failure to meet demand and the escalating costs currently experienced.

700 Steering Committee for the Review of Government Service Provision (SCRGSP), *Report on government services 2010*, Table 15A. 21.

701 Bath, 'Residential care in Australia, Part 1: Service trends, the young people in care, and needs-based responses', pp.6-17.

Capacity of home based care

The data shows that with more children remaining in care for longer periods, combined with the demand for new placements, the total number of children requiring foster care has increased but the 'stock' of placements is not increasing at the pace required. This is evidenced in Table 9.6 which shows a reduction in the number of general and crisis foster carers from 200 in 2006 to 160 in 2009.

Table 9.6 Places of home-based care by type⁷⁰²

	End June 2006	End June 2007	End June 2008	End June 2009
General and crisis	200	149	158	160
Specific	80	58	63	63
Specific kinship	65	52	47	59
Total	343	259	268	282

In the Northern Territory, the stock of general placements is decreasing, but new carer registrations have not been adequate to offset this trend (see Figure 9.4). For example, in 2007, double the number of carers left the system compared to new registrations. While this trend appears to be slowing, the number of carers is still far lower than it was in 2006.

Figure 9.4 New and ceased foster care registrations, by year⁷⁰³

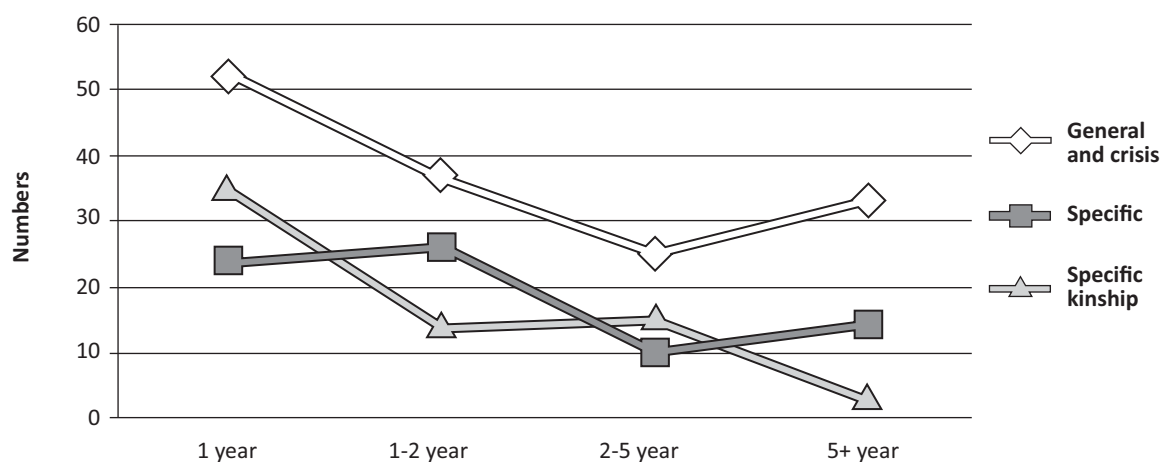


The pool of current carers, on average, do not have many years of caring experience in the Northern Territory (Figure 9.5). Sixty-five percent of foster carers have been carers for less than 2 years. Only 17 percent of carers have experience of over 5 years. Retention and stability of foster carers is essential for many reasons. The number of children in care is rising at the same time as the Department is losing the skills of a dedicated workforce of carers with their wealth of knowledge and experience. In addition, there is a loss of mentors to newer carers.

702 Data provided to the Inquiry by NTFC.

703 *ibid.* – Note: The type of foster placement is not available.

Figure 9.5: Length of time that a carer has been providing out of home care, by care type⁷⁰⁴



An internal audit⁷⁰⁵ on foster carers conducted by NTFC provides additional information about the carer pool indicating:

- 33 percent of carers were available to care for children with disabilities
- the majority of carers were approved to care for children between 1-10 years of age
- a reduced number of carers willing to care for infants (0-12 months), and
- the number of registered carers decreased as the age of the children requiring care increased.

A decline in the number of foster carers is similar to the situation in other states and territories and supported by research which ascribes this trend to:

- changes in demographic factors such as the increased number of women in the work force
- changes in government policy such as closing down residential care which increased the demand for foster carers
- increasing living costs reducing the ability of families to care for another child
- the higher level of care required by children who come from increasingly complex family situations associated with parental substance abuse, mental health and family violence.⁷⁰⁶

In addition to the above cohort there are carers who are not part of the formal foster care system but who care for children in other child-related services and, therefore, are regarded as suitable carers for children in statutory care. Given that a number of these carers have been reportedly assessed against national standards (perhaps relating to

704 *ibid.*

705 Warburton, *A framework to create a sustainable out of home care system.*

706 J Barber, 2001, 'The Slow Demise of Foster Care in South Australia', *Journal of Social Policy*, vol. 30, no. 1, pp.1-15; Tomison & Stanley, *Strategic directions in child protection: Informing policy and practice*; L Bromfield & P Holzer, 2008, *Protecting Australian children: Analysis of challenges and strategic directions*, Australian Institute of Family Studies, Melbourne; Council of Australian Governments, *Investing in the early years - A national early childhood development strategy.*

day care providers) by the organisation for which they work, they are often not assessed by NTFC. Those who have not had a previous accreditation with a relevant organisation should be formally assessed as carers although there are few formal review measures in place to ensure that all carers are appropriately accredited.

Family day care and private child minding agencies are examples of organisations who provide this type of care and are used when there is an 'overflow' of children and young people who could be placed in foster or residential care if more placements were available for children with high needs. The subsequent placements are one form of 'fee-for-service', and can become long-term and can at any one time constitute a significant proportion of 'home-based care.'

Anecdotal evidence from Northern Territory staff and other stakeholders indicates that finding and maintaining placements for 4-12 years old children with high levels of emotional and behavioural disturbance is difficult.⁷⁰⁷ Carers attached to these agencies will often take children with moderate to high needs when requested which may be appropriate given their level of training and experience but raises the question about whether NTFC carers could also manage these children if they were trained and remunerated appropriately.

The Department reports that as of August 2010, there were 119 children in such fee-for-service arrangements.

Capacity of residential care (non-home based)

A shortage of residential care has resulted in an increase in fee for service placements but as this has not been adequate to meet demand NTFC has established its own residentials with rostered staff. The major difference between these two models is the way in which they are funded. Fee-for service residentials are paid for by NTFC with the provider being responsible for the property and employing staff. The NTFC residentials are also established on an ad hoc basis but are in properties leased by NTFC which also employs the staff. To date the young people in such arrangements have not been recorded as being in residential care, thus skewing the data on OOHC placements.

Secure welfare

Even with these residential options there are still limited places for young people deemed to be at high risk and none for those as being at extreme risk. The Northern Territory High Risk Audit recommended the development of a small number of secure care beds, to provide temporary care to young people at extreme risk, creating a period of stabilisation in which assessment, treatment and longer-term planning can commence.⁷⁰⁸ Secure welfare facilities are already operational in Victoria, are under development in Western Australia and other states are considering this option. The Northern Territory Government has plans for secure services which will cater for those young people with complex behavioural and cognitive problems and who exhibit high risk, aggressive or disturbed behaviours that are likely to result in serious harm to themselves and/or others. A few high-risk young people currently in residential options may be moved to these secure facilities.

707 Warburton, *A framework to create a sustainable out of home care system*.

708 Northern Territory Department of Health and Community Services, *Northern Territory Community Services high risk audit: Executive summary & recommendations*.

The Department has indicated that different levels of secure care are being explored. The first level is in a hospital setting (in both Alice Springs and Darwin) to provide additional capacity for patients with acute mental health issues. A briefing paper prepared by the Department states that the additional hospital beds ‘will also enable care to be provided in separate environments for young people and other people with special needs...’⁷⁰⁹ A different level of secure care in secure Group Homes is also to be provided in more community settings – in both Alice Springs and Darwin – for eight young people, and eight adults, in both urban areas. Altogether, the secure care initiatives will involve close to 100 staff members.

The program as described is not what has been termed ‘secure welfare’ in other states as the services are not designed primarily for young people under the care of the CEO. Furthermore, the secure care options available for young people in Victoria and Western Australia, are not operated as mental health services although they do include involve mental health input.

The Inquiry heard from some witnesses that they were concerned about the co-location of young people and adults with high needs in a mental health, adult orientated facility. From the descriptions provided by the Department it appears that there will be a clear physical separation between young people and adults and such physical separation would need to be assured for the programs to run effectively. The community Group Houses likewise, would need to involve clear and effective physical separation because of the risks to the safety of young people. The counter-therapeutic impact on young people of being co-located with troubled adults will also need to be carefully considered in the design.

As described earlier, according to the AIHW, residential placements account for about 4 percent of all OOHC in the Northern Territory.⁷¹⁰ However, a closer perusal of placement information provided by DHF reveals a much greater percentage of young people are in residential care in the Northern Territory than appears in official data. As of 9 September 2010, the Department reports that there are 56 young people in group homes, not the 28 living in such settings indicated in the end of financial year data forwarded to the Inquiry – 56 young people would actually represent around 10 percent of the OOHC total. The Inquiry is informed this discrepancy is due to data recording anomalies and to the recent creation of new residential placements.

The Inquiry has also been provided with two recent internally-commissioned reports into the functioning of residential units in both Darwin and Alice Springs. These reports raise a number of concerning issues around the resourcing of these units, the quality of the programs being offered, and a range of staffing issues. Some of these matters require urgent attention and the Inquiry understands that NTFC is currently addressing the concerns raised.

The Inquiry understands that the recent growth in residential care has occurred in response to an increase in demand with the existing home-based system unable to meet the need. This has resulted in rapid, ad hoc growth. A comprehensive review of residential service provision is needed in order to update the planning framework developed by Warburton⁷¹¹ and ensure that the rapidly developing services meet acceptable quality standards.

709 Department of Health and Families, undated, *Secure Care: Briefing paper*, NT Government, Darwin.

710 Australian Institute of Health and Welfare, *Child protection Australia 2008-09*.

711 Warburton, *A framework to create a sustainable out of home care system*.

Recommendation 9.1

That Northern Territory Families and Children undertakes or commissions a comprehensive review of its residential care services with a view to addressing the serious concerns identified in recent internal reports, updating current demand trends, determining the optimal service mix, developing realistic costing models, and clarifying the role of non-government service providers. The review should also:

- consider, in particular, the demand for and approaches to the provision of out of home care for Aboriginal children in remote areas to include safe houses and multi-service approaches that have been established in other jurisdictions that provide for family support and restoration programming as well as out of home care.
- focus on issues of service quality, covering the development of policy and procedure manuals for services, clear program models, the role of care and behaviour management plans, recruitment requirements, specialist training requirements, physical plant, equipment, the supervision and support of workers, and accountability measures
- review the data recording protocols to ensure the published statistics account for all children and young people in residential care placements
- lead to a comprehensive 3-year plan around the development and management of residential care services.

Urgency: Immediate to less than 6 months

Recommendation 9.2

That Northern Territory Families and Children considers partnering with another jurisdiction in the development and implementation of its residential care plan.

Urgency: Within 18 months

Recommendation 9.3

That Northern Territory Families and Children reviews the organisational structure of Out of Home Care and Alternate Care services with a view to consolidating and rationalising them into a single policy and practice entity.

Urgency: Within 18 months

Challenges and practice issues

The Inquiry understands that the Northern Territory has made ongoing attempts to build capacity in the system to provide for the increasing numbers of children and young people in OOHC. However, it is clear from the hearings and submissions and the data presented that the system still does not have sufficient capacity to meet current and projected growth. There is a need to build breadth and depth in the care system and this will require careful analysis, planning, realistic timeframes and adequate funding to develop.

In many ways, the challenges facing NTFC in relation to the provision of OOHC are similar to that of other jurisdictions. However, as has been outlined in previous chapters, it is very evident that the Northern Territory faces unique challenges and significant hurdles and this is certainly so with regard to OOHC provision. The following sections discuss the most significant of these challenges which need to be addressed if the Northern Territory is to provide quality services and achieve positive outcomes for the many children who are placed in OOHC.

Case management

Case management in out of home care generally applies to the activities involved in ‘assessing and managing’ the work associated with children and young people in care.⁷¹² For the purposes of this discussion case management includes:

- Assessment: gathering and analysis of the available information to assist professional judgement of strengths, risks and needs
- Case planning: formulation of strategies that will achieve better outcomes, build on strengths and address the physical, emotional, educational, social, and cultural needs of the child or young person. Case plans must identify goals and tasks and have clearly identified responsibilities and timeframes
- Decision making: is the process whereby the person with the delegated responsibility for case management signs off on the plan which has been developed and endorsed by relevant staff and agencies
- Implementation: the delivery of services in accordance with the case plan
- Monitoring and review: regular feedback and periodic formal evaluation of implementation to determine whether services are effectively meeting the identified goals or whether modification or change is required.⁷¹³

The *Care and Protection Act 2007* requires that all children have a written case plan and determines when this should be modified or reviewed. Every child in care has a Case Manager who is responsible for the case plan’s preparation, monitoring and review. Case plans:

need to be established for all children entering foster or family care placements – enabling for baselines to be established, health monitoring and review plans activated, medical needs met, referral pathways explored, social and emotional needs identified.⁷¹⁴

712 Note that the term ‘care plan’ is used in the *Act* whereas NTFC refers to the same document as a case plan.

713 Association of Childrens Welfare Agencies (ACWA), 2005, *Out-Of-Home Care Case Management and Casework*, ACWA position paper, ACWA, Sydney.

714 Submission: Confidential.

The legislation makes specific reference to Aboriginal children whose families, including kin and the wider community, should be able to participate in decisions involving their child. The benefits to the child of case planning, cultural care plans, family involvement and consultation are demonstrated in the examples from submissions to the Inquiry:

We made the arrangements together for my girl to be looked after by welfare- if they want to do something they ask for my permission first.⁷¹⁵

Because I couldn't look after him properly I let them help me. They explained what they were going to do to the family and they said it was alright.⁷¹⁶

We need to shift our approach from finding a placement (as though it exists and we just have to keep knocking on doors until we find it) to developing a family placement by bringing families together, identifying their resources and strengths and supplementing their capacity so that we meet the child's needs.⁷¹⁷

There were examples in many submissions where respondents commented that case planning was not attended to adequately or reviewed as regularly as required. Concern was also expressed about the lack of cultural care plans.⁷¹⁸ Furthermore, on a number of occasions, the Inquiry heard that when case plans were developed and endorsed they are not routinely shared with carers. The Inquiry is of the view that carers should be consulted when care plans are being developed. It is critical for carers, whether they are foster, kinship or residential care staff, to have the child's case and cultural care plan so that everyone is informed about the needs of the child, how these are going to be met and their role in implementation.⁷¹⁹

Concern was also expressed that ongoing monitoring of children does not occur monthly as specified in the NTFC Policy and Procedures Manual (NTFC Manual)⁷²⁰ and it is an issue that has been extensively canvassed in the High Risk Audit⁷²¹ and the recent Coroner's findings⁷²². There can be practical difficulties complying with this standard especially when children live in rural and remote areas and NTFC is based only in major centres. However, this is an important standard because it contributes to ensuring the child's well being and safety. The possibility of NTFC joining with other services that have contact with the child regularly, such as the school or health centre, should be explored. These services could visit or sight the child regularly in the course of their everyday activity.

For Aboriginal children, another option is to review the roles played by the Aboriginal Community Workers, who are part of NTFC, and the recently appointed Remote Aboriginal Community and Family Workers, funded by the Australian Government. The latter are based in remote communities to undertake family support work arising from statutory interventions. With their knowledge of communities and families these two groups of staff could play a significant role in the monitoring and review of placements.

715 Submission: Confidential NGO.

716 Submission: Confidential NGO.

717 Submission: Danila Dilba.

718 Submission: Confidential.

719 Carers at Inquiry forum, Darwin and Alice Springs.

720 *ibid.*

721 Northern Territory Department of Health and Community Services, *Northern Territory Community Services high risk audit: Executive summary & recommendations.*

722 Cavanagh, *Inquest into the death of Kalib Peter Johnston-Borrett, NTMC 006; — — —, Melville Inquest.*

The Inquiry understands that collaboration is an essential prerequisite for case management that results in good outcomes for children. An important part of delivering a good case management service is managing information about the child and collaborating with others who can assist in implementing the case plan.⁷²³ At a local health centre concerns were raised by health professionals who were unaware of the arrangements for any children being cared for in OOHC placements in their local communities and they asked how they could find out because it impacted on their work with children and their families.⁷²⁴

In a similar vein, a teacher told the Inquiry of a situation where a young child was moved to another placement without any preparation and without informing the school. The teacher was extremely worried about the impact of this on the child who had no opportunity to say goodbye to her friends and who cried at the prospect of going to another carer. The teacher questioned why the NTFC and the Department of Education and Training 'Joint Partnership Agreement for the Prioritisation of Services for Students in Care' was not followed as she was willing to assist with transitioning the child if it was judged best for her. However the suddenness of the move gave no opportunity for this. This practice was common in the teacher's experience.⁷²⁵

The high staff turnover in most NTFC offices – described in Chapter 12 – also has a bearing on case management and relationships with children, their families and other stakeholders. It can result in a lack of continuity of service delivery and an interruption to positive working relationships as well as changes to the case plan based on the next worker's view of the case.⁷²⁶

Case management and health

Case planning has a significant legislative base. In relation to health:

It is a legislative requirement that all children in the CEO's care have a Case Plan that is reviewed initially at 2 months and 6 months thereafter. Identifying a child's health needs and measures to address these needs should be documented in the Case Plan.⁷²⁷

It is noted that it is not mandatory for every child in the Northern Territory to have their health status assessed on entering care but given that many children have poor health an assessment should be completed routinely soon after coming into care. The Royal Australasian College of Physicians have developed a Paediatric Policy for the health of children in out of home care and proposes the following strategies for effective health care of children in out of home care:⁷²⁸

- Ensuring that physical, developmental and mental health assessments are performed on all children who enter OOHC
- Encouraging ongoing monitoring of needs by identified health care co-ordinators

723 Submissions: Confidential; See also Chapter 11.

724 Submission: Confidential.

725 Submission: Confidential.

726 Hearing: Witness 41, Hearing: Witness 49 and carers at Inquiry forum- Darwin and Alice Springs.

727 Northern Territory Families and Children, *Policy and Procedures Manual, Version 2.0*, 20:2.

728 The Royal Australasian College of Physicians (RACP), 2006, *Health of children in "out-of-home" care*, RACP, Sydney, p.5.

- Ensuring appropriate timely access to therapeutic services
- Developing a transferable health record system
- Improving training and support for foster carers
- Coordinating a health care centred approach between all agencies involved with this group of children, including Community Services and Education
- Encouraging governments to adequately fund the implementation of the suggested recommendations, and
- Collecting aggregated data and ensuring evaluation of programs

Submissions also stressed the importance of assessing and monitoring the health needs of children⁷²⁹ and the necessity of providing regular follow up when they have been assessed and are receiving treatment.⁷³⁰

Families and Children must take responsibility for ensuring that the health care of children is coordinated as they move between home care and out of home care or between different care placements. The Department also has a responsibility to ensure that children in care receive comprehensive health assessments and that the health problems identified are managed in a coordinated way. This may require health professionals located within the agency to coordinate the care of children as they move through the system. Carers must also be provided with relevant health information.⁷³¹

Many comments were made during hearings about case planning in relation to the hospitalisation of children – particularly when children are left in hospital, presumably because there is no suitable placement available.⁷³² The Inquiry did not receive specific numerical data on this matter. However, hospital staff were clear that they expected that these children should be visited whilst in hospital by their NTFC caseworker; the hospital should be made aware of the name of the child’s guardian; and that hospital staff should be informed of plans for the child’s placement elsewhere. All these suggestions fit with generally accepted good case practice but may be hard to implement given the staff shortages in NTFC.

The Inquiry also recognises that a shortage of placements puts pressures on already stretched workers and on the OOH system and ‘decisions in regard to placements are often made in terms of availability and expediency⁷³³ rather than based on best practice principles.’⁷³⁴ It is clear that an increase in emergency placements is required, not just for children left in hospital but for others where removal happens quickly and without time to plan an alternative placement. Although it may be preferable for these placements to be in the homes of foster carers, NTFC should also consider small group homes for such a purpose.

729 Submissions: Confidential, Central Australian Aboriginal Congress, Confidential.

730 Submission: Central Australian Aboriginal Congress.

731 Submission: AMSANT.

732 Submissions: Roger and Kathleen Wileman, Confidential.

733 Submission: Dr Clare MacVicar.

734 Submission: Confidential.

Case management and education

With the aim of improving educational outcomes for children in care an agreement was signed in 2007 between the Department of Education (DET) and NTFC. The *Joint Partnership Agreement for the Prioritisation of Services for Students in Care* sets out how NTFC and DET will work together collaboratively to deliver services to children in the care of the CEO.

The Inquiry suggests that this Agreement requires stringent monitoring and that DET requires a designated work unit dedicated to working with NTFC to ensure better outcomes for children who are clients of both Departments.

Case management: application of policies and procedures

NTFC has adopted a clear set of policies and procedures around case planning and management of children in care and detailed guidance on case plans and cultural care plans. Clearly, from the discussion above, feedback from submissions to the Inquiry raises questions about whether these policies are being implemented in practice. There are also a number of memoranda and protocols now in place between NTFC and relevant government departments and NGOs. The aim of these procedures is to develop collaborative working relationships, provide guidelines about each others' roles and responsibilities and ensure case plans are implemented. The Inquiry was informed that these memoranda and protocols are not always followed.⁷³⁵

Staff training, refresher courses, regular staff supervision and mentoring are strategies which assist staff to apply policy and procedures. Formal systems, such as exception reports, indicate when required documentation or activity has not occurred and provide another valuable accountability mechanism. The recent coronial inquiries and the 'High Risk Audit' recommended a wide range of strategies to ensure compliance with policy and procedures, not just in OOHC but in the wider child protection system⁷³⁶. DHF has not adopted the draft NTFC Supervisory policy and neither does NTFC have practice advisor position to provide leadership, mentoring, training and advice to staff. It is noted in Chapter 13 that adopting the supervision policy and creating advisor positions could greatly benefit practice in child protection and OOHC in the Northern Territory.

Alongside an improvement in monitoring of standards, an additional mechanism for setting and monitoring standards for case management and care planning would be to establish a charter of rights for children and young people in care.

The United Nation's Convention on the Rights of the Child, ratified in 1989, spells out the specific rights of children and young people.⁷³⁷ All children in OOHC would benefit from a charter setting out what children and young people can expect from the people who look after and work with them while they are in care. A charter would be based on the rights that all children and young people have under the United Nations Convention on the 'Rights of the Child' as well as relevant Northern Territory legislation including the *Care and Protection Act 2007* and the *Disability Services Act 1993*.

735 Submissions: Confidential, Leah Crockford and Esther Carolin.

736 See, Northern Territory Department of Health and Community Services, Northern Territory Community Services high risk audit: Executive summary & recommendations; Cavanagh, Inquest into the death of Kalib Peter Johnston-Borrett, NTMC 006; ———, Melville Inquest.

737 The United Nations Convention on the Rights of the Child (UNCROC), www.unicef.org/crc/.

Some jurisdictions in Australia use the Looking After Children (LAC) case management framework and it is referred to in the National Standards documentation.⁷³⁸ This framework was originally developed in the UK to ensure that all key aspects of a protected child's development (seven developmental dimensions) are attended to by case workers. Frameworks such as this provide valuable prompts for case workers and an in-built accountability mechanism to ensure that the needs of children are being addressed. There have been some concerns expressed about the cumbersome nature of some of the requirements and the applicability of some measures for Aboriginal children in care. However, given the pressures on the child protection system and the workloads of case workers, it is likely that the developmental needs of children in the system are sometimes being overlooked. The Inquiry is of the view that the Department should investigate the relevance and utility of LAC or an alternative system designed for Aboriginal children in the Northern Territory care system.

Community visitor programs

Whilst there is no consensus on a definition, a community visitor may broadly be defined as a person engaged, either paid or unpaid, to visit defined groups of vulnerable people in their place of residence, for the purpose of connecting and understanding the issues affecting them.⁷³⁹

A number of jurisdictions in Australia have adopted some form of community visitor program for vulnerable populations and some of these are programmes for children in the care of the State. These are generally established externally to the statutory child welfare department on the understanding that 'independence is critical'.⁷⁴⁰ Other jurisdictions have adopted an internal child advocacy model in which one or more people within the statutory department are responsible for child advocacy. The general purpose of whichever model is adopted includes monitoring the health and wellbeing of children and young people in OOHC and providing support and advocacy as required.

The Inquiry is of the view that a model of community visiting should be explored for children in care in the Northern Territory, an issue that is explored in Chapter 13.

Recommendation 9.4

That regular 'refresher' courses are held for all staff about the application of legislation, policy and procedures with respect to children in care.

Urgency: Within 18 months

738 Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), 2010, *National Standards for Out of Home Care: Final Report*, report prepared by KPMG, Australian Government, Canberra, http://www.fahcsia.gov.au/sa/families/pubs/kpmg_final_report_nsfohc/Documents/final_report_nsfohc_kpmg.pdf.

739 Office of the Guardian for Children and Young People, 2010, *A community visitor program for children in state care: Report*, South Australian Government, Adelaide.

740 *ibid.*

Recommendation 9.5

That Northern Territory Families and Children progressively adopts the Looking After Children framework (or an amended version appropriate for Aboriginal children) to provide a comprehensive case management framework for children in the care system, to help ensure their developmental needs are addressed.

Urgency: Within 18 months

Recommendation 9.6

That Northern Territory Families and Children develops a charter for children and young people in care.

Urgency: Within 18 months

Recommendation 9.7

That Northern Territory Families and Children reviews the roles played by the Aboriginal Community Workers and the recently appointed Remote Aboriginal Family and Community Workers, to assess whether they might play a more specific role in the case management and support of children in care.

Urgency: Within 18 months

Payment of carers

As noted previously, allowances or payments are made to carers to reimburse them for the direct costs of looking after the children in their care. The rates increase with the age of the child. In addition, carers may be entitled to a range of benefits funded by the Australian Government. For example, foster carers can access Family Tax Benefits and Health Care Cards for foster children in their care, regardless of means testing. All jurisdictions now have 'an age based subsidy payment structure' and 'pass on CPI adjustments in some form'.⁷⁴¹

NTFC allowances to carers are composed of:

- A standard age related carer payment
- A series of special payment rates which can apply in certain circumstances. These are discretionary expenses incurred in the care of the child and other child maintenance payments that are not considered discretionary
- Special payment rates for crisis care and a special needs payment for children with additional support needs.⁷⁴²

741 Communication from Australian Foster Care Association President, Bev Orr.

742 Northern Territory Families and Children, *Policy and Procedures Manual, Version 2.0*.

Foster and kinship carers and relevant stakeholders provided the Inquiry with their experiences of the allowance/payment system. Their comments highlight a complicated system defined by a diverse range of payment rates that vary depending on the age and needs of the child, the type of care provided, which body oversees the carer's registration and whether there are other government departments or divisions involved, such as Education or Disability.

There was a consistent view that the current payment system lacks equity and that discretionary payments may be used to meet the additional costs of a particular placement but this is inconsistent and applied without clear guidelines.⁷⁴³ A related issue was the discrepancy between the rates of payment available to private or fee-for-service providers, those in the specialist care program and general foster carers.⁷⁴⁴ Carers and other stakeholders were unclear as to how different rates were decided and applied in practice.

The disparity in rates of payment was regarded as a possible disincentive to potential carers and it was seen to be more profitable to establish a business delivering home based child care rather than look after children in foster care. It was suggested that the disincentive could be decreased if allowances were higher and reflected the real cost of providing care to a child.⁷⁴⁵ It is important to note that foster care subsidy rates are an issue across all jurisdictions and that Northern Territory foster care rates are generally seen to be at least comparable if not better than those in many jurisdictions.⁷⁴⁶ It is clear that what inflates the costs of OOHc in the Northern Territory is the high use of 'fee for service' placements, which are now in excess of \$8.4million per year.⁷⁴⁷

Respondents to the Inquiry, in many submissions and during the carer forum, also expressed much concern about difficulties with receiving entitlements which causes undue stress and financial hardship to carers and which could put the placement at risk.⁷⁴⁸ It is clear from the literature that delays in paying foster care and kinship care subsidies to all families can and does cause major disruption and hardship.⁷⁴⁹ The financial strain is also felt when there is more than one government department involved with the same child. Many comments were received about the lack of coordination between departments and the absence of clear guidelines and memoranda about which department is responsible for which costs. Carers often have to advocate on behalf of the child to have their needs met.⁷⁵⁰ This was even more relevant to carers of a child with a disability because of the other agencies involved.⁷⁵¹

743 Submissions: DHF, Confidential, Paediatric Department, Royal Darwin Hospital, and carers at Inquiry forum.

744 Submissions: Confidential, NTCOSS and carers at Inquiry forum.

745 Submissions: DHF and Confidential.

746 Australian Foster Care Association Inc., 2006, 'Comparison of State and Territory foster care payments', <http://www.fostercare.org.au/docs/2006basicsubsidycomp270906.pdf>.

747 Data supplied by DHF.

748 Submission: CAAFLUAC.

749 M McHugh, 2003, 'A further perspective on kinship care: Indigenous foster care', *developing practice*, vol. 8, pp.14–24; P Mackiewicz, 2008, *To examine and compare program elements that achieve positive outcomes for children placed with relatives or kin as a result of child protection intervention*, In *2007 Churchill Fellowship Report*, The Winston Churchill Memorial Trust of Australia, http://www.churchilltrust.com.au/site_media/fellows/MACKIEWICZ,_Pauline_2007.pdf.

750 Submissions: Roger and Kathleen Wileman, Confidential, NTFC worker.

751 Carers at Inquiry forum, Darwin and Alice Springs.

There were a number of issues raised in hearings about Family Way placements that included the lack of continuity of financial support for this type of care.⁷⁵² Short-term financial assistance is available in a Family Way placement but there is no ongoing financial support and it is clear that the lack of ongoing assistance can jeopardise these arrangements.⁷⁵³ In at least one instance it was said that this had led to the removal of the child from a placement which had been assessed as being in the child's best interest.⁷⁵⁴ NTFC does not have legislation or policy guidelines to financially support the ongoing care of children in these placements.

Recommendation 9.8

That allowances and other payments to all carers be reviewed and an ongoing process be established, that takes into account:

- that the foster care allowance should be based on the child's level of need, their age and the location of placement
- that an additional allowance should be made to carers in remote areas in order to account for extra costs required to maintain standards
- The need for clear guidelines around the use of discretionary payments to reduce the inequitable use of this form of allowance.

Urgency: Immediate to less than 6 months

Recommendation 9.9

That a validated tool of assessment for children entering out of home care be developed and implemented which will assist with the matching of a child with a carer and will determine the rate of allowance to be paid. The assessment process must provide for review and reconsideration.

Urgency: Within 18 months

Recommendation 9.10

That kinship carers be provided with allowances at the same rate as general foster carers.

Urgency: Immediate to less than 6 months

752 Hearing: Witness 50, Submissions: Tangentyere Council, Northern Territory Legal Aid Commission, DHF.

753 Submission: CAAFLUAC, Hearing: Witness 18.

754 Hearing: Witness 21.

Recommendation 9.11

That where 'Family Way' arrangements are facilitated by Northern Territory Families and Children, the carers are eligible for establishment or discretionary payments and that they be assisted and connected to other financial supports available through the Commonwealth and Northern Territory Governments. The needs of the children and care providers should be assessed when the arrangement is negotiated.

Urgency: Within 18 months

Recommendation 9.12

That a process be developed and implemented which will ensure all allowances/payments to carers are processed quickly and carers receive their entitlements promptly.

Urgency: Within 18 months

Recommendation 9.13

That the development of a professional stream for home based carers, who are highly skilled and trained, be considered to provide placements for children and young people with high and complex needs.

Urgency: Within 2-3 years

Recruitment, assessment, training and support of carers

Recruiting, assessing, training and supporting foster and kinship carers are responsibilities of NTFC. The exception is the Alternate Care Program managed by a non government service which performs these functions. Registration of all carers is approved by NTFC.

Recruiting carers

Research into recruitment strategies shows that using broad-based media strategies were useful for creating an initial interest in fostering but, were less successful in converting those enquiries into actual carers. On the other hand, local promotion was more useful in building awareness and understanding in the community some of which then converted into carers. Word of mouth was regarded as a powerful strategy to recruit carers but bad publicity also had an impact and can deter potential carers.⁷⁵⁵

To recruit foster carers, NTFC utilises a variety of methods such as a website, newspaper advertising, situational recruitment such as shopping centres, local networks and events such as 'fun days'. Targeted advertising has been used for children with special and high

755 Bromfield et al., *Out-Of-Home Care in Australia: Messages from Research*.

needs or for sibling groups. Informal methods such as carers talking to their friends and networks have also proved useful.

When recruiting Aboriginal carers, research suggests that family and kinship obligations influence the tendency to provide care for children.⁷⁵⁶ McHugh et al note that more procedural approaches in assessing and training all carers could be intimidating to some Indigenous families and could hinder their willingness to become involved in fostering.⁷⁵⁷ SNAICC suggests that if recruitment and training is well-supported, adequately funded and relevant, then it will attract Aboriginal carers.⁷⁵⁸ Higgins and Butler have identified training modules and tools for recruiting, training and assessing Indigenous carers which draw on the experiences of Indigenous carers and government and non government agencies across Australia.⁷⁵⁹

The unique characteristics of the Northern Territory clearly can cause barriers to increasing the pool of Aboriginal foster and kinship carers. Earlier it was noted that a high percentage of Aboriginal people are in the most disadvantaged quintile and that the Northern Territory is more socio-economically disadvantaged than other states and territories.⁷⁶⁰

Many of the submissions provided additional information about remote Aboriginal communities and described a combination of social, geographical and demographic factors such as the shortage, overcrowding and poor state of repair of much of the housing on communities,⁷⁶¹ and the logistical complexities of service delivery due to a lack of supportive basic physical infrastructure.⁷⁶² For example, a number of remote communities in the Top End have no road access in the wet season.⁷⁶³

An important demographic factor is the continuation of relatively high fertility and adult mortality leading to a perpetually youthful age profile with large numbers of children and young adults.⁷⁶⁴ This means that the older population is not being replaced as the younger population increases: there are fewer adults able to take care of the younger ones.

In relation to recruitment, there is a key distinction between kinship and general carers. Kinship carers are not recruited in the same way as general or non-relative carers but are asked to care for specific children immediately with whom they have a pre-existing relationship. Foster carers, on the other hand are recruited, assessed and trained prior to having a child previously unknown to them placed in their care.⁷⁶⁵ Due to the different

756 N Richardson et al., 2005, *The recruitment, retention, and support of Aboriginal and Torres Strait Islander foster carers: A Literature Review*, A report to the Australian Council of Children and Parenting commissioned by the Australian Government Department of Family and Community Services, National Child Protection Clearinghouse, Melbourne.

757 NSW Department of Community Services, 2004, *The Availability of Foster Carers*, report prepared by M McHugh, et al., Social Policy Research Centre, University of New South Wales, Sydney.

758 Secretariat of National Aboriginal and Islander Child Care, *Achieving stable and culturally strong out of Home Care for Aboriginal and Torres Strait Islander children*.

759 Higgins & Butler, *Promising practices in OOH for ATSI carers, children and young people #2*.

760 See Chapter 2.

761 Submissions: Confidential and Hannah Moran.

762 Submissions: NTFC Workforce Development Unit, Confidential and CAAFLUAC.

763 Submissions: Confidential and NTFC worker.

764 Submission: Jane Vadivelloo.

765 Richardson et al., *The recruitment, retention, and support of Aboriginal and Torres Strait Islander foster carers: A Literature Review*.

nature of kinship placements there tends to be less thorough assessments than general foster carers and less stringent monitoring of placements.⁷⁶⁶ This is a matter of some concern to the Inquiry and is addressed in recommendations below.

Training and support

The NTFC Manual stipulates that training is offered to all potential carers:⁷⁶⁷ policy states that this training is mandatory before a child is placed. In these documents it is affirmed that all carers should receive generic induction training based on 'Our Carers for our Kids' which is a training package used with permission of the Department of Community Services (DoCS), NSW. Training in mandatory reporting and cultural awareness are also part of the induction. It is very clear from submissions and hearings that although training is supposed to be completed prior to a child being placed this does not always happen - due in large part to a shortage of staff alongside the urgency of placements. The comments below express just some of the concerns from carers that were heard by the Inquiry:

there is hardly any training for us. We only saw one person sent from Darwin for one couple of hour session. This is totally inadequate.⁷⁶⁸

people are reluctant to put their hand up to become foster carers, thinking they're going to be thrown in the deep end, and to a certain extent they are right. There is an urgent need for foster carer training in this region.⁷⁶⁹

I was a foster carer for 8 months before training was offered. Whilst the training provided was excellent, upskilled me and was a useful reference, it must be provided more timely.⁷⁷⁰

Compulsory, comprehensive training needs to be introduced for all foster carers including Departmental, kinship and purchased placements.⁷⁷¹

Although NTFC policy states that assessment and training are compulsory the pressure of requiring a place of care means that placement may occur before this process is completed.⁷⁷² There are a number of inherent risks in this situation, a major one being the possible damage to a child if anything critical occurs while the child is in care. As well, foster carers who are not adequately prepared and skilled are less likely to understand the needs of the child in their care and this may result in placement breakdown which is clearly a negative outcome for the child and on some occasions has meant that the carer has withdrawn their services as a carer, depleting the pool further.

There are a range of factors which lead carers to become disheartened and leave the system or indeed be reluctant to join in the first place. The Inquiry heard from a large

766 Mackiewicz, *To examine and compare program elements that achieve positive outcomes for children placed with relatives or kin as a result of child protection intervention*.

767 Northern Territory Families and Children, *Policy and Procedures Manual, Version 2.0*.

768 Submission: Marie Durand-Mugnier.

769 *ibid.*

770 Submission: Tracy Brand.

771 Submission: NTFC Care and Protection Training and Development Working Group.

772 Submissions: Richard Garling, Hannah Moran and Confidential.

number of carers, both general and kin, as well as NTFC and other agencies with whom carers have contact. A clear theme is the lack of support and respect carers feel that they receive from NTFC staff as well as the problems in dealing with bureaucratic systems which they believe do not meet their needs or those of the children they look after. Examples given include why approvals for birthday parties are not given on time and why a carer cannot approve a school excursion. Whilst, many foster carers were distressed by the difficulties they experienced, they also expressed praise for many OOHC staff who, they were aware, were working in an unsustainable and stretched system.

Other matters raised by carers relate to support. Numerous comments were made that carers feel they are regarded by NTFC staff as a nuisance if they 'push' for items that the child needs, such as equipment. Some also feel unable to talk to their caseworker if they are stressed because they believe they will be seen as unsuitable and risk losing their foster children, or seen as troublemakers.⁷⁷³

According to multiple submissions, as well as carers during the Inquiry forum in both Darwin and Alice Springs, carers also feel uninvolved and unsupported at times in the way placement decisions and transition-to-home decisions are made.

At times carers have complained that children have been removed quickly and unprofessionally without the carer being able to talk through the process with the child. By doing this it damages the child as well as making carers fed up with the system, therefore many good carers leave.⁷⁷⁴

Carers also reported mismanagement by workers of the carer's relationship and feelings for the child. An example given was that of a carer being told by NTFC staff that they had become too attached to the child and that this was not the intention of a foster care placement.⁷⁷⁵ This issue represents an ongoing tension in foster care that is in no way peculiar to Northern Territory: the willingness to take a child into a family and care for them as their own but to keep a 'professional distance' at the same time.

Having raised some of their concerns respondents also had the following suggestions about how to increase support to carers:

- Ensure carers receive training and are thoroughly assessed
- Ensure that carers receive ongoing support, such as regular contact with caseworkers not just when there is a problem⁷⁷⁶
- Caseworkers should respond to contact made by carers⁷⁷⁷
- Carers should be involved in case conferences and planning⁷⁷⁸
- Other indirect ways of helping carers such as discount petrol cards⁷⁷⁹

773 Carers at Inquiry forum - Alice Springs.

774 Submission: Renee Allison.

775 Submission: Foster Carer.

776 Hearing: Witness 24 and Carers at Inquiry forum, Darwin and Alice Springs.

777 Carers at Inquiry forum, Darwin and Alice Springs.

778 Submissions: Jennifer Milne, Roger and Kathleen Wileman and Confidential and Carers at Inquiry forum, Darwin and Alice Springs.

779 Carers at Inquiry forum.

Respite for general and kinship carers considered to be a major form of support but the information provided to the Inquiry is that it is provided in an ad hoc manner⁷⁸⁰ and provided when the carer is at 'breaking point'.⁷⁸¹ A provision for respite is referred to in the NTFC Manual⁷⁸² but there is no guidance as to when and how this type of care can be utilised.

Flexible respite care including being able to fast track the approval of family respite carers would greatly enhance placement stability and improve outcomes for children in out of home care.⁷⁸³

Foster carers are supported by Foster Care NT an organisation which, like its sister organisations in all jurisdictions, is set up to assist carers. It is involved at a national level with other state and territory groups working towards better outcomes for children in foster care. A similar or a combined group for kinship carers was suggested as an idea:

The nature of kinship care is that families have had little or no time to orient themselves to the OOHC system. Providing a well-resourced community based kinship carers' support service would ensure they can access the information and support they need to assist them in their new role. This could include checking with them if they have met their placement support worker, proactively checking in with them to see how they are coping and liaising with the Department on their behalf to organise respite care. This approach would enable kinship carers to focus on what's most important – looking after the children.⁷⁸⁴

A strong partnership between foster and kinship carers and NTFC relies on good communication, better sharing of information and support for carers in a variety of forms. A few ways to strengthen this relationship have been suggested earlier. Another useful action would be to create a charter for all carers that acknowledges their key role in caring for children and young people and sets out expectations of the carer by NTFC, and the carer's rights and responsibilities. A charter will confirm the important role all those involved in OOHC play in the child's life. It can also be used to determine policy, standards and procedures and for training of carers and staff.

Recommendation 9.14

That Northern Territory Families and Children immediately acts to address the need for a shift in culture from a focus on carers as providers to carers as partners.

Urgency: Immediate to less than 6 months

780 Submissions: Foster Carer and NTFC worker.

781 Submissions: Confidential and Tangentyere Council.

782 Northern Territory Families and Children, *Policy and Procedures Manual, Version 2.0*.

783 Submission: Danila Dilba.

784 *ibid.*

Recommendation 9.15

That Northern Territory Families and Children adequately funds Foster Care NT to ensure that the organisation is able to develop an effective mentoring and support role for foster carers and to assist in the provision of foster care recruitment, training and advocacy with the Department.

Urgency: Immediate to less than 6 months

Recommendation 9.16

That Northern Territory Families and Children implements measures to monitor quality of practice and decision-making based on existing guidelines (Northern Territory Families and Children Policy and Procedures Manual) for foster and kinship care.

Urgency: Within 18 months

Recommendation 9.17

That recruitment strategies continue with an emphasis on Aboriginal carers in remote and rural locations to increase the number of children remaining close to their families. Strategies such as nominating a few carers in the community to provide placements for children at short notice, should be trialed.

Urgency: Within 18 months

Recommendation 9.18

That a plan be developed around the resourcing and up-skilling of existing carers to assist with the retention of experienced carers.

Urgency: Within 18 months

Recommendation 9.19

That Northern Territory Families and Children facilitates the development of a 'charter' for all carers which sets out expectations, rights and responsibilities. A charter will confirm the important role all those involved in out of home care play in the child's life. It can also be used to determine policy, standards and procedures and for training of carers and staff.

Urgency: Within 18 months

Recommendation 9.20

That portions of the Northern Territory Families and Children Policy and Procedures Manual pertaining to out of home care be available online to the public.

Urgency: Within 18 months

Standards in out of home care

The development of *National Standards for Out of Home Care*⁷⁸⁵ is an initiative of the Australian Government and a component of the project planning for the National Framework for Protecting Australia's Children. The aim is to improve the national response for children in OOHC across all levels of government with a consistent and concerted approach by individual states and territories. As part of the Framework, these national standards are being developed which aim to ensure a level of similarity across jurisdictions thereby increasing confidence in the services children are receiving. These benchmarks will provide guidelines to governments and organisations to ensure children's needs are met whilst in care. Discussions about implementation are being held between state and territory governments and the Australian Government. The Northern Territory Government expects plans to be finalised by the end of 2010.

NTFC standards for OOHC are articulated in two ways:

- as legislative standards prescribed by the Act, and
- as standards prescribed by NTFC.

Standards of care are documented in the NTFC Manual⁷⁸⁶ which informs carers, caseworkers, children and families about how the broad duties in relation to children in OOHC will be met in practice. However, these manuals do not provide details against which standards can be measured, nor can they be legally enforced. From advice provided to the Inquiry it is apparent that regulations are required to provide clear guidelines and benchmarks for general foster care, kinship care and non-home based care which can be easily understood and applied by Departmental staff, carers, service providers and other stakeholders.

As well as now being involved in the work of contributing to the National Standards for OOHC, NTFC is already working to implement recommendations from the recent Coronial Inquiries⁷⁸⁷ and the High Risk Client Audit.⁷⁸⁸ The Inquiry has been advised that NTFC has foreshadowed that it cannot currently meet the emerging COAG National Standards⁷⁸⁹ and it is aware that the demands and expectations related to all of the changes required requires both human and financial resources. The current level of professional and administrative staff is insufficient to achieve the desired outcomes.

785 Department of Families, *National Standards for Out of Home Care: Final Report*.

786 Northern Territory Families and Children, *Policy and Procedures Manual, Version 2.0*.

787 Cavanagh, *Inquest into the death of Kalib Peter Johnston-Borrett, NTMC 006; ———, Melville Inquest*.

788 Northern Territory Department of Health and Community Services, *Northern Territory Community Services high risk audit: Executive summary & recommendations*.

789 Department of Families, *National Standards for Out of Home Care: Final Report*.

Recommendation 9.21

That Northern Territory Families and Children continues with its implementation of recommendations from recent Coronial Inquests and reports on progress in its annual report.

Urgency: Immediate to less than 6 months

Recommendation 9.22

That Northern Territory Families and Children continues with its implementation of recommendations from the High Risk Audit and reports on progress in its annual report.

Urgency: Immediate to less than 6 months

Recommendation 9.23

That Northern Territory Families and Children continues to support and influence the introduction and implementation of the National Standards for Out of Home Care and reports on progress in its annual report.

Urgency: Immediate to less than 6 months

Recommendation 9.24

That the Northern Territory Families and Children Policy and Procedures Manual is worded to support the requirement that, unless it is demonstrably in the best interests of a child, a child who has been deemed to be in need of care should be placed in a kinship care placement rather than a 'Family Way' arrangement.

Urgency: Within 18 months

Recommendation 9.25

That clear policies and procedures be developed to guide staff about the circumstances in which informal 'Family Way' arrangements are acceptable and what continuing case management obligations exist.

Urgency: Within 18 months

Kinship care

Kinship Care is the special form of OOHC that recognises and ‘allows children to preserve their relationships with their family and community and to understand their place’.⁷⁹⁰ This part of the report acknowledges the importance of kinship care, outlines its strengths and limitations, highlights some current tensions and suggests ways to ensure that children placed in kinship care receive high standards of care. NTFC is responsible for all kinship placements as, unlike other jurisdictions, there are no NGOs managing this aspect of OOHC for children in the Northern Territory.

Across Australia there has been a growth in the use of kinship care.⁷⁹¹ One more cynical explanation for this is that it is a response by government to shift financial and other responsibilities away from government to families.⁷⁹² It has been argued that this may be because kinship care is not always remunerated at the same rate as general foster care nor are carers supported to the same extent.⁷⁹³ A more positive view is that kinship care is an important model for care of children, the value of which is being increasingly recognised and implemented in OOHC.

Outcome research, about various forms of OOHC, is not well-documented and it is not possible to draw general conclusions about the differential benefits of forms of care.⁷⁹⁴ Nevertheless, available evidence shows that children in kinship care:

- experience fewer placement disruptions
- are more likely to be successfully reunified with family
- maintain their biological, emotional and cultural connection with family
- children who reunify with their birth parent(s) after kinship care are less likely to re-enter foster care after reunification with their family, than those who had been in other care arrangements
- are less likely to be maltreated in care than children in non-relative foster care
- have fewer changes in schools
- have fewer behavioural problems than their counterparts placed into foster care.⁷⁹⁵

The following comments from a kinship carer capture the essence of such care:

790 Victorian Aboriginal Child Care Agency (VACCA), 2009, *Cultural elements of therapeutic residential care discussion paper*, VACCA, Melbourne.

791 M McHugh, 2009, *A framework of practice for implementing a kinship care program: Final report*, In *Report for the Benevolent Society*, Social Policy Research Centre, University of New South Wales, Sydney, <http://bensoc.org.au/uploads/documents/ImplementingAKinshipCareProgram.pdf>.

792 J Cashmore, 2001, ‘Kinship Care: A Differentiated and Sensitive Approach’, *developing practice*, vol. 1, pp.5-8; Joyce et al., ‘The lottery of systems: Ways forward for children in need – Kinship or Foster Care?’.

793 McHugh, ‘A further perspective on kinship care: Indigenous foster care’; Bromfield & Osborn, ‘Getting the big picture’: A synopsis and critique of Australian out-of-home-care research’; Mackiewicz, *To examine and compare program elements that achieve positive outcomes for children placed with relatives or kin as a result of child protection intervention*.

794 Joyce et al., ‘The lottery of systems: Ways forward for children in need – Kinship or Foster Care?’; Smyth & Eardley, *Out of home care for children in Australia: A review of literature and policy. Final report*.

795 Conway & Hudson, *Is Kinship Care Good for Kids*; Mackiewicz, *To examine and compare program elements that achieve positive outcomes for children placed with relatives or kin as a result of child protection intervention*; Joyce et al., ‘The lottery of systems: Ways forward for children in need – Kinship or Foster Care?’.

It was a bit hard moving around because I had ten kids to look after, but because they were my nieces and nephew - it wasn't a hard decision for me to take them on. And because we were family there was a respect there straight away from the kids and we just all got on so well....As soon we, me and my partner, showed them what life was really about – that this is how family should be – provided them with a loving environment and they just straight away started feeling at home and happiness came back – they started looking healthy. Got them back to school and they were doing much better.⁷⁹⁶

Although many kinship carers want to assist their family by caring for a relative's child, they talk about a number of disadvantages which impact on the placement. These include:

- limitations to freedom
- financial hardship
- having to cope with the behaviour difficulties of children and young people
- managing contact and relationships with the children's parents
- lack of support from child welfare agencies
- overcrowding in the home.⁷⁹⁷

The following section on reunification draws attention to another problem with kinship care. Emerging research indicates that children placed with kin are likely to stay in this form of care significantly longer than those placed in regular foster care placements.

As indicated earlier, at the end of the 2009-10 year there were approximately 555 children placed in OOHC in the Northern Territory.⁷⁹⁸ Only around 22 percent of these children were placed with relatives/kin, a figure that is the lowest of all Australian jurisdictions and that sits at half the Australian average of 45.4 percent.⁷⁹⁹ It is possible that this low figure could be the result of poor practice by staff of NTFC with a lack of focus, a lack of time, or a lack of skills and knowledge in identifying extended family members who may be able to provide care for a child, but it is likely to also reflect the social devastation of some remote communities and the difficulties in finding families members that are suitable care providers.

Over the past few years there have been a number of reports that have drawn attention to the standards of care provided to protected children in some kinship care arrangements. Specific instances of very poor care standards have been described in a recent Coroner's report into the death of a 12-year old child⁸⁰⁰, and the High Risk Audit⁸⁰¹ which identified that the standard quality of care indicators for kinship care – including the assessment and registration of carers, training, supervision, visitation of children – suggest that there are much lower regulatory standards for children placed with relatives than for those

796 Submission: Confidential NGO.

797 Mackiewicz, *To examine and compare program elements that achieve positive outcomes for children placed with relatives or kin as a result of child protection intervention.*

798 Data supplied by DHF.

799 Australian Institute of Health and Welfare, *Child protection Australia 2008-09.*

800 Cavanagh, *Melville Inquest.*

801 Northern Territory Department of Health and Community Services, *Northern Territory Community Services high risk audit: Executive summary & recommendations.*

in non-relative foster placements. For example, despite clauses in the NTFC Manual⁸⁰² stating that all care providers should be subject to the same assessment/registration processes and training, in a sample of cases it was found that 62 percent of non-relative foster carers were fully registered as against 8 percent of relative carers; and 52 percent of non-relative carers had received pre-service training as against 0 percent of the relative carers.

In the course of hearings and consultations, the Inquiry heard a number of allegations regarding the standards of care for children in some kinship placements. Members of the Board of Inquiry themselves saw the very poor state of housing for Aboriginal people in a number of the remote communities they visited along with a reduced capacity by parents to provide for basic safety needs and to meet hygiene conditions for children. Clearly, it is the case that protected Aboriginal children in the Northern Territory who are placed with relatives may not be afforded the same level of safety, support and supervision than those placed in non-relative foster care.

This issue is a complex one and the Inquiry heard some conflicting opinions. On the one hand there is a strong body of opinion that there should be no differences in the standards of care provided for particular groups of protected children – given that the majority of children in kinship care in the Northern Territory are Aboriginal. The acceptance of such disparities is referred to by some as a form of racism. On the other hand there is strong opinion to the effect that it is the relationship of the child with the caregiver that should be the paramount consideration when placement decisions are being made and that issues of relationship, cultural connection and identity should override any apparent disadvantages based on the quality of housing or the safety and hygiene problems that are endemic in some remote communities, providing that the physical safety of the child can be assured.

The Inquiry supports the view that there should be no difference in the standards of care provided for different groups of protected children, a view that is implicit in legislation, the NTFC's own OOH guidelines, and the draft *National Standards for Out-of-Home Care*.⁸⁰³ On the other hand it accepts that the placement of protected children in family settings that do not meet currently accepted standards, may, indeed, be in the best interests of some children. Moreover, many of the conditions that prevail in remote communities, including over-crowded and inadequate housing, are related to structural disadvantage and should not be the primary determinants in child placement decision-making but should feature in an assessment of safety.

To reconcile these positions, the Inquiry is of the view that NTFC should accept that there is currently a 'standards gap' but that it commits to addressing the disparities over a 10 year period with clear progress targets and strategies and regular reporting. For example, baseline data should be collected on all carers, including initial assessments, registration, re-registration, the provision of training, ongoing visitation of children, and should be reported on annually, with a specific focus on comparisons between different categories of care providers. NTFC should also set out minimum requirements for kinship carers which include the participation in assessments, registration and training and acceptance of the care plan for the child, especially in relation to contact arrangements with parent/s and other particular needs of the child. The requirements should also

802 Northern Territory Families and Children, *Policy and Procedures Manual, Version 2.0*.

803 Department of Families, *National Standards for Out of Home Care: Final Report*.

include a commitment to ensuring that the child attends school regularly, is taken to the local health clinic on an agreed schedule, and that the carers comply with placement supervision and review processes.

Subject to all the normal safety and best interests considerations, the Inquiry is of the view that workers assessing potential kinship carers should adopt an 'enabling' approach such that they are prompted to actively consider what a family or parent needs to do or to have in order to provide safe care for a child. This is in contrast to a rigid, 'tick-box' approach which may lead to the arbitrary exclusion of some potential carers because of a lack of space, access to transport or appropriate bedding. This 'enabling' may, for example, range from the provision of regular respite to financial support for white goods or transport. In order for such an approach to be meaningful, strong consideration should be given to the development of a 'support needs capacity' through which such assistance might be provided.

To engage with potential kinship carers and to provide ongoing support, a kinship care development section/unit should be created within placement support services which includes experienced Aboriginal staff members (as recommended in a recent report on kinship care).⁸⁰⁴ NTFC may also be able to utilise the skills and local knowledge of its Remote Aboriginal Child and Family Workers in developing practice around Kinship care. Over time it is recommended that NTFC develop strong practice links with the emerging ACCA's and that many of the kinship assessment and support functions are out-sourced to the local ACCA.

Finally, it is clear to the Inquiry that a dedicated kinship service could help improve implementation of the ACPP. As observed in one submission:

the lack of adequate resources to undertake assessment of kinship care and support kinship carers in the complexity of these responsibilities is leading to increased numbers of children being placed outside of the Aboriginal Placement Principle.⁸⁰⁵

Recommendation 9.26

That Northern Territory Families and Children develops a detailed practice guide around kinship care recruitment, assessment, support and training that includes the 'enabling' principle, details of support options available to carers, and baseline requirements for all kinship/specific carers.

Urgency: Within 18 months

804 The Benevolent Society, 2009, *A framework of practice for implementing a kinship care program. Final Report*, report prepared by M McHugh, Social Policy Research Centre, University of New South Wales, Sydney.

805 Submission: Save the Children.

Recommendation 9.27

That Northern Territory Families and Children collects a range of care provider data as outlined in this Report and annually report on progress towards 'closing the gap' in standards of care provided for relative and non-relative care providers.

Urgency: Within 18 months

Recommendation 9.28

That Northern Territory Families and Children develops a kinship care unit to assist with the recruitment, assessment, registration, support and training of kinship and specific carers and that consideration is given to progressively outsourcing these functions to local ACCAs as their capacity is developed.

Urgency: Within 18 months

Reunification

Child protection laws empower, indeed they compel, social workers to separate children from dangerous or negligent parents. But Australia's child protection laws are built on the presumption that separation should be temporary whenever possible and every effort must be made to reunite children with their families of origin.⁸⁰⁶

Despite the acknowledged intention of OOHC as stated above to be short term if at all possible, research indicates that for children in care there is an increasing chance they will remain in care because they are more likely to be restrained by longer term court orders. The age of the child is also a crucial factor in determining this outcome.⁸⁰⁷ This research also confirms that older children who have a higher incidence of behavioural problems will generally spend longer in care making reunification even less likely. In addition, non-Aboriginal children are more likely to be reunified than Aboriginal children.⁸⁰⁸ Research also shows that children placed with relatives will spend longer in care than those placed with foster carers.⁸⁰⁹ Analysis of data in NSW indicates that children in kinship care will spend on average 3.5 years in care compared to 1.3 years for children in foster care.⁸¹⁰

In families where neglect is prevalent there are other risk factors that pre-empt reunification. Evidence suggests that child neglect is multi-faceted and associated not only

806 Barber & Delfabbro, 'Placement stability and the psychosocial well being of children in foster care', p.416.

807 P Delfabbro et al., 2003, 'Predictors of short-term reunification in South Australian substitute care', *Child Welfare*, vol. 82, no. 1, pp.27-51.

808 *ibid.*

809 Smyth & Eardley, *Out of home care for children in Australia: A review of literature and policy. Final report.*

810 The Boston Consulting Group, 2009, *NSW Government out of home care review: Comparative and historical analysis*, NSW Department of Community Services, Sydney, http://www.community.nsw.gov.au/docswr/_assets/main/documents/bcg_report.pdf.

with poverty, but also marital status, single-parent homes, education and employment status of parents, domestic violence, mental illness, substance abuse, familial isolation, and lack of supportive resources.⁸¹¹ For Aboriginal people the impact of severe poverty, the fragmentation of traditional familial structures, and the high incidence of substance abuse, mortality, morbidity, and domestic violence contributes to the low numbers of Aboriginal children being returned to family.⁸¹²

The primary lesson from the research is that providing ongoing support services to birth parents reduces the need for children to come into care and reduces the time of children in care. It seems that changes in the well-being of birth parents, as opposed to improvements in child behaviour, are significant in early reunification, stressing the importance of family support services.⁸¹³

The experience of respondents to the Inquiry supported this research urging that supports and treatment options available to birth parents need to be emphasised in policy and practice in order to achieve positive outcomes for children.⁸¹⁴ They emphasised that non judgmental contact with family is an important part of reunification and recognised the child's rights to maintain contact with family, have some knowledge of language and maintain a sense of identity.⁸¹⁵ The following observations provide some rich emphasis to these findings:

There are more barriers to reunifying children in foster care than kinship care as the family relationships, involvement with the family and similarities with the environment are not there like they are in kinship placements.⁸¹⁶

I'd like to know where my family is.⁸¹⁷

Kids should be given the choice of whether they want to meet with their natural family.⁸¹⁸

NTFC staff struggle with the knowledge that there are children in placements who could have returned to families but remain in care because they have not had the resources or capacity to do the work they needed to do:

We have too many kids in care who should not be in care... there were kids two years ago who should have been out two years ago ... Now, we have the complexity of the family ... and they are significantly attached to their carers. How do we, morally, break that? We have two conundrums now.⁸¹⁹

811 K Bundy-Fazioli et al., 2009, 'Placement Outcomes for Children Removed for Neglect', *Child Welfare*, vol. 88, no. 3, pp.85-102.

812 Delfabbro et al., 'Predictors of short-term reunification in South Australian substitute care'.

813 P Delfabbro et al., 2002, 'The role of parental contact in substitute care', *Journal of Social Service Research*, vol. 28, no. 3, pp.19-40.

814 Hearings: Witness 32 and Witness 47.

815 Hearing: Witness 47.

816 Hearing: Witness 32.

817 Young person in care.

818 Young person in care.

819 Hearing: Witness 49.

NTFC's policy states that reunification should be considered for all children when they enter OOHC and an assessment completed as to whether this would be in their best interest. From research we know that certain groups of children are less likely to be reunified with their birth families so need to be prioritised for reunification. This includes babies and young children, Aboriginal children and those from rural or remote areas and children who come into care for reasons of neglect⁸²⁰. Of course, for many children these factors exist simultaneously making reunification either challenging or unrealistic: hence the need for a thorough assessment and planning process. As well, intensive family services must be accessible to parents identified for reunification so they can address the reasons their children were taken into care.⁸²¹

Recommendation 9.29

That the provision of intensive family support to prevent unnecessary placements be prioritised by the Northern Territory Government and that services are developed and funded accordingly.

Urgency: Within 18 months

Recommendation 9.30

That where reunification is the intended outcome, then support and therapeutic services to birth families should be provided whilst their child is in placement to enable this outcome to be realised.

Urgency: Within 18 months

Recommendation 9.31

That if it is clear that reunification is going to be the goal, this should be written into the case plans from the start to help determine the nature of the support services needed by the parent/s and to provide clarity and focus for the foster carers.

Urgency: Within 18 months

820 S Panozzo et al., 2007, *Issues relating to reunification*, Research Brief No 5, AIFS, Melbourne.

821 See Chapter 6.

Recommendation 9.32

That if reunification is a goal of a child's case plan and this changes for any reason, a case conference involving the child's family must be held to discuss and formulate a new plan.

Urgency: Within 18 months

Recommendation 9.33

That a unit or group of staff within out of home care be created to focus on developing reunification services and strategies and to provide expert advice to work units across the Northern Territory.

Urgency: Within 18 months

High needs children and young people

There is a group of children and young people in care whose needs are higher than average. Barber and Delfabbro estimate that 15-20 percent of children and young people in care have significant emotional and behavioural problems which are associated with placement instability and future psychosocial harm.⁸²² In the first national comparative study of children and young people in OOHC, Osborn and Delfabbro build on earlier research to better understand the needs of this group.⁸²³ The sample was sourced from South Australia, Victoria, Western Australia and Queensland but the authors believe the findings can be generalised across Australia.

In summary, the key findings suggest:

- Non Aboriginal boys are more likely to be at risk of ongoing placement disruption than any other group
- Many of the children and young people come from families which experience domestic violence, physical abuse and substance abuse, parental mental health and neglect
- Although this group is likely to suffer psychological harm from disrupted placement experiences they have already suffered irreparable damage while young and sometimes before they were born
- These children and young people have abnormally high levels of conduct disorder, difficulty relating to peers, clinical depression and anxiety
- The links between their current behavioural and emotional functioning and their past family history and placement experiences need to be understood in any therapeutic intervention

822 Barber & Delfabbro, 'Placement stability and the psychosocial well being of children in foster care'.

823 A Osborn & P Delfabbro, 2006, *National comparative study of children and young people with high support needs in Australian out of home care*, University of Adelaide, Adelaide.

- This group receives more services and interventions than others in OOHC and there is a need for greater integration of services and ongoing commitment to addressing the entrenched psychological and social difficulties.⁸²⁴

When reviewing service delivery models and interventions for the high needs group, the following factors indicated positive outcomes:

- consistent, high quality and coordinated services and care
- continuity of positive relationships
- systematic therapeutic interventions
- ongoing assessments and reviews so changes can be made to interventions based on need.⁸²⁵

Given the poorest outcomes for children in OOHC are for those with significant trauma and abuse and complex behavioural and emotional needs, there is need for more supportive therapeutic environments which focus not only on behavioural changes but also on healing the psychological and emotional trauma they have experienced.⁸²⁶

These approaches typically involve a range of therapeutic interventions designed to provide structure and routine for children, the ability to regulate emotions and display empathy, as well as forge healthier relationships with other people.⁸²⁷

Such environments can be provided through therapeutic foster care (TFC) and therapeutic residential care (TRC).

Young people should be given time and space to think things through.⁸²⁸

There is agreement in the literature that for young people and children with high support needs the smaller the number living together in home-like or group homes the better the outcomes.⁸²⁹ The Northern Territory has a small percentage of children and young people with high needs who are placed through the Specialist Care Program (SCP). The SCP offers an intensive/therapeutically-oriented approach which provides accommodation for one or two young people with either 24 hour youth worker support or in-home with carers who receive a financial allowance package.

Despite the obvious potential benefits of young people residing in a single model of care,

824 *ibid*; P Delfabbro & A Osborn, 2005, 'Models of service for children in out-of-home care with significant emotional and behavioural difficulties', *developing practice*, vol. 14, pp.17-29.

825 Centre for Parenting and Research, 2006, 'Models of Service Delivery and Intervention for Children and Young People with High Needs, Research to Practice Notes', http://www.community.nsw.gov.au/docswr/_assets/main/documents/researchnotes_highneeds.pdf.

826 Bath, 'Residential care in Australia, Part 1: Service trends, the young people in care, and needs-based responses'; Delfabbro & Osborn, 'Models of service for children in out-of-home care with significant emotional and behavioural difficulties'; Centre for Parenting and Research, 'Models of Service Delivery and Intervention for Children and Young People with High Needs, Research to Practice Notes'.

827 Delfabbro & Osborn, 'Models of service for children in out-of-home care with significant emotional and behavioural difficulties', p.26.

828 Young person in care.

829 Osborn & Bromfield, *Outcomes for children and young people in care*; Guardian for Children and Young People, 2010, *Report on the wellbeing of children and young people in care in South Australia, 2008-09*, Government of South Australia, Adelaide.

some NTFC staff expressed concern about the Specialist Care Program, in part, due to its cost. An option would be to examine some of the models used interstate such as in Victoria, Queensland and New South Wales and remodel or adapt these for the Northern Territory environment. At present, Victoria is evaluating its therapeutic residential services which will provide valuable information for other jurisdictions.

The Queensland child welfare department has recently signed a number of contracts across the state for therapeutic foster care and residential care models. High needs children and young people in New South Wales have filled grant-funded placements to capacity and the Department is now increasing its spending in this area by allocating additional grant-funding to non-government services.⁸³⁰

The Victorian Aboriginal Child Care Agency (VACCA) has prepared a discussion paper on the cultural elements of therapeutic care for Aboriginal children and young people. The paper presents a model that incorporates relevant components from evidence-based approaches found in the literature and research 'whilst still creating a program that is based on Aboriginal knowledge and experience about what works for traumatised children and young people'.⁸³¹

It is also imperative that a range of specialised counselling and other treatment services be available for children and young people with high needs who are in, or at risk of being placed into residential services including secure care, or have been discharged into less restrictive settings. These are essential components of any therapeutic care system. In documentation provided by NTFC these are referred to as 'tier 3' services.

A big challenge for the Northern Territory is how to deliver a range of therapeutic services for a small number of children across a geographically large jurisdiction with a scarcity of experienced workers and resources. Other states are also grappling with finding skilled therapeutic workers and given the current workforce issues this too will be a challenge for the Northern Territory.

Recommendation 9.34

That Northern Territory Families and Children develops and appropriately funds specifically therapeutic options for children and young people with high needs such as therapeutic residential care, secure care, therapeutic foster care and a range of therapeutic counselling and treatment services (including Tier 3 services).

Urgency: Within 18 months

830 Department of Communities, 2009, *Child safety services grant funding information paper 2009-10, placement services, residential care*, Queensland Government, Brisbane, <http://www.childsafety.qld.gov.au/funding/documents/residential-care-fip.pdf>.

831 Victorian Aboriginal Child Care Agency (VACCA), *Cultural elements of therapeutic residential care discussion paper*, p.27.

Recommendation 9.35

That negotiations for fee for service placements should be conducted by specialist staff within the out of home care unit in order to centralise and standardise this function to staff who have relevant knowledge and expertise.

Urgency: Within 18 months

Children with disabilities

Children in care who have a disability are another vulnerable group requiring special attention in OOHC services. Data provided to the Inquiry by NTFC shows there are 76 children with a disability on care and protection orders with most of these in OOHC placements: 64 are Aboriginal and approximately 12 are non Aboriginal. These children have a range of physical and intellectual disabilities with some having both. Given the limited range of options available, care arrangements for these children pose major challenges for NTFC.

When a child with a disability enters the OOHC system their level of need is determined by the Caregiver Payment Level Assessment Tool (CPLAT) which measures the level of intensity of the child's daily care and support needs across four care domains:

- emotional and behavioural care
- physical and personal care
- auxiliary care
- facilitating community involvement.

Children with a disability are cared for in a range of ways including foster and kinship care. Those with high level needs are managed by an NGO which operates in Alice Springs and Darwin. The service is jointly funded by NTFC and Aged and Disability Program (ADP) and provides home-based care for up to 20 children and young people with high daily care and/or support needs. The service recruits, assesses and trains carers with approval being the responsibility of NTFC. Given there are approximately 76 children with a disability in OOHC (13 percent of the current total) and one NGO provides 20 places for home based care, it is assumed that the other children are in foster or kinship care or fee for service placements. There are no medium to long-term residential care services for children and young people with a disability. Respite options are extremely limited.

When considering care options for children and young people with a disability it is often impossible to provide a placement close to where the child's family resides. This is even more apparent in the case of Aboriginal children from remote communities who have high needs and/or medical conditions because often their communities will not have the infrastructure and services to maintain them. The Inquiry heard about children taken into care because of their complex medical needs rather than care and protection issues.⁸³²

These situations can be very complex: if medical services are not available then the child will require OOHC just to have their health and medical needs met. Finding solutions to

832 Submissions: NAAJA and Confidential.

these problems requires consultation and collaboration between relevant DHF branches and other agencies that have responsibility for health and medical services, disability and OOHC. As part of this, strategies and resources are required to assist the child's family to equip them with the necessary skills and knowledge to deal with their child's complex medical needs in cases where there are no other child protection concerns.

There is another pressing problem in the Northern Territory in relation to a particular cohort of children (approximately 30) who are described in the DHF communications as having 'Ambiguous Guardianship'. These constitute Aboriginal children with 'high needs' and significant disabilities who are not living with their families (generally who live in remote communities), and are living in subsidised care in regional centres. Often, very early in the lives of these children, the biological parents voluntarily entered into a '*Disability Care Agreement*' which, without shifting the parental responsibility for the child, agrees to them being cared for elsewhere.

The Inquiry was made aware that for many of these children, minimal contact has been attempted or maintained with their parents or families or communities. It is also apparent to the Inquiry that there has been an ongoing discussion between NTFC and ADP about how to clarify the continuing status, relationships and future planning for these children and that some of these discussions have become 'bogged down' in what has been termed 'a silo approach'. If it has not already occurred, it is urgent that individual and thorough family, community, cultural and individual assessments are undertaken for each of these children and that resolutions are finalised as soon as possible in relation to their broader wellbeing and guardianship.

Another challenge for children with a disability and their families is the move to independent living. When these children reach 18 years of age, either the ADP or the young person's family assume responsibility for ongoing accommodation and support of the young person. The process for transitioning these young people is likely to be managed by NTFC in collaboration with ADP using the same guidelines and principles as for others leaving care but with awareness of the affect of their disability on the process.

The NTFC Manual⁸³³ does not directly address the issue of the needs of children with a disability although mention is made in various sections. To assist staff in their practice with this group of children and to understand the impact on their families it would be useful to include specific guidance in this area.

833 Northern Territory Families and Children, *Policy and Procedures Manual, Version 2.0.*

Recommendation 9.36

That in consultation with a child's extended family and cultural advisors, all children who are recognised within the category of being under 'Ambiguous guardianship' are urgently and thoroughly assessed and that resolutions are finalised as soon as possible in relation to their guardianship.

Urgency: Immediate to less than 6 months

Recommendation 9.37

That there is specific guidance in the Northern Territory Families and Children Policy and Procedures Manual to issues arising in work with children who have a disability.

Urgency: Within 18 months

Recommendation 9.38

That a review be undertaken of children with a disability in out of home care focusing on the reasons for entry into this type of care and the appropriateness of Northern Territory Families and Children, rather than Aged and Disability, providing for their needs.

Urgency: Within 18 months

Interstate transfers

Interstate transfers are dealt with in the *Act* in Part 2.4 Transfer of Orders and Proceedings. NTFC is a party to the 'Protocol for the Transfer of Care and Protection Orders and Proceedings and Interstate Assistance' which provides a framework for parties to work together when children are transferred interstate or to New Zealand.

Interstate transfers occur when a decision is made for a child on a child protection order to be moved interstate for any number of reasons. By way of example, a transfer may occur because the child's foster or kinship family is relocating interstate and it is determined that it would be in the child's best interests to move with them. Another reason is where a child requires a placement or there has been a placement breakdown and a relative is located interstate who is willing to care for the child and it is considered that the placement will be of benefit to the child.

It is not known whether children from the Northern Territory are more likely to be subject to interstate transfers but it happens regularly and may be due in part to the transient nature of the population and the fact that many families do not have immediate or extended family living in the Northern Territory. Another possible explanation is where people come from interstate to work in the Northern Territory and then become carers.

The Inquiry heard that in some instances when the work contract is completed the carers return to their home state and apply to take their foster child with them.

One of the issues arising from interstate transfers is the length of time it takes to finalise arrangements with corresponding state counterparts. At times, other jurisdictions will not accept a placement which means that NTFC is not only supporting the placement financially but that carers and children may not be receiving the support they need. Sometimes Aboriginal children will be moved interstate or young people may move themselves interstate especially across the borders in the southern part of the Northern Territory. These placements are difficult to assess and monitor due to remoteness and accessibility.

A respondent told the Inquiry about how her grandchild was moved interstate to reside with his father with whom he had had little contact and who had reportedly showed little interest in him. The placement was unsuccessful and the extended family said they should have been involved in the original planning as they had always been very close to the child and believed they could have provided him with the care needed. The management of this case left the family, especially the grandmother, feeling 'disregarded and disrespected': 'They [NTFC] didn't listen to us'.⁸³⁴ The Inquiry did not conduct file reviews on particular cases and is therefore not commenting on NTFC's decision but the case emphasises the importance of family meetings or conferences especially when a decision is taken to move a child interstate and away from their family and friends.

One respondent to the Inquiry suggested that a process and rationale is required to assist NTFC staff in their decision making about transfers. It was suggested that a panel could consider interstate movements and how child protection orders are to be resolved.⁸³⁵ The purpose of the panel would be to assess and make a recommendation to a senior NTFC staff member for approval or non approval. The panel would need to consider if a transfer is in the child's best interests, reasons for the move, whether and how the child would benefit, contact arrangements with family in the Northern Territory after moving, and to determine the legal status of the child.

Recommendation 9.39

That proposals for interstate transfers be assessed by a panel in the relevant Northern Territory Families and Children office comprising at least the Interstate Liaison Officer, the caseworker and, where appropriate, family members and current foster or kinship carers.

Urgency: Within 18 months

834 Submission: Confidential.

835 Submission: NTFC worker.

Allegations of abuse in care

When children are removed from their families it is because it has been determined that their care and protection needs are not being addressed adequately or are being violated. Children removed from their family and placed in the care of the CEO have a right to be placed in an environment which is safe and secure and ensures their wellbeing. Departmental staff take legal responsibility for fulfilling the CEO's duty of care responsibilities. As well as Departmental staff, there are carers, employees and organisations approved or funded to provide OOHC services who also play an integral role in supporting NTFC staff in acquitting their duty of care obligations.

At times, allegations about the standard of care or maltreatment of the child are made and depending on the nature of the allegations, the incident will be dealt with either formally or informally.

Allegations

The NTFC Manual⁸³⁶ defines concerns into two broad categories based on the seriousness of the complaint or allegations. These are:

- standard of care concerns
- maltreatment concerns.

Both of these categories may be reportable incidents: events which require specific attention above and beyond general casework activity. Guidance for staff is provided on whether an incident is 'reportable' and the process for notifying and assessing incidents is also included. Concerns relating to harm of a child are dealt with according to standardised child protection investigation procedures. Investigation and management of reportable incidents are dealt with internally in the NTFC system and by senior officers when serious allegations about a caseworker or carer are made. Matters with a criminal element are referred to the Police. There may be a joint investigation with police and NTFC depending on the allegations.

NTFC has an internal process for reporting and monitoring serious breaches but to improve accountability and transparency, the Inquiry recommends that serious breaches should be monitored by a body external to the DHF.

Recommendation 9.40

That an independent body is auspiced to review investigations into allegations of 'abuse in care' undertaken by the Department of Health and Families. The Office of the Children's Commissioner would be an appropriate body to take on this role.

Urgency: Within 18 months

Transition from care

The Inquiry recognises the major role played by NTFC in the transition from care process and also the supportive role of other government departments such as the Department of Education and Training and the Department of Housing, Local Government and Regional Services. The Inquiry agrees with the directions put forward in the CREATE Foundation's recent Report Card⁸³⁷ and urges NTFC to continue to implement its recommendations. Research with young people exiting the care system shows that they are more likely to be undereducated, to have not completed high school, to be unemployed or underemployed and earning lower wages, to have had children at a younger age, to be involved in the criminal justice system, to be living in unstable housing arrangements, to be dependent on social welfare benefits, to be experiencing mental health problems and to not be able to afford adequate medical care.⁸³⁸

We also know that there is a strong correlation between the number of placements a young person has and their perceived emotional security. This in turn is related to both their stability in care and their continuity in accommodation when they move out of state care. While stability in care by itself is important, Cashmore and Paxton⁸³⁹ note it is how the young person experiences stability that is the determining factor in how well they do after being in care. They emphasise that young people who fare best as adults have at least one lasting and significant relationship with one or two of the families with whom they had lived.

The issue then is twofold: how to ensure stability in care and how to translate stability into a sense of security and belonging so that young people leaving care have a safety net of supports around them that they can trust and are willing and able to access.⁸⁴⁰

Young people require a range of supports and services including a stable and supportive living environment with a positive attitude to education, maintenance of links either with family members, or with community supports, a planned, flexible and self-determining process for moving to independence and ongoing support as required.⁸⁴¹ All states and territories have identified this group as one that requires specific services in order to make the transition to independent living and for aftercare support during a period following leaving care.⁸⁴²

837 J McDowall, 2009, *CREATE report card 2009: Transitioning from care*, CREATE Foundation, Sydney.

838 P Mendes & B Moslehuddin, 2004, 'Moving out from the state parental home : A comparison of leaving care policies in Victoria and New South Wales', *Children Australia*, vol. 29, no. 2, pp.20-29; Smyth & Eardley, *Out of home care for children in Australia: A review of literature and policy. Final report*; McDowall, *CREATE report card 2009: Transitioning from care*; Australian Children's Commissioners and Guardians, 2010, 'Response to: National Standards for Out of Home Care Consultation Paper', <http://www.hrc.act.gov.au/res/National%20Standards%20for%20Out-of-Home%20Care.pdf?PHPSESSID=33a15ded516928a5e9291f53bea426de>, .

839 J Cashmore & M Paxman, 2006, 'Predicting after-care outcomes: The importance of 'felt' security', *Child & Family Social Work*, vol. 11, no. 3, pp.232-41.

840 *ibid.*, p.238.

841 Mendes & Moslehuddin, 'Moving out from the state parental home : A comparison of leaving care policies in Victoria and New South Wales'.

842 Smyth & Eardley, *Out of home care for children in Australia: A review of literature and policy. Final report*.

In the Northern Territory, the Act (Section 71)

...requires that a young person's case plan must be modified prior to them leaving care. This process and planning for the young person's transition from care should commence by the age of fifteen and be regularly reviewed through the case plan review process every six months in accordance with the legislation.⁸⁴³

The NTFC policy provides practice principles and guidelines for staff to assist young people through the leaving care process and includes health, employment, education and training, financial issues and accommodation. Information about the Transition to Independent Living Allowance is also provided. NTFC also offers an After Care Service, for up to six months after leaving care, in recognition that young people require different types and levels of care after they have left formal care.

The Create Foundation recognises that special attention is needed for Aboriginal young people which some jurisdictions have addressed by developing relationships with Aboriginal agencies.⁸⁴⁴ However, as there is only one Aboriginal agency, in Alice Springs, providing OOHC services, better ways of meeting the needs of all young people are required.

This process should start well before the young person is to leave the care of the CEO and should start building bridges to support systems after they have left care.⁸⁴⁵

The leaving care process is rarely structured and young people leaving care are rarely if ever supported – even when they have sought help.⁸⁴⁶

As suggested by the Australian Children's Commissioners and Guardians group⁸⁴⁷ a mentoring model could be adopted where each young person is personally guided and assisted to negotiate the education, training, health and support service networks. Often young people will have people in their lives who could take on this role and if not they could be linked to volunteers in the community in a similar way to the Big Sister and Big Brother program.

The Inquiry was told that NTFC is unable to meet the after care requirements in the Act for all children leaving care, particularly the requirement around the development of leaving care plans. It understands that NTFC has recently created an after care program to address these issues. The After Care Service currently being developed could, in time, be ably managed by a NGO as it is in some other jurisdictions. Given the small number of care leavers involved and the fact that they live across the Northern Territory, it would be best for at least two agencies, or an agency that operates in Central Australia and the Top End, to take on this service which would include the mentoring service. The After Care Service would not be a large service and would therefore be best situated in an agency offering other OOHC services or government services.

843 Northern Territory Families and Children, *Policy and Procedures Manual, Version 2.0*, 17:5.

844 McDowall, *CREATE report card 2009: Transitioning from care*.

845 Submission: Tangentyere Council.

846 Hearing: Witness 32.

847 Australian Children's Commissioners and Guardians, 'Response to: National Standards for Out of Home Care Consultation Paper'.

Recommendation 9.41

That the newly developed transition from care policy be implemented consistently with respect to all young people leaving care and a formal reporting program on After Care Services, and compliance with legislation and policy be developed.

Urgency: Within 18 months

Recommendation 9.42

That transition plans be developed jointly with the young person, their case manager and the relevant out of home care staff member.

Urgency: Within 18 months

Recommendation 9.43

That specific training for all out of home care staff be made available to ensure best practice in transition from care.

Urgency: Within 18 months

Recommendation 9.44

That the After Care Service including a mentoring scheme be moved, when appropriate, to the non government sector.

Urgency: Within 2-3 years

Outsourcing OOHC

The development of partnerships between government, non-government providers and private contractors for the delivery of community services has steadily grown over the past twenty five years and many jurisdictions are rapidly expanding this activity. There are varied views about whether and if so, how, OOHC should be outsourced.

For non government agencies there are inherent risks in becoming involved in a contractual relationship with government as a provider of a service such as OOHC. Some of these risks are noted by Shergold:

- Purchase of service contracting may undermine the advocacy role of the non government agency

- Contracting to government may refocus the mission of the organisation and may divert it from its original core purpose. Related to this is the risk that an organisation may be encouraged to expand beyond its capability
- There is a heavy cost associated with complying with contractual obligations and reporting requirements which may burden the administrative capacity of the organisation
- Government agencies focus on contractual rather than relational governance and with that comes a risk that non government organisations will come to see performance management as a response to external accountability rather than a driver of their mission.⁸⁴⁸

The Productivity Commission⁸⁴⁹ also states that governments regard delivery of services by non-government organisations to be advantageous because they:

- provide flexibility in service delivery
- are better able to package the service with other services for the target client group
- give value for money
- are representative of the clients the program is targeting
- have a comparative advantage in delivering human services where the motivation to address disadvantage and knowledge of client needs are needed.

Some of the limitations associated with contracting OOHC services to NGOs were identified in two recent reports into child protection: the Wood Report in NSW and the Ombudsman's Report in Victoria.⁸⁵⁰ Issues such as the following were highlighted:

- There is a complexity of marrying a partnership approach with the role of regulator to ensure a strong system of regulation and quality assurance for the OOHC system⁸⁵¹
- There are higher policy implementation risks when the statutory department does not directly manage OOHC⁸⁵²
- NGOs can lack economies of scale, efficient and effective infrastructure, management systems or suitably qualified personnel⁸⁵³
- Some objectives of NGOs may differ from those of the government and different services may be provided than contracted in situations where it is difficult to monitor outputs or outcomes.⁸⁵⁴

On the other hand, it should be noted that the NSW Children's Guardian in reporting on her review of compliance with quality standards in OOHC in that state, observed

848 Shergold, 2009, cited in Steering Committee for the Review of Government Service Provision (SCRGSP), *Report on government services 2010*.

849 *ibid.*

850 Wood, *Special Commission of Inquiry into child protection services in NSW*; Ombudsman Victoria, *Own motion investigation into child protection - out of home care*.

851 Ombudsman Victoria, *Own motion investigation into child protection - out of home care*.

852 Wood, *Special Commission of Inquiry into child protection services in NSW*.

853 *ibid.*

854 *ibid.*

that NGO service providers were ahead of government services on most of the quality indicators examined – this includes ‘more informed and comprehensive case support’ and, a generally higher level of compliance with quality indicators.⁸⁵⁵

Although there are tensions, a major advantage of outsourcing OOHC is that it shifts responsibility and services away from the crisis driven and forensic approach of child protection. Overall, there is a prevailing view in the literature that non government agencies are better at providing care to children and young people. NSW outsources about 30 percent of its foster-care work to non-government agencies that are responsible for the placement of children in care, training of carers, and their supervision. The Special Commission of Inquiry into Child Protection Services in NSW recommended that this percentage be increased.⁸⁵⁶ The Boston Consulting Group⁸⁵⁷, in its analysis of OOHC options for NSW, supports this suggestion and recommends that service provision should be opened up to interstate providers: a point worthy of consideration for the Northern Territory given the small pool of NGOs with experience in OOHC.

Some of the OOHC functions provided by non-government agencies in other jurisdictions include:

- foster and kinship carer recruitment
- foster care and kinship carer assessment, training and support
- placement of children into OOHC options
- managing residential care or small group homes providing care for children with different levels of need, including specialist or therapeutic services.
- case management of children in OOHC although most jurisdictions maintain responsibility for complex and high needs children and young people due to the level of risk involved.

Australian jurisdictions have different approaches to outsourcing or are at various stages on the continuum. In the Northern Territory contracting out is limited although it is developing. DHF provides OOHC services and at the same time provides funds to a few NGOs, monitoring these through service agreements. The Inquiry was informed that DHF is engaging in discussions with the non-government sector about their potential role in the provision of child protection services including OOHC services. The Department is aware of many of the issues that need to be addressed and includes in this its responsibility to support and invest in the non government sector in areas such as governance, management, administration, policy development and workforce planning

It is clear that outsourcing is not without risks but also that it has clear advantages. In being expanded in the Northern Territory, this will need careful planning to ensure that the problems experienced by NTFC in delivering OOHC are not simply outsourced to NGOs. Particular attention will need to be paid to the following:

- there are very few NGOs in the Northern Territory with experience in OOHC services

855 The Children’s Guardian, 2008, *Submission to the special commission of inquiry into child protection services in New South Wales*, NSW Office for Children, The Children’s Guardian, Sydney.

856 Wood, *Special Commission of Inquiry into child protection services in NSW*.

857 The Boston Consulting Group, *NSW Government out of home care review: Comparative and historical analysis*.

- the capacity of most non government services is limited due to their size and experience
- the development of systems for regulation and licensing to ensure quality and accountability of service providers
- creative solutions to providing OOHC services to remote areas
- the challenge of building a partnership between NGOs and NTFC rather than simply a contract management arrangement.

Recommendation 9.45

That the Northern Territory Government makes a clear policy commitment to the progressive implementation of the outsourcing of significant elements of the out of home care program.

Urgency: Immediate to less than 6 months

Recommendation 9.46

That Northern Territory Families and Children develops a plan which determines which parts of the out of home care system would benefit from outsourcing, what type of organisations will provide services (e.g. non-government agencies, private organisations or companies), mechanisms for regulation and monitoring of services, risk-management strategies, how funding levels for services will be determined etc.

Urgency: Immediate to less than 6 months

Recommendation 9.47

That given the rapidly increasing costs associated with the placement of children in fee for service placements and the varying levels of placement oversight that are entailed, the plan around outsourcing needs to include a strategy (with targets and timelines) to shift the current fee for service arrangements to negotiated grant-based service agreements with approved providers.

Urgency: Immediate to less than 6 months

