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CHAPTER 10
LEGISLATION, THE COURTS AND RELATED PRACTICE

CHAPTER 10

Legislation, the courts and related practice

Statutory basis

The *Care and Protection of Children Act 2007* (the *Act*) provides the statutory basis for the Chief Executive Officer (CEO) of the Department of Health and Families (DHF) to intervene in the lives of children and young people.

Generally speaking, the powers of the CEO are delegated to specified positions and authorised officers within the Division of Northern Territory Families and Children (NTFC). Some of the powers of authorised officers are also granted to Police officers.⁸⁵⁸

When a child is removed from his or her parents without their consent, decisions about parental responsibility and the day to day care of the child will be made by the courts. The Local Court (Family Matters) is the Court where most of these matters are determined.

Principles

The *Act* contains a number of important principles which guide and regulate decisions made in relation to children. Anyone exercising a power or performing a function under the *Act*, must, as far as practicable, uphold the principles set out in Sections 7 to 12. In summary, they require:

- (a) The family of a child is to have primary responsibility for the care, upbringing and development of the child
- (b) In fulfilling that responsibility, the family is able to bring up the child in any language or tradition and foster in the child any cultural, ethnic or religious values
- (c) The best interests of the child are to be the paramount concern
- (d) In determining the best interests of the child, consideration is to be given to:
 - the need to protect the child from harm and exploitation
 - the capacity and willingness of the child's parents or other family members to care for the child
 - the nature of the child's relationship with the child's family and other persons who are significant in the child's life
 - the wishes and views of the child, having regard to the maturity and understanding of the child
 - the child's need for permanency in living arrangements

858 *Care and Protection of Children Act 2007* (NT) (the *Act*), Sections 35(3), 37, 38, 52, 56 to 64 and 108.

- the child’s need for stable and nurturing relationships
 - the child’s physical, emotional, intellectual, spiritual, developmental and educational needs
 - the child’s age, maturity, gender, sexuality and cultural, ethnic and religious backgrounds
 - other special characteristics of the child
 - the likely effect on the child of any changes in the child’s circumstances.
- (e) A child is to be removed from the child’s family only if there is no other reasonable way to safeguard the wellbeing of the child
- (f) If a child is removed from the child’s family, contact between the child and the family is encouraged and supported and the child is eventually to be returned to the family
- (g) Each child is treated in a way that respects the child’s dignity and privacy
- (h) Decisions involving a child are made with the informed participation of the child, the child’s family and other people who are significant in the child’s life
- (i) A child is given an opportunity to express wishes and views freely and these are taken into account having regard to the child’s maturity and understanding
- (j) Decisions involving a child are made promptly and in a way that is consistent with the cultural, ethnic and religious values and traditions of the child
- (k) The Court gives paramount consideration to the best interests of the child⁸⁵⁹
- (l) The Court gives priority to the child if the rights of the child conflict with the rights of an adult.⁸⁶⁰

Principles applying to Aboriginal children and young people⁸⁶¹

The following principles are specific to Aboriginal children:

- (a) Kinship groups, representative organisations and communities of Aboriginal people play a major role, through self-determination, in promoting the wellbeing of Aboriginal children
- (b) A kinship group, representative organisation or community of Aboriginal people nominated by an Aboriginal child’s family participate in the making of a decision involving the child
- (c) When an Aboriginal child is placed outside their immediate family the general order of placement is firstly with a member of the child’s family; or if that is not practicable, with an Aboriginal person in the child’s community in accordance with local community practice; or if that is not practicable with any other Aboriginal person; or if that is not practicable with a person who is not an

859 Section 90(1), the Act.

860 Section 90(2), the Act.

861 Section 12, the Act.

Aboriginal person; but 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). In addition, an Aboriginal child is, as far as practicable, placed in close proximity to the child's family and community.

This final principle is the Aboriginal child placement principle as it applies in the Northern Territory.

Legal issues arising in submissions and forums

The Inquiry received a number of submissions that raised issues relating to legal practice, to the role of the Court and the *Act*. In order to progress our thinking on these matters the Inquiry conducted forums in both Alice Springs and Darwin with legal practitioners, policy personnel and other relevant persons. The issues raised and considered by the Inquiry include the following.

The Inquiry found that there are inconsistencies in definitions. Specific examples raised related to the daily care and contact of children and the standard of care provided:

Daily care and control

Section 21 of the *Act* defines daily care and control of a child as follows:

A person has daily care and control of a child if the person is entitled to exercise all the powers and rights, and has all the responsibilities, for the day-to-day care and control of the child.

Section 22 defines parental responsibility as follows:

- (1) A person has parental responsibility for a child if the person is entitled to exercise all the powers and rights, and has all the responsibilities, for the child that would ordinarily be vested in the parents of the child.
- (2) Without limiting subsection (1), a person who has parental responsibility for a child:
 - (a) has daily care and control of the child; and
 - (b) is entitled to exercise all the powers and rights, and has all the responsibilities, in relation to the long-term care and development of the child.

The *Act* allows the Court to make an order granting either parental responsibility or daily care and control of a child to the Department. If parental responsibility goes to the Department and the parents retain daily care and control (or the reverse), then both the parents and the Department are entitled to exercise all the powers and rights, and have all the responsibilities for the day-to-day care of the child.

It may be possible, where daily care and control is given to one person and parental responsibility to another, that, by implication, parental responsibility in that instance does not include daily care and control. However, the question is not free from doubt and legislative amendment could clarify the matter.

The legislation provides little guidance as to what powers, rights and responsibilities are entailed in 'daily care and control' or 'parental responsibility' other than that parental responsibility includes daily care and control and powers, rights and responsibilities in relation to the long-term care of the child.

This can give rise to potential conflict or, more significantly, confusion for parents as it becomes unclear what specific rights and responsibilities parents have in such a situation. If parents, families and communities are to be encouraged to engage with the Department in making arrangements for the care and protection of their children and possibly consenting to relinquishing some of their powers, rights and responsibilities in relation to their children, be it in the short or longer term, then it is reasonable that it be very clear what they will be relinquishing. It is also important that they be informed prior to making these significant decisions, who will be exercising these powers and rights in their stead. Some of these will be exercised by the Department, but some may be allocated to foster or kinship carers. Parents, families and communities also need to be clear about what powers, rights and responsibilities they will maintain and how the Department will work with them to ensure they remain involved in making significant decisions about their children.

The Inquiry believes it would be beneficial if the legislation clarified the powers, rights and responsibilities that are included as part of 'daily care and control'. These could include, but not be limited to, matters such as where the child is to reside, who is to provide daily care and protection for the child, who is to have access to the child and, under what circumstances urgent or minor medical decisions can be made, and daily schooling issues addressed — for example, attendance at excursions, and so on. Similarly, the legislation could spell out that 'parental responsibility' include higher order matters such as those relating to name, identity, language, cultural and religious ties, and whether the child should be placed interstate or away from his or her cultural/family setting etc.

It will also assist if the *Act* provided for a division in orders: one order for daily care and control and one order for parental responsibility. Parental responsibility should not include daily care and control. In some circumstances, where the parents are unable to care for and protect the child and the long term removal of the child is necessary, it will be appropriate for both the daily care and control and the parental responsibility to be reassigned to the Department or another person(s). However, different parental responsibilities can be assigned to different people and there should be no impediment to some aspects of parental responsibility remaining with the parents or family while other aspects are assigned to others. It is difficult to imagine a situation where the parents or family should be excluded from decision making about the child's cultural upbringing, for example.

The Inquiry was informed that in some parts of the jurisdiction, Court orders have granted shared parental responsibility between the parents and the Department, although the amount of genuine 'sharing' of responsibility in these circumstances appears to be minimal. One submission reported being advised by at least three senior case workers within the Department that it is easier if the Department had sole parenting orders because then they do not have to consult with the parents or family.⁸⁶²

For example, in one instance, a grandmother had joint guardianship of the child under

862 Submission: Confidential.

the *Community Welfare Act* which required regular review. At review, the Department sought a longer term order with sole parental responsibility to the Department under the new *Care and Protection of Children Act* – which would effectively exclude the grandmother who was the child’s only link to culture.

The Inquiry also heard evidence that an Aboriginal child who had been placed with non- Aboriginal carers who took issue with the child having contact with family. The grandmother was in no way responsible for the child being taken into care and said ‘I might be too old to look after the child, but I am the grandmother and, as this is a girl child, I have things I must do’. It is a constant battle to get this important role recognised.

Orders are also granting parental responsibility to the Department while daily care and control remains with the parents and the child actually remains living with the parents. The rationale for this approach is unclear. It is difficult to appreciate why the Department would seek an order granting it powers, rights and responsibilities in relation to the long term care and development of the child if it is satisfied the parents can provide daily care and protection for the child and thus the child remains with the parents. The Inquiry do note that in obtaining an order for parental responsibility, the Department is, without further application to and review by the Court, able to immediately remove the child if the parents were subsequently considered by the Department to be unable to care for and protect the child.

The Inquiry considers that an order allocating some or all parental responsibility should be a last step and only sought when it is clear that reunification is not possible and that the child is to remain in long term out of home care (OOHC). The legislation should provide that the Court must not make an order allocating parental responsibility unless it has given particular 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. Wherever possible, the parents or family of the child should have some ongoing involvement in some decision making about the child.

Standard of care provided under protection orders

The Inquiry has noted that under the repealed *Community Welfare Act* (NT), the Court could only declare a child to be in need of care where it was satisfied that such an order would ensure that the standard of care of the child as a result of that order would be significantly higher than the standard presently provided to the child.

Submissions to the Inquiry suggested that for some children and young people the standard of care provided to them under protection orders sought by the Department was no better, and at times significantly less than, the circumstances from which the child was removed or for which a statutory intervention was considered necessary.

The *Community Welfare Act* further provided that a direction to transfer the sole rights in relation to the guardianship of the child to the Minister or such other person, could not be made unless the Court was satisfied that no other order would adequately provide for the welfare of the child or the parents of the child had failed to maintain substantial contact with the child.

While the *Act* does allow for a graded series of interventions, these are not explicit and it

was submitted that while a supervision order might be appropriate in the circumstances, the Department will often make application for, and be granted, a ‘tougher’ order which gives them more power and control than may be necessary in the circumstances. Such orders are not contested as resourcing issues often mean that the only matters going to a hearing are whether or not the child is in need of protection. The granting of such orders may not place sufficient prominence on the principles contained in the Act and their application.

Recommendation 10.1

That the Act be amended to make clear what powers, rights and responsibilities are included as part of ‘daily care and control’ and ‘parental responsibility’.

Urgency: Within 18 months

Recommendation 10.2

That the Act 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.

Urgency: Within 18 months

Recommendation 10.3

That the Act 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.

Urgency: Within 18 months

Recommendation 10.4

That the Act 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.

Urgency: Within 18 months

Recommendation 10.5

That the *Act* 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.

Urgency: Within 18 months

Recommendation 10.6

That the *Act* 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.

Urgency: Within 18 months

Lack of regulations for some mediation conferences

The *Act* provides for the Department to convene a mediation conference to ensure that as far as possible the wellbeing of a child is safeguarded through agreements between the parents of the child and other interested parties. The *Act* also provides that before deciding an application, the Court may order a mediation conference to be convened.

Section 49 (in relation to CEO convened mediation conferences) and Section 127 (in relation to Court ordered mediation conferences) both require that a convener be appointed who has the qualifications or experience prescribed by regulation to convene the conference. Sections 49 and 127 also provide for the making of regulations for mediation conferences, including the following:

- any procedural and reporting requirements for the conference
- the appointment of a person to represent the interests of the child in the conference
- the making of any agreement arising from the conference
- the powers and functions of the convener.

The Inquiry was informed that no regulations have been prescribed under the *Act* for the convening of court-ordered mediation conferences. The reason given for this was because no budget allocation by government had been made for the appointment of convener's or the conduct of the conferences. This position assumes that Parliament's intent need not be complied with unless the Department considered sufficient budgetary allocation had first been made by the Executive. It is not an implicit precondition to the implementation of schemes provided by legislation that the Agency having administrative responsibility for implementation has adequate resources to do so. Resources are an issue as between the Agency and the Executive, and cannot alter Parliament's obvious intent. This includes

in the context of the budget for NTFC for the 2009–10 financial year being \$116 million. Although initially resource intensive, in some cases the agreed outcome of mediation will present long-term savings. More importantly, family participation in decision making and less adversarial processes are likely to result in better outcomes for children.

Care and Protection of Children (Mediation Conferences) Regulations, providing for a convener in respect of CEO convened mediation conferences, ultimately commenced on 18 August 2010. Those regulations do not also prescribe the necessary matters to enable the Court to appoint a convener for the purposes of Section 127 of the *Act*. Why this aspect was not also addressed in the making of the Regulations is unclear. It may be that exchange between NTFC and the legal system needs improvement. The Local Court Users Group, which has the support of the Magistracy, would be a forum at which this aspect could be addressed. Regardless, the lack of facilitating Regulations for Court ordered mediations should be rectified.

The Local Court has access to a Judicial Registrars who have the appropriate training to conduct mediations, subject to the enactment of Regulations. However, this raises the issue of whether it is desirable to use that resource as it may be perceived by parties to be within the Court processes. That perception might be addressed by the use of an alternative venue to conduct mediations.

Notwithstanding the resource issues raised by the Department and the lack of any regulations until recently, Commonwealth funding of \$959,000 has been allocated from the Alice Springs Transformation Plan to pilot a family group conferencing model in Alice Springs over a two and a half year period with an estimate of 45 conferences a year.⁸⁶³ Using as a convenor a mediator from the community justice centre, the conferences will involve extended family members to consider options for care of a child after the Court has determined the child to be in need of protection.

However, if NTFC currently intend utilising CEO mediation conferences only in Alice Springs, the CEO should reconsider the situation. In her second reading speech for the Care and Protection of Children Bill 2007, the then Minister Ms Scrymgour, made no qualification about timing or reference to mediation being ‘something for the future’. In relation to CEO ordered mediation she said:

Included in this division is a provision for family mediation conferences to be convened to discuss the best means of safeguarding or promoting a child’s wellbeing.

In relation to Court ordered mediation Ms Scrymgour said:

the bill also introduces the use of court ordered mediation conferences in which the facts of the matter may be established, care arrangements reviewed, and recommendations made, or agreements reached on the best means of safeguarding a child’s wellbeing.⁸⁶⁴

863 The use of Aboriginal Care Circles as another model for such engagement is discussed elsewhere in this report.

864 Scrymgour M Second reading at http://www.austlii.edu.au/au/legis/nt/bill_srs/capocb2007279/srs.html.

While this Alice Springs funding may provide an excellent opportunity to trial a model of family engagement and decision making in the Alice Springs region, it is no substitute for the provision of appropriate models of mediation and family conferencing as an integral part of child protection practice across the jurisdiction. To continue to talk about meaningful engagement with families and communities in providing for the protection and wellbeing of their children without implementing what Parliament clearly intended is to invite scepticism and distrust from the communities which the Department seeks to engage with and from the Departmental officers charged with developing and managing relationships with the families and communities.

Some mediation conferences are informal arrangements, so should not be presented as being conducted under the *Act*. Concerns have been raised that some participants in informal conferences may think these have legal force. Likewise, the Inquiry heard some concerns that, due to full formal mediation under the *Act* not having been commenced, any similar but informal processes which the Department may be involved in have no legal force and might see a protected child placed with another person without the benefit of financial support or, of more concern, disappear through an unsupervised ‘family way’ placement.⁸⁶⁵ These placements were discussed in Chapter 9 and are examined further below.

Establishing a framework in which both CEO and Court conferencing can be conducted and where the agreed outcomes can be reported back to the Court for consent orders (or Court determination where agreement is not reached) offers the best protections for children, their families and for the Department. Where a protected child is found by the Court to be in need of protection, regular review and monitoring must be conducted.

Recommendation 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

Urgency: Within 18 months

Recommendation 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.

Urgency: Within 18 months

⁸⁶⁵ A term used during hearings and community visits to refer to informally organised kinship care arrangements.

Court orders for child-parent contact

The Principles underlying the *Act* state at Section 8(4) that:

As far as practicable and consistent with Section 10 (best interests of the child), if a child is removed from the child's family:

- (a) contact between the child and the family should be supported; and
- (b) the child should eventually be returned to the family.

Section 135 also provides that if a protection order gives daily care and control or parental responsibility to a person who is not the parent of the child then the Department:

must provide opportunity for the child to have contact with the parents and other family members of the child as often as is reasonable and appropriate in the circumstances.

Under the *Act*, an order can be made restricting contact between a child and a person but there is no provision for an order to be made that contact between a child and person should occur.

Despite the above principles and provisions, concerns were raised that for some children in care, contact has been denied by the Department before a matter has even reached hearing, that sufficient contact was not being provided or that contact was not available on significant days such as Christmas Day, Mothers day, Fathers Day etc as these were all public holidays and the Department did not provide staff for contact visits on public holidays.

One perspective from a practitioner working in the area was that empowering of the Court to make 'contact orders' would cause significant difficulties for case workers, and also cause problems for orders involving interstate placements. The Inquiry considers this perspective is contrary to both best practice and the best interests of the child, and that the Court should have power to make contact orders. Such orders would, in many cases, be consistent with various principles contained in Sections 7 to 12 of the *Act*.

Concerns were also raised that it may not be in the best interests of a child for the Court to make contact orders because it invites a situation where applications may be made on an ongoing basis for the Court to review and vary contact orders. Processes of that nature are unsettling and disruptive for children who are of an age where they are aware of those applications.⁸⁶⁶ As the Court would have jurisdiction to decide whether contact orders should be made in any particular case, this aspect will be adequately considered at the relevant time.

If the CEO is given parental responsibility, then the CEO has all the power to decide, as any 'parent' would, where and with whom the child lives and who has contact with them and on what terms. Most often, these decisions will be made by case workers and local supervisors and the decisions can be significantly influenced by factors other than the best interests of the child. These include the availability of staff and other resources to make the contact arrangements, transport of children and/or parents and, where required, supervision of contact between the child and parent. Decisions by Departmental officers

866 Correspondence: Magistrates S Oliver SM and T Fong Lim SM.

about if, when and where contact between a child and his or her parent(s) will occur are administrative decisions and currently there is no process, internal or external, by which a parent can seek review of such decisions.

The difficulty of providing contact for children with their families is exacerbated when the OOHC placement requires the child to be placed in another town. However, the Inquiry are of the view that ongoing contact between a child and his or her family is vitally important and must be maintained at an appropriate level, particularly when reunification of the child with family is being planned. Even if the child is to be placed permanently outside of the family, ongoing family contact is important in maintaining a sense of identity and self for the child or young person.

Decisions denying or unreasonably limiting contact between children and their parents should be reviewable and in the current absence of any such mechanism the Inquiry are of the view that the Courts should be able to make a direction that contact between a child and his or her parent(s) or family should occur. It is anticipated that such directions would not be overly prescriptive but they would reinforce the principles of the *Act* and the rights of the child in relation to ongoing and appropriate contact with their families.

Recommendation 10.9

That the *Act* 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.

Urgency: Within 18 months

Recommendation 10.10

That the introductory clause of Section 12(3) of the *Act* 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...'

Urgency: Within 18 months

Undertakings to the Court

The Inquiry sought comment on the merits of allowing undertakings by parties to proceedings to be recorded by the Court. The perceived benefits of doing so are that they allow for the articulation of what is required of parents in order for some action to occur and passes some responsibility and control back to the parent(s) to address the issues of concern. It also allows for the Department to commit to a level of support and assistance to the parent(s) to achieve a targeted outcome. Another perceived benefit is that it acts to limit the complained of practice of 'goalpost widening' whereby parents do what is asked of them by the Department only to have further requirements imposed before reunification will be considered or effected.

Concerns were expressed that it may develop into a sanctions approach whereby for example, contact with a child is denied because of a breach of an undertaking by a parent. This type of approach can place too much emphasis on the rights/obligations of the parties to proceedings rather than focusing on the needs of the child.

Recommendation 10.11

That the *Act* be amended to allow undertakings by parties to proceedings to be recorded by the Court.

Urgency: Within 18 months

Reunification and permanency planning

Another issue arising in the discussions at the legal forums was the relationship between the directions that may be given under the *Act* and reunification of children with their families.

Good planning practice should be supported by legislation as it is in NSW where the *Children and Young Persons (Care and Protection) Act 1998* outlines the need for permanency planning to provide a child or young person with a stable placement. It should offer long-term security, meet the child or young person's needs, and avoid the instability and uncertainty that arises from a succession of different placements or temporary care arrangements.

A literature review of Australian and international research on permanency planning and OOHC undertaken by Fernandez and Maplestone found that;

Although evidence is not yet conclusive, it is generally agreed that maintaining safe contact between children and birth families and/or wider kinship networks is an important step towards continuity, in the context of disruption and high turnover in placements. Children who are reunified with their family tend to return home in the early weeks or months after placement. The initial six months emerges as a crucial period for restoration and decisions about reunification should be a priority. Preventative and supportive programs to assist disadvantaged minority parents and families in poverty was stressed in a range of studies.⁸⁶⁷

In the Northern Territory, the Courts may issue one or more of four directions in relation to a protection order:

- supervision
- daily care and control
- short-term parental responsibility (not exceeding two years)
- long-term parental responsibility

867 NSW Department of Community Services, 2007, *Permanency planning and placement stability*, Research to Practice notes, NSW Department of Community Services, Sydney.

Currently, there is no limit on the number of times the directions can be made. Thus a child could be the subject of five or six daily care and control or short term parental responsibility orders covering ten to twelve years and during which time no planning is commenced for long term placement outside of the family.

The Inquiry also notes concerns from SNAICC the peak agency representing Aboriginal children with regards to permanency planning:

There is a danger if earlier and faster permanent care plans are made for Aboriginal and Torres Strait Islander children, this will result in more Aboriginal and Torres Strait Islander children being removed from their families and communities and denied the opportunities to develop a proud and strong Aboriginal and Torres Strait Islander cultural and spiritual identity and inner life.⁸⁶⁸

The Inquiry recommends therefore that if an Aboriginal child or young person is to be subject to a long term order that a report be formally sought by the Court from a culturally appropriate Aboriginal representative of the child or young person detailing how the child's or young person's connection to their community, culture and spirituality is to be maintained in the proposed long term placement.

The orders available should be restructured into short-term (maximum of two years) and long-term orders and specify that the focus of a short term direction is reunification with the family. The care plan for the child would reflect this and the order could be extended only once (for up to one year), providing for up to a maximum of three years for a short term order. If at the end of this period reunification was not possible then a long-term direction would be given for long term OOHC and again the care plan would reflect this.

Where infants and very young children are involved, every effort should be made to effect reunification within six months and short term orders for longer periods should only be made in exceptional circumstances. Every effort should also be made to comply with the Aboriginal child placement principle as early as possible so if decisions on stability and permanency planning are to be made then they can include the cultural considerations for the child.

The Inquiry supports such a regime as it provides a clearer focus for both parents and Departmental officers about what is aimed for during the period of the short term direction but more importantly, it protects children from drifting through multiple short-term care placements when their best interests might be better served by an informed and timely decision that reunification is not achievable and that long term OOHC can best meet the needs of the child.

Two other matters are also relevant to this issue. Firstly, the definition of 'well being' contained in Section 14 of the *Act* makes no reference to the concept of 'safety' of the child. Second, there is scant reference to the importance of reunification in serving some of the matters constituting the 'best interests of the child' in Section 10. Section 8(4) of the *Act* contains the only reference to the importance of reunification. It is also noted

⁸⁶⁸ 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.

that although the CEO is expressly required to have regard to the principles of Part 1.3 in exercising his or her functions⁸⁶⁹, there is no similar direction in respect of making Court orders.

Elsewhere the Inquiry has recommended consultation with the Aboriginal and broader community concerning more detailed policy and legislation with respect to permanency planning.

Recommendation 10.12

That Subdivision 3 of Division 4 of Part 2.3 of the *Act* 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.

Urgency: Within 18 months

Recommendation 10.13

That the *Act* more prominently recognises the importance of reunification in Part 1.3 of the *Act* and expressly states that the Court must have regard to the principles in Part 1.3 in making orders.

Urgency: Within 18 months

Recommendation 10.14

That the *Act* be amended to include the concept of 'safety' in the definition of 'wellbeing'.

Urgency: Within 18 months

Recommendation 10.15

That the *Act* 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.

Urgency: Within 18 months

869 See Sections 42(2), 44 and 77, the *Act*.

Recommendation 10.16

That the *Act* 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.

Urgency: Within 18 months

Recommendation 10.17

That the *Act* provides 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.

Urgency: Within 18 months

Legal representation for a child

In care proceedings, the parent(s) of the child and the Department are most always represented. Other persons, for example family members or carers, can also be recognised by the Court as parties to the proceedings and be represented. Not all children are separately represented in care proceedings. The legal forums considered issues such as whether a child's legal representative should be appointed in all cases; what was the appropriate time for the appointment to be made; and who should be making the decision to fund a child's separate representative and which lawyer should be appointed?

Section 146 provides for the appointment of a child's separate representative although it was submitted at the forums that there was a need for the legislation to provide further guidance on when a child's legal representative should be appointed.

While it was generally (although not universally) accepted that the Department, as a model litigant, acts *bona fide* on an application, the reality is that its submissions to the Court will, at times, reflect the availability or lack of resources and assistance that might otherwise support the best interests of a child. Parents and other parties will also instruct their representatives to advance their interests. Within this environment it will be important that a child's representative be appointed to advocate the best interests of the child although it was not seen as essential in all cases. The legislation allows for this to happen after an administrative decision has been made within the Department that a separate representative should be funded and appointed. Concerns were raised about this administrative process whereby the Department currently conducts the tender process to establish a list of legal practitioners who can be appointed as legal representative for the child; nominates the legal practitioner to be appointed to act as legal representative for an individual child (if file records indicate the practitioner has previously been appointed as the children's representative – otherwise a cab rank rule applies with the next available legal practitioner representing the child); and then approves the expenses claim submitted by the legal practitioner. Concerns were that there is a conflict of

interest between the Department filing an application for statutory intervention and also appointing and paying for the child's legal representative. The Inquiry was informed that this conflict of interest is recognised and a proposal is well advanced which will see the process for the appointment of children's legal representatives transferred to the Legal Aid Commission by the end of 2010. The Inquiry supports this initiative.

The legal forums also considered the questions of whether a guardian *ad litem* should be appointed to instruct the child's legal representative in cases where the child or young person, for whatever reason, is unable to provide proper instruction and whether, in light of the very small number of Aboriginal legal practitioners operating in the care and youth jurisdictions, particular effort should be made to provide Aboriginal children and young people with an Aboriginal guardian *ad litem*. While the above proposals are seen to have some merit, they are resource intensive and there may be better ways to provide for the needs of children and young people in these circumstances. One submission to the Inquiry referred to Section 14 of the *Youth Justice Act*, which provides for the appointment of registered support persons for youth being detained and questioned by police. It was suggested that this was a better system to implement in care and protection proceedings — particularly for Aboriginal children — rather than the formalised approach of appointing a guardian *ad litem*.

Across the Northern Territory different practices apply to the duration of appointment of a child's legal representative. Formally, the appointment of a child's representative continues until the representative, on application to the Court, is discharged.

In the top of the jurisdiction the prevailing practice is for the child's representative to cease to have involvement in the matter once final orders have been made. In the Central Region, the practice is for the child's representative to continue to be involved in the matter for the duration of the Court order. The basis of this ongoing involvement (which is funded by the Department) is that often the child, or the child's family, is not provided with information as specified in the legislation.

The legislation requires that as soon as possible after a child is taken into the care of NTFC — whether under a temporary placement arrangement, or provisional protection, or under an order of the Court — NTFC must prepare and implement a care plan for the child. When a child is in the care of NTFC under a protection order the care plan must record any modification to the original plan. Copies are to be provided to relevant parties (the child, each parent, carer and other persons with a significant interest in the wellbeing of the child) and the plan is to be regularly reviewed, initially after 2 months and every 6 months afterwards. A copy of each review report is to be provided to the relevant parties and filed.⁸⁷⁰

Legal practitioners in Alice Springs submitted that, for a variety of reasons, the Department often fails to fulfil its statutory obligations outlined above in relation to the preparation and distribution of care plans to relevant parties, and that the legal practitioner plays an important role in advocating for the timely preparation and distribution of these.

Related to the above issue was the role played by the child's legal representative in providing some monitoring of the circumstances of the child in OOHC in the absence of any other monitoring. While there was widespread support for a system that provided independent monitoring of children in OOHC, the Inquiry does not accept that this is a legitimate role for a child's legal representative.

870 Sections 70-74, the Act.

Monitoring children in care

In delivering his findings of the inquest into the death Deborah Leanne Melville-Lothian⁸⁷¹, the Northern Territory Coroner Mr Cavanagh SM stated:

The inquest has also highlighted the need for legislative reform. The *Care and Protection of Children Act* is deficient in that it weakens the statutory obligations on the part of the minister (or relevantly the CEO) to provide the protection needed for those children.

Particular concerns noted by Mr Cavanagh were:

- There is nothing in the *Act* which provides a similar provision to Section 53(1) of the *Community Welfare Act* requiring an authorised person to visit a child in the care of the Minister at least once every two months and to require that person to furnish a report concerning the child and his or her welfare
- The absence of any benchmarks by which case workers could determine whether a carer was providing an adequate standard of care. What constituted an adequate standard of care was left to the individual judgment of the case worker

Mr Cavanagh was of the view that certain minimum benchmarks should be set out in the regulations which have legal force, thus providing some objective guidelines in determining whether basic standards were met and, more importantly, affording proper protection for children in care

- Section 78(3) of the *Act* provides that the Regulation may specify the conditions for a placement arrangement; however, no Regulation has been enacted
- Section 74 of the *Act* requires six monthly review of the care plan. Mr Cavanagh was of the view that the *Act* be amended to require the person conducting the review to assess whether the carer was meeting the basic standards of care specified in the Regulations
- Some caseworkers believed that overcrowding experienced by Aboriginal children in care was tolerable because overcrowding was culturally acceptable. Section 12 of the *Act* should be amended to include a sub-section specifying that a person with whom an Aboriginal child is placed be required to meet the basic standards of care specified in the Regulations
- The *Community Welfare Act* provided that every two years, the Minister was required to return to the Family Matters Court for the Court to assess whether it was still appropriate for the child to be in the Minister's care
- Under the *Act* a child can be placed under the daily care and control of the CEO and the CEO can then enter into a placement arrangement with a carer. There is no provision in Part 2.2 of the *Act* which deals with children in the CEO's care for a Court review of a daily care and control direction. Under Part 4.7 there is no provision for the CEO's decision to place the children in the care of a particular carer to be reviewed. Mr Cavanagh commented:

871 G Cavanagh, 2010, *Inquest into the death of Deborah Leanne Melville-Lothian*, NTMC 007, Office of the NT Coroner, Darwin.

In short, there is no external review of certain important decisions concerning the ongoing care of children. Given the systemic problems in FACS, this is disturbing.

It is noted that the Coroner's recommendations are already subject to a formal process of consideration towards implementation under the *Coroners Act*.⁸⁷² The concerns of Coroner Cavanagh about the need for monitoring and review of the circumstances of children in OOHC were echoed in the many submissions and the legal forum discussions that called for a system on 'official visitors' to visit children in OOHC, speak with the child and carers, and report to an Advocate, Guardian or Children's Commissioner on a range of matters relating to the child's placement and wellbeing.

The desirability of benchmarks for the basic standard of OOHC was supported although there were differing views on whether these needed to be in the regulations. Magistrates Oliver and Fong Lim submitted that:

Caseworkers should be provided with the benchmark standard of care required and adequate mentoring and supervision of less experienced caseworkers as to the standard provided. It is not considered necessary for the standards to be set out in regulations but they should be documented and publicly available so that the community is aware of the standard required and can have confidence that it is being provided for every child.⁸⁷³

Mr Cavanagh's comments in relation to overcrowding being culturally acceptable were also echoed by Magistrates Oliver and Fong Lim:

It follows that the minimum standard of care should be the same for every child. Ethnicity should not be an issue. It is a fallacy that overcrowding is culturally appropriate in indigenous communities. It may be a matter of fact that homes are shared with the extended family and that there is a cultural basis for sharing. It may be that overcrowding is what people have become accustomed to. However that does not mean it is appropriate or acceptable where the sharing places children at risk from the presence of many adults sharing the same sleeping spaces with them, receiving inadequate nutrition due to sharing of household food, exposure to the inappropriate activities of the many adults, including sexual activity and being simply unable to get a good night's sleep so as to be able to attend school on time and alert. These are basic fundamental rights and protections for children and if it is correct that some caseworkers think these matters are culturally appropriate then they are unsuited to the task.⁸⁷⁴

872 See Sections 46A and 46B of the *Coroners Act 2010* (NT).

873 Correspondence from Magistrates S Oliver SM and T Fong Lim SM.

874 *ibid.*

Recommendation 10.18

That the *Act* 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.

Urgency: Within 18 months

Recommendation 10.19

That the *Act* 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.

Urgency: Within 18 months

Application for provisional protection

Section 51(b) of the *Act* prohibits the Department from taking a child into provisional protection if a protection order or temporary protection is in force for the child. This provision is seen to unreasonably prevent the Department from intervening and removing a child for whom a protection order is in place but for whom the Department does not have daily care and control or parental responsibility, from a place where the child is likely to suffer harm or exploitation. A statutory amendment to remove this limitation is supported.

Recommendation 10.20

That the *Act* 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.

Urgency: Within 18 months

Information to parents

A number of provisions in the *Act* relate to providing information to parents at different stages of the legal process – particularly in relation to an application for a protection order and as to care plans. Concerns were raised about the timeliness and completeness of the information provided (accepting that in some cases some details of foster care arrangements should not be provided). There are a number of practice issues around the documentation of care plans, particularly the statutory reviews and when there are major modifications to the plan such as a change in foster placement, and providing

copies of updated plans to the child and relevant others. Other concerns related to the accuracy of verbal advice provided to parents which was not always correct (for example, advice to a parent that they were not required to attend Court when a protection order was being sought for their child).

If the Department removes a child from his or her parent(s) and is granted a temporary protection order, the Department must give a copy of the order to the parent(s). This can be done by personally serving the copy on the parent, or if the Department considers it impractical to do so, by leaving it at the parent's last known address or sending it by post to that address. Concerns were raised that often parents either do not receive the notice or receive late notice which limits their ability to obtain legal advice or to attend Court on the prescribed date. Some parents live remotely and there are also language difficulties. The Inquiry heard from families that the language of child protection is often complex to understand with staff of NTFC not always possessing adequate skills to engage Aboriginal families. There were also concerns with the practice of faxing a copy of the order to a community organisation which often resulted in other people inappropriately becoming aware of the actions taken.

The Inquiry received evidence that an information fact sheet explaining the statutory process was prepared by the Department with the assistance of the Northern Territory Legal Aid Commission, Central Australian Aboriginal Legal Aid Service (CAALAS) and the Central Australian Aboriginal Family Legal Unit (CAAFU). The document has words and pictures and the agencies participated with the expectation was that it would be provided to parents when a copy of the temporary protection order is provided. The evidence was that this is not happening.

The Inquiry recognises the difficulties in locating families where factors of transience, large distances and poor communication are present. However, the Inquiry is of the view that the very important issues often under consideration, namely the removal of a child from his or her family, demand that every effort be made to provide information to parents that is accessible, comprehensive and timely.

Recommendation 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 *Act*.

Urgency: Within 18 months

Parental consent

Closely linked to the issue of providing information to parents is the matter of informed parental consent. Certainty is always needed to ensure that parents are not consenting to 'voluntary' placements or agreeing to other proposed interventions when they do not clearly understand the effect of what is being proposed by the child protection authority.

Evidence to the Inquiry was that informed parental consent is not always obtained for a number of reasons. This may arise from coercive practice by NTFC and Northern Territory Police, from a failure to engage an interpreter, or an engaged interpreter not being trained in the translation of child growth and development or child protection and intervention concepts. It may also arise from parents agreeing to a proposed action even though they do not fully understand what is being proposed and the implications of them agreeing to the proposal. In some cases parents assume that what is being said or proposed by NTFC workers has the force of law as they are ‘the welfare’. It is also recognised that it is not uncommon for some Aboriginal people to say ‘yes’ to a proposal they are being asked to agree with, even if they do not agree with it.

The above circumstances, which seem to be widely recognised in the Northern Territory, place a responsibility on NTFC workers to be particularly diligent and thorough in ensuring that parental consent to significant decisions relating to the care and protection of their children is both informed and genuine.

Recommendation 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.

Urgency: Within 18 months

Recommendation 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.

Urgency: Immediate to less than 6 months

Parental consent and ‘Family Way’ placements

As described in Chapter 9, ‘Family Way’ placements are informal placement arrangements which, broadly speaking, fall into two categories. The first category is the placement of Aboriginal children or young people with extended family members consistent with traditional or customary practice. These placements do not arise from concerns about the protection of the child and NTFC are not involved with these placements. These placements do not give rise to any concerns for the Inquiry.

The second category of family way placements are of concern. These placements involve protected children, that is, children who have come to the attention of NTFC and NTFC has determined to take some action in relation to these children. Commonly, 'Family Way' placements have been used when NTFC became involved with a family around a child protection matter and an assessment was made that the child should not remain with his or her immediate family. Rather than proceeding formally through the court system, a safe placement was arranged with another family member and the parents agreed with this placement. As they were informal arrangements, files were not routinely kept, the 'safe' family was not assessed and no support payments were made to the 'safe' family.

Concerns were raised with the Inquiry that while many believed these placements were a thing of the past, there were still children living away from their parents under these arrangements and that other children may have been lost to their parents under these placement arrangements. The Inquiry considers the informal placement of protected children in 'Family Way' placements to work against the best interests of children in that there is no formal agreement with parents on what actions are required in order for children to be returned home and there is no guarantee that the risk to children is removed as there is no case management of children in 'Family Way' placements. The Inquiry is concerned that the formal removal and placement may be perceived by parents as permanent if child protection does not advise the family otherwise.

The following details of such placements were provided to the Inquiry. In both of these cases it was alleged that coercion was used to physically remove the children from their home and transport them to the family way placement.

CASE 1.

A mother had her children removed by NTFC with the assistance of Northern Territory Police. The children were placed with a family member in another location without any application to, or order from, the Court. The mother was advised not to try and see the children. She was warned/advised that if she did try and see the children then legal action would be commenced.

The mother was significantly affected by drugs and/or alcohol and could not have given informed consent. The children never came back.

When legal services became involved in the matter, a court application was filed by the Department. Documents filed by NTFC in the matter acknowledged that a family way placement had been organised.

CASE 2.

The children were removed from their family and placed with a relative in another location.

An older child of the family had been placed with the same relative for a number of years under a Court order and was still being cared for by that relative.

Again, the parents were advised not to remove the children from the placement with the relative and if they did so then the matter would have to go to Court.

It is not at issue whether the children referred to in the above examples should have been removed from their families.

The Inquiry is concerned that arrangements such as those cited above can be unsafe for children, unfair to parents, outside of the law, are shoddy practice and potentially may lead to children being lost or abandoned because any one or more of the following may apply:

- Informed consent is not obtained
- Coercion is used involving both NTFC and Northern Territory Police in the removal of the children
- The placements are not assessed in the way foster placements are assessed
- The placements are not monitored
- No reunification plan is developed or implemented
- Appropriate files are not maintained
- The children are not returned to their families.

Based on anecdotal evidence and the variations in the number of applications being made to the Court, the Northern Territory Legal Aid Commission believes that family way placements are still being arranged and that a significant number of such placements may have recently been arranged in the Katherine, Tennant Creek and Alice Springs areas. Due to issues concerning the lack of maintenance of formal documentation, it is difficult to know the extent of the problem. Such was their concern about the practice they spoke with the Minister about it in 2008.

Recommendation 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.

Urgency: Immediate to less than 6 months

Recommendation 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 *Act*.

Urgency: Immediate to less than 6 months

Lapsed orders**Lapsed orders - children and young people with disabilities**

The Inquiry was informed by NTFC that there are a number of children or young people with disabilities in OOHC who were initially the subject of Court orders. These orders have now lapsed however; the children or young people have remained in the alternative care placement without the required Court orders. The Inquiry was informed that NTFC is currently bringing proceedings in the Family Court to rectify this situation and formalise the current lapsed placements. While it is unfortunate that this situation was allowed to develop, it is noted that it is being attended to.

Lapsed orders - other children and young people

Elsewhere in this Report the Inquiry comments on the lack of any legislated requirement for the Court to review an OOHC placement prior to the order lapsing. Thus an order can lapse and the child or young person returned to their family without the Court having an opportunity to determine if an improvement or change has been made in the circumstances that required the child's removal.

Section 109 of the *Act* requires that when a temporary protection order ceases to be in force, the CEO must return the child to the parent(s). No equivalent provision exists in relation to protection orders.

The Inquiry was informed that it was not uncommon, especially in remote areas, for an order to expire or lapse without any positive action being taken by NTFC to return the child or young person to their parent(s) or to inform the parents or carers that the order is about to lapse (and thus allow them to apply to the Court for a variation of the order) or that it has lapsed and thus their child is no longer subject to the order.

If the order lapses, financial support for the carer stops but, no further action is taken. In some cases it may be in the best interests of the child that they remain in the alternative placement and it may be that the parents would agree to that. However, once the order has lapsed it is only NTFC that can apply to the Court for an order to formalise the ongoing placement and restore financial support to the carer.

Northern Territory Legal Aid Commission⁸⁷⁵ advised the Inquiry of one matter involving several children placed with a carer and as each order lapsed, financial support for the carer stopped but there was no further action.

875 Submission: Northern Territory Legal Aid Commission.

It is of concern that children and young people may continue to be separated from their parent(s) when orders have lapsed simply because they are unaware of the changed circumstance. It is also of concern that carers will continue to care for such children without financial assistance.

Lapsed orders - referrals to the Family Court

In some circumstances when an order lapses, the family or carer may decide that the child or young person's best interests are best served by the child remaining with the carer. If this view is not shared by NTFC or if NTFC considers that there is no ongoing risk to the child, then no further order will be sought and support payments will cease.

Evidence to the Inquiry was that in these circumstances NTFC may advise the carer or family that they should commence proceedings in the Family Court. However, in reality, most families so affected have neither the personal nor financial resources necessary to take this course of action. The consequence is that the child remains in OOHC in an informal arrangement and without financial support which may ultimately place the child (and other children in the care of the carer) in a disadvantaged position.

Recommendation 10.26

That the *Act* 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).

Urgency: Within 18 months

Recommendation 10.27

That the *Act* 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).

Urgency: Within 18 months

Involvement in case planning

Practice across the Territory appears to vary and in some areas legal representatives participate in case planning conferences but not so in others. Input to the Inquiry reflected a range of views on this matter. Some suggested that the presence of legal representatives unduly 'legalises' the planning process while others suggested the presence of the legal representative could assist parents to better understand what was being proposed and the implications of the proposal(s).

Removal of children under orders from the Northern Territory

Details of the provisions of the *Act* relating to the interstate transfer of children under orders have been outlined in an earlier chapter. In general, they provide that the Department must inform the parents of the proposed transfer and the Department can approve the transfer if the parents of the child consent to the transfer. If the parents do not consent to the transfer then the matter is to be determined by an order of the Local Court (Family Matters).

Submissions to the Inquiry raised concerns that the approval of the parents is not always sought and, when the parents have not consented to the proposed transfer, the approval of the Court is not always sought. Children and young people transferred interstate without the receiving State formally accepting transfer of the matter is effectively without the protection of the Northern Territory protection order and the NTFC has no powers exercisable by it over the carers while they remain in another State or Territory.

The Northern Territory Legal Aid Commission informed the Inquiry⁸⁷⁶ that in the course of an interstate transfer matter in which they represented a parent, they were informed by NTFC that as many of 200 children under care orders had been relocated interstate without the consent of parents or orders from the Court. These numbers did not include children transferred for medical or educational purposes. The NTFC later revised this figure to approximately 40 cases.

The Inquiry has been unable to establish the precise nature and full extent of this issue. However, the issues are currently subject of litigation before the Supreme Court in *LM v CEO Department of Health and Families*, so a judicial ruling on the legal issues is anticipated shortly. Any need for legislative amendment will be clear following the Court's decision.

However, from a practice perspective, very serious consideration needs to be given to a system that permits children to be removed from their parents and subsequently removed interstate without first seeking authority through relevant statutory provisions. It is of great concern that this practice appears to have been advanced by NTFC for reasons of expediency and that these arrangements rely on such haphazard process, procedures and information.

Recommendation 10.28

That, if necessary, the *Act* 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.

Urgency: Within 18 months

876 *ibid.*

Recommendation 10.29

That the *Act* 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.

Urgency: Within 18 months

Preparation and provision of care plans to parents

Concerns were also raised about the preparation of care plans and in particular to the level of detail in the plan, the involvement of family in the planning process; providing a copy of the plan to parents; and updating the plan when significant events occur.

These concerns arise despite the provisions of Section 69 of the *Act* which requires that as soon as possible after a child is taken into the care of NTFC – whether under a temporary placement arrangement, or provisional protection, or under an order of the Court – NTFC must prepare and implement a care plan for the child. When a child is in the care of NTFC under a protection order the care plan must record any modification to the original plan. Copies are to be provided to relevant parties (the child, each parent, carer and other persons with a significant interest in the wellbeing of the child) and the plan is to be regularly reviewed, initially after 2 months and every 6 months afterwards. A copy of each review report is to be provided to the relevant parties and filed.⁸⁷⁷ It was clear to the Inquiry that, in a substantial proportion of cases, these statutory requirements are not been complied with.

It is also noted that one of the issues raised by children’s legal representatives was that they needed to be retained as the child’s representative for the duration of a protection order so that they could, on behalf of their clients, follow up with NTFC on the preparation and provision of care plans.

Recommendation 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.

Urgency: Within 18 months

877 Sections 70-74, the *Act*.

Recommendation 10.31

That Northern Territory Families and Children annually reports on compliance with Sections 70, 71, 73, 74 and 76 of the *Act* with respect to care plans.

Urgency: Within 18 months

Amalgamation of Family Matters jurisdiction (Local Court) and Youth Justice Court

In all Australian jurisdictions except the Northern Territory one court has total responsibility for dealing with both child protection and youth justice matters. The Inquiry canvassed the perceived benefits of amalgamating the Youth Justice Court and the Local Court (Family Matters).

A single Court exercising both criminal and care and protection jurisdiction was supported by child protection workers and legal practitioners and by Magistrates Oliver and Fong Lim who made the following comments on the issue:

The Court would have immediate access to background information of youths in care when sentencing the youth on criminal matters and should also have access to information about present care arrangements which are relevant to the sentencing dispositions. At present the Youth Justice Court must identify for itself whether a youth may be at risk. It is then necessary to request the preparation of report pursuant to section 51 and allow time for its preparation prior to sentencing. This may occur against a background of the youth being held in detention. The duplication of administrative effort in providing one Court (the Youth Justice Court) with information from reports that was before another Court (the Local Court exercising family matters jurisdiction) is obvious.

More importantly, a single Court, supported by a single youth and children's services system is more likely to result in early intervention services for youths at the outset of offending to assist families to create a better environment for the youth to discourage further offending and to identify and address high risk behaviour. It was understood that administrative responsibility for Community Corrections for youths had been transferred to Children's Services so as to provide/train (?) officers as to the special requirements for supervision of youth. This has not occurred and young offenders placed on community orders continue to be supervised only in accordance with a compliance model rather than an intervention model that addresses their particular needs. There have been matters where there seems to be some disagreement as to which body (Corrections or Children's Services) has responsibility for particular referrals (for example to the Family Support Centre).

Clearly not all youthful offenders are in need of intervention services. However it is the experience of the Youth Justice Court that the higher level recidivist offenders almost always have severe family dysfunction or trauma as a background.

Training of personnel dealing with Youth Justice matters, whether Corrections, Police or Family and Children Services, is an obvious continuing requirement.

There have been a number of matters where it is apparent that Children's Services officers do not understand the procedures of the Youth Justice Court. This is not a criticism of the officers personally or individually but a reflection that training at present does not seem to encompass the role of those officers with respect to matters before the Youth Justice Court. Given that a not insignificant number of children under protection orders appear before the Youth Justice Court, an understanding of the processes of that Court is considered to be an important issue for training Children's Services officers. The Court would welcome having a dedicated Children's Services officer for the Court to improve early intervention response. It is understood that this is a common feature of Children's Courts in other jurisdictions.

We would also draw the Inquiry's attention to concern regarding some recent and current matters before the Youth Justice Court. Each matter has involved youth offenders who are under current protection orders. Each displays significant behavioural problems including in some cases, offending by assaults on caseworkers. There is a very strong perception that once remanded or sentenced to a period of detention, Children's Services no longer wish to involve themselves with these young people. Indeed, in a current matter, the Court has been advised that 'Staff at the Specialist Care Program and the Security Officers that the Inquiry employ are unwilling to continue working with [x], if or when he is released from the Don Dale Juvenile Detention Centre.' The youth in question is 14 years old. We accept that he presents major risk to carers. However the reality is that at 14 years old he will be released from detention before he turns 18 years and will continue to be at risk and require care.

A single Court for children and youth matters would, in our view, bridge what appears to be a current divide in addressing care and risk issues in children and youth.

The Inquiry understands that a discussion paper on this issue is being prepared although it was not available to the Inquiry.

Recommendation 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.

Urgency: Within 18 months

Children and young people in the criminal justice system

Issues were also raised about the treatment of children and young people who are in the care of NTFC and who are also engaged with the criminal justice system. Of particular concern was that there have been occasions when such children and young people remain in detention for periods longer than would otherwise be warranted because an alternative placement cannot be found.

Another concern raised with the Inquiry was that information about the status of children and young people in care, and relevant reports and other documentation may not be readily made available to the Court or the child or young person's legal representative. There were also reports of young people in the care of NTFC appearing in the Youth Justice Court with any persons responsible for their care i.e., NTFC, being present at the Court.

Protecting unborn children

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 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 Policy and Procedures Manual notes that:

Reports made before the birth of a child that identifies 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.⁸⁷⁸

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.

Recommendation 10.33

That the *Act* 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.

Urgency: Within 18 months

878 Northern Territory Families and Children, 2009, *NTFC Care and Protection Policy and Procedures Manual, Version 2.0*, Northern Territory Government, Darwin, 7.9.2.



CHAPTER 11
INTERAGENCY COLLABORATION

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Interagency Collaboration

In the Northern Territory collaboration initiatives have repeatedly stalled. A lack of agreement at Departmental and divisional level, together with a lack of connected Departmental policy and operational guidelines for child protection may be contributing to the inefficient service delivery.⁸⁷⁹

It is obviously essential to have a simple and practical system for the exchange of information between agencies that promotes the safety, welfare and wellbeing of children.⁸⁸⁰

Introduction

Over the past decade there has been an ever-growing list of inquiry reports and coronial inquests, both in the Territory and in other jurisdictions, describing the tragic consequences for children and young people and their families when agencies fail to work collaboratively and cooperatively and fail to accept a shared responsibility for the care and protection of children.

These reports consistently refer to the complex circumstances surrounding vulnerable children and families where chronic neglect, under nutrition, domestic violence, alcohol and other substance abuse, gambling, mental health issues for parents or young people, and homelessness or inadequate housing are experienced.

For many children and young people, more than one of the above factors will be present and it is clear that these complex issues cannot be satisfactorily addressed by one agency working alone. Agencies need to work together collaboratively to provide assistance in such circumstances.

It may be that a statutory authority is required to lead the identification of the needs of children and their families, and to advocate for the provision of appropriate services from other agencies. However, it is the collaborative response with input and solutions from multiple perspectives which will deliver the most appropriate response and service.

The Case for interagency collaboration

Calls for a 'Whole of government' approach

At every level of government, and for some considerable time, there have been clear messages that genuine interagency cooperation and collaboration is needed in the delivery of human services, including child protection.

879 Submission: Department of Education.

880 New South Wales Law Reform Commission, 2008, 'Consultation Paper 3, Privacy Legislation in New South Wales', http://www.lawlink.nsw.gov.au/lawlink/lrc/ll_lrc.nsf/pages/LRC_cp3toc.

The Agenda for Action⁸⁸¹, A Whole of Government Approach to Indigenous Affairs in the Northern Territory 2005–2009, was based on the following three principles:

- More fully understanding Aboriginal peoples' history and continuing strength in the Northern Territory
- Working in partnership with Aboriginal people in an environment of mutual respect, and
- Recognising that the social, cultural and economic issues facing Aboriginal Territorians are interconnected and, therefore, government agencies must communicate with each other, coordinate their policies, and work together.

The Overarching Agreement on Indigenous Affairs⁸⁸² between the Northern Territory and other Australian Governments came into effect in April 2005. The Agreement is designed, among other things, to establish arrangements that will reduce the duplication of government functions through partnerships, shared responsibilities, and clarification of roles and responsibilities.

In its submission to the Northern Territory Emergency Response (NTER) Review Board, the Northern Territory Government suggested that:

A new partnership arrangement is required that establishes better coordination and working arrangements across three tiers of government, the non government and community sectors. This new partnership will require a transparent and accountable implementation, monitoring and evaluation framework. This framework should define the roles and responsibilities for service delivery of each tier of government and service providers. It should be designed as a key governance mechanism to manage and align a range of initiatives, strategies and evidence-based reporting requirements to be applied to the Closing the Gap programs of both governments⁸⁸³.

This is a very significant suggestion and one that sets the scene for this chapter as well as underpinning many of the recommendations of the Inquiry.

National initiatives which focus on information sharing and collaboration

The National Framework for Protecting Australia's Children

Under the National Framework for Protecting Australia's Children⁸⁸⁴, national, priorities identified specific actions as a major focus for Commonwealth, State and Territory governments, and the non government sector, in the first three years 2009–2012.

One of the National priorities is to expand the information sharing protocol, currently operating between Centrelink and child protection agencies, to Medicare Australia and the Child Support Agency. This will increase the sharing of appropriate Commonwealth

881 Office of Indigenous Policy, 2006, *Agenda for Action: A whole of government approach to Indigenous affairs in the Northern Territory 2005-2009*, Department of the Chief Minister, Darwin.

882 Australian Government, 2005, *Overarching Agreement on Indigenous Affairs between the Commonwealth of Australia and the Northern Territory of Australia 2005-2010*, Australian Government, Canberra.

883 Northern Territory Government, 2008, *Submission to the Northern Territory Emergency Response Review Board*, Northern Territory Government, Darwin, p.7.

884 Council of Australian Governments, *Protecting children is everyone's business*.

information with State and Territory child protection agencies, and assist them to better protect children. Commonwealth, State and Territory governments are taking this action forward through the formation of a cross jurisdictional information sharing working group.

As part of the framework, the Inquiry understands there is funding allocated for the implementation of a structured family needs and child needs assessment tool. The aim of this tool is to improve the quantification of a child's risk, to identify the specific needs of children and families and to assess how these needs might be addressed.⁸⁸⁵

Collaboration under the National Partnership Agreement on Remote Service Delivery

In January 2009, the Commonwealth, States and Territories entered into a National Partnership Agreement on Remote Service Delivery⁸⁸⁶. The Agreement contributes to the Closing the Gap targets agreed to in the National Indigenous Reform Agreement⁸⁸⁷ with the purpose of implementing a new remote service delivery model that clearly identifies service standards, roles and responsibilities and service delivery parameters to ensure that Aboriginal Australians living in remote communities receive, and actively participate in, services to close the gap in Aboriginal disadvantage.

The Agreement provides a framework for parties to work together with Aboriginal communities to improve Aboriginal Australian's access to government services, including early childhood, health, housing and welfare services through a single government interface.

Under the terms of the Agreement, a new coordination model for remote service delivery to Aboriginal Australians living in remote communities has been established. As part of this, the Commonwealth identified 15 larger communities in the Northern Territory as Remote Service Delivery targets for initial investment.

In May 2009 The Northern Territory Government released its 'Working Future' policy:

a six-part plan that will develop 20 large service towns, set a new path for homelands and outstations, and focus and coordinate the delivery of infrastructure, services and development in the remote Territory.⁸⁸⁸

The policy identifies 20 Growth Towns (including the 15 Remote Service Delivery Sites under the National Partnership Agreement) to become the economic and service delivery centres for their regions. The policy commits the Northern Territory Government to work with the Australian Government, to have staff from both governments working together to provide a 'one-stop-shop' in remote towns and to work better to provide long-term funding that will enable communities to plan for the future with certainty.

The National Partnership Agreement's Integration Principle emphasises the importance of interagency collaboration. It states:

885 *ibid.*, p. 12.

886 ———, *National Partnership Agreement On Remote Service Delivery 2009-2014*.

887 ———, 2008, *National Indigenous reform agreement: Closing the gap*, Australian Government, Canberra.

888 A Anderson (Minister for Indigenous policy) & P Henderson (Chief Minister), *A working future: Real towns, real jobs, real opportunities*, media release,

There should be collaboration between and within Governments at all levels, their agencies and funded service providers to effectively coordinate programs and services. In particular attention is to be given to:

- articulating responsibilities between all levels of government;
- identifying and addressing gaps and overlaps in the continuum of service delivery;
- ensuring services and programs are provided in an integrated and collaborative manner both between all levels of governments and between services;
- ensuring services and programs do not set incentives that negatively affect outcomes of other programs and services; and
- recognising that a centrally agreed strategic focus should not inhibit service delivery responses that are sensitive to local contexts.⁸⁸⁹

Detailed Local Implementation Plans (LIPs) are being developed for each of the initial 15 locations identified in the Partnerships Agreement, and the additional five growth towns identified in *Working Future*⁸⁹⁰.

The Agreement does not refer specifically to issues of child protection but the Northern Territory Government's Working Future policy, building on the COAG 'Closing the Gap' initiative, has seven key building blocks, one of which is 'Safe Communities'. The aims of 'Safe Communities' are 'to ensure (that) Aboriginal children and families are protected from violence and neglect in their homes, and communities. This includes reducing the amount of alcohol and substance abuse in remote communities'⁸⁹¹. However, there is only one plan related to this aim and it refers specifically to Alcohol Management Plans. The complexities and challenges of child protection across all communities require that it be addressed in a context broader than just alcohol management plans. It is anticipated each of the Local Implementation Plans will address the issues of child protection and the often-related issues of domestic violence, drug and alcohol abuse, and mental health. After consultation with workers from the joint Territory/Commonwealth Regional Operations Centre, the Inquiry understands that LIPs developed from this point will have specific reference to child protection issues.

The Council of Australian Government's (COAG) National Framework for Protecting Australia's Children - 'Protecting Children is Everybody's Business'⁸⁹² – clearly states that the protection of children is everyone's responsibility. Parents, communities, governments, and business, all have a role to play. The COAG Framework notes that:

just as a health system is more than hospitals so a system for the protection of children is more than a statutory child protection service.⁸⁹³

889 Council of Australian Governments, *National Partnership Agreement On Remote Service Delivery 2009-2014*.

890 A Anderson (Minister for Indigenous policy) & P Henderson (Chief Minister), *A working future: Real towns, real jobs, real opportunities*, media release, .

891 Northern Territory Government, n.d., *Implementing a Working Future*. Northern Territory Government, Darwin, <http://www.workingfuture.nt.gov.au/implementing.html>.

892 Council of Australian Governments, *Protecting children is everyone's business*.

893 *ibid.*, p.7.

With reference to the significance of shared responsibility between jurisdictions – and just as relevant as cooperation at the intra-jurisdictional and local level– the Framework notes that a shared agenda involves:

a commitment from all parties to focus our own efforts on protecting children and to work together better in areas of shared responsibility. It also involves a commitment to better link the many supports and services we provide – avoiding duplication, coordinating planning and implementation and better sharing of information and innovation⁸⁹⁴.

The NSW Ombudsman

Interagency issues are raised by the NSW Ombudsman in his 2009 report 'The Death of Ebony: The Need for an Effective Interagency Response to Children at Risk'⁸⁹⁵. The NSW Ombudsman highlights a number of instances of poor interagency practice that are reflected in the reports on child protection matters here in the Northern Territory. The report reflects circumstances which this Inquiry has heard. These include:

- Agencies effectively taking no further action after fulfilling their mandatory notification reporting requirements
- Inadequate risk assessment – not timely, lacking rigour and not adequately informed by information held by other agencies
- Loss of confidence in the ability of the lead (statutory) agency to respond to the concerns of the notifying agency
- Failure to formally raise concerns about the lack of appropriate response with senior management
- Lack of clarity and precision in communication between and within agencies and the development of incorrect understandings
- A reliance on the lead (statutory) agency to assess that the child was in need of care and protection for a coordinated response to be triggered. Where there was no such finding, there was less likelihood that agencies would work closely together to address risk of harm concerns for children.

The Wood Inquiry

The Wood Inquiry in NSW noted that effective interagency collaboration has the potential to enhance services to children by delivering better assessments of need, improving the delivery of holistic services by minimising gaps and discontinuities in services, achieving greater efficiency in resource use and providing more support for workers⁸⁹⁶.

Again, these comments simply echo what is documented in many statements of intent and Inquiry reports in the Territory. That is, greater cooperation and collaboration is needed to protect children at risk of harm.

894 *ibid.*, p.9.

895 NSW Ombudsman, 2009, *The death of Ebony: The need for an effective interagency response to children at risk*, NSW Ombudsman, Sydney.

896 Wood, *Special Commission of Inquiry into child protection services in NSW*, p.958.

Interagency issues raised by Northern Territory inquiries, investigations and other initiatives

Coroner's inquests

In January 2010, the Northern Territory Coroner reported on the inquest into the death by failure-to-thrive due to insufficient calorific intake (ie. starvation) of seven week old infant, Kalib.⁸⁹⁷ Like the NSW Ombudsman, the Coroner documents instances of poor interagency practice relating to the infant Kalib and his siblings, and details the tragic consequences of that poor practice. Among other things, the Coroner reports that:

In 2002 the Chief Executive Officer (CEO) of FACS and the Commissioner of Police signed the protocol, *Guidelines and Procedures for a Co-ordinated Response to Child Maltreatment in the Northern Territory*. The Protocol states:

in all instances where a child under the age of five years is the subject of alleged physical maltreatment FACS staff will notify Police as specified above to exchange information and determine whether a joint investigation is required.⁸⁹⁸

Both Kalib and TJ [a sibling who had been taken into care for failure-to-thrive before Kalib's death] were under five and FACS should have reported the notifications in relation to both children to police. There is no evidence they did so and it seems likely that in fact they did not do so. This meant there was a missed opportunity to exchange information and to determine whether a joint investigation was required. A joint investigation in March or early April is likely to have revealed the serious abuse and may well have prevented Kalib's death.⁸⁹⁹

Had the information notifiers provided to FACS been correctly recorded, and had the investigation been conducted in a timely and efficient manner, it would have been abundantly clear that at least Kalib and TJ should have been taken for a medical examination.⁹⁰⁰

FACS had some difficulty in locating the familyit was clearly a difficult task. Firstly, this was only a problem because FACS had failed to act in a timely fashion in relation to the serious notifications. Secondly, this highlights the importance of involving police, an organisation with significantly greater power to locate people⁹⁰¹.

Miscommunications and the lack of a clear and complete understanding of the processes for Interstate alerts by the relevant Interstate Liaison Officers resulted in the lack of timely alerts being placed with interstate Child Protection Authorities.⁹⁰²

If interstate alerts had been secured in a timely fashion this may have resulted in intervention by Victorian Child Protection Authorities which may have prevented the death.⁹⁰³

897 Cavanagh, *Inquest into the death of Kalib Peter Johnston-Borrett*, NTMC 006, NTMC 006.

898 *ibid.*, para 85-86.

899 *ibid.*, para 87.

900 *ibid.*, para 98.

901 *ibid.*, para 99.

902 *ibid.*, para 12.

903 *ibid.*

In relation to the actions of Police in the lead up to Kalib's death, the Coroner reports:

Police received two notifications and referred both to FACS. Assistant Commissioner McAdie states that on the first occasion police would have had a reasonable expectation that the matter would be followed up and any evidence to support a prosecution provided by FACS to police.

On the second occasion, he says that because FACS said they would deal with it, it was not surprising police took no further action. He states that:

with hindsight, of course it would have been desirable for Alice Springs Police to have left the ... case open and followed up with FACS whether assistance was needed or whether a prosecution was merited.⁹⁰⁴

It would have been better to make a formal documented report to FACS, rather than just the phone call.⁹⁰⁵

One of the officers who attended at Coles gave a statement saying that he was of the view that unless an order was in place, he would not have been empowered on that occasion to take a child from their parents. He gave evidence at the inquest indicating he was now aware that he could remove a child in circumstances where he believes that there is a risk to the child, without an order.⁹⁰⁶

Assistant Commissioner McAdie said that the job was considered to be of the type 'assist other organisation' and that:

the usual expectation in these circumstances is that we are present for the purpose of allowing staff of another organisation to exercise statutory powers with the protections of police being present. It would be usual for police officers in this context to expect the other organisation to exercise its statutory function according to its own discretion. It is frequently the case that police may have a matching power or function, but unless there are good reasons for doing so, where the function being exercised does not fall within the core functions of policing; we would be led by the agency for which the statutory function is a core function. He says that in this case there would have been an expectation on behalf of attending police that the decisions as to the disposition of children would be made by FACS... and it seems reasonable to support their decisions at the scene.⁹⁰⁷

The Coroner found that this was indeed the expectation given what police knew and he did not criticise them for not seizing Kalib on the day. However this expectation also demonstrated how far the situation was from the one envisaged in the Protocol between FACS and Police. If the protocol had been followed, and police were fully apprised of the information in relation to the suspected maltreatment of TJ and Kalib, then police would have been able to take a much more active role and may well have formed the view on this day that Kalib needed to be removed.⁹⁰⁸

904 *ibid.*, para 102.

905 *ibid.*, para 103.

906 *ibid.*, para 104.

907 *ibid.*, para 105.

908 *ibid.*, para 106.

There is a clear absence of communication and planning between FACS and police to establish clear goals and roles in providing a joint response to child protection concerns.⁹⁰⁹

There is insufficient clarity around the police/FACS protocols and procedures in relation to reporting and investigating maltreatment.⁹¹⁰

Other factors identified in the report as contributing to the poor response include:

- Poor record keeping contributing to the difficulty investigating officers and managers had in making timely decisions about the appropriate intervention strategies to protect the children.
- Difficult relationships with other organisations.
- Difficulty in gathering information and proving matters in court.
- Lack of assistance of some of the NGOs that are present in larger cities and that work in partnership with FACS in those cities.

This summary of how the inadequate interagency response may have contributed to the death of the infant Kalib serves as a stark reminder of the critical importance of genuine interagency cooperation and collaboration.

High Risk Audit

The audit of Northern Territory Health and Community Services clients at high risk⁹¹¹ commented on the impact on client services of programs within NTFACS (Family & Children's Services; Aged & Disability; Alcohol & Other Drugs; Mental Health) adopting a silo approach and concluded that:

Some of these issues can be addressed by improved training, support and supervision of staff, but in the long term, substantial progress is unlikely to occur without a powerful process of case coordination and collaboration with other services that shares the burden and relieves individual and Program stress.⁹¹²

The Audit Report recommended the development and implementation of a *Complex Needs Case Coordination* strategy that includes prescriptive guidelines for cross-program coordination.⁹¹³

909 *ibid.*, para 126.

910 *ibid.*, para 127.

911 Northern Territory Department of Health and Community Services, *Northern Territory Community Services high risk audit: Executive summary & recommendations*.

912 *ibid.*, p.6.

913 *ibid.*

‘Little Children are Sacred’ Report

The 2007 report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, *Little Children Are Sacred*, recommended:

That DHCS lead the development of enhanced information sharing between FACS, health (hospitals and health centres, including Aboriginal medical services) and community services (mental health, alcohol and other drugs, aged care and disability), Police and Education in support of more effective coordinated case management practices.⁹¹⁴

That FACS explore the possibility of providing confidential feedback on the progress and outcome of investigations to key service providers, with a view to increasing communication and effective partnerships between FACS, Police and professional notifiers in particular.⁹¹⁵

The Northern Territory ‘Closing the Gap’ initiative

In August 2007, the Northern Territory released ‘Closing the Gap of Indigenous Disadvantage – A Generational Plan of Action’.⁹¹⁶ The Plan supported the messages and recommendations of the *Little Children Are Sacred* report and proposed to establish a comprehensive framework for implementing a long term generational approach. It spoke to negotiating complementary long term plans with the Australian Government, and consulting and negotiating with Aboriginal people regarding their responsibilities and obligations to build a better future for their children.

Appendix 1 of *Closing the Gap* records the Northern Territory Government response to the recommendations of the *Little Children Are Sacred* report and includes the following⁹¹⁷:

914 *ibid.*, Recommendation 17.

915 *ibid.*, Recommendation 18.

916 Department of the Chief Minister, 2007, *Closing the Gap of Indigenous Disadvantage – A Generational Plan of Action*, Northern Territory Government, Darwin.

917 *ibid.*, Appendix 1.

Recommendation	Northern Territory Government Response	The Inquiry notes:
<p>Develop a whole-of-government approach to child abuse, including protocols for information sharing and action. (Rec 5)</p>	<p>i. The Northern Territory Government has finalised and implemented a cross-agency agreement with protocols between the Department of Health and Community Services, NT Police, Department of Employment, Education and Training and Department of Justice to improve cross-agency case management and coordination around child abuse response and prevention.</p>	<p>The Inquiry has not seen evidence of any 'finalised and implemented (a) cross-agency agreement with protocols between the Department of Health and Community Services, NT Police, Department of Employment, Education and Training and Department of Justice to improve cross-agency case management and coordination around child abuse response and prevention.</p> <p>A Child Abuse Task Force Framework has been developed 'to provide a more responsive and effective approach to serious reports of child sexual abuse and serious reports of physical, emotional and neglect of children in the Northern Territory. The Child Abuse Task Force Framework is a combined initiative between the NT Police, Australian Federal Police (AFP) and NTFC.</p> <p>In April 2009, NT Police and NTFC signed a memorandum of understanding (MOU) for a Combined Response to Child Harm and Exploitation. This MOU effectively establishes a Child Abuse Management Group to oversee the Child Abuse Taskforce and details the Group's membership, meeting schedule, reporting lines, resources and finances. Under the MOU, the parties commit to sharing information and developing and implementing action plans.</p>
<p>Develop enhanced information sharing in support of more effective coordinated case management practices. (Rec 17)</p>	<p>ii. The Northern Territory Government will review current information sharing structures and remove any impediments preventing agencies responding effectively to child sexual abuse by December 2007 – including through legislative amendments in necessary.</p>	<p>The Inquiry is not aware of any review or legislative amendments arising from the Northern Territory Government's commitment to 'review current information sharing structures and remove any impediments preventing agencies responding effectively to child sexual abuse by December 2007 – including through legislative amendments in necessary'.</p> <p>In May 2009, the Department of Health & Families and NT Police, Fire and Emergency Services signed a detailed Information Sharing Agreement</p>

Recommendation	Northern Territory Government Response	The Inquiry notes:
Explore the possibility of providing key agencies and notifiers with confidential feedback on investigations. (Rec 18)	iii. This includes provision of confidential feedback to key service providers and notifiers.	The lack of feedback to service providers and notifiers was raised consistently in submissions to the Inquiry.
Develop policies, procedures and guidelines that promote child safety. (Rec 6)	iv. All agencies will assess their existing policies, procedures and guidelines that impact on child safety and address gaps by December 2007. The Children's Commissioner will have an ongoing role in identifying and highlighting additional gaps.	The Inquiry notes the following comments made in the Children's Commissioner 2008-09 Annual Report on progress in implementing this recommendation: From information provided by Northern Territory Government agencies, there have been varying levels of response to this commitment. All agencies are able to identify policies that account for child safety concerns but it is unclear whether formal policy reviews have been undertaken. Likewise the agencies have indicated that they will be including child safety clauses in all funding agreements. Compliance with this commitment will require ongoing monitoring. ¹
Increase liaison of FACS and Police with family or clan groups during investigations. (Rec 16)	v. NT Police and Family and Children's Services child protection investigators will finalise and implement protocols by December 2007 to support increased liaison with family or clan groups wherever possible, providing this does not compromise the investigation.	An Aboriginal Community Resource Worker Framework of Practice has been developed.

Recommendation	Northern Territory Government Response	The Inquiry notes:
<p>Increase trained and supported Aboriginal personnel in local community workforces.</p> <p>Establish a network of community volunteers. (Rec 20)</p>	<p>vi. As an important element of strengthening the Child Protection System, the Northern Territory Government will establish a network of Aboriginal Child Protection and Care Services to:</p> <p>operate in partnership with Family and Children’s Services in responding to families where child abuse and neglect is occurring or there is a high risk of abuse occurring.</p> <p>provide advice on investigating child abuse and neglect and on caring for children in ways that respects cultural authority.</p> <p>This initiative includes:</p> <p>2 new services in Darwin and Katherine</p> <p>Expansion of existing Alice Springs service</p> <p>Training of Aboriginal staff to work in services.</p>	<p>In relation to the establishment of ‘a network of Aboriginal Child Protection and Care Services to operate in partnership with Family and Children’s Services in responding to families where child abuse and neglect is occurring or there is a high risk of abuse occurring; and to provide advice on investigating child abuse and neglect and on caring for children in ways that respects cultural authority’, it is unclear to the Inquiry what resources have been allocated and although some Remote Aboriginal Community and Family Workers have been employed, these do not amount to ‘a network of Aboriginal Child Protection and Care services’.</p>

Interagency issues identified in submissions

Problems with coordination and collaboration

It is clear from the submissions that many individuals, organisations and agencies recognise the benefits of interagency cooperation and coordination. They are concerned 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.

Submissions to the Inquiry are reflected in the following edited extracts which identify many and diverse views about the factors that may be operating to hinder the development of genuine interagency cooperation and coordination. While many of these focus on the role of NTFC, others recognise the problems do not all rest within one agency and that there is a need to look further if an effective and lasting solution is to be found. In particular, there is recognition that responsibility for the protection of children must be shared across agencies:

There appears to be little in the way of interagency working...⁹¹⁸

Some underlying tensions between the NGO sector and NTFC are reflected in the following edited comments from the Northern Territory Families and Children Advisory Council (NTFCAC):

Whilst it is commonly recognised both nationally and internationally that child protection is ‘everyone’s business’, this remains an area that NTFC have really struggled with. In order to gain the best possible outcome for children and young people in the NT all agencies must work collaboratively with clearly articulated guidelines for shared responsibility and information sharing. This is perhaps even more important in the NT with such a challenging geographic and social environment. And, there are relatively few agencies providing much-needed family support programs in the NT compared to larger states and cities.

NTFC have not been willing or able to fully engage with the NGO sector..... At best the working ‘culture’ within NTFC can be described as confidential, at worst it is hostile, secretive, unpredictable, inconsistent and often judgemental.

It must be stated that some individuals within NTFC ... have developed very good working relationships with other agencies, thus leading to better outcomes for children and their families.... In order to fully address this issue the senior management in NTFC must ensure that all staff are aware of the importance of joint case management and information sharing. It must be a departmental policy rather than an individual’s desire.⁹¹⁹

918 Submission: NTFC worker.

919 Submission: NTFCAC.

NTCOSS also express concerns about the impact of what it saw as the prevailing culture on the delivery of services:

The NGO sector has continued to be frustrated by the lack of joint case management with NTFC.... NGO workers cite repeated examples of referring a child at risk to NTFC, and then not being included in the assessment process.

NGO workers often work from a family based approach and have a strong understanding of, and relationship with, children and young people. Their expertise is extensive and they can provide sound assessments... They are also able to provide valuable information about previous casework, extended family care options, and the needs of the family if a safe environment is to be achieved.

The intelligence and experience of NGO workers is too often excluded, meaning that assessment and case work after children are taken into care is limited, and often inadequate. There is unnecessary duplication of work and NTFC workers who are already suffering from too many referrals, are adding a layer of work that can and should be primarily informed by NGOs.

The failure to use NGOs as key informants means that information and service delivery is fractured, and children and families suffer from systems abuse with confusion of roles and lack of coordinated services.⁹²⁰

The extent to which the system and the key players are struggling with the challenges of developing and maintaining a coordinated response can be gauged from the following assessment from the NT Police submission:

From that meeting a child protection working group was tasked to develop a child protection framework for Government which is currently a work in progress. Even this group has difficulty in coordination; meetings are irregular and issues such as information sharing are consistently discussed but never resolved.⁹²¹

There is clearly a lack of shared understanding and expectation of the role or limitations of many of the participating agencies, as evidenced in the following extracts:

A perception that the child protection service (NTFC) and other agencies within the child protection system do not share the same understanding of the role of the child protection service. This lack of shared understanding is particularly the case with notifications around child neglect, where notifiers are hoping that the child protection service will be able to provide a service which (frequently) does not exist, and where the child protection service does not believe that the situation is one where immediate danger exists and so does not believe the situation meets the threshold for acceptance.⁹²²

920 Submission: NT Council of Social Services (NTCOSS).

921 Submission: NT Police.

922 Submission: Nettie Flaherty.

There is a belief amongst a number of child protection workers that the child protection system is being expected to address wider systemic issues. In particular the lack of affordable housing and in many areas, the lack of a secondary service system for more specialised support to vulnerable families.⁹²³

Referrals need to be made based on sound assessment. Families have been referred (to NGOs) from NTFC but it was not clear what it was that NTFC wanted them to achieve.⁹²⁴

In 2001, a range of agencies in Alice Springs came together to form the Child Welfare Coalition in response to ongoing difficulties in their working relationship with FACS. A Coalition–FACS reference group was formed to develop a protocol between FACS and Central Australian Community Organisations. The Protocol was developed in 2003. In 2006 it was revisited due to lack of use. The protocol was revised with Guidelines for Protocol Implementation and a commitment of training and review for all signatories.

Practice improved in the short term, but evidence suggests a lack of commitment within the system to use the protocol and to support its practice in the sector.

The NGO sector has continued to be frustrated by the lack of joint case management with NTFC.⁹²⁵

The Northern Territory Department of Health and Families (DHF) assessment of the success of the Central Australian Community Organisations MOU differs somewhat from the above comments. DHF submit:

In the NT, several communities have made significant advances in this respect. In Alice Springs, the Child Welfare Coalition Community Reference Group has signed a protocol with NTFC that explicitly commits all agencies to a role in protecting children. Similarly Katherine agencies have formed similar interagency networks.

These communities have moved significantly down the path envisaged for the NT and have created the environment for further change. The networks established have been led by the NGOs themselves, and the [Differential Response Framework] pilots should build on the valuable work of these groups. In addition, funded services in these areas (including two Indigenous Family Violence Partnership Programs jointly funded by the NT Government and Australian Government) are building significant links with NTFC and other agencies. These programs are well positioned to play a significant role in responding to issues like family violence.⁹²⁶

923 Ibid.

924 Ibid.

925 Submission: NTCOSS.

926 Submission: DHF.

Problems around the sharing of information

In its submission to the Inquiry, the Department of Health and Families notes that:

- Poor information sharing practices, including personality based information sharing and reluctance by organisations to exchange information due to doubts about the lawfulness of sharing certain information, hinders service provision to vulnerable children and families.
- Children and families will continue to ‘fall through the cracks’ if these types of practices and silos continue to fragment service provision and support to those most in need.
- DHF understands that vulnerable families will often have a range of complex needs that require assistance from more than one agency and information needs to be shared for these agencies to work effectively together.
- It is also important that any changes to information sharing among government agencies and NGOs respect the needs of children and young people in the process. This includes delivering services in a way that does not require children and young people, or their carers, to relive traumatic and distressing experiences, on multiple occasions and sometimes unnecessarily.
- Information sharing can also help identify cumulative harm from a combination of factors and/or over time when information can be combined from multiple sources to create a more complete picture about the child or young person’s circumstance.⁹²⁷

The NT Police submit that:

- Information sharing between NTFC and Police is quite ineffective on a local basis.
- What is required is urgent action to remove or materially reduce administrative and bureaucratic barriers between agencies allowing a synergetic approach to managing key resources – the most important of these being information. Improved information sharing is fundamental to ramping up the response to child abuse and associated risk factors ever present in many Indigenous communities.⁹²⁸

Submissions from other agencies, institutions, NGOs and individuals consistently refer to a prevailing culture or practice within NTFC characterised by:

- a reluctance to share relevant information with, or provide feedback to, other agencies, organisations or carers
- a reluctance to seek relevant information from other agencies, organisations or carers, and
- poor maintenance of essential information about children in care.

In a child protection system under stress and characterised by demand that exceeds capacity to cope, with a high staff turnover, unfilled vacancies, limited experience and expertise, and strained professional relationships, there will inevitably be problems.

927 Submission: *ibid.*

928 Submission: NT Police.

These problems lead to perceptions that the system is reactive rather than family focused, not willing to share information in the best interests of the child and unappreciative of the knowledge of other service providers. On the other hand, the Inquiry finds that, when given the opportunity to reflect on its practice, NTFC workers have great insights into the system and the importance of collaboration with other agencies. The negative perceptions, the gulf between NTFC workers' desired practice and the current system in which they operate, highlight the need for fundamental reform.

Written and oral submissions to the Inquiry highlight the widespread and serious concerns about the lack of appropriate information exchange between government departments and agencies and between these bodies and the NGO sector. The impacts of restricted information exchange and absence of genuine collaboration can be significant for children and their families. It can result in valuable information not being sought or brought to the table, unnecessary and repeated questioning and assessment, and often outcomes that do not build on established relationships and knowledge. In addition, it often frustrates other agencies and carers and makes their task and that of NTFC even more difficult than it might otherwise be.

Workers from government and NGOs cite repeated examples of referring a child at risk to NTFC, and then not being included in the assessment process. The knowledge and experience of others is too often excluded, meaning that assessment and subsequent case work may be limited or even inadequate. There is unnecessary duplication of work and NTFC staff straining under the weight of too many referrals, can add a layer of work that can and should be informed or performed by others. The failure to use NGOs especially as key informants means that information and service delivery can be fragmented, resulting in children and families suffering from 'systems abuse with confusion of roles, and lack of coordinated services'.⁹²⁹

The ability of organisations making a referral NTFC to provide ongoing support and assistance to the child and family is also impacted by poor communication.

Intake assessment is a one-way street with no feedback or inadequate feedback to referring organisations.⁹³⁰

Across the sector there is recognition of the privacy rights of child and their families. However, varying notions of confidentiality are seen by some as an inappropriate shield for some workers and an obstacle to the proper exchange of information when it is in the best interests of children.

The concerns of NGOs are reflected in the following edited extracts from the submissions:

Confidentiality is prioritised rather than the child's wellbeing.⁹³¹

Duty of care and confidentiality sit on either end of a poorly balanced seesaw. Unfortunately for the care and protection of children there are no appropriate and practical guidelines and support for service providers deciding to stand

929 Submission: NTCOSS.

930 Submission: Central Australian Aboriginal Congress.

931 Submission: Sunrise Health Services Aboriginal Corporation.

on the other side of the tipping point. Decisions made about the care and protection of children are too often based on a lack of information that is a result of a child protection system giving primary consideration to compliance with confidentiality legislation.⁹³²

NTFC uses confidentiality as a tool to resist information sharing and by extension compromises the care and protection of children. Community organisations and agencies are made to feel the weight of their obligations under the *Care and Protection of Children Act*, with NTFC workers and other government agencies stressing the punitive consequences of failure to notify appropriately. Community based workers with roles in family and child safety are 'milked' for information yet struggle to achieve reciprocal relationships with NTFC. Confidentiality is often used by NTFC middle to senior management as a reason to prevent information sharing back to community based services.⁹³³

Lack of appropriate information exchange is impacting on the delivery of services to children and young people in many areas.

Lack of communication with a school can leave school staff in a difficult situation:

A report was made by a school of suspected sexual abuse of a student. The child was removed from the school, resulting in the mother attending and abusing the staff. The child subsequently returned to school, with the mother advising that she has full custody. The school was unable to obtain any information or clarification from NTFC about the child's status or verifying whether the mother did in fact have custody of the child. Repeated email requests for information were ignored.⁹³⁴

Young people engaged with the youth justice system are also affected.

Criminal lawyers are often not advised by NTFC prior to court that a child is under the care of the CEO. Without this information about the circumstances of a child who is under the care of the CEO, criminal lawyers effectively go into the Youth Justice Court blind. It significantly impairs their ability to properly prepare for their client's court appearance and can have devastating consequences in relation to a child's liberty. It is concerning that given the CEO's responsibility to act in best interests of a child who is in their care, notification to criminal lawyers of the child's status is not undertaken as a matter of course and that it occurs with the frequency it does.⁹³⁵

NTFC caseworkers often refuse to provide a criminal lawyer representing children in the Youth Justice Court with copies of the NTFC reports which could assist in making submissions on bail and sentence. This refusal is patently inconsistent with the requirement to act in a child's best interests and reveals a fundamental misunderstanding as to the role of NTFC in criminal proceedings.⁹³⁶

932 Submission: NTFCAC.

933 Submission: *ibid*.

934 Submission: Association of Northern Territory School Education Leaders (ANSTEL).

935 Submission: North Australian Aboriginal Justice Agency (NAAJA).

936 Submission: *ibid*.

A number of submissions raise concerns about the impact of poor recording and the failure to maintain routine health care records and provide relevant information about the health and developmental history of a child, particularly in cases where the child has been in contact with or in the care of NTFC for a considerable period of time.

It is very important for health professionals to have accurate information about who is the carer for the child, who provides consent for the child when needed and who is to be contacted in an emergency.

Other concerns and examples of the impact of failure to share appropriate information are contained in the following edited extracts from the submission of the Alice Springs Hospital:

Poor communication leads to an extended length of stay in hospital exposing children to risks and nosocomial infection, making it difficult for discharge planning and adding to bed pressures.

NTFC do not share information with clinical and social work staff, but expect them to share information at short notice. This appears to reflect poor professional collegiate relationships and respect for others areas of expertise.

NTFC does not provide hospitals with details of how to contact the child's carers to initiate follow up and book appointments.

A hospital does not know if and when a child is placed into care, or when they leave care. For example, a six year old missed three urologist specialist appointments because the hospital did not know the child was in care.

NTFC procedures can at times interfere with a child's medical care. For example, NTFC would not allow a carer to accompany a child to an appointment with a geneticist, thus rendering the consultation ineffective because the carer, who knew the child and her history, was not there to provide the information the geneticist required. The NTFC representative who accompanied the child had no knowledge of the child, and the consultation was incomplete.

Solutions suggested in the submissions

There were many views about what could or should be done to improve the effectiveness of the interagency response to children and their families. In its submission to the Inquiry, the Department of Health and Families suggests how the issues confronting the system might be addressed:

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

A robust commitment to collaborative policy development and planning and sharing information about children and families among service providers involved in the care, wellbeing and support of children and families

Improved capacity and adaptable service integration across all levels of government and the non-government sector, that does not allow children and families to 'fall through the cracks'

Territory-wide client accessibility to quality and timely responses to family support and statutory intervention, and

Genuine, tangible, and accountable, collaboration across government and non-government service providers;

Improvements will only be possible if additional resources are allocated and accompanied by the necessary cultural changes to relationships, systems and practices that need to underpin the NT's child protection system.

These improvements are:

- Coordinated planning and investment: making child protection everyone's business
- Whole of government approach to policy and planning;
- Strengthening NGO delivery of care and protection services across the Territory; and
- Strengthening Indigenous NGOs delivery of care and protection services across the Territory.
- Accessible integrated services that respond to need: better outcomes for children, young people and families
- Territory-wide access to child, youth and family support services;
- A commitment to new, integrated service models
- Information sharing in the best interest of the child; and
- Strong and sustainable workforce and systems

[Change] needs to be underpinned by significant transformation to relationships, systems and practices across all levels of government, within DHF, with the NGO sector and communities to create the necessary cultural change required to build a sustainable, responsive, comprehensive care and protection system.

The DHF submission goes on:

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

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

Engaging NGOs in the design of an overarching framework is critical.

While some submissions suggest adjustments to the existing system, the Inquiry supports the views of those suggesting more fundamental restructures and a reassessment of how the key agencies might better work together.

There is consistent recognition that it is impossible for one agency to do all that is necessary to protect children and promote their safety and wellbeing. Submissions

recognise the need for, and offer commitment to a system within which all key players accept responsibility for a collaborative approach to child protection.

Child protection is a responsibility of the statutory body and the many organisations such as Tangentyere who work in this field. We believe that there are existing initiatives and protocols, which if adequately supported could bring about significant change. Most importantly we need to see a total shift by the department to an approach which is family strength based, inclusive and collaborative. ... The current system is failing. The only way for us to create protection for our children and young people is to start again and to build a system of protection with us, in a way that we know will protect our children.⁹³⁷

Services need to be driven by local people and need to be developed on the ground (e.g. not through external consultations, fly in bureaucrats), services need to be flexible and universally available.... There needs to be greater coordination between AOD, Mental health, SARC and education services and child protection.⁹³⁸

The following interagency-related points were made in other submissions:

A submission contends the Northern Territory would benefit from policy guidance similar to the United Kingdom's 'Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children'⁹³⁹. The submission states it is helpful to have clarity of shared responsibility and 'effective joint working between agencies and professionals that have different roles and expertise [which] are required if children are to be protected from harm and their welfare promoted'.⁹⁴⁰

Government must urgently develop and work to embed a broad-reaching child protection framework that makes child protection everyone's responsibility.⁹⁴¹

Given that there is a National Child Protection Framework – there must also be a set of guidelines to accompany this Framework that ensure Aboriginal children who are in need of supports are appropriately responded to.⁹⁴²

937 Submission: Tangentyere Council.

938 Submission: Catholic Care NT.

939 Department for Education and Skills, 2010, *Working Together to Safeguard Children: A Guide for Inter-agency Working to Safeguard and Promote the Welfare of Children*, TSO, London.

940 Submission: NTFC worker.

941 Submission: NT Police.

942 Submission: Sunrise Health Service Aboriginal Corporation.

Examples of interagency collaboration

Examples from the Northern Territory

Reports and inquests generally describe problems with a system. However, the Inquiry is aware of numerous examples of interagency collaboration in the sphere of child safety and wellbeing in the Northern Territory. Below are three such examples of different types which may serve as useful templates.

- The Alice Springs Youth Action Group (described more fully in Chapter 8, comprises delegates from Northern Territory Departments of Health (NTFC), Chief Minister, Police, Fire and Emergency Services, and Education, as well as the Northern Territory Council of Social Services. It has the aims, among other things, of developing a one-stop shop for access to youth support services; to coordinate agreement between youth services; and to develop a joint plan of action
- The development of Local Implementation Plans for remote communities through the National Partnership on Remote Service Delivery. The consultation between the three levels of government plus a local community steering group appears to be an excellent example of genuine vertical collaboration
- The Northern Territory Police/NTFC Child Abuse Taskforce is an example of interagency collaboration where there is a specific, shared task. The collaboration saves victims from undergoing multiple interviews and streamlines the process of investigation and response
- On remote communities there are service providers working together for the safety and wellbeing of children. Their working relationships are usually informal almost always relying on initiative and goodwill to create a sense of teamwork.

Examples from other jurisdictions

Most investigations are the sole responsibility of statutory child protection services. However, some states and territories have adopted joint investigation teams for selected cases in order to enhance the quality of the evidence, avoiding the need for children to undergo multiple interviews and enhance information sharing. The following section identifies alternative arrangements for specialised and/or multidisciplinary investigation teams.⁹⁴³ In most states and territories good practice involves case planning meetings between different service providers, generally resulting in task allocation for provision of information to the statutory agency for decision making.

Queensland has Suspected Child Abuse and Neglect (SCAN) Teams which are review or oversight bodies which determine the best course of action for each case, however individual agencies retain the statutory and/ or professional responsibility for their own actions.

943 A Lamont et al., 2010, *Intake, investigation and assessment, Paper # 3, Inquiry into Child Protection in the Northern Territory: Background paper*, Australian Institute of Family Studies, Melbourne (see Appendix 7.2).

A formal evaluation of SCAN teams' effect on outcomes has not been undertaken, however strengths identified by researchers include a focus on the holistic management of cases and not just the investigation processes; effective information sharing including the views and plans of other members; an increased element of mutual accountability. Limitations observed by researchers include: separate investigative assessments; that families are not included in SCAN team meetings; to be successful meetings need to be attended regularly, which may prove difficult.⁹⁴⁴

The CAT approach is mirrored by the Joint Investigation Response Teams (JIRT) in New South Wales who undertake investigations of child abuse and neglect in cases that if substantiated may result in criminal prosecution. The teams comprise professionals from NSW Police and statutory child protection services primarily to improve information sharing and reduce the number of times the child and family need to be interviewed. This outcome is laudable however there is little evidence that the joint investigation teams lead to better interventions or services other than the prosecution of the alleged offenders.

The gap between intention and practice

Reports have identified the need for cross agency collaboration and in some instances the tragic consequences of the failure to collaborate. Government policies and statements of intent call for closer cooperation across agencies; government responses to inquiries and reports commit to implementing recommendations; the legislation apparently allows for NTFC to work with other agencies and for interagency collaboration (to a certain extent); and there are numerous cross agency working, planning, coordination, advisory and steering groups, committees and taskforces. And yet both individuals and agencies continually call for greater cooperation and collaboration.

So what might be getting in the way of genuine and sustained interagency cooperation across the sector in the Northern Territory?

Legislative provisions around cooperation and collaboration

The Care and Protection of Children Act 2007 allows for both the Minister and the CEO to take action to promote interagency cooperation and collaboration in relation the care and protection of children and the wellbeing of children generally. The limited extent to which NTFC has utilised the provisions to generate and sustain an interagency approach to child protection was commented upon extensively in submissions to the Inquiry. However, the harsh reality for NTFC authorised officers exercising the above powers or functions on behalf of the CEO is that, very often, there are no service providers – neither government agencies nor NGOs – with the capacity to coordinate and cooperate in the provision of care and support services for children and their families in need of assistance. As has been identified throughout this report, the service sector in this jurisdiction is deficient and needs to have a far greater capacity.

944 *ibid.*

Box 11.1 includes excerpts from the *Act* that speak to the issue of collaboration.

Box 11.1: Excerpts from the *Care and Protection of Children Act 2007* speaking to the issue of cooperation and collaboration:

Section 25 of the *Act* provides:

- (1) The Minister may do anything for the adoption of a cooperative approach between the following in relation to the care and protection of children:
 - (a) families;
 - (b) Agencies and any other public authorities;
 - (c) any other individuals or organisations (including, for example, community groups, business entities and any other bodies).
- (2) The Minister may make policy guidelines for the exercise of a power or performance of a function by the CEO under this Act.
- (3) The Minister must, by Gazette notice, give notice about the making of the guidelines as soon as practicable after they are made.
- (4) The CEO must have regard to the guidelines in the exercise of the power or performance of the function.
- (5) The Minister may give direction to the CEO in relation to the exercise of a power or performance of a function by the CEO under this Act.
- (6) The CEO must comply with the direction.
- (7) An exercise of the Minister's power under this section must be consistent with this Act.

Section 41 of the *Act* provides the objects of Division 5 of the *Act* as follows:

The object of this Division is to ensure the CEO has sufficient power:

- (a) to perform the CEO's functions under this Act; and
- (b) to 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).

Sections 42 (1) and (2) of the *Act* provides for what the CEO may do generally as follows:

- (1) The CEO may take any action that is consistent with this Act:
 - (a) to promote the wellbeing of children generally; or
 - (b) to promote the wellbeing of young persons who have left the CEO's care; or
 - (c) to provide proper facilities for this Act (including the acquisition and management of land and other property for this Act); or
 - (d) to undertake research, publication and collection of information for the objects of this Act; or

- (e) to cooperate with other Agencies, non government organisations or other persons or bodies for an action mentioned in paragraph (a), (b), (c) or (d); or
 - (f) to facilitate that cooperation (including the creation of procedures for that cooperation and the review of those procedures).
- (2) The CEO must have regard to the objects and underlying principles of this Act when acting under subsection (1).

Section 43 of the Act makes provision for the CEO to request assistance from a public authority as follows:

- (1) The CEO may request a public authority to provide the CEO with specified assistance for the exercise of a power or the performance of a function under this Act.
- (2) The public authority must comply with the request if doing so:
- (a) is consistent with its functions; and
 - (b) does not unduly prejudice the performance of its functions.

The legislation does not provide for the CEO to make a similar request to community organisations, however, funding conditions and/or contractual arrangements may provide an onus on them to comply with such a request.

Section 44 of the Act makes provision for the CEO to enter arrangements for the provision of services, for research and development, and the funding of these as follows:

- (1) The CEO may enter into an arrangement for:
- (a) the provision of child-related services; and
 - (b) research and development to be carried out for child-related services; and
 - (c) the funding (in whole or part) of the services or the research and development.
- (2) However, the CEO must not do so unless the CEO is satisfied:
- (a) if the arrangement relates to the provision of children's services - the services are provided in accordance with Chapter 4; and
 - (b) the arrangement:
 - (i) is consistent with the underlying principles of this Act; and
 - (ii) furthers the objects of this Act.
- (3) This section does not limit Section 42.

Section 46 makes provision for the CEO to coordinate assistance to a child or a young person who has left the CEO's care, as follows:

- (1) The CEO may provide assistance to persons or bodies in coordinating their effort to provide services (including child-related services) for a child or young person who has left the CEO's care, including assistance in:
- (a) convening a meeting of the persons or bodies; and
 - (b) drawing up a plan for the provision of the services.
- (2) This section does not limit Section 42.

Information exchange and privacy issues

The delivery of coordinated and comprehensive services and supports to children and their families is enhanced by an accessible and workable framework for the exchange of information between government agencies and community organisations involved in the lives of children. Such a framework must facilitate the exchange of complete, relevant and accurate information in a timely manner.

The exchange of information is important for all children and their families when assistance from outside the family is needed. It is particularly important in the more complex circumstances surrounding chronic neglect, domestic violence and/or heavy substance abuse in the household when infants and children are present, serious mental health issues for parents or young people and high risk adolescent behaviours.

Submissions to the Inquiry indicate that, for a variety of reasons, information exchange between NTFC and other government agencies and community organisations around the safety and wellbeing of children and young people in the Territory is not happening effectively.

A number of barriers to the effective and timely exchange of information have been identified. The restrictions of the legislative framework are significant as are worker's understandings of the application of the concepts of confidentiality and consent in the child protection context. A narrow interpretation, or misinterpretation, of the legislation is used by some agencies or individuals as reasons not to share information. There is a lack of understanding of what, how, and with whom, personal information can and should be shared. In addition, there is a perceived culture or widespread practice within NTFC which is characterised by a reluctance to exchange information.

The importance of information sharing at service provider level is magnified in an environment where there is a high turnover of staff. Information exchange in this context is further complicated by the personal and sensitive nature of the information that needs to be shared. In this environment information sharing is compounded by concerns with confidentiality, maintaining relationships of trust, the desire to ensure people continue presenting for medical treatment, and privacy and professional ethical standards. Where information is shared, the arrangements are largely built on personal relationships rather than systemic processes supported by agency policies. For this reason, the Inquiry has heard that interagency collaboration can be greater on remote communities or the smaller towns than in Darwin. However, information sharing arrangements between agencies can cease when staff leave.

The legislative framework for information sharing

The legislative framework governing the collection, storage and exchange of information relating to the safety and wellbeing of children and young people in the Territory is as follows:

- The *Care and Protection of Children Act* (NT) 2007 (discussed above)
- The *Information Act* (NT)
- The *Privacy Act* 1988 (Commonwealth)

The *Information Act* (NT) regulates the use and disclosure of personal information

between public sector agencies.

‘Personal information’ is defined in Section 4 of the *Information Act* to mean government information from which a person’s identity is apparent or reasonably able to be ascertained.

It can be reasonably anticipated that information relating to the safety and wellbeing of children and young people will often include personal and sensitive information relating to the child or young person and/or parent/s or a guardian. The Privacy Policy of the Office of the Information Commissioner Northern Territory refers to personal information as any government information that can be linked to a person who is alive or who has been alive within the last five years. It can include numbers and things like photos of a person.⁹⁴⁵

Information Privacy Principle (IPP) 10 contains provisions relating to ‘sensitive information’, the definition of which in Section 4 of the Act includes personal information about a person’s racial or ethnic origin, criminal history, religious beliefs or affiliations and health information.

The public sector organisations, as defined in Section 5 of the *Information Act*, that collect and manage information relevant to the safety and wellbeing of children and young people in the Territory include:

- Department of Health and Families
- Department of Education and Training
- NT Police, Fire and Emergency Services
- Department of Housing, Local Government and Regional Services
- Department of Justice

The Information Act (NT) - Privacy Principles

The Information Act has ten Information Privacy Principles (IPPs) relating to the collection, quality, access, security, use and disclosure of personal information by public sector organisations. Compliance with the Information Privacy Principles is required unless the public sector organisation is exempted under the following:

Specific exemptions found in Division 2 of the Act

These include at Section 70 an exemption for law enforcement agencies where non-compliance is necessary for the purposes of one or more of the agencies’ functions including to prevent, detect, investigate, prosecute or punish the commission of an offence; to locate a missing person and next of kin; to provide services in emergency and disaster situations; and for NT Police, its community policing function.

A Code of Practice prepared by a public sector organisation under Section 72 and approved by the Administrator under Section 75 that varies the application of one or more of the privacy principles. No Northern Territory public sector organisations have submitted a Code of Practice for approval by the Administrator.

945 Office of the Information Commissioner Northern Territory, 2008, *Privacy Policy*, Office of the Information Commissioner, Darwin.

A grant of authorisation under Section 81 of the Act

The Information Commissioner may authorise in writing an organisation to collect, use or disclose personal information in a manner that would otherwise contravene or be inconsistent with IPP 1 (Collection), IPP 2 (Use and disclosure) or IPP 10 (Sensitive information). The three authorisations granted under Section 81 have all related to international and family tracing services operated by the Salvation Army and Australian Red Cross. Generally, these authorisations have little or no relevance to the exchange of information between public sector organisations for the safety and wellbeing of children and young people in the Territory

How do the Information Privacy Principles impact on the ability of public sector organisations to exchange information relating to the safety and wellbeing of children and young people in the Territory?

The *Information Act* imposes significant restraints on the exchange of information between child-related services and agencies. Exchange may be lawful depending on the nature of the collecting or disclosing agencies, the nature of the information, the circumstances of the case, the purpose for which the information was collected and the proposed use of the exchanged information.

For an exchange of information between two public sector organisations to be lawful under the *Information Act* it must be lawful for the disclosing public sector organisation to disclose the information and it must be lawful for the collecting (receiving) public sector organisation to collect the information.

IPP 1: Collection. Collection requires, amongst other things, of a public sector organisation collecting personal information that:

- an organisation must collect information only by lawful and fair means and not in an unreasonably intrusive way;
- the information collected must be necessary for one or more of the organisations functions;
- if it is reasonable and practical to do so, the organisation must collect personal information about an individual only from the individual;
- if the organisation collects personal information about an individual from another person, it must take reasonable steps to ensure that the individual is aware of the identity of the organisation collecting the information; the fact that the individual can have access to the information; the purpose for which it was collected; and the persons or bodies to which the organisation usually discloses information of the same kind, except to the extent that making the individual aware of the matters *would pose a serious threat to the life or health of the individual or another individual.*

The provisions of IPP 1 act as an impediment to the exchange of information relating to the safety and wellbeing of children (containing personal information) between public sector organisations.

It requires each organisation to collect the information directly from the individual (if reasonable and practicable to do so) or where the information is collected from another person, to advise the individual (at or before the time of collection) of all the matters listed

in d. above. The time and effort spent in attending to these provisions when the relevant information is readily available from a disclosing organisation, could be considerable.

IPP 2: Use and disclosure. A public sector organisation must not disclose personal information for a purpose (secondary purpose) other than the primary purpose for collecting it unless:

- it is required or authorised by law
- the person consents
- it is related to the primary purpose (or directly related, for sensitive information) and the person would reasonably expect the use or disclosure
- it is necessary to lessen or prevent a serious and *imminent threat to life, health or safety*
- it is necessary for some law enforcement or health and safety purposes.

In its submission to the Wood Commission, the North Sydney Central Coast Area Health Service noted:

an ‘imminent threat’ definition undermines the serious harm inflicted by sustained and ongoing abuse that may not be perceived as immediately life threatening...⁹⁴⁶

The provisions of IPP 2 apply to the use and disclosure of information within an organisation as well as disclosure outside the organisation. Personal information collected by one business unit of an organisation for a particular purpose is not automatically available for all functions of the organisation. This is particularly relevant when the Northern Territory’s statutory child and family services are located in the same department as its health services.

Where an agency collects information for some other purpose and the information becomes relevant to another agency’s child protection role, IPP 2 prohibits disclosure of the information to that agency except in the circumstances listed above. If the information is ‘sensitive information’ that is, information about a person’s health, racial or ethnic origin, criminal history, or religious beliefs or affiliations then the secondary purpose must be *directly* related to the primary purpose.

In each case, an organisation must judge whether use or disclosure for the particular secondary purpose is allowed by the person or otherwise under the Act.

A public sector organisation is not required to comply with IPP2 if the individual to whom the information relates consents to the use or disclosure of the information.⁹⁴⁷ Consent by the person should be relied on when the organisation is satisfied that the consent is informed and voluntary. Consent can be expressly given by the person or it can be implied from the circumstances. If it is reasonable and practicable, it is preferable to obtain express consent.⁹⁴⁸

946 Wood, *Special Commission of Inquiry into child protection services in NSW*.

947 *Information Act* (NT) Schedule 2 IPP 2.

948 Office of the Information Commissioner Northern Territory, 2008, *Privacy - Use and disclosure*, Office of the Information Commissioner Northern Territory, Darwin.

On the issues of consent and confidentiality, the Northern Territory Families and Children Advisory Council (NTFCAC) comment:

As a general principle and practice, services providers place much importance on the notion of confidentiality.... The remote context and the nature of the health and social issues that present require a very nuanced and contextual approach to confidentiality.⁹⁴⁹

Decision making authority, particularly in the remote Northern Territory context, often involves an extended family group. It becomes more complex if the authority involves individuals who do not give priority to the safety and wellbeing of a child in their family. Obtaining consent in a meaningful fashion in this domain is highly complicated and is a far broader concept than the generally narrowly defined notions around consent and confidentiality. Within the health sector the notion of informed consent is contentious as it has practical difficulties, is time consuming, and the tools necessary to achieve it (a culturally safe setting and interpreters appropriately accredited and able to interpret without a conflict of interest) are rarely on hand.⁹⁵⁰

A public sector organisation is not required to comply with IPP 2 if the organisation believes that the use or disclosure is reasonably necessary to assist a law enforcement agency in:

- prosecuting, detecting, investigating or punishing an offence or some seriously improper conduct
- preparing for, or conducting proceedings before a court or tribunal.

Under Section 4 of the *Information Act*, a 'law enforcement agency' includes the police forces of the Northern Territory, the Commonwealth and of other States and Territories. This exemption allows public sector organisations to provide information to the NT Police or the AFP.

The Care and Protection of Children Act (NT)

There are a number of provisions in the *Care and Protection of Children Act* that are of relevance to the exchange of information relating to the safety and wellbeing of children and young people. Generally, these provisions allow NTFC and NT Police to receive information relating to a child from other agencies or organisations. NTFC, acting as a hub, may be able to share this information with other agencies or organisations. However, the provisions prohibit the sharing of information directly between other agencies and organisations working with children and their families.

Sections 32 - 37 contain provisions for NTFC and NT Police to make inquiries and to conduct investigations to determine whether the wellbeing of a child is at risk. These include the power to request specified information about a child.

A public sector organisation is not required to comply with IPP 2 if the use or disclosure of the information is required by law. This exemption allows public sector organisations to disclose specified information about a child to both NTFC and NT Police when inquiries are being made under Sections 32, 33 or 34 or when an investigation has been initiated

949 Submission: NTFC Advisory Council (NTFCAC).

950 Submission: NT Department of Health and Families (DHF).

under Sections 35, 36 or 37 of the *Act*.

This exemption will only assist in the exchange of information between a public sector organisation and NTFC and NT Police. It does not allow for the disclosure of information by NTFC or NT Police to other public sector organisations or between other public sector organisations.

Other limitations on the exchange of information are contained within Sections 34 and 38 of the *Act*. The limitations of these provisions are that:

- the information must be requested by NTFC or NT Police
- the information disclosed must be specified by NTFC or NT Police
- the specified information must be 'about the child'
- the information can only be provided to NTFC or NT Police. These are the only two public sector organisations granted powers under the *Care and Protection of Children Act 2007* to inquire about a child's wellbeing or to investigate to determine whether a child is in need of protection.

Under Section 43 of the *Act*, NTFC may request a public authority to provide NTFC with specified assistance for the exercise of a power or the performance of a function under the *Act*. This could include the provision of personal information. Providing the disclosure was of information specified and requested by NTFC, this would provide an exemption to the provisions of IPP 2 and allow the exchange of personal information between the public sector organisation and NTFC.

Under Section 73 the CEO must prepare and implement a care plan as soon as practicable after a child is taken into the CEO's care. Section 73 provides that a copy of the plan must be given to the child; each parent of the child; the carer of the child; and any other person considered by the CEO to have a direct and significant interest in the wellbeing of the child. This would allow for a copy of the plan to be provided to agencies and organisations working with the child and family.

Section 308(1) provides that it is an offence for a person to disclose (or do something that results in disclosure of) any information acquired by the person in exercising a power or performing a function as an authorised officer. The maximum penalty for a breach of Section 308(1) is imprisonment for two years.

Subsection (1) does not apply if the disclosure was made by a person exercising a power or performing a function under the *Act* or it was approved by the CEO on the basis the disclosure or production was made in the public interest. This provision allows NTFC to provide another agency or organisation with information about a child's wellbeing.

This legislative framework does allow for the exchange of some information. The facts and circumstances of an individual case when combined with knowledge of where the information came from, the purposes for which it was collected, the nature of the information, the purposes for which it is intended to use the exchanged information and a sound understanding of the legislation and its application, may allow for an exemption to the Information Privacy Principles to be established. Alternatively, a provision within the *Act* may allow for the limited sharing of information.

However, the framework is complex, intimidating and generally inaccessible to most

workers on the ground. The requirement to use NTFC as a hub for the exchange of information is impractical and time consuming. Given the complexity of the framework it is not possible to formulate general rules and guidelines for use in the field. This is not conducive to the timely sharing of complete, accurate and relevant information relating to the safety and wellbeing of children and young people in the Territory.

Legislative changes for improving communication

While several factors may contribute to the reluctance to exchange information, a significant factor is the complex and inaccessible legislative framework, or perceptions about the limitations of the framework, accurate or otherwise.

The NSW Report of the Special Commission of Inquiry into Child Protection Services stated:

The complexity of the legal and administrative framework governing the exchange of information is such that, once each of the various sources has been examined, it is still not possible to formulate any general rules as to when the exchange of child protection information will be lawfully permitted. Whether a particular exchange is lawful will depend on the circumstances of the exchange, the content of the information that is being exchanged, the agencies between which the information is being exchanged, and sometimes on whether consent has been obtained from a person who is the subject of that information.⁹⁵¹

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

The Australian Law Reform Commission states:

Information sharing opportunities, which are in the public interest and recognise privacy as a right to be protected, should be encouraged. Rather than preventing appropriate information sharing, privacy laws and regulators should encourage agencies and organisations to design information-sharing schemes that are compliant with privacy requirements or, where necessary, seek suitable exemptions or changes to legislation to facilitate information sharing projects.⁹⁵²

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

It is obviously essential to have a simple and practical system for the exchange of information between agencies that promotes the safety, welfare and wellbeing of children.⁹⁵³

In its submission to the Inquiry, the Department of Health and Families state:

951 Wood, *Special Commission of Inquiry into child protection services in NSW*, p.997.

952 Australian Law Reform Commission, 2008, *For your information: Australian privacy law and practice*, Australian Government, <http://www.austlii.edu.au/au/other/alrc/publications/reports/108/>, p.510.

953 New South Wales Law Reform Commission, 'Consultation Paper 3, Privacy Legislation in New South Wales'.

The extent of concerns among NTFC staff and staff of other organisations that they may be committing an offence or be in breach of ethical strictures, the misunderstanding about privacy law, and the long-standing barriers to information exchange, make maintenance of the status quo impractical.

Options to achieve a more workable framework include amending the *Information Act*; encouraging Northern Territory public sector organisations to develop Codes of Practice or apply for an Information Commissioner's Authorisation for the disclosure of personal information; or amending the *Care and Protection of Children Act*.

In its submission to the Inquiry, the Department of Health and Families suggest:

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

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

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

The Inquiry is of the view that the *Care and Protection of Children Act* should be amended to provide a workable and accessible framework for the exchange of information between public sector organisations and between these organisations and the non government organisations (NGOs) that is relatively simple in its interpretation and application according to objectives listed in this report.

Consistent with the objectives outlined in the Wood Report⁹⁵⁴ in relation to the exchange of information, amendments to the *Care and Protection of Children Act* should achieve the following objectives:

- Agencies and NGOs involved in the safety and wellbeing of children and young people in the Territory are able to share information without requiring NTFC to act as an intermediary, where the information is required to promote the safety and wellbeing of children and young people
- The amended Act includes a statement of principle making it clear that agencies and NGOs with significant responsibilities for the safety and wellbeing of children and young people are expected to share information for the benefit of children and young people

954 Wood, *Special Commission of Inquiry into child protection services in NSW*.

- The exchange of information between agencies and NGOs is on the basis that a person reasonably believes that the information exchange would assist another organisation to make a decision, assessment, plan or investigation relating to the wellbeing or safety of a child or young person
- Agencies have business plans to support the implementation of such a system
- Information exchanged is not to be used or disclosed for any purpose that is not associated with the wellbeing or safety of a child or young person and appropriate thresholds exist for this purpose
- Existing protections from civil and criminal liability and ethical requirements are preserved for those exchanging information in accordance with the amended legislation
- Information about notifiers, and about suspected perpetrators of offences, is provided to police where the information would assist police to investigate possible offences against a child or young person
- Police are able to supply information concerning their investigations into offences involving the abuse of children and young persons to appropriate agencies and NGOs
- That teachers and school principals are able to exchange information with NTFC staff and other relevant organisations where there are ongoing concerns about the safety and wellbeing of students including where students have moved schools.

The development of interagency guidelines

One way of introducing some clarity and shared understanding of the role of participant agencies and organisations is through the development and distribution of interagency guidelines and we have made a recommendation to that effect. It should be noted that other jurisdictions have made significant progress in the development of interagency information sharing guidelines (for example, in South Australia through the Office of the Guardian for Children and Young People). In the Northern Territory, many agencies have been involved in the development of protocols and MOUs directly NTFC and with other relevant agencies and organisations but these have often been short on detail around collaborative processes. The communication process necessary to develop MOUs is valuable, but the documents appear to have had very limited success as reflected in the following submissions:

There was a lack of leadership commitment and support to implement protocols to work with other agencies to provide the highest level of care and protection to children in the NT.⁹⁵⁵

There are no MOUs in place to assist to govern key interagency relationships – as such some children fall further from protection as confidentiality is prioritised rather than the child’s wellbeing. One of the most frustrating parts of the current process is the lack of feedback about the child.⁹⁵⁶

955 Submission: NTFCAC.

956 Submission: Sunrise Health Service Aboriginal Corporation.

Interagency guidelines can provide useful tools for workers. Such guidelines would describe clearly the roles and responsibilities of each agency involved in the wellbeing, care and protection of children, and the process to be followed when statutory intervention or child and family support is needed. It would also provide a useful basis for cross agency staff training. While interagency guidelines do not replace agency specific policies and practices, their provisions should be reflected in those agency policies and procedures.

A comprehensive interagency guideline can also contain a range of information that would have to be written into each interagency protocol, MOU or local or regional agreement in the absence of such a document – thus making them bulky and more complex than they otherwise need be.

The evaluation of the NSW Interagency Guidelines for Child Protection Intervention found, *inter alia*, that:

Most respondents, who dealt with child protection matters as part of their normal role, indicated that the Interagency Guidelines had made it easier to work with other agencies on child protection matters (and) that they assisted in establishing good working relationships and in understanding how to exchange information with other agencies about families that move locations.⁹⁵⁷

Currently, there are no interagency guidelines in the Northern Territory which outline the roles and responsibilities of the agencies and organisations providing assistance to strengthen families or those working to prevent or responding to child abuse. The Inquiry believes that such guidelines should be immediately developed and should reflect the broadened responsibilities of all agencies for child protection and wellbeing, and the new service delivery models recommended in this report.

Recommendation 11.1

That the *Act* be amended to:

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 Information Act (NT) should not apply.

Urgency: Within 18 months

957 NSW Department of Community Services, 2008, *Evaluation of the Interagency Guidelines for Child Protection Intervention, Interim report, survey findings*, report prepared by A Consultants, NSW Department of Community Services, Sydney.

Recommendation 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.

Urgency: Within 2-3 years

Recommendation 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.

Urgency: Within 18 months

Recommendation 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.

Urgency: Within 18 months

Proposed reforms around the delivery of child protection services and interagency collaboration

This Inquiry does not wish simply to join the chorus calling for improved interagency communication and collaboration. In this section it recommends solutions which are geared towards meeting the needs of vulnerable families in urban, regional and remote areas of the Territory which are based on the understanding that government service agencies, NGOs and individuals need to work collaboratively to improve the safety and wellbeing of children. Elements of these recommendations may challenge some agencies and individuals, especially those who have become comfortable with the process of notifying the statutory agency with the expectation that that agency alone has the means and the will to do what is necessary to provide assistance to a child or family in need. The new framework we propose involves a focus on finding solutions to family problems before there is a need for recourse to the statutory authority and it involves working with rather than just referring to the statutory authority.

We introduce and describe six components to this interdisciplinary, interagency collaboration:

- development of a dual pathway for the referral and assessment of vulnerable children and families
- creation of Community Child Safety and Wellbeing teams for the 20 Growth Towns and elsewhere
- an expansion of the scope of the integrated child and family centres
- development of further multi-service family centres in areas of need
- establishment of inter-agency, hospital based child safety and wellbeing teams, beginning in Alice Springs and Darwin
- enhancement of the child safety and wellbeing roles of other government agencies and personnel.

Dual pathway referral and assessment

As described in previous chapters, at present, child safety and wellbeing concerns are reported to NTFC on the basis that a child has suffered or is at risk of suffering harm. If the risk is significant, this should still be the case. Only 20 percent of referrals to NTFC are substantiated and fewer than this may meet the criteria of significant harm. Under the current system the remainder are triaged in a manner such that they may never cross the threshold for action unless a further notification is made and investigated. There needs to be a better way.

The Inquiry proposes that individuals with concerns about the safety or wellbeing of a child should have two referral options: referral through a designated family support service or a referral gateway ('gateway'), or to centralised intake (as is currently the case). It is understood that, in time, a large percentage of matters, up to 85% could be directed to the first option/s.

It should be understood that there is no point in having a dual referral pathway if there are no services to accept, assess and intervene with families. The recommendations in this chapter depend on the Northern Territory Government (where necessary, in partnership with the Commonwealth Government) delivering on the substantial investment in support and therapeutic services outlined in Chapters 6, 7 and 8.

Family Support and Referral Gateways

The gateways, operated by a contracted NGO, will play a similar role to their equivalent services in Tasmania through the Gateway Services or Child FIRST across Victoria. These gateways (in Darwin and Alice Springs with a view to extending to other locations in time if warranted) will be responsible for providing an assessment and referral service for referred families and linking them into the appropriate support and intervention services that they need. They will need to be resourced to provide for the management of referrals from the broader community (including the maintenance of a client data base) and to provide strength and needs assessments of vulnerable families and children, prior to linking them with the appropriate support or therapeutic service. Such gateways may be co-located in a multi-service centre or operate as a stand-alone service.

Operational agreements will need to be developed between the support and intervention services and the regional gateway to cover issues such as the role of the centralised referral process, data management, case allocation processes and accountability measures⁹⁵⁸.

To facilitate communication and collaboration between NTFC and the gateway services and to hasten responses to high risk situations, it is proposed that a qualified NTFC intake officer be based with the gateway service as is the case in Victoria.

It is likely that it will take some time for there to be enough services to warrant the creation of a regional gateway, so an interim approach to an alternative referral will be needed.

As it is clear that it will take perhaps in the order of three years before there are a sufficient number and range of family support and therapeutic services to justify regional intake gateways, an interim arrangement is required. It is proposed that where a family is referred or comes into contact with a service, be it government or non-government, that the service seeks to engage the family, to undertake an appropriate assessment, to offer the appropriate supports, or refer to family directly to another service that might address their needs.

Needs assessment of children and families

To facilitate this broader, shared level of responsibility for vulnerable families, it is proposed that both government and non-government services move to adopt a common child and family needs assessment framework to avoid unnecessary re-assessments and to develop a shared language of practice. This may be based on the work being done in conjunction with the National Child Protection Framework on a common approach to assessment and referral, or around the Family Strengths and Needs Assessment Framework proposed in the DHF submission to the Inquiry. Details of the assessment framework will need to be determined through a process of consultation between the NTFC and other service providers in the government and NGO sectors.

Risk screening

All services should have access to a simple decision-making pathway model that screens children and families to determine issues of immediate and significant risk so that a direct notification can be made to Central Intake (CI).

Mandatory reporting requirements

Referral to one of the designated gateways, when they are formally established, will meet the mandatory reporting requirements of the *Act*. The *Act* will need to be amended accordingly.

The 'significant risk' of harm threshold for statutory intervention

At present, 'harm' is described in the *Act* as any 'significant detrimental effect...on the physical, psychological or emotional wellbeing of the child' (Section 15) and thus it suggests that the statutory role is limited to matters involving 'significant harm'. The Inquiry believes that this 'significant harm' threshold should be clearly understood by the referring professionals and the public at large and that amendments to the body of

958 An example of this from Child FIRST in Victoria is the *Operational agreement: Referral, Allocation and Demand Management*, South East Family Services, Family Alliance Partners.

the Act, especially Section 26 and subsequent changes to mandatory reporting training programs, should make it clear that 'significant harm' is the operative threshold.

However, consistent with the discussion in Chapter 7, the threshold should be specific to the level of harm not just the imminence of the harm, and that the degree of 'detrimental impact' should be the focus. Thus issues of cumulative harm and chronic lack of attachment should be included in this definition and in the assessment and investigation procedures outlined in the NTFC Policy and Procedures Manual. Currently such matters do not tend to trigger a statutory response.

Role of the statutory agency

Implied in the above discussion, is that the role of the statutory agency (NTFC) will be more clearly focused on those children and families where statutory interventions are indicated. In addition to their statutory role, NTFC will also retain a wider coordination function around child safety and wellbeing (such as chairing the Interagency Child Protection Policy and Planning Working Group), a funding and accountability function for NGO child and family service providers, a case management function for non-voluntary clients being served by NGOs, and a support role for child safety and wellbeing teams (as outlined below).

Community Child Safety and Wellbeing (CCSW) Teams

It is clear that the demands, capacity and response options in remote areas are different to those in the main urban centres and that local, place-based approaches need to be developed. One of the assets of remote communities is that many have a local cadre of government employees working in education, health, the police and sometimes housing and corrections. The approach proposed is a way of harnessing the skills and knowledge of these workers along with the inherent skills, knowledge and connections present amongst local community members.

Establishment and formalisation of CCSW teams

The Inquiry proposes that Community Child Safety and Wellbeing teams be developed and formalised progressively in each of the 20 Growth Towns (and beyond as necessary). The CCSW model should also be considered for Nhulunbuy, Katherine and Tennant Creek. The exact composition of these teams will be different in each community depending on the availability of local expertise and existing community governance structures. However, they should primarily be drawn from locally-based government (e.g. health, education housing, or police,) and NGO workers, the local early childhood coordinator (when appointed), and appropriate local community members with specific interests and skills. The local community would need to nominate community attendees, who may include Remote Aboriginal Child and Family Workers, night patrol officers, community leaders, a community development officer or qualified people in any other role. Expertise can be brought in to a meeting if required. For example, an NGO might be invited in some cases, or a paediatrician for some health or malnutrition issues. It is proposed that such teams be convened (but not necessarily chaired) by NTFC who provides a supportive and facilitative role. The NTFC worker could be part of a remote services team operating from an urban centre but, in time, may be based on each community.

To enable the efficient operations of the CCSW teams it is proposed that they are formally constituted and authorised (under specific NTFC guidelines, regulations or amendments to the legislation). The teams will be required to meet on a regular (weekly or fortnightly basis) and as circumstances dictate. Although not all service providers on a community will be represented on the CCSW team, all service providers should be regularly consulted as appropriate in particular matters.

Functions of the Community Child Safety and Wellbeing teams

Concerns involving children and families will be referred to or raised by these teams to promote the development of solutions based on an understanding of local issues, cultural considerations and available options.

The team will receive assessments conducted by team members or others, using the common assessment framework, with the permission of the families involved. They will also have the capacity to engage families in the decision-making process.

Teams will have the capacity to mobilise local services and supports to address the needs, and to refer matters to the nearest gateway (when operational) for linking with an appropriate service. To facilitate the work of the teams it is proposed that NTFC provides a worker in each site or funds an NGO to help conduct assessments, provide a level of family support, and/or case management. These might be new positions or an adaptation of the Remote Aboriginal Community and Family Worker role.

The work of the CCSW teams will be primarily of a non-coercive nature and be support-orientated. However, NTFC child protection services should become involved as soon as the level of risk to a child reaches a significance threshold. In that case, NTFC will provide a formal intake function. In all matters involving statutory intervention, NTFC continue to work closely with the CCSW team and, where feasible, use a collaborative decision-making approach. Where a child protection matter from a remote area comes to the attention of Central Intake, CI will record the details as is required in the legislation, but immediately refer the matter to the local CCSW team, except where there is immediate risk requiring police action (as is currently the case).

Members of the CCSW teams should be engaged with existing local initiatives, committees and decision-making processes related to child safety and wellbeing. These include processes around community safety planning, alcohol management planning, and the development of the Local Implementation Plans. It is proposed that as the positions are created, Early Childhood Coordinators in each growth town should become an integral member of the CCSW team.

It is proposed that NTFC develop a brokerage fund for each remote community to support the operations of the teams and to enable the provision of local supports (material or otherwise) where established services are not accessible. Solutions are not necessarily expensive, such as connecting a family or child and family to a service which already exists on a community or providing the means for transport to obtain a service.

Operational guidelines

Guidelines for the operations of such teams will need to be developed to include team member selection processes, responsibilities, decision-making parameters, protections,

and confidentiality provisions. Earlier in this chapter legislation which facilitates and protects the capacity of care providers and others to share information has already been described. Although there is no clear legal impediment to share information in the interests of a child, there is some concern about the restrictive wording of the legislation and there will need to be a review of current provisions to ensure that there are appropriate protections for all CCSW team members.

It should be noted that the Inquiry came across a number of initiatives in local communities that were already based around a partnership of local community members and service providers. These may be formalised, such as in Maningrida where there is a memorandum of understanding across agencies to develop a Child Safety Service, or not formalised, such as in most other places where generally it is relationships between people which lead to a collaborative problem solving approach. The Maningrida team was developed after a series of major child abuse concerns, to provide an inter-disciplinary and inter-agency case level response to matters of concern arising in the community. The team does not have statutory authority to intervene but does provide a place-based assessment of issues, is able to promote local solutions, has an interest in broader community child wellbeing concerns, and has developed a productive working arrangement with the NTFC workers responsible for the region.

Training

NTFC will need to develop guidelines and training programs for CCSW team members to cover operational issues, the requirements of members, and the legislative basis of their roles.

Expansion of the scope of the integrated children and family centres

The Commonwealth Government has funded the establishment of four integrated child and family centres in remote areas of the Northern Territory and one in Palmerston. These centres will focus on early childhood services and family support for which the administrative responsibilities lie with the Northern Territory Department of Education and Training. It is also understood that the Northern Territory Government has formally approved the creation of Early Childhood Coordinator positions for the 20 Growth Towns. These are in various stages of development.

The services to be offered through the Children and Family centres are primarily of a universal nature to include playgroups, parenting courses and other early childhood service options (see Box 11.2). Given the limited infrastructure in the remote communities such centres need to integrate a broader range of services to include targeted services for at-risk families, such as Homemaker and Targeted Family Support Services (as is currently offered by Central Australian Aboriginal Congress in Alice Springs).

The job descriptions for the Early Childhood Coordinator positions should specifically include this broader facilitative role as should the operational guidelines for the centres when these are developed. Where the coordinator comes from an appropriate discipline, they should be trained in order to perform a strengths and needs assessment for a child and family.

Integrated Children and Family Centres must have formal evaluation built into their work

plans such that the program can learn and evolve, and successes can be scaled up to other centres rapidly. Performance indicators must be considered in the developmental stage of these centres and be included on position descriptions.

Box 11.2: Examples of services which may be offered via an Integrated Children and Family Centre

Parenting services:

- Nutrition advice
- Food preparation
- Managing child behaviour across the age spectrum
- Education of parents regarding child development and child needs at different developmental stages
- Daily storytelling and reading to children
- Playgroups and play activities with a focus on child development as well as fun

Young mums programs; young dads programs; Aboriginal dads programs

Budgeting assistance especially in the setting of income management

Maternal and child health service with a focus on:

- preventive health practices
- hygiene
- liaison with the health clinics (easier on remote communities)
- infant feeding
- sleep

Recreation activities linked to:

- safety and wellbeing
- behaviour modification
- improving parent and carer understanding of child development

Community development

Active outreach where appropriate

Development of further children and family centres in areas of need

In Chapter 6 of this report we call on the Northern Territory Government to make a significant investment in the provision of predominantly secondary and tertiary prevention services and in therapeutic services. The Inquiry proposes that some of these new services should be developed by way of the creation of children and family centres to focus on better serving people in areas of particular need such as town camps.

It is understood that there is an intention to develop children and family centres in some of the other growth towns and the Inquiry strongly suggests that the broader family support vision around secondary and tertiary level services, be built into the planning of these centres as they are rolled out.

There are other areas in which the Northern Territory Government should consider the development of children and family centres to meet the needs of local vulnerable children and families. In urban centres, especially where there are some services provided already, there is a need for better collaboration and integration of services under a framework to meet the needs of families in those locations. This includes town camps (Alice Springs and Darwin), and in Nhulunbuy, Katherine and Tennant Creek.

Hospital based interagency Child Safety and Wellbeing teams

The establishment of an interagency approach to child safety and wellbeing is a little more complicated in the major urban areas where each agency has established processes and clear gatekeeping functions.

It is expected that, in time, an increasing number of family referrals will be processed by the agency that comes across the family and that as the gateways are established, they will take up a significant proportion of the matters currently handled by CI. However, there is a need to develop an interagency response to the critical child protection concerns that are currently creating so many of the complaints about NTFC.

The Inquiry proposes that hospital based interagency child safety and wellbeing teams be established in Darwin and Alice Springs. These teams will be formally established along the lines of the CCSW teams in remote areas. They will act at a case level to make recommendations on child safety and wellbeing matters that are brought up in the hospital context. They could also be used to process complex child protection concerns that arise elsewhere (for example, through CI), especially those matters that are likely to require multi-agency input and consultation.

It is proposed that such teams meet on a regular basis to review incoming matters, make decisions relating to the need for a statutory response, plan the assessment/investigation process, and make recommendations about case referral and management.

Composition of the hospital based Child Safety and Wellbeing teams

It is proposed that such teams be made up of nominated health care staff and social workers, and representatives from other services such as education, and the police. Other NGO service providers might also be represented. Each team should have an Aboriginal representative – including, if available, from one of the emerging Aboriginal Child Care Agencies (ACCAs). It is expected that other health-based personnel will, when requested, work closely with the team around assessments and case planning. As these

teams will have a decision-making role around the need for protective services, an NTFC worker will need to be on the team to serve as convener and as a formal NTFC intake point.

Commonly, a child with safety and wellbeing concerns also has relevant health issues. If present, the local clinic health professionals (urban or remote clinics, on-site generalists, visiting or referral specialists), hospital health professionals, or paediatricians in Darwin or Alice Springs are likely to be involved. Their perspectives need to find a place at joint assessments, either from that health professional directly or their delegate, without NTFC playing a gate-keeping role.

Proposals in this area reflect concerns about the strained working relationships between health professionals in hospitals and NTFC. The Inquiry is of the view that we must institutionalise a more collaborative approach to decision-making about children engaged with the hospitals (and where there are complex forensic concerns) in the expectation that more appropriate and better child protection decisions will be made, including in cases where cumulative rather than immediate harm is of concern.

Royal Darwin Hospital (RDH) now has an NTFC social worker on-site to more rapidly accept and process notifications of child safety and wellbeing concerns jointly with RDH-based paediatric staff. It is early in the life of this position, but it shows promise. In the future, the NTFC officer should have an intake role but also undertake investigations or delegate this task and convene the team for joint assessments, entering information including outcomes into the NTFC recording system, CCIS. Joint assessments involving those of other disciplines will be easier with at least two disciplines and agencies on the one site. The Inquiry is of the view that this joint work is the way of the future. We see both standing weekly and *ad hoc* meetings, as being necessary to discuss cases that have come to attention through the inpatient unit, emergency department, outpatient clinics or outreach clinics, or to be referred from CI (and elsewhere) because of their complex nature.

The preferred model is to have an NTFC position in Central Australia co-located at Alice Springs Hospital (ASH) performing the same functions as their Darwin counterpart, reinforcing the importance of interagency work. There is a need for further consultation before an NTFC social worker is on-site at ASH, with the experience at RDH being useful to observe. An NTFC professional allocated to the hospital as a single point of contact and performing the role of intake, investigation and facilitator of joint assessments is highly desirable for the reasons outlined above.

The lack of a common assessment framework can result in an individual or agency notifying the statutory authority, using their own framework and assessing the level of harm or risk to the child to be significant. However, if their assessment of the level of risk or harm is not shared by the statutory authority to which it is reported, and not afforded priority, or the service response to the notification is not in accordance with the notifier's expectation, frustration can result and professional relationships and confidence in the statutory authority are affected.

The Inquiry heard from several NTFC employees about what almost amounts to allegations of bullying behaviour by health professionals towards them arising from this mismatch between the NTFC agency understandings of thresholds and the expectations of notifiers. We have also heard the other side of such stories and appreciate the positions each side

has adopted and the frustrations each side feels as a result. At other times notifiers have been surprised by what appears to be an overly zealous response from NTFC.

This confusion should be resolved with the adoption of an interdisciplinary interagency assessment involving, where appropriate, input from the notifier to help determine an outcome for a child. This approach would not apply to all notifiers, however, where appropriate, the statutory authority should involve the notifier in a meeting to help determine the outcome and case plan resulting from a notification. The agency notifiers for whom this would apply and who could be represented on a joint assessment team include, but would not be limited to, health, education, police, housing, and NGOs and also any delegate from a remote or urban community child and family safety and wellbeing centre or team.

When a case does meet the statutory agency's threshold, their investigation would proceed as required, obtaining information and advice from whatever source is necessary. However, at an early point, the statutory agency would facilitate a meeting of people from at least two disciplines to jointly determine an outcome and actions for that case. In some circumstances the required information and advice would be obtained at that joint meeting.

Advantages of joint assessments

The advantages of an interdisciplinary interagency assessment are numerous. Such an assessment is likely to be better than an assessment by the one agent or agency by:

1. enhancing information sharing for that child at the point of decision-making, and avoiding concerns that confidentiality can be used to prevent information sharing
2. enhancing transparency of decision-making
3. enhancing the sharing of responsibility
4. using the expertise of other service providers
5. enhancing links between supports and services
6. avoiding duplication
7. assisting in coordination of planning and implementation of a case plan
8. enhancing the understanding of what the statutory agency can and cannot do, as well as the capabilities of notifying agencies
9. ensuring clarity of agency roles with respect to specific cases
10. eliminating the gate keeping role of the statutory agency. This is especially important as it also avoids the situation of some notifiers referring cases to the statutory agency and no longer assuming a significant role in safety and wellbeing
11. making it more likely that other needs and actions will become clear
12. increasing effective communication and partnership between agencies, most importantly but not limited to (Northern Territory Families and Children) NTFC, police and others

13. reducing the likelihood of fragmented service provision
14. enhancing the likelihood that vulnerable families with complex needs requiring assistance from more than one agency will have their needs met by agencies working together
15. avoiding the need for children, young people, or their carers reliving traumatic and distressing experiences unnecessarily
16. helping to identify cumulative harm from a combination of factors and/or over time when information can be combined from multiple sources
17. helping to create a more complete picture about the child or young person's circumstances.

Enhancing the child safety and wellbeing roles of other government agencies and personnel

Health

An enhanced role for some health personnel is described above but there is much more scope for enhancing the broader roles of health professionals, especially in remote areas to formally include child wellbeing and protection functions. In addition to membership of CCSW teams, health personnel could liaise with NTFC around the monitoring of at-risk children and, where, necessary, providing a 'sighting' function when NTFC cannot visit a remote area on a regular basis. It is noted that many remote and primary care nurses have undertaken training in child protection work and current act as valuable partners in keeping children safe.

Police

The Inquiry has been continually impressed by the roles played by police officers and their leaders with respect to broader issues of child safety and wellbeing and their involvement in and commitment to collaborative ventures such as Child Abuse Taskforce and 'Peace at Home' (see Chapters 5 and 7).

The NT Police submission comments:

NT Police hopes that a sense of urgency is generated about this need for agencies to work much more collaboratively to address child abuse and associated risk factors ever present in Indigenous communities.

And also:

Since the publication of the 'Little Children are Sacred' Report, many recommendations have been implemented but equally concerning is that whilst agencies including Police have gotten on with the job of delivering initiatives, our collective efforts remain largely uncoordinated at a service delivery level.

As an agency, NT Police is already take a leadership role regarding child safety and wellbeing, and are likely to be willing participants in Child Safety and Wellbeing teams.

Education

Education professionals have major roles to play regarding child safety and wellbeing. The early (0 - 8) years agenda sits within their new 'birth to jobs' philosophy. Department of Education early childhood positions in the 20 Growth Towns will be immersed in this agenda. Where there are child and family centres these act as hubs for a number of safety and wellbeing services, coordinated by the early childhood positions. They have the potential to be important contributors to the wellbeing of children in remote areas.

Teachers may be the only trusted, stable, predictable adults in a child's life at times, and engagement with them is very important for children. As pointed out to the Inquiry at a public forum, for children attending school 'teachers see them every single day' and are in a position to know when things are going well but also when they are not going well for those children. Teachers and the school hierarchy have an important role to play in escalating concerns. Previously this would have been to NTFC, but under the new model on a remote community they would bring a case to the local CCSW team. In an urban area they could choose to refer through to a Family Support and Referral Gateway (FSRG), directly to a recognised family support service, or involve NTFC directly through CI. When a school refers a case to NTFC they could be involved in the interagency assessment as described above.

There is much to be said for the notion of child wellbeing officers for each school. The functions of such positions vary somewhat from school to school, and depend to some extent on the interest and expertise of the officer. In other states their focus is generally on supporting students who are at risk of disengaging from the education system or not achieving their educational potential, playing a role in whole of school approaches as well as individual case-based work to support vulnerable students. Their activities include engagement with relevant services external to the school or education system, but not necessarily playing a case management or counselling role.

The Department of Education have embraced the early childhood agenda and have a visible role in promoting student's wellbeing through a range of initiatives. Education is in an ideal position to contribute to the child safety and wellbeing reforms proposed in this report.

The Inquiry is of the view that school non-attendance, a highly prevalent, highly significant child wellbeing problem, particularly among Aboriginal children on remote communities, requires the most urgent attention and intervention, particularly at an interagency, whole of government level.

Housing

The Department of Housing, Local Government and Regional Services (DHLGRS), while not directly responsible for the provision of specific children's programs, has responsibility for several programs and initiatives that either directly or indirectly relate to the safety and wellbeing of children. DHLGRS is the Northern Territory Government's central point of responsibility for effective coordination of the delivery of government services to remote areas, oversight of the Working Future framework, Aboriginal policy coordination and for promoting and supporting regional and Aboriginal economic development. Frontline tenancy staff are most likely to interact with and have firsthand knowledge of families and children who may be vulnerable, in stress or requiring referral for assistance.

We propose that when DHLGRS staff are concerned about the wellbeing of a child they should be referred to the relevant CCSW team. Given that the issue of housing is central to a child's wellbeing, and DHLGRS understands that it has a broader casework and assessment role than has previously been understood, it would be appropriate for delegates of this agency to participate in child safety and wellbeing case meetings.

Enhancing the child safety and wellbeing roles of other government agencies and personnel

At present, each of the human service statutory agencies in the Northern Territory has a senior officer (at director level) designated with responsibility for child protection policy issues pertaining to that department. However, there has been no coordination around these positions or agreement on the nature of the responsibilities. It is understood that most of the nominated senior officers attend (or plan to attend) meetings of the Interagency Child Protection Policy and Planning Working Group (ICPPPWG) that was established shortly before this Inquiry was called.

The Inquiry proposes that the implementation unit to be established as a result of this Inquiry report (see Chapter 14) undertakes a review of these positions in consultation with the various agencies. This review should determine the child safety and wellbeing functions of these positions within each agency and at an interagency level.

The Inquiry understands that the ICPPPWG, convened by NTFC, will provide the impetus for joint policy development, practice initiatives and training to enhance the provision of child safety and wellbeing across government and NGO service providers in the Territory.

There are many other details of the proposals that will need to be developed prior to their implementation. For example, the changes to legislation and operational guidelines will need to be worked through, implementation trials of some concepts (for example, the CCSW teams) should be undertaken, and the finalising of precise functions, responsibilities and protections will need to be determined. Some of the reforms (for example, the development of the shared child and family needs assessment framework) require that a consultative process be undertaken with other government agencies and NGOs, so the precise form this will take is uncertain at present. In Chapter 14 we look at some of the mechanisms for implementing the reforms and recommendations outlined here including the establishment of an implementation unit in the Department of Chief Minister.

Recommendation 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:

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

Urgency: Immediate to less than 6 months

Recommendation 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.

Urgency: Within 18 months



CHAPTER 12
WORKFORCE

CHAPTER 12

Workforce

The workforces in child protection, child welfare, child care, youth services, employment counselling and juvenile justice are not large enough, stable enough, experienced enough, trained enough, paid enough, supervised enough, equipped enough, valued enough to do the jobs as well as they should or as many of them wish they could.⁹⁵⁹

Introduction

Workforce issues in general and in child protection, and child and family welfare in particular, are well described in the local, national and the international literature.⁹⁶⁰ The words of Douglas Nelson above highlight the magnitude of workforce challenges in this field. It is obvious that without an able and strong workforce, policies and plans made with the best of intentions and with premier skills are of no value at all. In recognition of this, we note that 'a comprehensive workforce development plan incorporating recruitment, training and retention strategies' is recorded as a priority of the National Framework for Protecting Australia's Children 2009-2020. It is early days in the implementation of this imperative.

Planning for the effective establishment of a strong workforce and its ongoing management is well acknowledged as a major task confronting the Northern Territory Government.⁹⁶¹ What were unmistakable from the commencement of this Inquiry are the mammoth workforce problems in the Northern Territory (Northern Territory) that are evident across most areas of work - 'staff are under enormous pressure as they have been for many years'.⁹⁶² Alongside our immediate awareness of these workforce challenges, the Inquiry recognises and appreciates the strength of commitment of the Northern Territory Families and Children (NTFC), and broader workforce, reeling under the heavy strain of caring for and protecting children, supporting families and growing community capacity in Northern Territory.

Recently, the Council of Australian Governments (COAG) has focused on the important workforce concerns in relation to the health workforce.⁹⁶³ In part, this is in response to well articulated concerns about the crisis in this particular workforce in rural and remote, as well as urban, Australia.⁹⁶⁴ It reflects growing evidence of the need to resource new and

959 W Nelson, 2003, 'Confronting the workforce crisis in child welfare', *Children's Voice*, vol. 12, no. 5, pp.25, p.25.

960 L Arnold et al., 2008, *Professionals protecting children: Child protection and social work education in Australia*, Australian Centre for Child Protection, Adelaide; G Cyphers, 2001, *Report from the child welfare workforce survey*, American Public Human Services Association, Washington; A Siebert, 2005, *Develop a highly resilient workforce*, American Society for Training and Development.

961 Submission: Department of Health and Families.

962 Submission: NTFC Workforce Development Unit.

963 National Health Workforce Taskforce, 2009, *Health professional entry requirements 2009-2025 - Macro supply and demand report*, National Health Workforce Taskforce, Melbourne.

964 R Murray & I Wronski, 2006, 'When the tide goes out: health workforce in rural, remote and Indigenous communities', *MJA*, vol. 185, no. 1, pp.37-38, pp.37-38.

creative initiatives to meet the health needs of rural and remote area Australians.⁹⁶⁵

There has been no equivalent national government attention to the needs of the community service workforce despite a number of current reviews and appeals for government to pay urgent attention to these broader workforce needs in Australia – including strong recommendations that refer to the escalating ‘national social and community service workforce crisis’.⁹⁶⁶ Reference to a national crisis is made in a very recent workforce report by Healy and Lonne which recommends that the Department of Education, Employment and Workplace Relations (DEEWR) undertake a ‘national workforce analysis and planning processes in conjunction with CDSMAC (Community and Disability Service Ministers Advisory Council)’⁹⁶⁷

The newly launched statutory authority, Skills Australia has, as one of its primary functions, the analysis of current and emerging skill needs across Australia and has recommended the development of a workforce reform agenda.⁹⁶⁸ It is very clear that the needs of the community services workforce are urgent and hopefully some of these recent reports and initiatives offer optimism in terms of national agendas that can support the Northern Territory and other states and territories.

Universally, child and family welfare workforce recruitment and retention present analogous as well as unique problems. Most consistent are the child and family workforce anxieties that are voiced in countries that have adopted the neo-liberal (investigatory and forensic) rather than social-democratic (universalist family service based) approach to the protection of children.⁹⁶⁹

As described in Chapter 2, the following profile is one which typifies areas that influence particular child and family welfare workforce challenges:

- significant and chronic socioeconomic disadvantage and dislocation
- large wealth disparities between the rich and the poor
- high levels of disadvantaged Aboriginal populations
- diverse and remote small communities
- dispersed and large geographic areas
- significant ethnic diversity.

965 J Humphreys et al., 2008, ‘Beyond Workforce: A systemic solution for health service provision in small rural and remote communities’, *MJA*, vol. 188, no. 8, pp.77-80.

966 K Healy & B Lonne, 2010, *The social work & human services workforce: Report from a national study of education, training and workforce needs*, Australian Learning and Teaching Council, Strawberry Hills, NSW; K Healy & S Oltedal, 2010, ‘An institutional comparison of child protection systems in Australia and Norway focused on workforce retention’, *Journal of Social Policy*, vol. 39, no. 2, pp.255-74, pp.255-74; G Meagher, 2007, ‘The challenge of the care workforce: Recent trends and emerging problems’, *Australian Journal of Social Issues*, vol. 42, no. 2, pp.151-67.

967 Healy & Lonne, *The social work & human services workforce: Report from a national study of education, training and workforce needs*, p.68.

968 <http://www.skillsaustralia.gov.au>.

969 K Barter, 2007, *Working Conditions for social workers and linkages to client outcomes in child welfare: A literature review*, In *The Welfare of Canadian Children: It's Our Business, A collection of resource paper for a healthy future for Canadian children and families*, ed CWLo Canada, <http://www.cwlc.ca/files/file/policy/Welfare%20of%20Canadian%20Children%202007.pdf>; 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.

Workforce matters occupy space in most child protection inquiries and reports.⁹⁷⁰ Many such inquiries have focused on the needs/deficiencies of a dedicated child protection workforce, that is, the number of child protection, family support or out-of-home care workers required. What is less evident in many of these reports is a discussion related to an integrated cross-sectoral workforce development plan across the continuum of universal, secondary and targeted services between government and non-government. In most inquiries the focus of concerns and the subsequent recommendation are on training, recruitment and retention of frontline child protection workers/practitioners in statutory authorities.

The National Framework for Protecting Australia's Children takes a broader view on workforce needs:

The attraction and retention of an appropriately skilled and qualified workforce – including statutory and non-government service workers, as well as voluntary carers – is a high priority.⁹⁷¹

Additionally, the Framework acknowledges the importance of the National Early Years Workforce Strategy and recommends building on and extending initiatives to support such initiatives as the Western Australian (WA) Foster Care Team Development. The Framework highlights 'the need for recruiting/retaining people with specialised skills demanded in government, non-government and carer workforces'.⁹⁷² Most importantly, it promotes the need to 'develop and expand the Indigenous child protection and welfare workforce, including: - fostering Aboriginal controlled services to deliver support to Aboriginal families'.⁹⁷³

Whatever the policy framework that shapes the workforce, there are many other factors that impact on its capacity to do its work well. Of particular importance is how the work – including its components - is conceptualised and described so that it can be done (work design). As well as this there are important matters such as the cultural context of the work, the way that jobs and tasks are allocated, funding levels, the way positions and work are distributed, demand for various categories of work, caseload allocation, and organisational factors such as policy and administrative systems, accountability procedures and protocols for intra and inter agency work.

This chapter provides a brief description of the Northern Territory Families and Children (NTFC) workforce and work conditions and focuses on how the submissions, hearings, consultations and public forums describe workforce issues – staff turnover, recruitment and retention, work practice demands, induction and training, supervision, support and mentoring and culture and management. To the extent that the Inquiry could do so we also comment on workforce matters relevant to the welfare of children within the much broader context of integrated services now required by national, many state and professional policy frameworks (and as proposed in Chapter 11). Because Aboriginal child, family and community welfare issues are of such importance in the Inquiry and unarguably can only be resolved by paying serious attention to the need for a strong Aboriginal workforce, this matter is also addressed.

970 e.g. Wood, *Special Commission of Inquiry into child protection services in NSW*; Jacob & Fanning, *Report on child protection services in Tasmania*.

971 Council of Australian Governments, *Protecting children is everyone's business*, p.25.

972 *ibid.*, p.43.

973 *ibid.*, p.30.

In the submissions, hearings and consultations, there is much evidence of personal, organisational and professional commitment present amongst the dedicated and broad workforce concerned with protecting, caring for, and educating children, and supporting families and communities in the Northern Territory. This workforce dedication is noted at the outset and provides a signal of hope in an otherwise bleak landscape in which worker stress and distress appears to run parallel with the grief and misery of children, young people, families and communities living with immense disadvantage and trauma. Despite the very evident litany of problems, there is a strong strand of optimism in many submissions, such as that of the NTFC Advisory Council:

The Northern Territory offers rich and rewarding work experiences, but not in the short term.⁹⁷⁴

And:

In future planning let us not forget that we are never too small to make a change. The Northern Territory can lead the way... ' If you think you are too small or insignificant to make change- you have never been in a dark room with a mosquito.'⁹⁷⁵

According to a Charles Darwin University academic:

While inquiries often tend to focus on negative aspects of systemic failures and crises, they also present the opportunity to recognise good practice, to make meaningful and sustainable recommendations and to act as catalysts to change.⁹⁷⁶

In making recommendations about workforce changes that are required in the light of the findings of this Inquiry, we pay tribute to the commitment, professionalism and enthusiasm of the many people who are contributing to the wellbeing and protection of the children, families and communities of the Northern Territory. We hope that in the acceptance and implementation of the recommendations of this Report they, and those that follow them, will achieve access to the work conditions that enable them to undertake their work effectively, receive the recognition and reward they deserve for the work they do and, that we all bear witness to better outcomes this will produce for the children, families and communities of the Northern Territory.

Current Workforce Data

Whilst the workforce that is required to service the needs of children and families in the Northern Territory consists of a broad spectrum of workers across many government and non-government agencies, predictably much of the data that was presented to the Inquiry related specifically to NTFC Child Protection, Family Support and Out of Home Care workers, and associated workforce procedures and policies. Most of the workforce data

974 Submission: NTFC Advisory Council.

975 Submission: Hannah Moran.

976 Submission: Jerry Sweeting.

supplied to the Inquiry relates to the current staffing of and workforce arrangements in the NTFC and was included in the submission by the Department of Health and Families (DHF) and associated NTFC work units⁹⁷⁷ as well as in responses to specific requests to that both the Department and the Division. In the Executive Summary of the primary DHF submission it is noted:

The Department does not currently have the capacity to sustain an adequate response to the growing demand in intake, child protection investigations and out of home care...The current policy and service system response is clearly not sustainable into the future.⁹⁷⁸

Whilst, in the full report it adds:

DHF has no resource allocation model to undertake workforce modelling and analysis across occupational groups or a workload measurement system to link workforce planning to service planning. Historically, annual budgets are distributed based on previous year allocations while new funding is generally allocated based on known or identified need. This historical approach to funding allocations has not and cannot account for the complexity or intensity of work undertaken by child protection staff in different locations, or provide a mechanism to determine an appropriate allocation that will standardise case loads, and account for the range of caseload complexity or the actual cost of service delivery, including office space, child and staff accommodation, vehicles and administration costs.⁹⁷⁹

It is apparent from the submission of the NTFC Workforce Development Unit (WDU) that, with the support of other DHF staff, their small complement of staff (a 'hit and miss staff number of eight') is responsible for 'attraction, recruitment and retention, workforce reporting, training and professional development' and, including the oversight of supervision requirements, for the entire NTFC workforce.⁹⁸⁰ The submission lists the following workforce problems, among others:

- Chronic under resourcing of the unit itself and its inability to retain staff impact severely on development, implementation, monitoring and evaluation of robust learning strategies
- Major deficits in leadership and management training
- Low participation levels in core and other training due to low staff numbers and inability to release staff to access training
- Ad hoc and inadequate staff induction and orientation
- Delayed training of up to 12 months for some new staff due to lack of fit between recruitment time and delivery cycle
- Poor participation by senior practitioners, team leaders and managers because of case demands at the front line

977 Submission: NTFC Workforce Development Unit.

978 Submission: DHF.

979 Ibid.

980 Submission: NTFC Workforce Development Unit.

- The need for creativity, flexibility and energy to create robust strategies that can be tailored to the unique circumstances of the Northern Territory and various offices and work units
- Absence of a clear process to meeting workforce needs for career progression expectations or to aligning the core roles and responsibilities of staff to their relevant learning and development needs
- Absent or 'on the run' supervision and the inconsistency of supervisory skills amongst managers and team leaders
- Lack of understanding and lack of mechanisms for compliance with statutory policies, procedures and standards.

This submission is deeply disturbing insofar as it is self consciously reflective and critical of its own capacity and performance and candidly (perhaps courageously) identifies very serious inadequacies at all levels of workforce recruitment, retention, support and training in NTFC. It offers an enlightened and comprehensive framework for improvement and acknowledges the centrality of workforce capacity building, support and supervision as prerequisites for adequate let alone quality care services for children in Northern Territory:

Staff resourcing issues can impinge on the ability to provide quality services to ensure that we keep children safe ... staff supervision arrangements and a formal line management structure are critical to initiating, implementing, tracking and supporting learning development strategies for staff.⁹⁸¹

The WDU has documented its well researched plans for current and future needs in three distinct areas of:

- Learning Development Framework – includes core and specialist training
- Supervision Agreement – includes process and implementation
- Capability Framework – includes recruitment, retention, support and career pathways.

In an attached submission from the NTFC Care and Protection Training and Development Working Group (a sub group of the WDU) a most comprehensive list of suggestions augmenting these plans are canvassed, problems identified and proposals suggested for the remediation of the stipulated workforce problems.⁹⁸² It is clearly evident to the Inquiry that none of these strategies for workforce improvement and change can be achieved without significant additional resources which include the capacity for creativity, mobility and flexibility to meet the 'unique' needs of Northern Territory service providers. It is also evident that without this resourcing the crisis facing the protective services for children will continue.

981 Ibid.

982 Ibid.

Organisational, staff structure/ function and workforce numbers

The following staff groupings are noted as constituting the NTFC child protection cohort:

- Child protection workers (CP)
- Out of home care workers (OOHC)
- Remote Aboriginal Family and Community Workers (RAFCW)
- Youth Workers
- Team Support Workers
- Family Support Workers
- Administrative Support Staff.

The Inquiry understands that, what is called, the ‘professional stream’ constitutes child protection workers, family support and out of home care workers as well as some members of therapeutic teams. Regional offices include child protection teams and out of home care teams as well as administrative support staff. Most offices may include some Aboriginal family and community workers, family support teams and youth workers. In the 2009 annual Report, total costs for NTFC are given as \$94.4 million, whilst the Treasury Report within the DHF submission indicates that the budget is \$83 million.

In the 2009 Annual Report, staff numbers for the NTFC Division are given as 369 Full Time Equivalents (FTEs) and budget estimates are for 478 in 2010-11. The Annual Report notes that 251 of these staff are ‘professional stream employees’. In the departmental communication provided to the Inquiry in August 2010, the FTE is reported to be 503 with 182 people being in the professional stream. We acknowledge that some of the differences in these and other numbers are due to the fact that some calculations are ‘means for the year’ and some are ‘particular date numbers’. Whatever the methods of calculation, this represents a small number of staff at the frontline of child protection services spread over such an enormous territory that includes so much remote work with an added complexity of language and cultural considerations.

In the same communication it is noted that ‘NTFC is running at just under 10 percent of the DHF FTE total’ which means that, in general, the NTFC workforce constitutes a very small component of a much larger department – a matter referred to frequently in hearings and consultations. Table 12.1 provided by NTFC⁹⁸³ offers some measure of the increases in professional staff numbers from 2007 to 2010.

Table 12.1. Full Time Equivalent Professionals in Work Areas Over Time

	OOHC	CP	FISS	YS	CC	Summary
2007	12.77	80.25	8.2			101
2008	12.3	95.89	14.3	1	1	124.27
2009	16.2	119.3	13.2	4.8	1	144.5
2010	21.56	124.5	18	7	1	172.06

983 DHF Response to Inquiry request for information, 25 August 2010.

There are six Branches within NTFC:

- Child Protection Services (CPS)
- Out of Home Care Services (OHCS)
- Youth Services (YS)
- Family and Individual Support Services (FISS)
- Policy and System Support (PASS)
- Budget and Corporate Support and Disaster Recovery.

Since 2002, the Northern Territory Government has increased the number of child protection workers by 71 (a 50 percent increase) and planned an additional 10 workers over the next 5 years.⁹⁸⁴ It is noted that further growth in staff numbers is planned. In the DHF budget estimates for 2010-11, just over \$4 million is budgeted for increases in professional staffing for the child protection and associated therapeutic services.

In his media release of 19 April 2010 (released after the DHF submission to the Inquiry), the Minister for Child Protection confirmed that there had been 'a tripling of the child protection services budget since 2001' which included 'an additional 112 child protection and support workers funded by Labour since 2002/2003'. He announced that, in 2010-11, 'an additional 76 child protection staff will be employed as part of a \$14.6 million funding boost to Northern Territory Families and Children' affirming 'there can be no greater priority as a Government than to protect our children'⁹⁸⁵.

The structure of NTFC as a division within the DHF appears skeletal although it is appreciated that being a Division within a Department provides some leverage in relation to corporate support services such as Information Technology (IT) and Human Resources (HR). It is clearly important to note that the NTFC was only recently established as a Division as a result of recommendations from previous inquiries. Most of the submissions and comments about the location of NTFC within DHF express more concern for outcomes rather than structure, that is, they ask what structure is best in order to achieve the outcomes required for children and families?

It is evident from the policy and procedure manuals and protocols that were provided that much thoughtful preparatory policy work has been undertaken and recorded by NTFC. However, it remains unclear whether and, if so how, these policies are implemented and the nature of the accountability structures for operationalising workforce policies, monitoring performance and evaluating outcomes. Whilst most NTFC staff who commented to the Inquiry respect the relationships and value the leverage opportunities provided by being part of a broader DHF structure, it is apparent to them that NTFC is competing for resources to meet their priorities with other DHF priorities. Terms such as, 'poor cousins', 'low profile', 'absence of understanding' and 'competition for resources' dominated discussions with NTFC staff.

Outside of the NTFC staffing profile, it was not possible to obtain a clear or comprehensive picture of the workforce arrangements and requirements in the hugely complex and much broader Northern Territory service environment of interlocking services funded in

984 Submission: DHF.

985 Kon Vatskalis (Minister for Child Protection), 19 April 2010, *Healthy Territory: Major boost to child protection services*, media release,

a myriad of programs by multiple authorities and tiers of government that supply child, family and community services at a primary, secondary and tertiary level. However, submissions, hearings and documents supplied by DHF provide ample evidence of the huge complexity in the Northern Territory service delivery landscape and the competition between services for good staff. Whatever the additional workforce need, 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 Northern Territory (see Chapter 11). This will, of course require capacity building in relation to staff numbers and also the skills and willpower to enter new collaborative arrangements.

Case loads

The workload allocation approach to services for the protection and care of children by NTFC is unclear. The DHF submission advises that there has never been nor is there now a workload indicator for the dedicated child protection services in place in Northern Territory.⁹⁸⁶ Hence there cannot be, nor is there, any reasonable measure or reporting of workload performance, pressure or stress at this time. It is also apparent from this submission that there is no workload measure for the associated and very important Youth and Individual and Family Support Services or for Aboriginal Community Workers. The DHF submission recognises that the need for a workload allocation strategy is urgent.

The DHF submission also notes that a NTFC workforce involves more than dedicated child protection, family support and out-of-home care workers and requires people across a range of operational, policy, research and administrative areas. No allocation formula was able to be provided for these positions either. In relation to child protection staff, the DHF submission draws parallels between the difficulty of recruiting staff for NTFC with that of recruiting and retaining remote health staff including Aboriginal Health Workers. It comments:

attracting and retaining skilled and experienced child protection staff both in the professional and nonprofessional workforce is the single biggest issue for the Northern Territory care and protection system.

The submission reports that the organisation has no capacity to standardise caseloads and, at the time of writing this report, the evidence is that some regional area workers are carrying complex caseloads of around 40 children.⁹⁸⁷ One NTFC worker told the Inquiry she had a current workload of over 60 cases.

Determining appropriate caseloads for staff working in the wide range of child and family services is occupying researchers and managers in all child welfare jurisdictions across the world.⁹⁸⁸ Generally, caseload is defined 'as the number of cases/clients/families handled by a full time equivalent direct worker at any one time or over a stated

986 Submission: DHF.

987 Ibid.

988 See for example (Child Welfare League of America (CWLA) Guidelines for Computing Caseload Standards). Accessed 4 August <http://www.cwla.org> and NSW Department of Community Services, 2007, *Caseloads in Child and Family Services, Technical Report 2*, NSW Department of Community Services, Sydney.

period'.⁹⁸⁹ In the most part analysts have been preoccupied with calculating formulae for the two dedicated personnel items of child protection and out of home care. However, in the light of the changing orientation to child protection practices and in particular the imperatives associated with the implementation of the new National Child Protection Framework, the formulae that are being developed are required to address ratios of staff that include the range of service areas from universal and early intervention, community development and family support to tertiary child protection, intervention and treatment and alternative care for children and young people.

The continuum of services aimed at promoting the safety and wellbeing of children and young people as well as supporting their families and communities needs to be addressed. It is imperative that caseload ratios for dedicated child protection workers are addressed. These ratios also need to include a formula for supervision and administrative support.

Currently, caseload recommendations across jurisdictions vary wildly and may refer to a case as a child, a 'case-type' (often associated with intensity of work required) or a family. Some formulae have been won through class actions by workers. Some include a calculation for complexity. Others differentiate between open cases, active cases, and investigations.

The suggested number of caseloads for early intervention and the provision of family support programs range between 6 and 29 cases for each worker. Recommendations and actual child protection caseloads vary between 10 and 25 per worker and out of home care vary between 6 and 20. Supervisor/caseworker ratios are less variable and generally suggest ratios between 1:8 and 1:5. On the basis of recommendations from Gwen Murray, who conducted a review of abuse in care⁹⁹⁰, the Western Australian Government has accepted a benchmark ratio of 1:15 for caseworkers. No formulae were located that paid attention to the question of differentiating caseload in as complex an environment as the Northern Territory although the Wood Report has suggested caseloads of Out of Home Care 1:15; Family Support 1:10 or 1:20; Child Protection 1: 15 to 1:6.⁹⁹¹

What is absolutely clear is that the best outcomes for children and families and retention of competent staff are directly associated with clarity about task as well as manageability of workload.⁹⁹² Departmental staff advised that as child protection notifications come in, a prioritisation system around risk indicators has had to emerge and 'people just take it on'. It was acknowledged that with the introduction of Structured Decision Making as an assessment model in Northern Territory, the pressures on workload are already more evident.

In workload calculation provided for the Inquiry, a self acknowledged, retrospective and 'rudimentary measure of caseload' was provided using a formula that is relatively opaque and which arguably adopts a 'best guess' approach. Using the formula (which on the particular day of 1 November 2009) counted open cases plus some unresolved intake and a proportion of backlog cases, and dividing these by the number of 'actual staff' of 90, the average caseload per staff member is calculated at 25. This calculation appears not to include any work associated with other variables such as the highly intensive

989 *ibid.*, p.3.

990 Western Australian Department of Community Development, 2005, *A Duty of Care to Children and Young People in Western Australia*, report prepared by G Murray, West Australian Government, Perth.

991 Wood, *Special Commission of Inquiry into child protection services in NSW*.

992 G Tittke, 2002, *Caseload Size in Best Practice: Literature Review*, Children and Family Research Centre, School of Social Work, University of Illinois., Illinois.

investigatory processes in what are not yet open cases, so it may not be helpful. What is telling, however, is that even using this rudimentary analysis, estimated caseloads in the Top End are more than double those in Alice Springs (see Table 12.2).

It is also important to note the calculation made in the DHF submission about the implications of formalising a generally recommended caseload ratio of 1:15 would require a 50 percent increase in 'casework staff'.

Table 12.2. Caseload Individual Region Results

Region	No. of 'open' cases	No. of case workers P1/P2	Average caseload
Central Australia	487	23	21
Top End (inc. Darwin Remote, Katherine and Nhulunbuy)	846	18	47
Darwin	920	49	19
Total	2253	90	25

The DHF submission comments:

It is clear that NTFC workers have caseloads greater than would be considered appropriate (based on other jurisdictions).⁹⁹³

It also acknowledges:

Delivering child protection services to remote communities can cost from three to four times more than delivering services in urban centres'.⁹⁹⁴

It is of some considerable concern that there is no workload allocation model or caseload calculation formula in place for the dedicated services that are responsible for responding to reports about abuse and harm to children in Northern Territory. However, it is noted that, along with addressing other urgent matters, the DHF submission asserts that the NTFC Care and Protection Quality Sub-Committee has formulated a comprehensive and compelling set of priority projects that aims to address workload crisis:⁹⁹⁵

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

993 Submission: DHF.

994 Submission: DHF.

995 Submission: DHF.

Again, it is equally clear that the only way that any of these priority areas will be addressed is if there is a very significant resource allocation made to them.

Recruitment and retention

It has already been noted that workforce recruitment and retention issues confront human services throughout the world – although certain geographic regions provide particular challenges in this regard.⁹⁹⁶ No doubt, one of these is the Northern Territory. The DHF submission notes that it is apparent that service delivery in remote communities often relies on a mix of part time and casual staff and that the Northern Territory staff workforce is characterised by ‘high staff turnover, unsustainable workloads, high absenteeism and burnout’. Indeed, annual staff turnover rates are recorded to be as high as 80 percent in some offices.⁹⁹⁷ The following data in Table 12.3 was provided by DHF in response to a request for information about ‘turnover in work units’.⁹⁹⁸

Table 12.3. Annual Turnover Rates

	Total Separations 2008-09	Percent Annual Turnover Rate 2008-09
NTFC Division Wide	92	26.46
NTFC Executive	2	40.68
Budgets & Finance	1	8.57
Child Protection Services (Branch Wide)	60	30.73
Executive	5	146.34
Darwin	21	24.32
Top End	9	24.22
Central Australia	20	35.14
Remote Aboriginal & Community Workers Team	1	14.29
Mobile Child Protection	4	67.61
Out of Home Care Branch wide Area	11	26.24
Youth Services – Branch Wide	3	23.84
Youth Services Executive	2	37.5
Youth Justice Policy & Program Support	0	0
Darwin Family Support Centre	1	66.67
Alice Springs Family Support	0	0
Family & Individual Support Services – Branch Wide	15	28.5
Family & Individual Support Services - Executive	0	0
Family & Parenting Resources	1	33.33
Domestic & Family Violence Policy Team	11	45.67
Sexual Assault Referral Centre	3	16.4
Policy & System Support	0	0

996 NSW Community Services and Health Industry Training Advisory Body, 2007, *Community Services Training Needs in Rural and Remote NSW*, NSW Community Services and Health Industry Training Advisory Body, Gladesville, NSW.

997 Submission: DHF.

998 DHF Response to Request to the Board of Inquiry: Data Regarding Intake and Response Services, 18 May, 2010.

In this DHF response a number of qualifications are made including:

the actual turnover of staff in individual work units (i.e. loss of staff from that particular work unit) is in some cases significantly higher than the indicated figures. Counts of this figure would need to be compiled manually through comparison of individual staffing records.

Despite the problems with definitive calculations, there is little doubt about the significance of current turnover and retention issues in the NTFC. It is useful to note the comments about retention and turnover rates in child protection services in general that are made in a recent Australian publication:

So, why do they depart in such numbers? The reasons are complex and interrelated but the research evidence is clear that it is primarily the result of organisational factors rather than individual or community ones.⁹⁹⁹

The DHF submission and others refer to long term and recent plans to manage the recruitment problems and to implement 'imaginative initiatives'. One of these they report is the Quality Summit in April 2009 held by NTFC. Following this a number of strategies were put in place to increase the recruitment and retention of professional staff.

It is salutary for the Inquiry to read and to hear that these recruitment and retention processes are jeopardised by the high workload demand this placed on an already depleted policy and management staff – themselves under huge pressure. As well as this, it comments that despite the success of some recruitment strategies:

in some months, the rate of 'separations' almost equals the rate of commencements.¹⁰⁰⁰

Workforce support

In terms of employee support and development, the NTFC has a Care and Protection Policy and Procedures Manual Version 2.0 (NTFC Manual, July 2009) and well developed human resource, industrial and occupational health and safety policies. It has a well articulated Grievance Management Policy and Workplace Bullying policy. It has developed a new Supervision Policy (that has not yet received DHF approval), although the current Practice Standards (referring to the established supervision policy) already assert:

The Manager will be responsible for ensuring that all staff, whatever their work role, receive formal supervision at regular intervals from their Team Leader. The Manager will provide regular supervision to Team Leaders.¹⁰⁰¹

999 Lonne et al., *Reforming child protection*, p.67.

1000 *ibid.*

1001 Northern Territory Families and Children, *Policy and Procedures Manual, Version 2.0.*

However, it also acknowledges that due to a number of factors including resource constraints, staff shortages, geography:

Limited capacity exists within NTFC to adequately resource the learning, development and supervisory needs of a diverse care and protection workforce that comprises nonprofessional and professional staff.¹⁰⁰²

The proposed supervision policy recommends the use of a clear and comprehensive supervision contract and that professional staff responsible for supervision do not carry caseloads.

The NTFC provided the Inquiry with a spreadsheet and a policy framework that identifies the retrospective and ongoing induction and training modules that are delivered but asserts that induction is *'ad hoc* and supervision is often conducted on the run.'¹⁰⁰³ It is evident that significant work has been put into developing a range of training modules and a hierarchy of induction processes and an excellent supervision policy at the same time that there appears to be little capacity to implement these or for the workforce to avail themselves of the opportunities.

Issues raised in Submissions and Hearings

Work structure and environment

Many of the submissions that mention workforce talk of the need to name the problem confronting staff that are working with children and families and most of these welcomed the Inquiry because of what they see is an urgent need to support workers to assist children and families. All submissions allude to the fact that there are 'particular drivers' within the context of Northern Territory that make the problems here unique. They all emphasise in different ways the need for a viable Aboriginal workforce and cultural competence among the current workforce ('culturally appropriate practitioners across the spectrum').

Most submissions from Aboriginal agencies address the need for principles to underpin a workforce framework that has been or should be developed. They also talk to the need for a broad-based workforce intersecting with child protection and the requirement to develop 'a new model' and pathway possibilities i.e., entry points for work at various levels.¹⁰⁰⁴

The majority of submissions address their comments at the level of micro workforce issues such as staffing concerns although at a macro level, there is evidence of confusion about the location of NTFC within the Department and questions related to the inequities of funding and disparity of working conditions between health, education and protective services. Submissions raise questions about the division being a separate entity in DHF and a couple argue for the abolition of NTFC. The submission from the NTFC Advisory Council (NTFCAC), established by the Minister in 2009 and comprised of representatives of the community sector to provide 'independent advice and perspectives to the Minister,

1002 Submission: DHF.

1003 Northern Territory Families and Children, *Policy and Procedures Manual, Version 2.0*.

1004 Submission: NTCOSS.

Government and the Department on key issues impacting upon children and families', comments in its submission:

A restructure is not the answer to the systemic, organisational culture, clinical governance and practice issues that directly impact on the integrity of the Northern Territory's child protection system. Experience elsewhere in Australia, such as in WA has shown that the restructuring and repositioning of Child Protection did not improve the system.¹⁰⁰⁵

This same submission adds:

The problems with the current system ... relate to issues ... such as poor service delivery ... poor clinical governance and clinical and practice supervision; lack of leadership to implement good practice through professional training and development; lack of leadership commitment and support to implement protocols to work with other agencies to provide the highest level of care and protection to children in the Northern Territory and a lack of leadership and will to share information in a responsible and timely manner for the care and protection of children in the Northern Territory. .. Other broader systems need to be strengthened and improved such as more thorough probity and fit and proper person standards and processes to better reflect the vulnerabilities of the environment in many areas of the Northern Territory. And we stress the need for the child protection system to be adequately resourced.¹⁰⁰⁶

In presenting its comprehensive submission in which it argues for a new orientation to the safety and wellbeing of children, the Tangentyere Council asserts:

the need of children at risk in the Northern Territory is greater than any department can be resourced to address. In many ways the Child Protection System is set up to fail¹⁰⁰⁷.

While highlighting the need for cultural competence amongst child and family protection practitioners, this submission also describes issues that 'get in the way' of current practice and the ability to move to a new model of practice based on a continuum of service:

- Recruitment
- Induction, training and supervision
- Staff shortage
- High turnover of staff
- Burn out - high client to staff ratio
- Inexperience of staff
- Poor managerial support
- Demand outstripping capacity means staff are unable to work in a strength based approach
- Inconsistent case worker allocation i.e. different workers for the same child

1005 Submission: NTFCAC.

1006 Ibid.

1007 Submission: Tangentyere Council.

- Staff disillusionment
- Lack of adherence to interagency protocols.

Many submissions commented on the importance of paying attention to the cross sectoral work environment. Whilst only one submission asks about the ‘possibility of locating statutory authority in [an] NGO’ a number of people address the problem of how to change the culture of the current statutory service to enable it to work effectively with the non government sector. A few submissions and hearings address the current fragility and instability of professional numbers and strength within the NGO sector and the need for an expansion of capability of these services. Others call for more clarity in relation to workforce needs at the nexus between statutory responsibility and family support:

Not sure who FACS could outsource to and where the distinction between ‘statutory responsibility’ (which FACS have) and the support role often played by NGOs begins and ends if responsibilities are devolved. Clinic staff might play a greater role, but there [is] a need to increase staff, the capacity to do more health promotion activities, and comprehensive training in child protection.¹⁰⁰⁸

Picking up on themes from previous chapters, the NTCOSS submission¹⁰⁰⁹ representing the NGO sector in the Northern Territory is salutary:

Against this backdrop, the Northern Territory Child Protection system has struggled for many years to cope with the workload pressures of placed on it. The socio-economic context, the geographic and demographic context, poor cultural knowledge, and poor procedures and practices within the Northern Territory Child protection system have resulted in the following consequences:

- Failure to adhere to existing policies
- Lack of case planning
- Very high staff turnover, which when combined with lack of case planning, leads to discontinuities in cases and at best ad hoc decision making
- Rushed decision making by case workers without time to consult other parties to the case such as extended families, foster carers, schools etc
- Failure to focus on the needs of the child in the rush to get to the next case
- Breakdown of relations with Aboriginal and other NGOs, schools and foster carers
- At times the Aboriginal child placement principles get blamed for poor placements, when the real culprit is poor decision making
- Removal of children when risk is low due to poor cross cultural work
- Lack of action for children and young people at high risk
- Removal of children who have other safe family care alternatives
- Disconnection from family, community, country and identity for many children
- Lack of action for children at high risk

1008 Submission: NTFCAC.

1009 Submission: NTCOSS.

- Exposing children to risk through inappropriate placements
- Detention (secure care) of young people as a result of inadequate systems responses.

Alongside the evidence of dedication and commitment, significant personal, organisational and professional trauma and unrest amongst NTFC staff is also evident. People talk about a work environment where distress and disruption are endemic and about their fear that there are ‘risks of [the] system becoming even more dysfunctional’ as result in part of ‘even more inquiries’. Many mention the fragility of both the system and the staff. Others express their concern about the ‘politicisation of child protection’ and the worry that ‘the system could completely collapse if we unleash even more criticism.’ One submission talks to an apprehension about ‘decisions being made that appear to be related to harm due to professional practice’. Others speak about the dangers to children and to staff in the current system.¹⁰¹⁰

While the picture painted is intentionally stark, there is no intention to promote a sense of despair, rather to bring the focus on reality, what can be done, and how it can be achieved. In such situations commentators often refer to a ‘system in crisis.’ This holistic attitude alone can cause people to see the crisis as too big. The proposition of this submission is that for workforce and workplace issues (these inevitably factor in to every other issue the Inquiry is looking into) a reframing into ‘crises within the system’ allows for each tension to be deconstructed and dealt with in a more manageable and less overwhelming way.¹⁰¹¹

Improving work structure and environment

It is evident is that there is an urgent need to develop the community services workforce that has very broad responsibility for the health and wellbeing of Northern Territory children, families and communities – and one that aims to protect and care for children rather than a ‘child protection system’. The care and protection of children is a responsibility all carry – families, communities, governments and non government agencies. The community service workforce needs to be culturally representative and literate in relation to the spirit and reality of Aboriginal people.

The workforce needs people with a range of skills and training to be able to provide services within the integrated service model proposed by the Inquiry (and see later in this chapter for suggested workforce competencies). It also requires that these workers are enabled to continue to develop their skills and increase their capacity for discernment and flexibility. There need to be pathways for career development across the spectrum of work. None of this should be seen to diminish the requirement for highly qualified and skilled workers that can and must work at the extreme end of statutory service responsibility for and with children who are at high risk of harm and who need alternative care arrangements.

1010 Submission: Hannah Moran.

1011 Submission: Jerry Sweeting.

The Inquiry acknowledges the importance of the DHF Strategic Workforce Plans for both the general and the Aboriginal and Torres Strait Islander workforces.¹⁰¹² However, what is necessary is a new whole of government strategic commitment to the designing of work tasks and a workforce that is able to engage with the specific tasks of caring for and protecting children. The workforce must be re-shaped. This will require an innovative program of reform that enables the workforce to be seen as attractive, with multiple entry points and pathways to progression. It requires a strong Aboriginal and cross cultural presence – ‘to grow our own’.

The goal must be ‘A coherent, functional and transparent department where staff are qualified, well trained, well supported and tenure is permanent employment not short term contracts – this would build capacity, integrity, commitment, stability and continuity – vital in supporting fragile families and protecting children’.¹⁰¹³

Recommendation 12.1

That Northern Territory Families and Children develops a comprehensive workforce strategy based on clearly stated values and principles that:

- 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.

Urgency: Within 18 months

1012 DHF Strategic Workforce Plan 2008-2011; DHF Aboriginal and Torres Strait Islander Strategic Workforce Plan 2008-2011.

1013 Submission: DHF.

Recommendation 12.2

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.

Urgency: Within 18 months

Work conditions and practice demands

Difficulties with work conditions and associated practice demands are highlighted in all submissions that attend to workforce issues. Often untenable stress is reported to be associated with increasing demands, complexity, cultural challenges, isolation, poor working conditions, high case loads and the absence of support and supervision. On the other hand, it was heartening also to hear, 'there is a forum of thinkers who can inspire the way forward' and to bear witness to the extraordinary resilience of many of the people who took the time to attend hearings and write submissions.

Working conditions

All of the submissions from frontline staff including managers and team leaders speak of untenable work conditions. These are powerfully portrayed in many submissions and hearings:

There is insufficient office space and not enough interview/access rooms... the situation is a logistical nightmare...At times contact visits between children and parents are held outside the Office in the street.¹⁰¹⁴

But you go out on the Monday, and the first community was about 600 km away. I would get there late in the afternoon, do some bits and pieces, spend the whole of the next day doing casework in the community and then drive to the next community which was about 100 km to 120 km down the track . [By yourself?] Yes. Actually, most of the time it was in a car not a 4-wheel drive because we could not get 4-wheel drives. No mobile phone, no radios. No 4WD driver training.¹⁰¹⁵

FACS resource issues impact upon practice. Long distances are involved and the quality and effectiveness of ongoing case management by FACS of children at risk when there is so much distance involved is a question of grave concern.¹⁰¹⁶ There is no accommodation for more permanent workers in remote communities and there is a shortage of skilled health, youth and children's workers.¹⁰¹⁷

1014 Submission: Jennie Guinane.

1015 Hearing: Witness 5.

1016 Submission: NTFCAC, Appendix 4.

1017 Ibid.

In the Northern Territory, working with unmanageable caseloads resulting from too few staff, high staff attrition rates, under-qualified staff, and many unfilled positions, is compounded by demographic and geographical complexities, and vast tracts of impaired infrastructure. Couple this with inferior supervision provision, and insufficient professional support and development for staff; the potential for failures in service delivery is clear.¹⁰¹⁸

Many staff members and commentators from other agencies observe that pay and conditions for NTFC workers compare very unfavourably with those in health, education, fire, police, the armed forces and other allied services. Apart from poor office facilities, other significant disparities in areas such as housing, travel, remuneration rates, salary sacrificing and leave arrangements are highlighted. The Inquiry was advised by staff that these disparities are partly a result of child protection not being recognised as an 'essential service'.

High stress

Most submissions that mention workforce and work issues focus on the failures of organisational arrangements and indicated high degrees of dissatisfaction with both paper and electronic systems and the lack of response from management despite recurring complaints and evidence of problems. Terms and phrases used to describe work conditions include the following 'endless knee jerk reactions', 'endless inquiries', 'a sense of doom and gloom' and 'siege mentality'.

- Very focused on protecting children but overwhelmed
- Scrambling together to get paper work done in time – 70 percent paper work
- Endless Ministerials and complaint responses
- Don't get to see children and families.

The following comments from separate senior practitioners testify to the problems:

People always say to me that my job in child protection must be really hard and I must see some terrible stuff. Well, the job can be challenging and horrendous. Abuse and neglect of children does happen, but the hardest part of my job that makes me the most upset and angry is the system I am working within. It is the system that re-abuses the kids and re-traumatises already vulnerable and traumatised children.¹⁰¹⁹

The throughput of staff is alarming and staffing numbers inadequate to cope with the work.¹⁰²⁰

Currently, and for some time now, NTFC has failed to meet its statutory and policy requirements, however, this failure in no way reflects on the people who work in this area as, generally speaking, the dedication, commitment, drive and self-sacrificing attitude of workers is to be commended and respected. At the core of Child Protection Services is a group of workers who generally have high ideals, strong motivations to effect change and a passion for working with and

1018 Submission: Jerry Sweeting.

1019 Submission: Confidential.

1020 Submission: Lynne Boardman.

improving the lives of children in distress.¹⁰²¹

A culture of avoidance and hopelessness amongst staff who work for NTFC, so many are burnt out, their caseloads are too high, the expectations and responsibilities are ever increasing and there is little community support (and rarely any thanks) for the important role that they do in keeping children safe.¹⁰²²

Increased work demand/notifications/caseload

The national and international literature is also replete with evidence about the increases in reporting in relation to the protection of children. The Northern Territory provides no exception and this is referred to elsewhere in this report. In particular:

The Northern Territory's tertiary child protection system, as with other child protection systems, is grappling with increasing numbers of notifications of child harm and neglect. This rapidly rising workload is placing enormous stress upon the system, its workforce and families.¹⁰²³

The following comments provide evidence of the reality and some of the complexity and impact of this increase:

The child protection system in the Northern Territory appears to be overwhelmed with the volume of notifications received. Case workers have huge, unrealistic workloads. There is a constant rapid turnover of workers. Many of the staff are from interstate and overseas and have little understanding of the issues. It is a very steep learning curve for them with relatively little experienced senior support working in this confronting and challenging environment.¹⁰²⁴

The amount of paperwork is incredible for each and every child, and rightly so. We are dealing with the most vulnerable and often the most damaged portion of the population. It is not surprising therefore that it is also the most emotionally charged for all concerned. BUT... the flip side is that NTFC staff are now so caught up in justifying our actions on paper that we spend more time sitting at a computer than we do with our clients and their families. Is it any wonder that we do not know that hypothetically a Foster Carer is abusing their charge or that we are unaware that a child has moved to another community, or that a child placed with her relatives in one community is [wandering] the streets begging for food and covered with sores and placing herself at considerable risk. Why don't we know? Surely this should be our core business. What is wrong with this picture?¹⁰²⁵

The pressure of carrying workloads that exceed workers' capacity is relentless and as a consequence the service provided is more often than not a crisis-driven response. Apart from workers carrying excessive caseloads, the Office as a whole is subject to continuous demands that exceed its capacity to respond. The approach therefore is constantly one of 'risk management'.¹⁰²⁶

1021 Submission: Jennie Guinane.

1022 Submission: Hannah Moran.

1023 Submission: DHF.

1024 Submission: Dr Clare MacVicar.

1025 Submission: NTFC Barkly.

1026 Submission: Jennie Guinane.

The submission from a remote workplace emphasises the implications of increased workload on capacity to meet the needs for assessing and assisting vulnerable children and those at high risk and on ‘the effect it has on staff capacity to undertake any preventative or community education activities.’ It explains that staff from this office ‘normally’ managed caseloads between 25 and 30 and had no increase in staff allocations ‘whilst the reporting of child abuse and neglect has risen substantially in recent years’. The submission describes the negative implications of workload demand for all staff and on management, supervision and training.¹⁰²⁷

Another experienced NTFC employee says:

Very, very difficult in the field. Huge, unrealistic workloads. Everything crisis driven. Very few opportunities for best practice.¹⁰²⁸

At a more personal level, an advanced NTFC practitioner provides the following description of an impossible workload and professional situation:

In June 2009 I had a case load of over 80 open child protection cases. I believe this is due to inadequate staffing numbers, incompetent staff who have been employed by the Department and cannot complete [child protection] investigations and not enough designated professional positions. Response time frames are rarely met. At times only ‘Child in Dangers’ are investigated. Other child protection cases are often not investigated for over a year.¹⁰²⁹

Another experienced and obviously committed worker says:

The Child Protection system will not improve until the crippling work load is acknowledged and acted upon. Many staff burn out, break down and leave. Others choose to transfer to positions that do not include case work, ‘on the ground’ investigation or court work. Unrealistic workloads have been the climate of child protection for many decades throughout Australia yet case workers are continually burdened with a case load that is humanly impossible to manage effectively resulting in poor outcomes.¹⁰³⁰

Information Technology Support

The Inquiry has heard conflicting evidence regarding the NTFC Information Technology System. Frontline workers complain that the IT system is cumbersome, user unfriendly or a “nightmare”¹⁰³¹. There are complaints about specific aspects of the system resulting in the use of paper-based, or MS Word-based work-arounds used to circumvent aspects of the system which appear to the workers to be unfit for purpose. There are complaints from more senior NTFC workers that they cannot access information or reports from the system in a timely manner.

1027 Submission: Remote NTFC.

1028 Hearing: Senior NTFC worker.

1029 Submission: Confidential.

1030 Submission: Kathryn Auger.

1031 Hearings: Witnesses 2, 7, 11 and 48.

The DHF Strategic Review and Information Services present a contrary view¹⁰³². Their claim is that Community Care Information System (CCIS) is well designed, provided by a responsive vendor with whom there is a productive relationship resulting in useful and timely updates, which does have capacity to run appropriate reports in a timely manner. Their claim is that the system is satisfactory albeit with room for improvement, but the problems arise when workers use the system without training. They claim CCIS is used effectively in other branches of DHF, where training can be rolled out adequately to those who need to use the system.

The Inquiry heard from a frontline worker who defends CCIS and concurs with the assertions of the Information Services' leadership that the deficiencies are not in the IT system but rather in the lack of training of new workers during orientation and induction, and probably ongoing training and professional development also¹⁰³³.

The Inquiry finds that the problem is the workers' ability, or more accurately the lack of it, to use a satisfactory but not intuitive computer program, rather than the program itself. The disconnect between Information Services' leadership and frontline workers is striking and must be addressed. The NTFC Information Management Group (NTFCIMG) is the conduit through which to connect the needs and views of the Information Services with those of the NTFC staff. However the committee membership comprises high level Darwin-based NTFC leaders as well as IT experts only. There are no frontline workers who would understand the day to day uses, needs and work-arounds of the IT system, yet their views and opinions should be seen as central.

The capabilities of the IT system to make staff work easier should be explored through the NTFCIMG. For example, it may be that there can be templates constructed for writing care plans for children in OOHC, with drop down lists to prompt important subjects to be covered.

Staffing: type, turnover, recruitment and retention

It is barely surprising that research suggests that 'those who are most prepared to do the job are also the most likely to remain on the job.'¹⁰³⁴

Staff members leave their job on a regular basis not because they don't like the work but because the work load is too demanding, the mind is over stimulated and workers realise very quickly that what is expected is impossible to achieve.¹⁰³⁵

Problems with recruitment strategies occupy the comments of a number of submissions in relation to staffing:

- 'constant staff changes and people coming and going before they have proper orientation to the system'
- 'short term contracts'

1032 Hearing: DHF Strategic Review and Information Services.

1033 Hearing: Witness 9.

1034 www.socialworkers.org/research.

1035 Submission: Kathryn Auger.

- ‘recruits being torpedoed in from overseas at higher pay and levels while the permanent staff look after them’
- ‘nepotism in appointments particularly in relation to incumbents from other states’
- ‘differential payments for new recruits without reference to longer term employees’
- ‘people who struggled with the complexities of coming here and who have no idea about culture and isolation’.

These comments from a practitioner, who has now left NTFC, reflect observations of many submissions and hearings:

Huge staff turnover and with no process in place to address the issues why staff leave. There were (and I suspect it is still that way) no exit interviews. I was never given an exit interview nor were 2 other full time [employees] who left at the time I did. This was from a Department who reportedly had a 44 percent rate of turnover for its staff.¹⁰³⁶

The submission adds:

There were no guidelines around recruitment procedures that seemed to dismiss EEO principles, and protects the department around the consistency and process it used (or doesn't have) around the interviewing process and how staff are selected.

A number of submissions from workers in the field make comments such as the following:

‘You are just thrown into it’ and ‘you have to sink or swim’ and ‘you have to hit the ground running’.

Short term solutions leading to long term problems - Appointments seem to be made to fill ‘bods on seats’ rather than on the basis of whether [the] appointee is appropriate.¹⁰³⁷

An optimistic academic observed:

In Australia, and other white Anglo-western countries, child protection agencies have a workforce that is predominantly female, white, progressively more inexperienced, and under-qualified. This applies to the Northern Territory too. However, the demographics and geography of the Northern Territory presents some unique challenges, but also opportunities to create innovative recruitment and retention strategies that reflect the diverse Indigenous and multi-cultural nature of the population.¹⁰³⁸

1036 Submission: Former NTFC worker.

1037 Hearing: Senior NTFC worker.

1038 Submission: Jerry Sweeting.

A number of submissions recommend a re-thinking of the disciplinary base for working with vulnerable children and families. Noting 'the seriously overburdened workforce in Northern Territory Families and Children', one senior practitioner provided some strong research evidence about the opportunities of utilising the skills of child health nurses recommending that child health nurses would welcome the opportunity 'to work in collaboration with child protection practitioners' and are 'an untapped resource for supporting parents to provide a nurturing and safe environment for their children.'¹⁰³⁹

A number of submissions urge the Inquiry to recommend the trialling and acceptance of new initiatives aimed at diversifying the workforce to enable better recruitment, improve the 'fit-for-task', and to facilitate improved work arrangements. These include the engagement of support workers to assist case managers, re-allocation of work to administrative staff, the engagement of family support workers and youth workers and the employment of more Aboriginal support staff. Of significance in relation to this are the new work structure initiatives that NTFC is trialling in the Palmerston Office. This trial is reported to be 'meeting with considerable success.'¹⁰⁴⁰

There is abundant evidence from research that worker recruitment is a futile exercise unless significant attention is paid to worker retention issues. The following statement from a research team investigating retention issues for the child welfare workforce in Canada observes:

Considerable evidence supports the positive influence of variables organisational managers can control, including job autonomy, supportive supervision, workload, promotional opportunities and perception of personal safety.¹⁰⁴¹

The Inquiry was alerted to the significance of these observations in the words of a NTFC manager who foreshadowed their own imminent resignation:

We all work seven days a week, the team is in here on weekends. We do the best job we can and we think the work is really important. But I spend most of my time chasing bits of paper and trying to follow the paper chain... New staff don't get paid for weeks and I end up lending them money just so they can live. Staff feel vulnerable and we try hard to keep them safe and show them they are valued. But supervision doesn't get a look in, I am exhausted and to keep in touch with my kids I bring them in to work. I get no assistance from the hierarchy – just more expectations.¹⁰⁴²

Recruitment is clearly a matter that is being taken seriously by the Northern Territory government as testified in the summary of recruitment campaigns that came to the attention of the Inquiry during its hearings and as presented in the DHF submission. Whilst acknowledging the 'desperate need' for recruiting qualified child protection staff, and some 'excellent overseas personnel' many people making comment to the Inquiry expressed concern about the risk of 'misleading advertising', 'empty promises' and inappropriate handling of 'foreign' recruits. Most significantly, the critique about

1039 Submission and Hearing: Marie Land.

1040 Submission: Jennie Guinane.

1041 C Stalker et al., 2007, 'Child welfare workers who are exhausted yet satisfied with their jobs: how do they do it?', *Child and Family Social Work*, vol. 12, no. 2, pp.182-91, p.182.

1042 Interview: NTFC Office.

overseas and interstate recruitment focused on the gap in cultural knowledge and the lack of preparation of such recruits for the complex and harsh world of remote area practice. Others observed that differentials in salary and conditions for new recruits were creating more problems in an already fraught workplace environment.

Complexity, culture and isolation

It is uncontroversial to say that the care and protection of children in the Northern Territory provides huge challenges in a vast geographic region with a dispersed and sparse population.

Some, but surprisingly few, submissions talk to the really volatile and confronting work world of frontline staff and the complexity of that work and decision making – although the message is much stronger in the reports from the hearings. The character, tone, atmosphere and feel of the environment for workers in all of the human services in regional and remote communities let alone urban centres and town camps, is deeply impacted by living conditions.

Substandard accommodation, poverty, squalor, lack of facilities for hygiene, poor infrastructure, disempowerment and the relentless absence of organisation are just some intertwining elements of the physical and emotional environment that are reported to confront workers.¹⁰⁴³ In discussion, one Aboriginal employer said:

It is almost impossible to understand how we can locate a workforce that has to either mirror the people who are struggling or, as an outsider, work with the contrasts and complexity of cultures and ways of living that are deep, powerful and totally unfamiliar – often with language that is also unknown.

Decision making about what constitutes harm to children when lower standards of care are normalised can be highly complex¹⁰⁴⁴ (as identified in Chapter 7). There is an associated need for more clarity in procedures, policies and supervision practices. It is evident that at a deeply personal level, people working in all human services in the Northern Territory and often in relative isolation in environments foreign to their own life experience and framework, have to manage a significant cognitive dissonance. They must accommodate to the environment in which they must ‘normalise’ events and arrangements, work to legislative requirements, discern well around complex and often heated family and community disturbances and make very serious decisions about the welfare of children and families in fragile situations.

Workforce competencies

A system of care approach to promoting child safety and wellbeing requires core competencies for the workforce involved in child abuse prevention and response. It is important that workers in this area think not of themselves as delivering a service but as ‘being of service’.¹⁰⁴⁵ Supports and training for a workforce for promoting child safety and wellbeing should focus on the development of the following competencies:

1043 Submission: NTFCAC, Appendix 4.

1044 Submission: Dr Clare MacVicar.

1045 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.

- Knowledge of the public health model, child development and family functioning, the problem of maltreatment and methods of prevention
- Core attitudes, including a belief that child maltreatment is preventable, that professionals have an important role in prevention, that families are partners in preventing violence, and that evaluation is a critical element
- Core competencies in interventions, including an ability to conduct screening, implement evidence-based parenting programs, provide mental health services, and coordinate and/or participate in evaluation efforts
- Competencies in management, including an ability to introduce changes in procedures and structures, participate in interdisciplinary teams and work on integrated efforts, and master technology for better results in service
- Cultural competence, that is 'service providers must have the knowledge, skills, attitudes, policies and structures needed to offer support and care that is responsive and tailored to the needs of culturally diverse groups'.¹⁰⁴⁶ If expanded it can also include the understanding of cross-field culture, terminology and language in order to effectively participate in multidisciplinary teams and collaborate in integrated initiatives.¹⁰⁴⁷

The system for protecting children also needs to recognise that there is already involvement of multiple generations of community members in service provision in remote communities that could be utilised through a model of community child care.¹⁰⁴⁸ The important role that Aboriginal men and women play in transferring skills to young parents needs to be recognised and supported through the promotion of a skilled Aboriginal workforce.¹⁰⁴⁹

The need for work re-design

It is apparent from reports to the Inquiry and numerous community visits that current NTFC working conditions and workloads are unmanageable, untenable, unsustainable and are likely to cause more harm than good for the children, families, communities and the Northern Territory workforce that aims to serve them. It is essential to clarify job descriptions and job design so as to be able to recruit successfully for manageable tasks. It is also essential to develop local level services and place-based models to meet local demands and to create and maintain healthy and viable workplaces along with remuneration levels for remote practice that are equitable for those already living and working there.

Work re-design is imperative. And the work re-design must recognise the significance of cultural capacity and recognise Aboriginal cultural strength as well as enabling the engagement of professional practitioners who are able to make very tough and decisions about the safety of children. Any work design must incorporate important community development principles that are foundational for any worker who is to effectively work in

1046 U.S. Department of Health and Human Services, 2003, p.12, cited in 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.51.

1047 Adapted from Knoz, 2001, cited in *ibid*.

1048 Hearing: Witness 28.

1049 S Silburn & R Walker, 2008, *Community Learning for Parenthood*, Australian Research Alliance for Children and Youth, West Perth.

Northern Territory – whether in non Aboriginal on non Aboriginal urban environments, ‘urban’ town camps’ or communities in regional and remote areas. Finally, work re-design must recognise the need for career pathways for practice as well as through to management. Senior practitioner roles provide such pathways that enable critical skills to be retained within the direct service workforce.

Recommendation 12.3

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.

Urgency: Within 18 months

Recommendation 12.4

That Northern Territory Families and Children re-shapes its workforce by:

- 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:
 - 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.

Urgency: Immediate to less than 6 months

Recommendation 12.5

That Northern Territory Families and Children reviews the specific demands of urban, regional and remote area service delivery and:

- 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.

Urgency: Immediate to less than 6 months

Recommendation 12.6

That in conjunction with the Office of the Commissioner for Public Employment, Northern Territory Families and Children:

- Reviews all locations where there is a 'higher than usual' turnover of staff and immediately reviews the circumstances in that region or office.
- Maintain regular monitoring of staff turnover utilising a mechanism for obtaining regular staff feedback, with a view to setting performance targets for reducing turnover.

Urgency: Within 18 months

Recommendation 12.7

That Northern Territory Families and Children reviews and evaluates the overseas and interstate recruitment strategies.

Urgency: Within 18 months

Induction and training

Matters related to induction and training that are mentioned in submissions and hearings include:

- Lack of induction and orientation
- Ad hoc opportunities for training
- Induction following three to six months employment
- No cultural training
- No planned staff development or evaluation
- No introduction to policy and procedure manual ('didn't even know we had one').

The following abbreviated summary was provided by one past employee:¹⁰⁵⁰

- A level of training that was completely inadequate for Child Protection Case managers. Despite concerns being voiced about this - nothing seemed to change. Still the same old format remained. Still the same old training
- Case managers being recruited from overseas with absolutely no experience or training in child protection, and yet who were expected to conduct formal investigations and assessments on children, and then having to wait months to be given any training at all, albeit entirely inadequate
- Virtually all Northern Territory case managers responsible for conducting investigations having no training what so ever in basic child interviewing techniques or procedures
- Supervision for case managers being done on an ad hoc basis, by team leaders and managers who had no training in formal supervision
- People in positions of power with no prior experience in leadership, or people management. Yet these people were driving the direction of the department
- Procedures on the way investigations take place and the standard to which they are written up varies from office to office
- No support given to carers. No initial training given to fosters carers, and Departmental Foster carers let go for years without ever being re assessed or been given training.

The submission from Alice Springs Hospital makes important observations about the impact of failure of induction and training on the interdisciplinary and interagency capacity:

NTFC employees are often on short term contracts, have had minimal orientation and do not have any orientation to the hospital resulting poor communication, misunderstanding, lack of process and inconsistent procedures. This results in the inability to form strong inter professional relationships.¹⁰⁵¹

1050 Submission: Former NTFC worker.

1051 Submission: Alice Springs Hospital.

In a research project with child protection workers, Nettie Flaherty, a Northern Territory academic undertaking her research in the area of child neglect, provides useful findings in relation to the needs for interagency collaboration; workforce recruitment and retention; supervision and support structures; and staff training and development. Most importantly, in her research she found amongst other things that:

- None of the research participants indicated that there was a structured approach to initial or ongoing education and training
- Workers made the distinction between opportunities to learn the administrative aspects of the role (What form do I use? What is the process for? How do I?) and the underpinning knowledge and skills required to undertake the role effectively, with the former occurring more often than the latter
- Many workers spoke about the lack of preparation for the cultural context of practice: many workers had never worked with Aboriginal people before either as clients or as colleagues. 'Working it out for yourself' was frequently identified as the strategy for developing skills to work cross culturally. Where workers were afforded the opportunity to work with an experienced Aboriginal Community Worker they commented on the usefulness of this, and the sense of safety this collaboration provided. However, many workers did not have this opportunity
- A number of workers spoke about undertaking reading about the history of the Stolen Generations. However, having read about this they were uncertain and confused about how to put this knowledge to use in their practice with Aboriginal families
- A number of workers were paying for professional supervision privately because they knew the supportive and educational aspects of supervision could not be provided by the organisation. Workers spoke about 'everything being done on the run' with little time for critical thinking or reflective practice. This caused them distress.

Flaherty summarises thus:

Overwhelmingly the reflections from child protection workers raised the issue of inadequate preparation for the role, and for the context of practice. A number of workers stated that they had not received adequate orientation or induction.

Most workers reported having to begin case work before they had undertaken the mandatory 'Introduction to' either child protection or out of home care Departmental courses. For those that had participated in the mandatory courses, interviewees expressed a low level of satisfaction.¹⁰⁵² In a similar vein, other submissions talked of the:

Huge gap between policy and practice. Inadequate orientation and training. Training is seen as a low priority.¹⁰⁵³

1052 Submission: Nettie Flaherty.

1053 Hearing: Senior NTFC worker.

A senior manager expressed her unguarded distress at discovering that staff in an NTFC office:

Had a very low level of training of any type and had poor understanding of any procedural manuals that were around the office. The casual case worker did not even seem to have done induction training, yet was dealing with children and their families on his own. On exploring why there was so little training, I was told this was because of chronic staff shortages resulting in staff not being available to back fill positions while staff members were training. The manager also indicated that she thought this was similar to other offices of NTFC.¹⁰⁵⁴

In a submission from the Centre for Remote Health, Charles Darwin University /Flinders University Professor Wakerman presents an outline of the comprehensive training packages, including one that has been developed with funding from the Office for Aboriginal and Torres Strait Islander Health (OATSIH) and the Department of Health and Ageing. This package includes training for remote area practitioners working with child wellbeing and child protection concerns.

It is evident that this well evaluated and high quality education and support training is being made available and well utilised for interdisciplinary groups in remote area practice in Northern Territory. This submission also reported that ‘support has not been forthcoming’¹⁰⁵⁵ from DHF in relation to offers to extend this important training to other staff. This is of some concern given that what is also clear from this submission is that in the evaluation, participants in this training identify significant deficits of cultural competence and awareness as well as miscommunication and disrespect in relationships between NTFC staff and Aboriginal Health Workers (AHW) workers as well as those from other work areas and occupations. It is apparent from this and many hearings that the NTFC work culture needs to pay serious attention to generating (not simply training) cultural awareness and respect as well as cross cultural competence to enable the child and family workforce in the Northern Territory to capitalise on its strengths in caring for children and families.

An observation from the SNAICC submission to the Inquiry captures this:

The development of a strong well equipped workforce, workforce development (including professional staff and carers, Aboriginal, Torres Strait Islander and otherwise, government or NGO) is essential to the operation of an adequate service system that can meet the needs of Aboriginal and Torres Strait Islander children and families. This will require careful planning, financial and other supports, and time.¹⁰⁵⁶

What this and other submissions and hearings attest to is the problem of a child protection service which, while importantly focused on assessing the needs of children reported to be at risk (maintaining a ‘forensic gaze’), is often not able to connect with the communities in which it works or colleagues across different work areas. Whilst acknowledging that ‘some excellent work is being undertaken with children and families’, these submissions capture the significance of the need to develop capacity amongst all staff working with vulnerable and at risk children and families, in a range of areas including:

1054 Submission: NTFC manager.

1055 Submission: Centre for Remote Health.

1056 Submission: SNAICC.

- cultural literacy and respect
- relationships and relationship building
- flexibility in work tasks
- ability to work with Aboriginal co-workers.

Supporting induction and training

NTFC's capacity to deliver induction, training and support must be developed. In accord with the National Framework for Protecting Australia's Children, it will be necessary to adopt a very broad definition of workforce that encompasses a range of disciplines that can enter the workforce at multiple levels and develop pathways for progression and development. Workforce must include the administrative supports that are needed.

A comprehensive workforce development plan has been developed by NTFC comprising attraction and retention strategies, role and position redesign, and enhanced quality assurance systems. It also pays attention to the need for specific and targeted education, training and support in the three core tertiary sector employment categories of child protection, out of home care and family support and recognises the need to upskill all of these in culturally sensitive practice. This plan needs to be endorsed and resourced by DHF and implemented. It has adopted a cross-sectoral approach and acknowledges the need for alternative service models to meet the needs of different communities. It avowedly aims for 'a culture of performance'. It requires strong leadership and a significant investment in dedicated HR resources for NTFC.¹⁰⁵⁷

It is unclear what formal arrangements exist between NTFC and the professional discipline groups such as social work and psychology at CDU but clearly some formal arrangements for traineeships, support and ongoing professional development are essential if the Northern Territory is to continue to implement its goal of 'growing our own'.

A range of Vocational Education and Training (VET) certificate courses in children's services are available at Charles Darwin University and Batchelor Institute of Indigenous Tertiary Education. These demonstrate good pathways to and articulation with degrees such as social work, remote health and welfare studies. In order to develop these pathways, postgraduate certificates are essential and, it is understood by the Inquiry, are being developed.

Highly competent and dedicated practitioners must be supported to gain further qualifications in the Northern Territory. Alongside this, timely educational pathways need to be further developed (local, place-based, VET, tertiary) with the support of cadetship programs. Whilst it is important to enable entry of staff at multiple levels, it is also vital to facilitate and develop incentives for staff to gain formal qualifications and postgraduate qualifications. All senior and supervising staff need eventually to have an advanced qualification in a relevant degree in addition to experience. In saying this, it is vital to acknowledge the equivalence of Aboriginal knowledge in recognising competence.

Recommendation 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.

Urgency: Within 18 months

Recommendation 12.9

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:

- 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.

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.

Urgency: Within 18 months

Industrial issues and occupational health and safety

A number of people making submissions on workforce matters requested anonymity. Many of these talked to their fear of reprisal should it be known that they were making comment. One previous employee of NTFC says:

I am in a position of privilege (not working for the system) to state what I see and how I feel safely, I do not believe that the current NTFC staff would feel such safety even with the concessions that have been made with regard to this Inquiry.

The following list of concerns summarises what she and other contributors say:

- Staff being ‘blocked by people above them’¹⁰⁵⁸
- An evolving culture in which professionals are in tension with other workers
- Sickness and absenteeism – never followed up
- Lack of accountability for actions
- No acknowledgment or respect

1058 Submission: Senior NTFC Manager.

- Pay and equity issues
- Bullying and promises broken
- ‘Goes through to a very high level’ – standards and accountability missing
- Practice feels unsupported by policy and management
- ‘Institutional racism.’¹⁰⁵⁹

Most disconcerting to read was the following from a Senior Manager:

The workers at this and other Child Protection Services Offices, are threatened, abused yelled and screamed at, spat at, are subject to threats of violence to themselves and directed at ‘blowing up the Office’, have things thrown at them, have cigarette lighters flicked in their faces and have experienced the Office reception areas being smashed up or some other form of aggression or violence on almost a daily basis yet there appears to be no real concern from anywhere in the Department that this is unacceptable.¹⁰⁶⁰

This manager compares these conditions with those of colleagues in Royal Darwin Hospital (RDH) where it is reported ‘there is a zero tolerance policy to aggression’.

A previous employee who asked not to be named said:

As an example, there was no training offered in self defence until just before I finished working with NTFC, and long after I had been assaulted by a client and had been threatened with harm/violence on a number of occasions. I never had the opportunity to undertake a 4WD course, despite having to spend considerable time working in remote communities.¹⁰⁶¹

And another very experienced ex employee asking that her details be kept confidential comments:

I can honestly say the majority of my experience working here has been seriously compromised by the lack of knowledge, inconsistencies and duty of care exercised by staff and predominantly by the management team in the work unit in which I have worked.¹⁰⁶²

This person adds:

Bullying occurred on an hourly basis as a result of the clique in situ of certain individuals to execute their power over staff member[s] who vocally disagreed to bad practice, poor decision making. When practitioners spoke out, these individuals were ‘frozen out’, allocated more cases, expected to manage without adequate support from Family or Team Support Workers, ridiculed, court matters push back and unrealistic expectations made to force you to leave the work unit.

1059 Submission: Remote Aboriginal Community Worker.

1060 Submission: Senior NTFC Manager.

1061 Submission and Hearing: Confidential.

1062 Submission and Hearing: Confidential.

And:

I have too much to say in terms of the bullying and harassment that takes place within Child Protection Services. It is these practices that immobilise and force good staff to leave the department to work elsewhere. It is a major problem that has left a legacy of malpractice, corruption that has further permeated a culture that serves to denigrate its workers, clients and systems - hence why community relations [are] terribly poor. No work has gone into changing the profile of this organisation, which is viewed by demoralised community as an organisation that further alienates people it is meant to serve, support and assist to overcome their problems and to make reunification a reality for most who have entered the care system, but are left to drift.

Yet another employee who was prepared to speak to the Inquiry but wished to remain anonymous said:

I write my suggestions with some trepidation. In 2007..., office staff met with Executive Staff members from Darwin and expressed issues that required addressing such as support for staff, adequate staffing levels, training for staff- nothing was addressed. Workers are continually told that changes are being made. Nothing has changed.¹⁰⁶³

A number of the personal submissions from employees and ex employees of FACS and NTFC are poignant and demonstrate a range of feelings of despair associated with poor support, bullying, burnout and vicarious trauma:

When I was at one time 'loosely' managed by [NTFC] I received very minimal support from management, there was no inspiration/innovation apparent in leaders, very poor standards re: supervision and any new ideas were quickly quashed as were requests for basic resources (i.e. cars/appropriate accommodation/desks). I would write a monthly report and rarely got any feedback or support. I observed that there is no direct career path in NTFC and only very minimal support. I can recall commenting to my partner once that nobody (with the exception of Administration staff) would have noticed if I was there or not (my place of employment) ... This is an example of how little care was shown to me by my line manager/s at the time and how little interest there was in the work that I was engaging within the community. I wasn't alone in feeling this way.¹⁰⁶⁴

Despite the evidence of much concern and agitation, most of the submissions also talk to the hope for the future and make suggestions about how to improve it. Most note the importance of 'naming' the problems and identify the need for 'fundamental change' rather than 'more tinkering'.

A most disconcerting comment was made by a previous employee:

1063 Submission: Confidential.

1064 Submission: Remote Aboriginal Community Worker.

On a number of occasions I witnessed bullying of staff by their line managers. However it was clear that those line managers had no training what so ever in managing people. Staff in HR aligned themselves with those senior managers and gave little support to victims of bullying... [there is] a culture within the upper echelons of management that did not take kindly to criticism of any of the shortfalls of the departments practices.¹⁰⁶⁵

Scapegoating is named in a number of the Hearings and submissions, for example:

There is a culture of scapegoating. When cases go badly, for whatever reason, the Department will pick a likely person and blame them on an individual and personal level for the incident.¹⁰⁶⁶

In its submission, the Community and Public Sector Union (CPSU) acknowledges, and indeed in its submission reflects, the range of industrial and workplace concerns reported by people making submissions to this Inquiry. It indicates that members 'have for years consistently reported the same industrial issues across Northern Territory regions, to the CPSU'. And that the 'CPSU holds the view that these issues are not insurmountable and can with adequate resourcing and quality leadership be better managed'. And it makes a number of useful suggestions some of which are incorporated into recommendations to follow.¹⁰⁶⁷

The Inquiry did receive advice and some information that NTFC staff had been included as a component group in DHF morale surveys in 2008/09. It was not possible to obtain any clear picture from the aggregated survey data that was supplied.

It is apparent to the Inquiry that poor work conditions are severely impacting on the capacity for the NTFC workforce to conduct its business. It is also evident from hearings and submissions that this has resulted in pockets in which there exists a dangerous culture of blame, intimidation and bullying within NTFC. It appears to be recognised across the board and is reported to be visible to other agencies.¹⁰⁶⁸ All evidence is that such a culture will militate against the retention of staff and even more importantly, violates the core principles of justice, fairness and non discrimination that are paramount in all service delivery. It is not unrealistic to speculate that the reported culture of blame and bullying is, at least in part, related to untenable work conditions and the failure to pay attention to the needs of staff for support in their very difficult work.

It is impossible to believe that such a situation can do anything other than cause more distress to already vulnerable children and families and must at least militate against successful work with them. How this has developed and been allowed to be maintained is not clear to the Inquiry. It is clearly counterproductive to any plans for improving service delivery and must be understood and managed as a matter of some urgency.

1065 Submission: Foster Carer.

1066 Submission: Confidential.

1067 Submission: CPSU.

1068 Submission: AMSANT.

Recommendation 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.

Urgency: Within 18 months

Recommendation 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.

Urgency: Within 18 months

Recommendation 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.

Urgency: Within 18 months

Support, supervision and mentoring

There is a vast amount of literature attesting to the importance of supervision as a support, educational and administrative imperative for human service professionals.¹⁰⁶⁹ This literature has been strongly developed in social work but spans all human service occupational groups.

All scholars agree that making good judgements in an emotionally laden child welfare context of risk and fear, under conditions of uncertainty requires critical thinking and the capacity to reflect on decisions. It seems uncontroversial to say that a prerequisite for good decision making is that workers have the duty and the right to discuss serious decisions with advisors both before and after the event. It is also important to note that supervision encompasses much more than formal and individual one-to-one deliberations about decisions. It includes the opportunities for formal study groups, group discussions, peer learning and mentoring.

For people working in remote areas in the Northern Territory some (but not all) supervision can of course be managed electronically. Importantly, supervision is far

1069 T Morrison, 2004, *The Emotional Effects of Child Protection Work on the Worker*, Caredata CDLondon, UK.

from being an 'added extra' but constitutes a range of activities that provide the best opportunity for quality decision making and assists in the retention of the very precious staff complement that has been recruited with such evident difficulty. And in terms of the significance of supervision in relation to monitoring quality practice and compliance, the recent comment by the Victorian Ombudsman is noteworthy:

If appropriate levels of supervision are not occurring the department's fundamental quality assurance mechanism is compromised.¹⁰⁷⁰

In focusing on the frontline support needs of people working with vulnerable children and families and augmenting the work of Gibbs¹⁰⁷¹, Apte identifies some of the particular emotional pressures that these staff experience:

- Fear of harm to the child
- Concern for their own physical safety
- Concern about raising their own anxieties for fear of being seen to be weak
- Self blame if things go wrong
- Anger and frustration with the agency when things go wrong¹⁰⁷²

And these pressures do not include the emotional weight that accompany the sort of context in which Northern Territory workers carry out their tasks and which has been described so poignantly to the Inquiry by so many people. High expectations to find solutions to complex problems, emotional dedication, relentless challenges such as isolation, lack of resources, helplessness and the difficulty of maintaining hope, exhaustion, and poor working conditions are amongst the ingredients that provide a rich soil for burnout, vicarious trauma and despair. Apte's work and that of so many others have highlighted the need to provide even higher levels of support to facilitate the resilience required when dealing with 'vulnerable families, particularly when there are issues towards child protection, even at early intervention level.'

Flaherty makes the following observation on the basis of her local research:

Satisfactory supervision has been identified in the literature as a contributing factor to both job satisfaction and as a buffer against job stress. Internationally, several studies have highlighted high levels of stress among child protection workers, and working in a rural and/or remote environment has also been identified as factor in job stress. It is critical for frontline workers that they receive adequate supervision that attends to supportive and developmental needs. It is not unusual that supervisors often struggle to provide these aspects within supervision either because of the pressurised work environment or because they are relatively new and/or inexperienced themselves.¹⁰⁷³

1070 Ombudsman Victoria, *Own motion investigation into the Department of Human Services Child Protection Program*.

1071 J Gibbs, 2001, 'Maintaining front-line workers in child protection: A case for refocusing supervision', *Child Abuse Review*, vol. 10, pp.323-35.

1072 J Apte, 2008, 'Professional supervision and the development of working knowledge', *developing practice*, no. 21, pp.34-42.

1073 Submission: Nettie Flaherty.

Quoting from the relatively recent and very influential United Kingdom Victoria Climbié Report, she notes the warning therein that has relevance here:

There is a risk that this Inquiry, like many others, will promote bureaucratic changes (i.e. at the level of organisations structures, written protocols and monitoring procedures) that are distant from frontline staff's need to improve their understanding of complex cases and to acquire and apply appropriate skills.¹⁰⁷⁴

It is very evident that, despite the presence of a policy on supervision requirements, this activity is rarely undertaken by NTFC team leaders/supervisors and when it does occur is random and informal. In a number of hearings, staff highlight the absence of any induction, any supervision or indeed of any support or mentoring of any kind alongside working conditions that would challenge the most resilient worker.

No supervision. In the past three years I have had supervision on four occasions. I have not had any supervision within the past six months. I believe I have a right to supervision for my own professional development but most importantly to be held accountable for the work I am doing which impacts the safety of children.¹⁰⁷⁵

And the following comment highlights the integral and integrative nature of supervision in the remote Northern Territory context:

If the Northern Territory Government are serious about making a difference regarding child abuse the absolute first thing they need to do is support those workers who are 'on the ground' and out there doing the investigations. Child protection workers in the [Remote] office need Remote Aboriginal Family and Community Workers or Indigenous Child Protection Workers in every community within [area]. In addition, child protection staff must have access to a vehicle when in remote communities.¹⁰⁷⁶

The requirement for mentoring at every level of service was commented upon in a number of hearings, submissions and public forums. Mentoring new workers, mentoring people into management, and mentoring young people into work in order to encourage them into pathways of family support services, were all encouraged.

The position of Practice Advisor exists in the child welfare sector in many jurisdictions. The role might include professional advice and consultation, familiarisation with regional culture, induction to protocols and guidelines, attention to administrative requirements as well as staff induction and supervision. It would also be important in advising on complex cases. In developing such a role it would be important to consider how these positions might develop links with the central NTFC quality management staff, and how they might operate outside of the usual child protection line management structure.

1074 Ibid.

1075 Hearing: Confidential.

1076 Submission: Kathryn Auger.

In summary, there are some key suggestions about support, supervision, and mentoring that are made in submissions and hearings:

- ‘must involve other workers/departments to get a more coherent system going’
- ‘the tasks that they are allocated need to be altered’
- ‘important to select for the role – people have to be able to support and monitor and control’
- supervision a high priority for the Department.

These ideas are well captured in the words of one contributor who said that following the Inquiry and in order to realise its goals and its potential as an effective agency in Northern Territory, NTFC needed to develop organisational, supervision, training and management systems that would develop the following:

- A Culture of Collective Problem Solvers
- A Culture of Excellence
- A Culture of Inspiration
- A Culture of Nurturing¹⁰⁷⁷

Recommendation 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

Urgency: Within 2-3 years

Recommendation 12.14

That the Department of Health and Families endorses and resources the proposed Northern Territory Families and Children supervision policy and:

- 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 fulfil 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.

Urgency: Immediate to less than 6 months

Recommendation 12.15

That Northern Territory Families and Children develops and implements the role of Practice Advisors in all operational offices.

Urgency: Within 18 months

Aboriginal Service Sector

It has been said so often by Aboriginal leaders, and commentators and is well recognised in the literature and in numerous reports, that a prerequisite for effective services for Aboriginal families and communities is that as much as is possible they are provided by or with the support of Aboriginal people themselves. This is recognised in the Northern Territory Public Sector Indigenous Employment and Career Development Strategy 2010–2012, which affirms:

A strong commitment to employment and career development opportunities for Indigenous Australians is required across agencies. All agencies have responsibility for addressing the focus areas outlined in the strategy. In particular, chief executives and senior managers must meet the challenge of enhancing Indigenous employment in their agency. Indigenous employment needs to be incorporated into all business planning, workforce strategies and executive contract officers' performance reviews.¹⁰⁷⁸

This strategy emphasises that 'agencies should be involved in first formulating agency-specific strategies before a sector-wide strategy is determined', and that, 'agencies should internally strengthen their resolve for achieving sustainable shift in policy deliberation and implementation'. It does not mention any specific workforce group. Arguably there is no more important workforce group in which to embed and grow an Aboriginal workforce than in the services of communities where children and families need support, nurturing and protection.

Over recent years a host of national, state and territory government and non-government strategies have promoted models and frameworks for Aboriginal education and increased participation in the workforce.¹⁰⁷⁹ The imperatives in all of these documents are consistent in their call for increased education, training and employment opportunities for Aboriginal people.

There is nothing quite as searing or as graphic as the descriptions of the problem of the 'displacement of workers' and the loss of Aboriginal employment with its accompanying despair that is presented by Richard Trudgen in his powerful book, 'Why Warriors Lay Down and Die'.¹⁰⁸⁰ It should be essential reading on school curricula. In his book, Trudgen shows how there has been and continues to be an incomprehensible disengagement between policy and practice at the level of supporting even a well trained and educated Aboriginal community workforce.

Submissions were received from 15 Aboriginal controlled organisations and there were an additional range of hearings conducted with a range of these and other such organisations and their leaders. A number of submissions note that 'Central Australian Congress is doing a very good job', and 'within health others too e.g. Katherine West Health Board'. One states 'there is no reason not to have an Aboriginal service sector in [child protection]'.

1078 Office of the Commissioner for Public Employment, 2010, *Northern Territory Public Sector Indigenous Employment and Career Development Strategy 2010–2012*, Northern Territory Government, Darwin, p.3.

1079 See for example, Western Australia <http://www.stb.wa.gov.au/Pages/Home>; NSW http://www.health.nsw.gov.au/pubs/2003/ab_work_strat.html.

1080 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.

A number of submissions make urgent appeals in relation to the need for an enhanced Aboriginal workforce:

With close to 80 percent of NTFC's child protection case load involving Aboriginal children and families, it is fundamental that the NTFC workforce has the strongest cross-cultural skills in Australia and that the values base of this workforce positions staff to work respectfully with Aboriginal people.¹⁰⁸¹

Having local Indigenous workers is crucial in providing NTFC services for the following reasons; language barriers, cultural security and worker safety, the ability to build trust and rapport with communities who will, on average, only see NTFC staff every four to six weeks. It is imperative that NTFC staff are assisted by local people in order to understand for example, that a certain community member cannot communicate with another community member because of kinship rules. If a worker were to unintentionally not adhere to these rules or appear to 'force' someone to communicate with someone they should not this could at worst place a staff member in a dangerous situation or at least destroy any trust they may have built within that community. Given the sensitive issues frequently involved in a child protection investigation, these issues are further pronounced.¹⁰⁸²

An experienced child protection practitioner commented to the Inquiry:

The biggest shock I encountered whilst working with Northern Territory Families and Children (NTFC) in [area] was, despite the majority of clients being Indigenous, there was only one Indigenous worker allocated to the whole of [the area] and one Aboriginal Community Worker (ACW) in the [regional] office. The Indigenous ... worker allocated to the [office] and stationed at [area] is employed through a pilot program known as Remote Aboriginal Family and Community Workers (RAFCW) which is an excellent initiative however [area office] was allocated only one RAFCW.

Eight years ago there were Indigenous ... child protection support workers in most of the communities serviced by NTFC and these workers supported non Indigenous case workers when they visited remote communities. Today case workers continually find themselves out in communities without any Indigenous support for locating families, interpreting, supporting interaction on a culturally appropriate level, providing workers with general community information, alerting workers to impending danger, providing Indigenous community members with a contact point once the Case Worker has returned to [area office].¹⁰⁸³

However, alongside the need to grow a strong Aboriginal public sector workforce what is evidenced in the hearings and submissions to this Inquiry is an urgent need to grow NGOs that are auspiced, managed and run with local Aboriginal people and to make significant and creative investment in the engagement, education and support of an Aboriginal workforce from the ground up. One or more Aboriginal child care agencies (ACCAs) – of necessity employing a majority of Aboriginal workers - are seen as immediate priorities, as recommended in Chapter 4.

1081 Submission: Alice Springs Hospital.

1082 Submission: Remote Office of NTFC.

1083 Submission: Kathryn Auger.

When services are delivered in mainstream agencies it is imperative that these agencies are 'culturally literate', respectful, aware of, and sensitive to, Aboriginal culture, family and child rearing practices. Westerman and Hilmann,¹⁰⁸⁴ Aboriginal psychologists, assert that among other reasons for the failure of many mainstream programs to meet the needs of Aboriginal Australians is their lack of appreciation of the experience of Aboriginal people – all of whom are victims of past colonisation practices and many of whom are now victims of family violence and child abuse, or are at risk of such abuse.

No submissions or hearings provide any alternative view about the significance of growing the Aboriginal workforce. Those that do mention this component of the workforce are fervent in urging that the development of the Aboriginal workforce and pathways for workers from a very basic community support level right up to management is a priority. Many submissions express distress about what they call the rhetoric of government commitment to such a policy and some are heavily disillusioned about there being enough Northern Territory Government will or real understanding about the seriousness of failure to set let alone achieve outcomes in this area.

An encouraging submission was received from Save the Children in the Northern Territory which (albeit being a small agency with a small staff) states:

In the Northern Territory our small staff team is 95 percent Aboriginal drawn from the local community. Save the Children has provided training, mentoring and support for the development of this team that has seen all staff receive qualifications or begin a pathway to achieving this. The use of Indigenous consultants to guide the development process has enabled the organisation to develop significant partnerships across our work.

We look to establish all our operations within the context of the local community, and look to co-tenant with existing service providers to embed the program in a strong community and cultural context.

Save the Children works with our partners to build a competent and responsive local workforce to provide quality and culturally safe services to children and their families. Save the Children seeks an integrated management structure that is responsive to history and experiences of the community. We utilise established and culturally affective decision making structures to form the management and governance basis of all programs.¹⁰⁸⁵

Other concerns expressed are as follows:

- Real lack of knowledge about what the term child protection means in local and remote Aboriginal communities
- Strong criticism of the lack of cultural competence of some of the local workers
- The use and development of an Aboriginal workforce must avoid 'additional burden being placed on Aboriginal people' - local or otherwise
- There is a need 'to start with what we have got and grow from there – 'grow our own'

1084 T Westerman & S Hilman, 2003, *Caring well - protecting well: Strategies to prevent child abuse in Indigenous communities*, Perth.

1085 Submission: Save the Children.

- Community control can't be dictated from the centre and needs to start with where it is already
- Aboriginal workforce needs to be grown from the community up – from volunteer to basic to TAFE to university and beyond
- Need for many more cadetships in welfare and community services and social work
- The need to examine why previous services fell over – 'history of Alice Springs and Darwin service closure similar and different'
- A requirement that a body of cultural work needs to be developed and pulled together to inform Aboriginal practice in relation to the wellbeing of Aboriginal children, families and communities
- Aboriginal services want support to do this work and recognise there is a need for non Aboriginal input with the plan for eventual independence (see Chapter 4).

There is a surfeit of comments about the absence of cultural literacy amongst NTFC workers – particularly but not only those who have been recruited from other countries and states, for example:

NTFC workers often have Indigenous studies as part of a degree qualification, they are often accompanied by Aboriginal Community Workers when they are working with Indigenous families. Nevertheless, they only receive one day ACAP training, this is insufficient to ensure they have sufficient knowledge and understanding of the complex cultural issues relevant to Central Australia.¹⁰⁸⁶

The following comments from Muriel Bamblett in 2007 summarise the parameters and requirements for dramatically increased Aboriginal workforce participation:

- a principled investment for the future of Aboriginal children, families and communities so that we can overcome the effects of over 200 years of dominant culture abuse and neglect
- a social investment approach which is rights-based and culturally respectful and acknowledges the impact of the past
- embedding culture in service delivery and being holistic and strengths-based in order to create the best outcomes. It's about recognising that our Aboriginal strengths come from our culture
- partnerships not mainstreaming – and recreating local communities of care so that Aboriginal people are empowered and once again thrive in this land – as the creator spirits always intended.

She summarises:

- By creating local communities of care – such locally-based social investments, premised on human rights and respect for culture, will go a long way to restoring Aboriginal communities
- This is the bridge we want to see, a bridge based on a shared understanding of Aboriginal strengths, not contemporary perceptions of Aboriginal deficiencies.¹⁰⁸⁷

1086 Submission: Alice Springs Hospital.

1087 M Bamblett, 2008, 'VCOSS presentation, www.vcoss.org.au/.../PRES_percent20-percent20Muriel_percent20Bamblett_11March08.ppt'.

Given that almost 70 percent of children in the child protection system are Aboriginal and our knowledge of how current systems, programs and services are failing to engage Aboriginal families in real and meaningful change it is critical to employ more Aboriginal staff to work in child welfare. However if there is not an acknowledgement of the Aboriginal skills and knowledge that Aboriginal workers bring to child protection then the capacity of the service system to make real and sustainable changes will be undermined.

Recommendation 12.16

That direct efforts and resources to support Aboriginal Employment Strategy initiatives are implemented.

Urgency: Within 18 months

Recommendation 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.

Urgency: Immediate to less than 6 months



CHAPTER 13
OVERSIGHT, ACCOUNTABILITY AND REVIEW

CHAPTER 13

Oversight, accountability and review

Introduction

Sound monitoring and accountability provisions are fundamental to ensure government departments and agencies, their partners and those contracted to work on their behalf, are clear about what is expected of them, that there are systems in place to hold them accountable and processes to monitor outcomes and ensure quality of services. Ultimately, this is the process by which we will know that children are receiving the assistance they require, and if they are not, identify where the stumbling blocks might be to improve the service delivered for them.

The system comprises the statutory authority, its fellow government divisions and departments and the range of agencies and individuals funded, licensed or authorised to provide child and family welfare services. With implementation of the significant reforms recommended by the Inquiry we anticipate that the system will be in a better position to assist children to reach their full potential.

When a system is overwhelmed and unable to meet the community's expectations and government accountabilities due to demand pressures, then the system breaks down. The result of this is that poor practices evolve and become standard, the workforce itself becomes overwhelmed, stressed and demoralised with high rates of departure which is symptomatic of all child protection jurisdictions. Difficulties with recruitment mean those who remain have an even greater workload and there is no time for reflection let alone to provide appropriate orientation to recruits or for professional development. Policies which look good on paper, such as those of supervision, are often not complied with. In a stressed system it is often that a culture of bullying is perceived, real or otherwise and new ideas and suggestions may appear to be ignored.

The Inquiry identified that there was lack of a clear process to review decisions which means parents or carers, disaffected by decisions, have no recourse other than to complain directly to the Minister, the opposition spokesperson, other parliamentarians, or to a complaints authority such as the Children's Commissioner, or the Ombudsman. The impact of this is that responses to ministerials which are time consuming are common and take workers away from their duties placing additional stress on an already overworked staff. The results of the system operating in this manner are described throughout this report and became evident to the Inquiry very early in deliberations.

Across all jurisdictions the capacity to provide a comprehensive, responsive and effective system for protecting children is an ongoing challenge, it is critical that the government has appropriate systems in place to monitor performance, and ensure accountability of government funding. However, in the Northern Territory there is a unique combination of circumstances that results in a high proportion of the population of children being vulnerable and indeed suffering poorer outcomes than they otherwise might. It is undeniable that children experiencing high levels of disadvantage need access to quality systems to help improve their situation in life. It is in this context that this chapter has been written.

This Inquiry has heard from over 25 percent of the approximately 500 NTFC employees either via individual submissions, hearings, phone calls or emails, via workgroup submissions, or through the official departmental response. There is consensus that the system is failing and reform is required. Submissions in the public domain on the Inquiry website highlight the particular issues relating to workforce and have the potential to be sensationalised, however, what the Inquiry often saw were examples of staff using innovative solutions to deal with complex issues. The Inquiry believes it is critical for the government to build in systems to better monitor government funded services, increase the accountability around public funding and to address complaints and allegations in a timely manner.

This chapter proposes structures to enable the system to promote child safety and wellbeing, to adopt a reflective rather than simply a procedural approach to its business, supporting evidence-based practice but where evidence is missing using appropriate evaluation tools to know that the system is responding the right way. Reflective practice if supported with appropriate mechanisms informs decision-makers about modifications to policy, practice and resources needed for improvement. Such a culture of practice will deliver a far better service to the children it serves, will build community confidence, and will be much more satisfying than the current circumstances for those working within it.

Building a culture of reflection within the system is critical and there are a number of components necessary for this to occur. These include transparency, collection of and access to appropriate data, and effective oversight to make sure it happens. It is important that oversight entities are seen as entities that can assist and promote the work of the system. Oversight entities can promote a climate of reflection that has a primary focus on children and their safety and wellbeing. Considered and appropriately obtained feedback from external stakeholders is also necessary.

Structures and mechanisms for monitoring the system

Across Australia there is a variety of structures addressing issues of monitoring, accountability and advocacy for children, young people and families. Such roles and structures include Children's Commissioners, Children's Guardians, Ombudsmen, Administrative Review Tribunals, Review Teams and Community Visitor Schemes, which may or may not be located within one of the other structures.

The roles and functions of these may include:

- Promoting and protecting the rights of all children and young people
- Monitoring and reviewing systems, policies and practices relating to children
- Monitoring the circumstances of children and young people in out of home care, promoting their best interests and ensuring their rights are protected
- Advocating for the needs of children and young people
- Strategic reporting and performance measurement which may involve the development of monitoring plans and outcome indicators as strategies for effecting change and improvement
- Investigating and resolving complaints about the provision of community services for children

- Investigating administrative complaints against funded, licensed or authorised children's services
- Regulating the employment of children and young people, promoting their welfare with employers and investigating complaints and alleged breaches of statutory provisions
- Reviewing complaint handling systems
- Reviewing circumstances relating to the death or serious injury of children in prescribed situations
- Screening people seeking employment in children's services.

In particular, the Inquiry notes one recent initiative in this area. In November 2009, the Victorian Government, in response to concerns raised by the Victorian Ombudsman regarding decision-making in the statutory child protection program and the need for greater independent scrutiny of operations, announced a program of change involving the following elements:

- [Significant funding to enable actions to] improve the monitoring, accountability and transparency of the child protection program through the development of a new regional audit and monitoring system
- Providing the Child Safety Commissioner with greater opportunity to review individual child protection case matters and raise particular concerns directly with the Minister through an annual Charter Letter
- Increasing external oversight and reporting of program performance through the establishment of a new Child Protection Standards and Compliance Committee made up of experts and an independent chair with expertise in the fields of monitoring and accountability. The committee will report to the Minister and outcomes of the committee's work are to be published
- Increasing internal monitoring of program performance through the establishment of a new area within the Department of Human Services with responsibility for monitoring child protection compliance with statutory obligations and practice.¹⁰⁸⁸

Office of the Children's Commissioner

The *Care and Protection of Children Act* provides for the Office of the Children's Commissioner which commenced in 2008. When introducing the *Care and Protection of Children Act* into Parliament in 2007, the then Minister for Child Protection, the Hon Marion Scrymgour MLA made the following statement regarding the Office of the Children's Commissioner:

This is a statutory, independent role, equipped to keep a public eye out for the interests of children who have had contact with the child protection system and to ensure that services, systems, and policies serve them well.¹⁰⁸⁹

1088 Department of Human Services (DHF), 2009, *Strengthening child protection*, Victorian Government, Melbourne, <http://www.dhs.vic.gov.au/about-the-department/news-archive/?a=434592>.

1089 The Hon Marion Scrymgour MLA, cited in Submission: Office of the Children's Commissioner Northern Territory.

The Commissioner has three main functions as outlined in the *Act*:

- To monitor the administration of the *Care and Protection of Children Act*
- To monitor the implementation of government decisions arising from the recommendations arising from the Inquiry into the Protection of Aboriginal Children from Sexual Abuse
- To receive and process complaints about services provided for protected children.

The Commissioner may also be requested to prepare reports for the Minister for Child Protection on matters pertaining to the above functions.

In addition to the above, the Commissioner has also been appointed by the Minister to be the Convenor of the Child Deaths Review and Prevention Committee (as described in the previous section).

The Children's Commissioner reports to the Legislative Assembly through the Minister for Child Protection and prepares an annual report relating to his/her functions.

The following changes to the role and functions of the Commissioner, have received support in submissions from the Ombudsman, the Opposition, and the Acting Children's Commissioner, among others:

- Own motion powers to investigate matters
- Broader investigative powers, extending to all children, not just those who are 'protected' and to receive complaints about or investigate all service providers to children, not just the statutory authority
- A more proactive advocacy role to bring about change
- Broader role in overseeing reforms
- A role pertaining to Aboriginal children in particular
- Involvement in policy and monitoring committees, ex-officio.

Own Motion Powers

The *Act* states that a central object of the office of the Northern Territory Children's Commissioner is to 'ensure the wellbeing of protected children' (Section 258). However, the means to ensure this wellbeing are very limited. Currently, the Commissioner can only investigate complaints that meet specific restrictive criteria (for example, that the complaint pertains to a service provided to a child). He/she does not have the authority to investigate a matter of concern relating to a protected child on his/her own motion. Furthermore, the Commissioner does not have the authority to investigate matters involving groups of children that come to his/her attention, for example, poor physical conditions in a residential centre.

A number of aspects to the system responsible for child safety and wellbeing are identified by this Inquiry which would warrant investigation by an office such as the Children's Commissioner, however as they do not pertain directly to protected children they are beyond the bounds of the Children's Commissioner's legislated role. An example of this would be to investigate allegations about the alleged coercion of parents into agreeing to temporary placement orders. A formal complaint investigation could not be undertaken by the Children's Commissioner because the complaint was not made about a service for an individual child.

The Northern Territory Opposition and the Ombudsman recommend that the:

Children's Commissioner have powers commensurate with those of the Ombudsman to provide the necessary external scrutiny...¹⁰⁹⁰

As well as

to monitor and oversight the development of services, programs, and to report to the Legislative Assembly and to the public...[and] to receive and investigate complaints and to conduct self initiated audits.¹⁰⁹¹

A broader advocacy role for children

There are some calls for the Children's Commissioner to have a broader role than the current one so as to be more proactive in advocacy. It could include an:

advocacy role that included children and young people interfaced with other areas of legislation and different service systems, such as Disability Services, Mental Health, SAAP [Supported Accommodation Assistance Program], Health and Education systems. The functions have to entail higher level investigative and reporting powers and include an adequate power base with which to lead change and require compliance from government, non government and private agencies/businesses and practitioners.¹⁰⁹²

This would include:

a proactive leadership role in helping Territorians achieve a monumental shift in how we see, treat and respond to the rights of children/young people and how we ensure their care, safety and developmental needs are met.¹⁰⁹³

The Ombudsman also recommends that the Children's Commissioner's powers be strengthened to:

- I. extend to all children
- II. receive complaints about, investigate and report on, public housing for children; drug and alcohol rehabilitation services for children and families with children; child care; education; truancy; domestic violence; and law enforcement involving children affecting families with children. The Commissioner's jurisdiction should be extended to all programs and NGOs for the advancement of the wellbeing of children that receive funding or subsidy from any government and operate in the Northern Territory.¹⁰⁹⁴

Given the range of the Commissioner's responsibilities and the over-riding focus in the *Act* on the wellbeing of protected children and child protection activities, it is

1090 Submission: Northern Territory Opposition.

1091 Submission: Ombudsman Northern Territory.

1092 Submission: Anglicare NT.

1093 *ibid.*

1094 Submission: Ombudsman Northern Territory.

probably unrealistic that he/she be responsible for advocating for and investigating complaints involving all children. However, the Commissioner's advocacy and complaint management responsibilities could well extend, as they do in some other jurisdictions, to other vulnerable children in the care of the Northern Territory Government services (or services funded by the Northern Territory Government) such as children with a disability, those in mental health facilities and those in youth justice facilities.

The Ombudsman also makes the following recommendations regarding the Children's Commissioner, among other things:

Enhancing the independence of the Children's Commissioner by,

Amending Section 262 of *Care and Protection of Children Act* by deleting the words at the beginning 'except as otherwise provided by another law of the Territory'

[The Children's Commissioner having] his/ her own budget allocation for which the Commissioner would be responsible under the *Financial Management Act*.

Monitoring the administration of the *Care and Protection of Children Act*

At present one of the Children's Commissioner's functions is to monitor the administration of the *Care and Protection of Children Act* (the *Act*). However, the *Act* provides no guidance on the meaning of 'monitoring' nor does it provide any definition of the scope of the monitoring function, or the specific powers to enable the monitoring.

A number of submissions call for a clear mechanism for monitoring the statutory agency's performance.¹⁰⁹⁵ The Northern Territory Coroner in a recent inquest finding also raised specific concerns that, under Part 4.7, there is no provision for the CEO's decision to place the children in the care of a particular carer to be reviewed:

In short, there is no external review of certain important decisions concerning the ongoing care of children. Given the systemic problems in FACS, this is disturbing. The Australian Government in consultation with all of the other states and territories is in the process of establishing national out of home care standards aimed at ensuring children in the Australian out of home care system are safe and well. One of the major factors identified in the National Out of Home Care Consultation paper is the independent monitoring of the out of home care system and reporting processes where the monitoring body is independent from the Out of Home Care service providers.¹⁰⁹⁶

With respect to the monitoring role of the Children's Commissioner he goes on to state:

there is no provision in the *Act* which guides or controls the Commissioner in how to exercise his functions. No specific powers are conferred on the commissioner to obtain documents, examine persons or carry out any type of investigations. This is in contrast to detailed provisions about the Commissioner's powers to investigate complaints. The *Act* should be amended to remedy these significant omissions.

1095 Submission: NPY Women's Council, Submission: Northern Territory Law Society, Submission: Robert Parker.

1096 G Cavanagh, 2010, *Inquest into the death of Deborah Leanne Melville-Lothian, NTMC 007*, Office of the NT Coroner, Darwin, p.81.

The Inquiry is of the view that specific powers should be provided in the *Act* to enable the Commissioner to carry out his/ her monitoring function.

A broad role in overseeing reforms

Section 260(1)(d) of the *Care and Protection of Children Act* (the *Act*) specifies that ‘the Commissioner is to monitor the implementation of any government decision from the ... Little Children are Sacred report (the Implementation Function).’ The findings of the 2007 Inquiry had a profound effect on the shaping of future Government policy towards the issue of sexual abuse towards Aboriginal Children and broader concepts of Aboriginal disadvantage and child welfare in the broader community. The findings of the report were also the impetus for the Australian Government’s intervention in the Northern Territory.

The 2007 Inquiry identified issues and indeed made crucial recommendations that had substantial effect on the most vulnerable children in our communities, those who have and are experiencing interaction with our child protection system. If it was Parliament’s intention that an independent body be put in place to monitor actions taken by Government in light of recommendations in the 2007 Inquiry, it might be relevant to extend this monitoring capacity to include subsequent Inquiries and their findings, which are somewhat similar in nature to the 2007 Inquiry. This would provide the Commissioner with the ability to not only monitor the implementation of findings in the 2007 Inquiry which are still quite relevant but also subsequently relevant inquiries which may also require the ability to be independently monitored.

The Office of the Children’s Commissioner suggests that the Implementation Function be replaced with a clause that would give effect to the following: that the Commissioner is ‘to monitor the implementation of any government decision arising from an Inquiry in relation to the Child Protection System or the wellbeing of children as constituted under the *Inquiries Act*’...This would also require consequential amendment to the objects of Part 5.1 of the *Act*.¹⁰⁹⁷

The Children’s Commissioner’s role pertaining to Aboriginal children in particular

Currently, a primary role of this statutory office is to ensure the wellbeing of protected children by investigating specific matters related to the provision of services to protected children and monitoring the administration of the *Act*, in so far as it relates to protected children.¹⁰⁹⁸ A protected child is considered to be a child who is subject to the performance of a function under Chapter 2 of the *Act*. Chapter 2 of the Inquiry’s report highlights that outcomes in the Northern Territory for Aboriginal children are poor on many metrics, and this report consistently highlights that approximately three quarters of protected children are Aboriginal.

Given that Aboriginal children are over represented in reports to NTFC and in substantiated child protection notifications and, as highlighted in Chapter 2, Aboriginal child wellbeing outcomes are poor on other measures also, there is a special need for advocacy for Aboriginal children in particular. Two submissions address this issue in very similar ways, recommending either an Aboriginal Children’s Advocate¹⁰⁹⁹ as part of the office of the

1097 Submission: Children’s Commissioner Northern Territory.

1098 *ibid.*

1099 Submission: Anglicare NT.

Children's Commissioner or a separate Aboriginal Children's Co-Commissioner.¹¹⁰⁰

The Children's Commissioner's role is largely concerned with matters pertaining to Aboriginal children, so the Inquiry does not see the need for a co-commissioner specifically and separately allocated to Aboriginal children. However the office of the Children's Commissioner should employ an officer dedicated to issues affecting Aboriginal children in particular. This officer should be an Aboriginal person. This is especially important if the office continues to rely on complaints to perform its investigation role. The importance of this is highlighted by the fact that Aboriginal people may prefer to report matters to an Aboriginal person. An increase in reports to the office from Aboriginal people would help the Commissioner to better understand issues of importance to them, in addition of course to the principle of enhancing access to the complaints process for Aboriginal people to have problems addressed. It would help the Commissioner to identify important child safety and wellbeing issues and solutions as well as to improve community confidence in the system.

Involvement in policy and monitoring committees ex-officio

The Children's Commissioner is in a unique position to understand child safety and wellbeing and the relevant legislation, as well as to be able to understand the functioning of parts of the statutory authority involved in child protection.

There are other meetings the Children's Commissioner could attend which would advance the Commissioner's understanding of the system as well as assist the functions of the meetings. Attendance of the Children's Commissioner at the NTFC Advisory Council, described in more detail below, at the Policy Coordination and Implementation Unit — in the Department of Chief Minister — ¹¹⁰¹and other high level policy committees, such as the Interdepartmental Child Protection Policy and Practice Working Group, in an ex-officio observer capacity, would greatly enhance the functioning of these meetings and the effectiveness of the office.

1100 Submission: AMSANT.

1101 See Chapter 14.

Recommendation 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:

- 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 *Inquiries Act*

Urgency: Immediate to less than 6 months

Recommendation 13.2

That the Northern Territory Government ensures that the Children's Commissioner is adequately funded to carry out any additional functions

Urgency: Immediate to less than 6 months

Recommendation 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.

Urgency: Within 18 months

The Ombudsman

The Ombudsman also has an important role in this field, with a broad power to investigate any complaint concerning administrative action — which includes decisions and acts and failures to decide or act — of any Agency. This power extends to the Department of Health and Families, and units of administration within that Department, including administrative action by NTFC. Conversely, the functions of the Children's Commissioner are narrower and more specific, relating to 'protected children', together with monitoring the administration of the *Care and Protection of Children Act* and certain government decisions, and reporting to the Minister.

The Ombudsman is also generally and expressly recognised in Chapter 5 of the *Care and Protection of Children Act*, which deals with complaints to the Children’s Commissioner. Section 266 of the *Act* enables complaints to the Children’s Commissioner to be referred to another person for investigation and resolution and this can include the Ombudsman. Section 266(3) also generally requires the Children’s Commissioner to refer any complaint relating to an act or omission of a police officer, to the Ombudsman. This is consistent with the broad and detailed powers which the Ombudsman holds and exercises in respect of complaints against members of Northern Territory Police.

Clear distinctions and differences exist between the respective functions of the Ombudsman and the Children’s Commissioner, however, the functions of these offices are complementary in some senses.

The Coroner

One submission to the Inquiry suggests that the Child Deaths Review and Prevention Committee (CDRPC) should review deaths of children who have had contact with NTFC within a given period of time.¹¹⁰² Across jurisdictions, various authorities have been given this function which differs from CDRPC function which is the broad review of child deaths, as described below. The Coroner generally takes a more detailed, case-based analysis of specific issues surrounding a death that seeks to draw out practice lessons for the departments involved. Following a revision of the Northern Territory *Coroner’s Act* 1993, there is an obligation to report to the Coroner the death of ‘a child who is in the CEO’s care as defined in the *Care and Protection of Children Act*’. The suggestion that a death be reportable if the child has been referred to the statutory agency in a recent period of time has merit and should be explored further.

The number of times the Inquiry, and submissions to it, cite the Coroner’s findings, demonstrates that the Coroner has an important, respected role in reviewing deaths of children in care. The key issue for the review of such deaths in the Northern Territory is the long period of time that it takes for the inquests to be conducted – sometimes in excess of two years after the death of the child. Where there are practice lessons to be learned these need to be determined and acted on more quickly than is currently the case.

External oversight

This section addresses:

- The Child Deaths Review and Prevention Committee
- The NTFC Advisory Council
- Consulting with children and young people in care, including a community visitor program, and
- Review teams

The Child Deaths Review and Prevention Committee

The *Care and Protection of Children Act* provides for a Child Deaths Review and Prevention Committee (CDRPC) with functions to maintain a register of child deaths, conduct or sponsor research into child deaths, diseases or accidents involving children; raise public awareness; make recommendations and monitor the implementation of its recommendations. The Committee must report to the Minister at the end of each financial year and its report must be tabled by the Minister in the Legislative Assembly within six days of being received.

The death of any child is tragic. In developed countries we expect life's trajectory from birth, is through childhood, adolescence and adulthood into old age before death. While we are seeing this increasingly, it has never been the reality for all. The risk factors for poor child safety and wellbeing outcomes are also the risk factors for poor child health outcomes. While one can never predict with certainty the outcome for an individual exposed to given risks, for a population we know roughly that a certain number with those risk factors will suffer adversely. This is an issue of probability, not certainty.

The question this issue raises is whether the expectation is of risk elimination or risk reduction, given the risk of child death is never zero in even the best of circumstances. Children with risk factors stand a higher likelihood of dying than those without. The best we can do for an individual is to know the risk, and reduce it as much as possible. However, the nature of risk is that it is difficult to eliminate.

The reality is that child protection systems and review entities cannot ensure the wellbeing of every child in every home, nor can it prevent every child death. The role of the system is to ensure that everything that could be reasonably done is done. Having said that, it is true that:

It is not appropriate that the broader community has to wait for a coronial inquiry to access detailed information regarding the practice standards of such a critical area as child protection.¹¹⁰³

The NTFC Advisory Council

The Northern Territory Families and Children Advisory Council is comprised of community representatives to provide:

independent advice and perspectives to the Minister, Government and the Department on key issues impacting upon children and families. The NTFC Advisory Council is primarily concerned with matters relating to child protection, domestic and family violence, sexual assault and family support services. This Council is an amalgamation of two previous advisory councils that dealt with child protection (FACSAC) and domestic and family violence (DAFVAC).¹¹⁰⁴

The role of an external Advisory Council is strongly supported. It is important that this body not be involved in case-based operational issues, with a membership prepared to

1103 Submission: Danila Dilba.

1104 Submission: NTFCAC.

consider issues from a systems perspective. Consideration should be given to whether its name reflects its role or a change is required.

While currently NTFC is overwhelmed and is perhaps unable to appear open to others' opinions, its apparently defensive position must not persist. The statutory authority must value the advisory council as an opportunity to hear ideas, or to use as a sounding board. It appears the value of an external Advisory Council could be appreciated more by NTFC and the Minister for Child Protection. Its value would be enhanced further by the following:

- Some access to department data. The Inquiry is aware of data submitted annually to the Australian Institute of Health and Welfare (AIHW) routinely. It appears that such data can appear in reports, be submitted to the AIHW and be published in their reports, all without significant analysis. The NTFCAC should be provided with such data at an early opportunity so as to provide opinion and recommendations arising from it.
- The quality of advice of the Council will be improved by access to the perspectives of the Children's Commissioner as a non-voting, ex-officio member of the council
 - The Children's Commissioner knows the system and processes well and can inform the council on matters as appropriate
 - The Children's Commissioner can play a more proactive role than does the office currently, via input to the council, and hearing the considered opinions of councillors would be helpful for the execution of the Commissioner's role.

Recommendation 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.

Urgency: Within 18 months

Consulting with children and young people in care

One of the process principles followed by this Inquiry was that the voices of children and young people must be taken into account. While many adults are prepared to advocate on behalf of children, the Inquiry also attempted to listen to the opinions of young people, and attended events for children in care to hear their contributions.

CREATE is a national organisation with state affiliates whose mandate is to work with and empower children and young people in OOHC. It relies on positive cooperation from statutory authorities such as NTFC to undertake this role. CREATE has been instrumental in mobilising young people, organising activities during holiday periods, and creating a positive sense of identity and purpose. One of its key areas of focus has been highlighting the needs of young people exiting from the care system and the ways that statutory agencies and others can help them through this difficult transition. Organisations such as CREATE provide a form of accountability providing feedback on performance and highlighting areas of problematic practice.

Recommendation 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.

Urgency: Within 18 months

Community visitor program

As described in Chapter 9, advocacy programs or community visitor schemes have been developed for children in the care system in a number of jurisdictions. In the Northern Territory there is currently a Community Visitor in Mental Health.¹¹⁰⁵

There is merit in the notion of independent advocates or community visitors going out to connect with children in their homes or foster homes. The many submissions from foster carers report little, and often no, active monitoring of a foster placement by departmental officers and no direct engagement with the child to assess the appropriateness of the placement and the happiness and wellbeing of the child or young person in that placement. There are provisions within the *Act* for this to occur, however competing demands on NTFC are such that in-person visits happen episodically at best.

Community visitor programs in other states do not perform the monitoring and checking function for every child in out-of-home care (OOHC) as is required of OOHC caseworkers in the current NTFC Manual. They can perform more of a sampling role to better understand how the system is functioning, and to hear the voices of children in care settings. South Australia's Office of the Guardian for Children and Young People recently released a report describing community visitor programs.¹¹⁰⁶ In this report, such programs for children in OOHC are described as follows:

- Queensland, where independent visitors report to the office of the Children's Guardian and Commissioner, the visitors attend:

children who are in detention, a mental health facility (known as a visitable site) or are in the care of the Chief Executive under the *Child Protection Act* and are accommodated with an approved carer or someone other than the parent of the child (known as a visitable home)... They assess the general physical and emotional wellbeing of the child and determine if the child has enough information so that they can understand their rights. As far as visitable sites are concerned a Community Visitor can assess the appropriateness of the accommodation and its service delivery (for detention centres there is a focus on services delivered to assist the child for release), staff interaction with the children and the morale of those staff. For visitable homes the accommodation and care standards are observed and assessed.¹¹⁰⁷

1105 Submission: Office of the Children's Commissioner Northern Territory.

1106 Office of the Guardian for Children and Young People, 2010, *A community visitor program for children in state care: Report*, South Australian Government, Adelaide.

1107 Submission: Office of the Children's Commissioner Northern Territory.

- NSW, where the role is more overtly one of sampling to provide advice to the Minister for Disability regarding children, young people and adults with a disability residing in residential care or boarding houses. Visitors are coordinated and report through the Office of the Ombudsman
- Victoria, where the role pertains to adults and children with a disability or mental illness. Issues not able to be resolved are escalated to the Office of the Public Advocate
- Tasmania has recently introduced a pilot scheme of sampling visits by volunteers to 20 children per month, reporting to the Commissioner for Children
- The Australian Capital Territory Public Advocate is a paid professional who visits children in hospital psychiatric care, secure care and residential services.

The report also describes models from:

- the United Kingdom, where the responsibility falls under the jurisdiction of local authorities for children in care who have limited, poor quality or no contact with their birth family. 'Independent visitors are adult volunteers who aim to establish a consistent, positive adult-child relationship. Independent visitors undertake the role for one child or young person only'
- the USA, where a court appointed special advocate performs the task to ensure abused and neglected children receive high quality, timely and sensitive representation in court hearings regarding their needs and best interests. The report describes the advocates as volunteers.¹¹⁰⁸

Three aspects which stand out to the Inquiry about a community visitor role are:

- independence from the statutory authority
- the value to the system of examining a sample of cases
- the value to the system of expressly seeking the perspectives of children in OOHC.

The above are in addition to the need for monitoring by the statutory agency to ensure individual children in OOHC are indeed receiving an adequate service. The Northern Territory Coroner has previously recommended a child under the care of the CEO be visited by a person authorised by the CEO regularly and the mechanism of community visitors must be in addition to this.

In the Northern Territory there are several reasons why this is more difficult than in other states and territories. The remoteness of many children meaning they can be dispersed over a large area with few concentrated in any one remote location would add significant logistical difficulty and cost to any centralised agency tasked with this visiting role. However, the majority of Northern Territory children in OOHC are situated in urban locations.

Should such a role be performed in the Northern Territory it would need to be performed differently in different locations, using different models, individuals, agencies and NGOs on a fulltime, part-time and pro-rata basis. An Northern Territory community visiting

1108 Office of the Guardian for Children and Young People, *A community visitor program for children in state care: Report*.

model examining OOHC would provide reports to the Children's Commissioner. Although the importance of a community visitor role is noted, the Inquiry has not been able to explore this issue in satisfactory detail to make a recommendation about a preferred model.

Recommendation 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.

Urgency: Within 18 months

Review Teams

The Inquiry notes the *Act* (part 5.2) contains a provision for review teams as a measure to ensure the operational aspects of child protection services meet the objectives and are of a high standard. The review teams have not been implemented as yet and clear guidelines would be required before they are implemented. The Inquiry notes the spirit of these teams, but suggests the reforms proposed adequately meet their proposed objectives. Having said that, there is a place for a mechanism for the ongoing review of child protection policies and procedures.

Internal NTFC quality control and review measures

This section addresses:

- the care and protection quality subcommittee
- complaints and appeals processes
- advice and support services for families involved with NTFC.

Care and Protection Quality Sub-Committee

In April 2009 Northern Territory Families and Children held a quality summit following a series of adverse reports (including the High Risk Audit) which reflected on the quality of services offered by the Department. Out of this summit, the Care and Protection Quality Sub-Committee was formed with a number of working groups focusing on specific areas of practice.

Five working groups were established and cover the work areas of:

- Training and development
- Workload and workforce
- Recruitment and retention
- Records management; and
- Systems gaps

The broad scope of the work and focus of these working groups is outlined in some detail in the DHF submission. Some of the work from these working groups, for example, 'workload and workforce', has been cited in parts of this Inquiry report.

The Inquiry strongly supports the NTFC Care and Protection Quality Sub-Committee and the work of the different working groups.

Complaints process

There must be processes 'that actively address any process[es] that jeopardise the protection of children in care or in need of care'.¹¹⁰⁹ This includes an effective complaints process within the NTFC.

A complaints process is important to enable those who feel the system has made an error to seek redress in a manner that is fair, timely and accessible. We describe in the introduction to this chapter the result of not having such a system, being complaints to higher authorities which then demand responses which occupy their time as well as the time of others which would be better spent on other activities. Currently NTFC does not appear to have an adequate system for dealing with complaints.

In the legal forums conducted by the Inquiry there was a general acceptance that the interests of children and of their families would be better served by some form of internal or external review of the many decisions taken by the Department relating to a child in out of home care. That the Department can make significant decisions such as to remove a child from one foster placement and place with another carer, or to restore a child to his or her family, without any avenue for an independent or external review of the circumstances was of concern.

Departmental representatives at the Darwin legal forum indicated support for a tiered system of internal review of administrative decisions by which parents or other parties could apply for a review of a decision in the first instance by the Operations Manager for the relevant region. If the matter was not resolved at that level, then application could be made for the decision to be reviewed by a senior officer not previously involved with the matter, such as the Executive Director or Senior Practitioner.

The Inquiry is supportive of such a proposal as potentially efficient and workable for practical and timely review of significant decisions that might not have been in the child's best interests but which might not otherwise be brought to the notice of senior management.

Following the above forum, NTFC provided the Inquiry with an undated draft NTFC Complaint Policy and Procedures which gives rise to some concerns. Firstly, one of the key principles is that the 'complainant receives an approach and perspective to their concerns, which is independent of operational management'. One of the appealing features of the basic model outlined at the forum was the early involvement of operations management who may not have previously been aware of the casework decision made (or not made) and whose experience and knowledge might allow for an immediate resolution of the matter. Given the high staff turnover, staff shortages, lack of awareness of the legislation and related policy and procedures, and the inexperience of many child protection workers then the sooner operations management is involved, the sooner the best interests of the child can be determined and the matter resolved.

1109 Submission: Northern Territory Opposition.

It is also of concern that the timeframes contained the draft policy and procedures document provide that if all the stated time periods and stages of investigation are accessed, it will take up to 200 working days or 40 weeks for the matter to either be resolved or then referred to the Children's Commissioner or Ombudsman.

In establishing a complaints process there must be a means of logging the theme of the concerns raised with the statutory agency and reporting monthly de-identified data on complaint numbers by theme to the director of the agency. There will inevitably be lessons to learn from complaints, particularly if there are consistent themes arising from them.

Appeals process

Related to the need for a complaints process, is the need for an appeals process for individuals that believe that a particular decision has been the wrong one. Access to an appeals process around professional decisions should be the right of any clients (adults or children), relatives, and carers affected by decisions and the existence of such an appeals process should help to appreciably reduce the number of complaints that are made to external authorities with the associated administrative burden they necessarily entail. Unlike most other jurisdictions, the Northern Territory does not have an Administrative Appeals Tribunal to review decisions made by professional staff members so the development of an internal NTFC appeals process is an imperative.

The appeals process should not involve the same line management structure that was responsible for making the original decision and should operate under clearly articulated and publicly available principles and procedures.

Recommendation 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.

Urgency: Immediate to less than 6 months

Recommendation 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.

Urgency: Immediate to less than 6 months

Advice and support services for families involved with NTFC

The lack of support services for families coming into contact with NTFC is not directly a question of internal review, but it does lead to the generation of numerous complaints and raises issues of justice and procedural fairness.

Across the jurisdiction, parents who are engaged with the legal processes relating to the care and protection of their children face many challenges. They may lack a basic understanding of the nature of the Court processes and their role in these. Language and access to interpreters may further limit their ability to understand the processes and to convey their wishes to the NTFC officers or to the Court. In these circumstances genuine and informed consent is often not obtained or may be compromised by the parents cultural willingness to agree with someone from the 'welfare' or because they do not have an appreciation that they have a right not to agree.

The Family Matters jurisdiction of the Local Court only sits in limited venues and these may be far removed from the community or settlement in which the family resides and thus significant travel may be required to participate in Court hearings.

Added to all of the above are the experience and memories of past interventions and the removal of children from their families. In such circumstances, the task of establishing and maintaining meaningful engagement with parents can be a difficult one.

The submission from Danila Dilba notes the following:

The family members interviewed for this case story spoke of the lack of any support or advice on how to deal with the Department.' and advocate for an agency which provides advice to families in that 'Such a service would lessen the burden on existing mechanisms such as Ministerial offices, the Children's Commissioner and the Ombudsman that are not established for that purpose but end up fielding complaints from families.'¹¹¹⁰

A theme that arose in consultations undertaken by an Aboriginal organisation on behalf of the Inquiry with residents of town camps and the remote communities visited by the Inquiry is that, despite having contact with NTFC, there is limited understanding of and response to aspects of the child protection system. This highlights the need for a complaints process but also the need for an advice and support mechanism geared to the needs of Aboriginal people. Elsewhere the Inquiry has highlighted the case for Aboriginal Child Care Agencies, which would be able to assist with such a process.

Some jurisdictions in Australia have provided advice and support to families involved with the child protection system through mechanisms such as Family Inclusion Networks. The Inquiry strongly supports the need for the development of an advice and support service for people who come into contact with NTFC. Being served legal papers relating to the removal of children must be an overwhelming experience particularly, for example, for a young, single Aboriginal mother with a poor grasp of English.

1110 Submission: Danila Dilba.

Recommendation 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.

Urgency: Within 18 months

Models of accountability

A number of submissions suggest an accountability mechanism which includes measurement of performance.¹¹¹¹ A range of accountability and monitoring models are available in the field of child and family services which cover a spectrum of possible activities. Some are in-house, others completely outsourced. The Inquiry is of the view that a mix of processes along this spectrum is necessary. Internal mechanisms for responding to problems that occur closest to their site of activity allow for the most rapid solution-finding and encourage feedback for change. On the other hand, oversight mechanisms with a view from 'on high' can take a broad vision of the system (as well as a narrow one where necessary) and thereby propose broader solutions. The community is best served knowing there is a culture of reflection at all levels of the system, with the confidence that comes with having a trusted body overseeing it. Oversight entities risk contributing to a climate of blame or fear among staff, however, they can promote a climate of reflection that has a primary focus on children and their safety and wellbeing.

Performance Measures

The National Partnership for Protecting Australia's Children is working to collect and publish child protection indicators from each jurisdiction annually to assist in national monitoring and evaluation. Much of the data is collected via the Australian Institute of Health and Welfare (AIHW). Other data published by the AIHW relating to child wellbeing is highly relevant to work in the field of child safety and wellbeing and may be more indicative of the context of child safety and wellbeing work in the Northern Territory. Examples of this may include mortality at different ages and from different causes.¹¹¹²

At the state and territory level, measurement of performance as a component of evaluation is an essential element of its accountability apparatus. Implementing comprehensive structures and processes to deliver a transparent and accountable system that encourages reflective practice and professional judgment and can measure performance will restore confidence in the government's ability to provide safety and wellbeing to its most vulnerable citizens. This task is urgent.

The framework proposed for evaluation of performance is a well established one and has been adapted over the years for a variety of programmes to enable routine collection and

1111 Submission: NPY Women's Council, Submission: Danila Dilba.

1112 See Chapter 2.

analyses at four levels - inputs, processes, outcomes and impacts.¹¹¹³ Indicators within each level are used to measure different aspects of the system, and a combination of these used at work unit, program and system level. The contemporary challenge in using this framework is to develop clear parameters at each level and to integrate these within a total systems evaluation.

The following indicators are indicative only and represent a few of the measures the Inquiry considers important for the statutory authority.

Input indicators

Input indicators measure the resources needed to conduct program activities. They include an analysis of financial, human and material resources and the distribution of such resources.

Examples of input indicators may include: staff numbers and distribution, caseloads skill levels; costs allocated to the different streams of the statutory authority; grants for various outsourced programs; and time allocated within a work unit to different types of work.

Process indicators

Process indicators measure whether processes are occurring as expected or planned. For example are processes for managing out of home care operating as intended? While it is acknowledged that processes do not always result in desired outcomes, there are some processes integral to a well functioning system. Ideally, workers should contribute to the development of process indicators and at intervals be involved in the recalibration of practice process and outcomes.

Examples of processes which may be seen as important include: percent of new employees completing orientation sessions; percent of employee who have professional development plans; percent of comprehensively completed care plans as reflected by the completed domains such as education, cultural, social, medical, disability service; and percent of foster carers receiving foster care charters.

Outcomes

Knowing that appropriate processes have been followed is necessary but not sufficient in analysing complex systems. Outcomes measures quantify such issues as numbers of children helped or not helped by given interventions, and efficiencies, such as times taken for various processes. Outcome measures examine what the system does with or for children and families referred to its service, and the quality of those interventions.

Examples may include: number of children with a substantiated child protection record who are renotified and re-substantiated within a 12 month period; number of 'Incidents in care'; measures of client satisfaction; degree of involvement of children and young people in policy planning; characteristics of particular issues such as cases of malnutrition or other health problems resulting in the involvement of the statutory agency.

1113 H Ross & P Mico 1980, *Theory and Practice in Health Education*, Mayfield Publishing, San Francisco, Ca.

Impact

A thorough evaluation of a system's inputs, processes and outcomes is important but not sufficient. Evidence of impact is imperative in weighing up the value of all of the above yet traditional evaluation gives only cursory attention to impact. There is a key question that underpins impact evaluation: is the outcome better than if there had been no intervention? Whilst scholars and analysts have acknowledged the significance of measuring impact of interventions, this is one of the harder of the levels of evaluation. New methodologies are emerging.¹¹¹⁴ The Inquiry is firmly of the view that the Northern Territory system with children and families as its focus must know about its impact on children, families, communities and society in general.

Recommendation 13.10

That a framework involving performance measures in the domains of input, process, outcome and impact is adopted and appropriately resourced.

Urgency: Within 18 months

¹¹¹⁴ The Most Significant Change Technique is one that has been developed as a most useful qualitative tool to assess impact. See <http://www.mande.co.uk/docs/MSCGuide.pdf>.



CHAPTER 14
THE WAY FORWARD

CHAPTER 14

The way forward

Introduction

The changes recommended in this report relate to all points of the continuum from universal services through targeted and indicated services, before reaching what people refer to traditionally as child protection. They all require resources of commitment, effort, goodwill, time, understanding and money. There are many children in the Northern Territory whose futures depend on this renewed approach being undertaken with determination and perseverance.

The task of finding solutions will only become more complex and more expensive the longer the child protection system operates without adequate attention to upstream, causal factors. However, while the Inquiry draws attention to the key social and environmental determinants of child abuse and neglect, the focus of the recommendations is on practical and realistic solutions, predominantly to problems which lie in non-universal parts of the continuum beginning at interventions for vulnerable children and families and extending through indicated interventions and targeted child protection services.

Although there is a need to effect some changes rapidly, the challenges in the Territory are such that there are not many quick-fix solutions. Many of our challenges, such as difficulties with workforce issues, are also faced by other jurisdictions. However, the combination of challenges in the Northern Territory relating to distance, remoteness, housing, health, alcohol and other drugs, cultural diversity, language, mobility, interpersonal violence, unemployment and under-education and so on, require a commitment to building social capacity and restoring social fabric as well as to the reconfiguration of the child protection system.

No society can protect all its children from harm and abuse. What we can do is to better support vulnerable and at risk children and families through a coordinated and integrated approach to child safety and wellbeing. The reforms in this report seek to achieve this end and in this chapter we outline the initial implementation steps that will need to be taken to translate the recommendations into reality.

Scope of the proposed reforms

The proposed reforms are far reaching with some being of great significance to the charting of a new direction whilst others focus more on improving programs and processes. Furthermore, a few require immediate implementation, some can wait a short while, and others are of an ongoing nature. Most of the major reforms will take three or more years to be realised in full but there are clear interim steps that will need to be taken.

In broad terms the major reforms are in three areas as follows:

- First, the most significant recommendation in terms of both cost and centrality to the reform process is the call for a substantial new investment in a range of family support and therapeutic services over a five year period. These new services should include the development of Aboriginal child safety and wellbeing services (Aboriginal Child Care Agencies or ACCAs) in Darwin and Alice Springs. The key recommendations can be found in Chapters 4 and 6.
- Second, a number of immediate capacity issues within the child protection and 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. The relevant recommendations can be found in the chapters on intake and investigation (Chapter 7), out of home care (Chapter 9) and workforce (Chapter 12).
- Third, there are a set of recommendations 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 Northern Territory Families and Children (NTFC); 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; 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. The recommendations can be found in Chapter 11.¹¹¹⁵

In addition to reforms in these three broad areas there are a host of other recommendations to be implemented. 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’ participation, including government and NGOs.

Urgency ratings

Each of the recommendations has been given an *urgency rating* to provide a prioritisation guide around the commencement of implementation, as follows:

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

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

1115 See Chapter 11.

The next steps

This report is to be handed to the Chief Minister on 18 October 2010. At that point, the Northern Territory Government has indicated it intends to release the report to the public.

The Northern Territory Government has indicated that the Chief Minister will announce the government's initial response to the recommendations in the report shortly after it is handed down. At that point the implementation process begins.

NTFC as a department in its own right

The Inquiry is aware that there has been discussion for some time about the need or otherwise for NTFC to become a department in its own right. A number of submissions on this subject were received with the majority advocating for the creation of a separate department. The need for clarity on this question is important as a decision to create a new department will have major repercussions for the reform implementation process, given the time, upheaval and attention that such a change will entail.

The Inquiry has heard a number of arguments about the problems of being part of a larger department which has a different primary focus. For example the need for alignment with policy and practice frameworks which suit the needs of a broader, larger department may impact on its ability to develop policies and guidelines that are suitable for a smaller division. The same applies to many different policy areas, such as recruitment strategies, which currently need to be aligned with those of a much larger department with different needs. The Inquiry heard from an NTFC worker about an urgent policy decision that took over six months to ratify in the larger organisation.

Being part of a larger department can impact on the agility of the division and hamper efforts to find timely solutions. Some feel that in its current location NTFC suffers as the 'poor cousin' to health. It only accounts for a small proportion of the Health budget and the public annual reporting requirements (in the Department of Health and Families annual report) mean that the public only receives a small amount of information about the work that is undertaken. For example, the last Department of Health and Families (DHF) annual report of 220 pages, contains only 10 pages specifically devoted to NTFC. It could be argued that the creation of a separate department would enhance the ability of NTFC to negotiate with other departments around the implementation of the broader child safety and wellbeing reform agenda. The creation of a separate department would also provide a psychological impetus for a fresh, new approach to child safety and wellbeing services and would clearly signal the intention of the Northern Territory Government to raise the profile and status of work.

On the other hand, a separation from Health would mean the loss of economies of scale, less direct access to some specialist services, significant disruption to an already stressed workforce, and considerable costs.

Apart from the issue of independence, there are other issues around the optimal grouping of services and programs. In addition to child protection-related services, NTFC also operates a Youth Services division relating to the broader youth sector as well as a range of Family and Individual Support Services (covering family violence, sexual assault

services, homelessness and women’s policy issues). In a previous incarnation, FACS, the division was previously grouped with other community services (along with Alcohol and Other Drugs, Aged and Disability, and Mental Health). This was a grouping based on the broader social service sector similarities and involved services for children, adults (of all ages) and families. In some states child protection services are located with education.

If NTFC were to move to the Department of Education and Training (DET), where there are obvious synergies, it would face similar issues to those it faces within health. DET has embraced the early childhood agenda and now has responsibility for early childhood services which were previously with FACS. At this point, there seems to be no clear warrant to return early childhood services to NTFC so the current grouping in NTFC would likely form the basis of any new department with, perhaps, the addition of youth corrections as has been suggested in the past. If many other smaller programs were to be grouped with NTFC some of the benefits of creating a new focused department could be lost.

The Inquiry has been informed about the following benefits and disadvantages of creating a stand-alone department:

Advantages of moving to a stand alone department	Advantages of the status quo
<p>Alignment of like services for children and youth</p> <p>The signal about the profile and status of child protection in the community</p> <p>Representation of the Chief Executive at all higher level decision-making forums</p> <p>Ability to respond quickly to create policy which suits its own programs rather than being aligned with a larger cousin that has its own agenda</p> <p>Positive impact on staff morale</p> <p>Increased scope for accountability and transparency. A more comprehensive annual report of activities and outcomes should result</p>	<p>Loss of specialist services provided to a larger department</p> <p>Efficiencies in Human Resources, Administrative and information services and public relations</p> <p>Stability within NTFC is important. Energy, time and money needed to create an independent department risk distracting a workforce already overwhelmed</p>

The Inquiry supports the idea of an increased profile for NTFC, with increased agility and flexibility and improved morale. However it has not been able to consider the issue of separation in enough detail and to conduct a formal cost and benefit analysis in order to come to a definitive position. This being the case, the Inquiry is declining to make a specific recommendation on the creation of a separate department.

A decision will need to be made by the Northern Territory Government about the status of NTFC and whether or not it is to become a Northern Territory Government department in its own right. A decision to develop a stand-alone department will have a bearing on the timing of some reforms given the time, energy and resources that will need to go into making a change of this magnitude.

The processes of implementation

The Inquiry suggests that the reform implementation process should involve, at least, the following elements:

1. The articulation of a response to the proposed reforms
2. The creation of an implementation unit to drive the broader reforms
3. The development of a strategic/ action plan to drive the reforms
4. The development of an implementation plan within NTFC
5. The determination of monitoring and oversight functions.

Articulation of a response

The first step towards implementation involves the response of government and the articulation of this response as a program for action. The Inquiry has made numerous recommendations but the primary driver of the implementation process is the Northern Territory Government response. Following the Wood Inquiry in NSW¹¹¹⁶ the NSW government received the Report in November 2008 and over a period of months considered its response. In March 2009, some four months after the report was completed, the NSW government published its formal response in a strategy called 'Keep them Safe: A shared approach to child wellbeing'¹¹¹⁷. This strategy outlined a five-year plan for implementing the recommendations.

The following discussion makes the assumption that the Northern Territory Government will make a positive response to the recommendations from the Inquiry (as it has previously indicated it would) and that it largely accepts the recommendations that have been made.

A planning, coordination and implementation unit

Given the reach of the proposed reforms, their 'whole of government' nature, and the critical need for engagement with Aboriginal people and organisations and the broader NGO service sector, the Inquiry is of the view that the main driver and coordination entity for the reform process needs to be an interagency unit, or formalised team, that is operationally responsible to the Chief Executive of the Department of Chief Minister and reports to the Social Responsibility Subcommittee of the Northern Territory Coordination Committee (Chief Executives of Northern Territory Government departments). The Inquiry notes that the Department of the Chief Minister (DCM) has a track record of driving significant cross agency reforms such as those around family violence.

The Inquiry does not wish to be overly prescriptive with respect to the composition of this unit or its precise functions, but it should include, at a minimum, the Chief Executive of NTFC, other senior directors from that agency, and representative senior directors from other human service agencies as well as Treasury, along with secretariat staff with expertise in particular areas.

1116 Wood, *Special Commission of Inquiry into child protection services in NSW*.

1117 NSW Government, 2009, *Keep them safe: A shared approach to child wellbeing*, NSW Government, Sydney.

Given the longer-term nature of some recommendations (especially the building of a significant suite of family support and therapeutic services leading to the establishment of alternative family intake ‘gateways’) the Inquiry suggests that this implementation unit needs to be established as a formal entity for a period of at least five years.

Main functions of the implementation unit

The implementation unit would have a range of tasks and functions. Amongst the immediate priorities would be the following:

- assist in the preparation of the initial Northern Territory Government response to the Report and its recommendations including the preparation of preliminary costings for commitments
- prepare a strategic plan for the implementation of the recommendations and to coordinate the responses and implementation activities of the various agencies
- initiate required consultation processes with remote communities, the NGO sector and the public
- prepare the required changes to the legislation
- establish collaborative mechanisms amongst Northern Territory Government agencies, the three levels of government, the NGO sector, and relevant advisory councils and committees.

Ongoing roles of the unit would be to:

- drive and coordinate on-going development of the implementation plan
- coordinate and monitor the implementation activities of the various agencies
- monitor the functioning and effectiveness of the Interagency Child Protection Policy and Planning Working Group
- report to government against implementation targets
- consult and coordinate with initiatives such as Working Future, the Local Implementation Planning processes, and the National framework for Protecting Australia’s Children
- make recommendations to government on the improvement of child safety and wellbeing systems and services relating to the reforms.

Development of a strategic plan to drive the reforms

The development of a strategic plan is a key priority for the implementation unit. This plan will need to include, at least, the following elements:

- establishment of reform goals and objectives for each agency as well as the system as a whole
- development of timelines
- development of change management strategies
- exploration of a range of workforce and workplace issues
- development of a communications strategy for the reform process
- development of a trials program to evaluate and fine tune key reform elements

such as the establishment of the Community Child Safety and Protection teams

- development of accountability and reporting measures.

Waves of reform

Given the wide scope of the recommendations and the fact that some of the major reforms are of an urgent nature whilst others will take a number of years to realise, the Inquiry recommends that the strategic plan incorporate the notion of waves of reform. It is suggested that the first wave (1-2 years) should involve attention to more urgent matters, the implementation of recommendations that involve improvements to programs and processes, the necessary planning and consultation processes for later developments, the initial implementation of new services, and the establishment of trials or pilots for reforms that will be rolled-out in later waves.

The second wave (2-3 years) will involve a wider transition to the new system. There will be an evaluation of the initial trial projects leading to refinements and re-configurations, continued consultation with all key stakeholders, the continued establishment of a larger range of support and therapeutic services, and formal establishment of service consortia and 'gateways'. The third wave (3-4 years and beyond) will involve the full rollout of the new services, with ongoing evaluation and adjustments.

At all stages the Inquiry recommends that the implementation unit adopt an action research stance with an openness to learning from experience and a preparedness to adjust and fine tune strategies and services.

Communications strategy

In the body of this report there have been only a few references to organisational communication strategies. The development of such a strategy will need to be an early task of the new implementation unit and an integral part of its strategic plan. There are two main strands to such a strategy which needs to include a focus on both communications with the broader public around child abuse prevention and treatment, as well as a strategy that seeks to communicate with the public around the reform process.

Community education

A particularly important aspect of the overall communication strategy is community education around the issues of child abuse and neglect and mandatory reporting.

Pat Anderson and Rex Wild, the authors of the 'Little Children are Sacred' report, concluded:

All information gathered leads us to the conclusion that education is the key to solving (or at least, ameliorating) the incidence of child sexual assault in Aboriginal communities. By education, we mean not only that which occurs in schools, but that which occurs in its wider context.¹¹¹⁸

The Board of this Inquiry strongly concurs and would broaden the scope of the community education to include key aspects of child wellbeing including the capacity to keep children safe.

1118 Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, *Ampe Akelyernemane Meke Mekarle "Little Children are Sacred"*.

A number of NGOs — for example, the National Association for Prevention of Child Abuse and Neglect (NAPCAN) — and statutory agencies/services (including DHF, NTFC, the Department of Education and Training, the Department of Justice, the Sexual Assault Referral Centre (SARC) and the Child Abuse Taskforce (CAT)) have been involved in the delivery and funding of community education initiatives around the prevention of abuse and neglect, including the innovative Men’s Forums chaired by Mr Charlie King. However, collectively these initiatives fall a long way short of the Northern Territory Government commitment in response to Recommendations 94 and 95 of the ‘Little Children are Sacred’ Report. The Northern Territory Government commitment was to:

a wide-spread and sustained education campaign across the Northern Territory using radio, television, print and discussion forums.¹¹¹⁹

A widespread and sustained campaign around the prevention of harm to children must be a central priority of the Northern Territory Government and the implementation unit set up to guide the reforms. The education strategies that are developed should include a focus on the key drivers of abuse and neglect in different areas of the Northern Territory and should incorporate longer-term, community development goals. The campaign should use a range of modalities including direct training programs, videos/ DVDs, discussion forums, radio and TV.

Recommendation 14.1

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:

- 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.

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.

Urgency: Immediate to less than 6 months

1119 *ibid.*

Education around the reform process

In addition to a communication plan around abuse and neglect, there must also be a strategy to educate and update the public at large and the key stakeholders about the reform process itself, developments, issues, achievements, goals and planning processes. There is also a need to engage the public in an understanding of the complexity of working within the child safety and wellbeing field. This strategy should, at least, involve the use of a website and regular bulletins, as well as engagement with the public through the media.

Presently, often the only times journalists have access to information about NTFC are when there are problems such as a complaint, Coronial Inquest, a report, investigation or Inquiry. There are areas of activity professionals in the domain of child safety and wellbeing can communicate to the public through the media or public forums which will help to rebuild the public's trust in NTFC and in the reforms.

A key issue to be addressed in the communications strategy will be that of expectation management. The broader community expects change and understands that if funding is made available then change should occur. As has been mentioned at several points in this report, the reform of the child protection system in the Northern Territory is a longer-term project. Although some issues such as a renewed focus on collaboration should not take long, the planning and establishment of new services does take time, and realising the results of this change will take longer still. This being the case, the communications strategy will need to include a focus on educating the public around the nature of the reforms and the time it will take to see significant results.

Development of an action plan within NTFC

Clearly the Northern Territory Government agency with most recommendations to implement is NTFC. The proposed reforms for this Agency are extensive. The recommendations include a number of issues that need to be addressed as a matter of urgency and many that are of an ongoing nature.

The Agency itself will need an implementation plan that is compatible with that of the interagency implementation unit and that focuses on agency issues such as workforce needs.

Urgent tasks for NTFC include:

1. Clearing the immediate backlogs of notifications and investigations. The growing backlog of children awaiting investigations was notified to the DHF Chief Executive and the Minister as soon as it became known to the Inquiry. Clearing the backlog is not an easy task in the absence of change to the system which has enabled it to build up in the first place, let alone in the unsettled environment of this or other recommendations for system change. However knowing that the system will improve should help. The Department of Health and Families may need to second personnel from other agencies in the Northern Territory or possibly elsewhere to assist.
2. Recruiting more staff, training and retaining them is critical in the short term and on an ongoing basis – this is an urgent priority in a number of work areas including child protection and OOHC case work.

3. It is clear from the submissions to the Inquiry that there is a need for NTFC to develop 'a new way of doing business' and to pay immediate attention to organisational culture as well as its relationships with key stakeholders such as foster carers and NGO service providers. This focus on organisational change will need to begin immediately and will no doubt be influenced by any government decision on whether it becomes a department in its own right.
4. The experience of other Inquiries is that the publicity they generate can create further demands on already over-stretched systems. A risk for NTFC is that publicity around the release of the report may lead to an increase in the number of children being notified to the agency. A risk identification and response plan should also be part of the NTFC plan.

Determination of monitoring and oversight functions

It is proposed that a range of accountability and oversight functions be built into the reform implementation process. These will include program or initiative-level processes as well as reporting functions for the larger implementation process.

It is also important that an external monitoring process be established. At present one of the Children's Commissioner's functions is to monitor the implementation of government decisions arising from the 'Little Children are Sacred' Report and this monitoring forms part of his/her annual report that is tabled in the Legislative Assembly.

One of the recommendations of the present report is that the Commissioner's functions be amended in the *Act* to provide for the independent monitoring government decisions arising from any Inquiry into child protection matters under the *Inquiries Act*. In that case, the Commissioner could provide an independent monitoring function. There is some scope for monitoring under another of the Commissioner's provisions – monitoring the administration of the *Care and Protection of Children Act*, but this has a more restrictive focus on the child protection provisions of the *Act* and the way these are administered.

Recommendation 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.

Urgency: Immediate to less than 6 months

Conclusion

Pat Anderson and Rex Wild, authors of the 'Little Children are Sacred' report, were clear that there were 'no quick fixes' to the social problems affecting disadvantaged Aboriginal communities around the Northern Territory. They went as far as suggesting that it would take more than 15 years in some cases even if the right supports and services are made available.¹¹²⁰

A similar long-term perspective is required around the implementation of the present Report. We can and must immediately address the pressing social problems afflicting so many Aboriginal communities as a matter of urgency but actually repairing the social fabric of communities torn apart by alcohol, violence, unemployment, despair and the like, will take much longer. Within the child protection system itself, we cannot go on building larger and more forensically-focused child protection and out-of-home care systems while paying lip service to the need to support and enable families so that they can care for and protect their own children – and we cannot keep developing approaches and services without hearing the voices of those who are directly affected by our interventions.

The recommendations contained in this report are the result of consultations with a large range of stakeholders including clients, children in care, remote community members, foster carers, child protection workers, police, educators, health workers, academics and many more. We believe that the result will be a newly energised, more focused, more effective child protection system based on consultation, collaboration and an acceptance of the reality that keeping the Northern Territory's children safe and well is a shared responsibility.

1120 *ibid.*, p.13.



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APPENDICES

Appendix 1.1

Biographies of Board of Inquiry co-chairs

Professor Muriel Bamblett AM

Professor Muriel Bamblett is a Yorta Yorta woman who has been Chief Executive Officer of the Victorian Aboriginal Child Care Agency since 1999. From 1998-2008 Muriel was the Chairperson of the Secretariat of National Aboriginal and Islander Child Care, the peak agency representing Indigenous Child and Family Services nationally. Muriel is active on many boards concerning children, families and the Indigenous community, including the Victorian Children's Council, the Australian Families and Children Council, the Victorian Youth Parole Board and the Aboriginal Community Elders Service.

Muriel has been the recipient of a number of awards, including the 2003 Robin Clark Memorial Award for Inspirational Leadership in the Field of Child and Family Welfare; and was awarded an AM (Membership in the General Division) in 2004 for her services to the community. In 2008 Muriel was a participant at the Prime Minister's 2020 Summit and in 2009 LaTrobe University appointed Muriel as an Adjunct Professor in the School of Social Work and Social Policy within the Faculty of Health Sciences.

Dr Howard Bath

Dr Howard Bath took up his appointment as Northern Territory Children's Commissioner in June 2008. Trained as a Clinical Psychologist, Dr Bath has worked as a youth worker, Agency Director and clinician and was the inaugural Chair of the Child and Family Welfare Association of Australia. He has presented widely at conferences and has authored articles on topics including family preservation services, out of home care, developmental trauma and child protection.

From 1999 to 2008 he was Director of the Thomas Wright Institute in Canberra which provides a range of consultancy, training and clinical services for organisations working with young clients who have complex needs and challenging behaviours. He has had a long-standing interest in and involvement with services for children in the care and protection system. For the duration of the Inquiry, Dr Bath took a leave of absence from his position as Children's Commissioner.

Dr Rob Roseby

Dr Rob Roseby is a respiratory and general paediatrician who is currently the Deputy Director of Adolescent Medicine at the Royal Children's Hospital in Melbourne. In the six years to mid-2009 he was at Alice Springs Hospital where he was head of paediatrics and a senior lecturer for Flinders University NT Clinical School. He was also a member of the Northern Territory Child Deaths Review and Prevention Committee.

Dr Roseby was Chair of the Royal Australasian College of Physicians (RACP) Northern Territory Committee from 2006 to 2008, and has been a member of committees overseeing education of paediatricians and policy development. He is also a member of the RACP paediatric division education committee and chairs a committee assessing overseas trained specialists. Dr Roseby has numerous peer review publications including

two systematic reviews of scientific literature, has contributed to several reports and has given around 50 conference presentations. He has served on advisory committees and working groups at a state and national level. Dr Roseby is a passionate advocate for Aboriginal health and wellbeing, particularly for children and adolescents. For this Inquiry he is taking leave from his position at the Royal Children's Hospital in Melbourne.

Appendix 1.2

Instrument of Appointment - Board of Inquiry

NORTHERN TERRITORY OF AUSTRALIA

Inquiries Act

Appointment of Board of Inquiry

I, Paul Raymond Henderson, Chief Minister of the Northern Territory, exercise the following powers under the *Inquiries Act*:

- (a) appoint the following persons to be a Board of Inquiry to inquire into and report to me on the matters mentioned in the Schedule:
 - (i) Howard Ian Bath;
 - (ii) Robert David Roseby;
 - (iii) Muriel Pauline Bamblett;
- (b) specify that any member may constitute a quorum of the Board;
- (c) appoint each of the members as co-chairman of the Board.

Dated 9 DECEMBER 2009



Chief Minister


SCHEDULE

Inquire into and report on the following matters:


- the child protection system in the Territory, including the functions and responsibilities of the branch of the Agency administering the *Care and Protection of Children Act* and other service providers involved in child protection;
- specific approaches to address the needs of Territory children, including the delivery of child protection services in regional and remote areas as part of the Government's *Working Future* policy;
- support systems and operational procedures for workers engaged in child protection, including 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 Agencies involved in child protection, non-Government organisations and other groups involved in child protection;
- findings and recommendations arising out of recent coronial inquiries involving child protection issues and other recent investigations, reviews and inquiries into the functioning of the child protection system;
- child protection issues and developments at the local, national and international level and its implications for the Territory.

Appendix 1.3

Northern Territory Government Media Release - Child Protection Inquiry Announced - 11.11.09



Northern Territory Government
media release



Malarndirri McCarthy
MINISTER FOR CHILD PROTECTION

11 November 2009

Child Protection Inquiry Announced

Minister for Child Protection, Malarndirri McCarthy, today announced a public inquiry into the child protection system in the Northern Territory.

Ms McCarthy said the Inquiry will be conducted by three highly regarded child protection experts.

"Ensuring our child protection system is meeting the needs of Territorians is vital and this inquiry will look at systems, structures and resources within the Children and Families Division," Ms McCarthy said.

"This broad ranging public Inquiry will review the child protection system and make recommendations on ways to strengthen and improve it.

"The Inquiry will be undertaken by child protection experts Dr Howard Bath, Professor Muriel Bamblett and Dr Rob Roseby and they will provide a report to the Territory Government by 25 April 2010.

"After discussions with my colleagues, key stakeholders in child protection, Gerry Wood, and receiving the first Children's Commissioner Annual Report, I have decided that a full public Inquiry is required.

"It is important that everyone has confidence in our child protection arrangements and the Inquiry will be conducted publicly unless contributors request to remain confidential.

"I encourage all concerned people to have their say to this public Inquiry by making a submission.


"The Children's Commissioner will also continue his review of the intake and response process within NT Families and Children he will complete by the end of this year.

"Delivery of child protection services is challenging in every jurisdiction and I am committed to ensuring we have the best possible system in place for Territory children.

"We've already made significant reform to improve the child protection system in the Territory by increasing the budget by \$30 million since 2003, bringing it to \$69 million this year.

"The introduction of the *Care and Protection of Children Act*, and the creation of the independent Children's Commissioner, the establishment of the Child Deaths Review and Prevention Committee, since the Little Children are Sacred Report have all been important reforms to improve the system.

Delivering for Territory families



"Today I am release the Children's Commissioner's first Annual Report and the NT Child Deaths Review and Prevention Committee Annual Report.

"This Inquiry will build on the work the Territory Government has already done to boost the care and protection of children," Ms McCarthy said.

The Inquiry into the Child Protection System in the Northern Territory 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 Board of Inquiry will be made up of:

Dr Howard Bath

Dr Bath commenced as the Northern Territory Children's Commissioner in July 2008. Prior to his appointment as the Children's Commissioner, Dr Bath was engaged as an external consultant to deliver the 2007 Northern Territory Community Services High Risk Audit.

Dr Bath has extensive experience and has worked as a child welfare practitioner and researcher in both Australia and overseas.

Professor Muriel Bamblett AM

Professor Bamblett is CEO of the Victorian Aboriginal Child Care Agency and the former Chairperson of the Secretariat of National Aboriginal and Islander Child Care (SNAICC), a position she held for 11 years. She has been involved in a range of children's councils and advisory committee over the last decade.

In 2004, she was made a member of the Order of Australia (AM) for her services to the community, particularly through leadership in the provision of services for Aboriginal Torres Strait Islander children and families. She was also awarded the Robin Clarke Award in 2003 for inspirational leadership in the field of child welfare in Victoria.



Dr Rob Roseby

Dr Rob Roseby is a respiratory and general paediatrician. Until June 2009, Dr Roseby was Head of Paediatrics at the Alice Springs Hospital. He is currently the Deputy Director of Adolescent Health at the Royal Children's Hospital in Melbourne.

Dr Roseby was Chair of the Royal Australasian College of Physicians Northern Territory Committee from 2006 to 2008 and is a passionate advocate for Aboriginal health and wellbeing, particularly for children and adolescents.

Media contact: Nicole Manison 0448 693 279



Appendix 1.4

Example newspaper advertisement calling for submissions

PUBLIC NOTICES

INQUIRY INTO THE CHILD PROTECTION SYSTEM IN THE NORTHERN TERRITORY 2010

PUBLIC NOTICE

The Inquiry into the Child Protection System was established by the Northern Territory Government to conduct a broad-ranging public inquiry under the *Inquiries Act*.

The Inquiry held public forums throughout the Territory in February and invited written submissions by 12 March 2010.

FORMAL HEARINGS
The Inquiry's three Co-Chairs will conduct formal hearings throughout the Northern Territory in March and April.

Anyone wanting to make oral submissions or to give evidence at these hearings should contact the Inquiry's Secretariat, if they have not done so already, to register their interest in appearing before the Board of Inquiry for this purpose. Anyone making such a request will be contacted by the

Board to confirm whether or not they have been granted a hearing (see the Inquiry website for more detail on making submissions).

The Board of Inquiry hearings are open to the public. However, due to the subject matter and content of evidence of some witnesses, the Board will need to close the hearings from time to time, which will mean excluding all persons other than the witness. This is so particular evidence can be heard confidentially in closed sessions or 'in camera'.

Darwin & Palmerston: *Thursday 18 March and Friday 19 March, 7th Floor, National Mutual Building, 9-11 Cavenagh Street.*

Nhulunbuy: *Monday 22 March, Nhulunbuy Training Centre, Chesterfield Circuit.*

Katherine: *Tuesday 23 March, Katherine Indigenous Co-ordination Centre, 1st Floor, Randazzo Building, 14 Katherine Terrace.*

Tennant Creek: *Wednesday 24 March, Country Women's Association (CWA) Hall, 16 Noble Street.*


Alice Springs: *Thursday 25 March and Friday 26 March, Coolibah Function Room, Chifley Alice Springs Resort, 34 Stott Terrace.*

Further hearings may be scheduled in April as required.

VISITS TO REMOTE COMMUNITIES
Visits to Aboriginal communities will be held in April and May. These visits will not be publicly advertised as they involve only members of the communities to be visited.

MORE INFORMATION
For more information, including the Inquiry's terms of reference, making submissions and protections for witnesses, visit the Inquiry website at:
www.childprotectioninquiry.nt.gov.au.

The Inquiry Secretariat can be contacted on free call 1800 770 543, (08) 8999 6256 or at:
reception.childprotectioninquirynt.gov.au



www.childprotectioninquiry.nt.gov.au

Appendix 1.5

List of written submissions to the Child Protection Inquiry

1. Aboriginal Resource & Development Services Inc.
2. Alice Springs Hospital
3. Alice Springs Youth Accommodation & Support Services (ASYASS)
4. Renee Allison
5. AMSANT
6. Anglicare NT
7. ANTSEL
8. Kathryn Auger
9. Australian Crime Commission
10. Ray and Corrie Andersson
11. Dan Baschiera
12. John Birch SM, Acting Chief Magistrate
13. Lynne Boardman
14. Bradshaw Primary School
15. Tracey Brand
16. Susan Carlyle
17. Antoinette Carroll
18. Chris Castle
19. CatholicCare NT
20. Central Australian Aboriginal Congress Inc (CAAC)
21. Central Australian Aboriginal Family Legal Unit Aboriginal Corporation (CAAFLUAC)
22. Central Australian Aboriginal Legal Aid Service Welfare Rights Outreach Project
23. Central Australian Women's Legal Service (CAWLS)
24. Centre for Remote Health
25. Children's Commissioner, The Office of the
26. Chris Coffey
27. Stefany Cogley
28. CPSU (PSU Group)
29. Julie Croasdale
30. Leah Crockford and Esther Carolin
31. Sharon Crook, The Gathering Incorporated
32. Philip Da Costa
33. Sandy Da Costa
34. Sonya De Hamer
35. Danila Dilba
36. Darwin City Council
37. Geoff Davies
38. Maree De la Cruz
39. Jessica Douglas
40. Department of Education and Training
41. Department of Health and Families
42. Department of Housing, Local Government and Regional Services

43. Department of Justice
44. Megan Donahoe
45. Marie Durand-Mugnier
46. Gregor and Turdi Eupene
47. Nettie Flaherty
48. Wendy Flynn
49. Foster Care NT
50. Forster Foundation for Drug Rehab Inc (Banyan House)
51. Ailsa Freeman
52. Joanne-Lynne Gardner
53. Tanya Gardner
54. Richard Garling
55. Jocelyn Garske
56. General Practice Network NT
57. Carole Geoghegan
58. Barbara Geraghty
59. Kay Gilbert
60. Gerri Grady
61. Henry Gray
62. Jennie Guinane
63. Tom Hagan
64. Phil Hassall, Central Australian Youth Link-Up Service (CAYLUS)
65. Mandi and Jimmy Henrick
66. Jackie Namikili Hingston
67. Terrance Hodges and Robin Kennedy
68. Russell Horrocks
69. Dr Damien Howard and Jody Saxton Barney
70. Rosalie Howard
71. Elspeth Hurse
72. Jennifer Joiner
73. Allan Joy
74. Denise Kelly
75. Sally Kendall
76. Robert Kennedy
77. Liz and John Kerr
78. Heather King
79. Mark Killen, Principal of Acacia Hill School
80. Vanesha Knights
81. Andrew and Robyn Koop
82. Kormilda College Student Services Team
83. Marie Land
84. Law Society Northern Territory
85. Nahomie Lawton
86. Living Water Community Centre
87. Susan Mansfield
88. Dr Carolyn MacLennan
89. Dr Clare MacVicar
90. J M McMahon

91. Jennifer Milne
92. Sandra and David Mitchell
93. Susan Moffett
94. Mary Moloney
95. Hannah Moran
96. Deborah Morriss
97. Mary Moynihan
98. Melissa Mutton
99. Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (NPYWC)
Aboriginal Corporation
100. North Australian Aboriginal Justice Agency (NAAJA)
101. Northern Territory Council of Social Service (NTCOSS)
102. Northern Territory Families and Children Advisory Council
103. Northern Territory Legal Aid Commission
104. Northern Territory Police
105. Northern Territory Treasury and Dept of Health and Families
106. NTFC Barkly
107. NTFC Care and Protection Training and Development Working Group
108. NTFC Darwin Remote Office
109. NTFC East Arnhem Office
110. NTFC Placement Support Darwin
111. NTFC Quality Sub Committee Training and Development Working Group
112. NTFC Strategic Projects
113. NTFC Therapeutic Services
114. NTFC Workforce Development Unit
115. Ombudsman, The
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133. Jerry Sweeting
134. Sean and Ruth Tahere and Leah Shepherd
135. Sunrise Health Service Aboriginal Corporation
136. Tangentyere Council
137. Tangentyere Council - Alice Springs Town Camp Residents

138. Lesley Taylor
139. Territory Opposition
140. Helen Tindall
141. Jay Tolhurst
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143. Pamela Trotman
144. Jane Vadiveloo
145. Phil Walcott
146. Melanie Warbrooke
147. Roger and Kathleen Wileman
148. Michael Williams
149. Elna Williams-Masters
150. Raelene Wing

Six further submissions were received authored by individuals or organisations that did not want to be identified on this list.

Appendix 1.6

List of contributors to the Child Protection Inquiry

The following list acknowledges the individuals and organisations that contributed in a variety of ways to the Inquiry, for example, by providing information, sharing personal stories or giving practical assistance to the Inquiry. The names of those who made written submissions appear in Appendix 1.4 but some are listed again below for other reasons. A number of contributors did not wish to be identified and their names do not appear below.

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3. Alice Springs Town Camps and Local Service Providers
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13. Janene Bartholomew
14. Barunga Community
15. Paul Bauert
16. Binjari Community
17. Bob Beadman, Northern Territory Co-Ordinator General for Remote Services
18. Christine Beer
19. Katrina Bolton
20. Borroloola Community
21. Kellie Brahim
22. Virginie Branchut
23. Michelle Brownjohn
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35. Linda Clarke
36. Chris Coffey
37. Natalie Colmer
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58. Elizabeth Flynn
59. Tanya Fong-Lim SM
60. Wendy Forscutt
61. Foster Care NT
62. Patricia Frank
63. Susan Fulton
64. Carole Geoghegan
65. Jeffrey Gilder
66. Jenny Goolagong
67. Jocelyn Graske
68. Henry Gray
69. Janet Gregory
70. Jennie Guinane
71. Josie Guy
72. John Harvey
73. Claire Henderson
74. Hermannsburg / Ntaria Community and Local Service Providers
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86. Katherine Town Camps
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88. Denise Kelly

89. Regina Kelly
90. Sergeant Matthew Kilgour
91. Heather King
92. Marie Land
93. Jenny Langrell
94. Larapinta Learning Centre
95. Katherine Women's Information and Legal Service (KWILS)
96. Kristina Lloyd
97. Carolyn Maclennan
98. Maningrida Child Safety Service
99. Maningrida Community and Local Service Providers
100. Manyallaluk Community
101. Gary Waninya Marika
102. Kathleen Martin and Christine Martin
103. The Hon. Malarndirri McCarthy MLA
104. Bryan McKain
105. Jonathan McLeod
106. Lyn Melville
107. Millner Primary School
108. Jill Mills
109. Lavinia Mills
110. Loris Milne
111. Phil Mitchell
112. Bush Mob Inc
113. Susan Moffett
114. Margaret Moon
115. Deborah Morris
116. Mt Theo Program
117. Mutitjulu Community and Local Service Providers
118. National Indigenous Task Force Australian Crime Commission
119. Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (NPYWC) Aboriginal Corporation
120. Nguuu Community and Local Service Providers
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122. Lesley Niemann (KWILS)
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124. Nyangatatjara Aboriginal Corporation College
125. North Australian Aboriginal Justice Agency (NAAJA)
126. Northern Territory Council of Social Services (NTCOSS)
127. Northern Territory Families and Children (NTFC)
128. Northern Territory Families and Children Advisory Council (NTFCAC)
129. Northern Territory Families and Children (NTFC) ICT and System Related Issues
130. NT Police
131. NT Treasury
132. NTFC NGO Service Development
133. NTFC Out of Home Care and Therapeutic Services
134. NTFC Remote Aboriginal Family and Community Workers
135. NTFC SARC & Mobile Outreach Service
136. Anita O'Callaghan
137. Peter Okwechim
138. Sue Oliver SM
139. Palmerston Community and Local Service Providers

140. Kunbury Peipei
141. Virginia Perkins
142. Brian Phillips
143. Jonathan Pilbrow
144. Bess Price
145. Raminging Community and Local Service Providers
146. John Ramsay
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148. Carolyn Reynolds
149. Marg Riley
150. Robinson River Community
151. David Ross
152. Alan Ruben
153. Save the Children
154. Jenny Scott
155. Dr June Slee
156. Anne Marie Smith
157. Chris Smith
158. The Hon. Warren Snowdon MP
159. Emma Spencer
160. Dr Geoff Stewart
161. Brian Sturt
162. Noelene Swanson
163. Beverley and Steve Swartz
164. Nancy Sweeney
165. Jerry Sweeting
166. Tangentyere Council
167. Edward James Taylor
168. Joyce Carmen Taylor
169. Tennant Creek Community and Local Service Providers
170. Jane Thomas
171. Adam Tomison
172. Richard Trevena
173. Umbakumba Community and Local Service Providers
174. Jane Vadiveloo
175. Eileen Van Iersel
176. Victorian Aboriginal Child Care Agency
177. Wadeye Community and Local Service Providers
178. Ruby Frank & Ian Waistcoat
179. Helen Westbury
180. Western Aranda Health Aboriginal Corporation (WAHAC)
181. Kylie Wheeler
182. Tina White
183. Elna Williams-Masters
184. Michael Williams
185. Ron Wilmot (STEPS)
186. Raelene Wing
187. Gerry Wood MLA
188. Yarrenty-Arltere Learning Centre
189. Yirrkala Community and Local Service Providers
190. Yuendumu Community and Local Service Providers

Appendix 1.7

Reference group for the Child Protection Inquiry

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Child protection advocate
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Ms Lesley Taylor

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Appendix 1.8

Remote Northern Territory communities and town camps visited by the Child Protection Inquiry

1. Alice Springs Town Camps
2. Ampilatwatja
3. Angurugu, Groote Eylandt
4. Barunga
5. Binjari
6. Borroloola
7. Elliott Town Camps
8. Hermannsburg (Ntaria)
9. Maningrida
10. Mutitjulu
11. Nguiu, Bathurst Island
12. Ramingining
13. Umbakumba, Groote Eylandt
14. Wadeye
15. Yirrkala
16. Yuendumu

Appendix 2.1

Australian Bureau of Statistics Census Data Northern Territory and Australia

Table 1: Age of household members by Indigenous status, Northern Territory and Australia, 2006

Age	Northern Territory				Australia				Total number of persons
	Households with Indigenous persons	Households without Indigenous persons	Households with not stated	Total	Households with Indigenous persons	Households without Indigenous persons	Households with not stated	Total	
	%				%				
0-4 years	11.1	7.4	3.8	8.6	10.7	6.4	2.9	6.5	1,195,112
5-9 years	12.2	7.2	5.9	8.8	11.3	6.7	3.7	6.8	1,249,900
10-14 years	10.6	6.9	7.4	8.1	11.0	7.0	4.0	7.1	1,294,707
15-19 years	9.8	6.1	5.5	7.3	9.6	6.8	3.8	6.9	1,253,716
20-29 years	17.4	14.4	6.5	15.3	15.8	13.0	6.7	13.0	2,378,916
30-39 years	15.6	17.2	15.6	16.7	15.1	14.5	8.5	14.5	2,648,020
40-49 years	11.3	16.5	14.7	14.8	12.6	15.0	10.4	14.9	2,713,448
50-59 years	6.9	13.9	16.3	11.6	8.0	13.1	12.1	12.9	2,354,933
60-69 years	3.3	6.9	13.6	5.8	3.8	8.7	14.5	8.6	1,563,559
70-79 years	1.3	2.6	8.2	2.2	1.5	5.7	18.2	5.7	1,044,271
80-89 years	0.4	0.8	3.0	0.7	0.5	2.7	13.5	2.7	500,596
90-99 years	0.1	0.1	0.0	0.1	0.1	0.3	1.5	0.3	57,458
100 years and over	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1,352
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	18,255,984
Total number of persons	54,682	113,509	1,003	169,194	572,068	17,520,886	163,030	18,255,984	

Source: ABS Census 2006

Table 2: Family composition and count of dependent children in family by Indigenous status, Northern Territory and Australia, 2006

	Northern Territory				Australia				Total excl N/A
	Households with Indigenous persons	Households without Indigenous persons	Households with not stated	Total excl N/A	Households with Indigenous persons	Households without Indigenous persons	Households with not stated	Total excl N/A	
Family composition	%								
Other family	1.3	1.4	3.2	1.9	2.8	1.7	2.6	1.7	89682
One parent family	23.8	13.6	33.5	19.1	14.7	15.1	37.9	15.8	823247
Couple family with children	37.7	46.3	46.9	46.5	28.0	45.5	41.0	45.3	2362586
Couple family with no children	37.2	38.7	16.3	32.6	54.6	37.6	18.6	37.2	1943647
Total	100	100	100	100	100	100	100	100	5219162
Count of dependent children in family	%								
No children	31.7	55.8	59.7	49.2	37.3	60.6	76.5	60.1	3,136,337
1 child	26.0	19.3	17.2	21.1	25.0	16.9	10.7	17.1	892,990
2 children	20.4	17.0	15.8	17.9	20.4	15.6	8.6	15.7	820,249
3 children	11.7	6.2	5.4	7.7	10.3	5.3	3.3	5.4	282,613
4 children	5.9	1.4	1.8	2.6	4.6	1.2	0.9	1.3	68,259
5 children	2.4	0.3	0.0	0.8	1.5	0.2	0.1	0.3	13,514
6 or more children	1.9	0.0	0.0	0.5	0.9	0.1	0.0	0.1	5,200
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	5,219,162
Total number of families	11,878	31,291	221	43,390	145,297	5,032,432	41,433	5,219,162	

Source: ABS Census 2006

Table 3: Dwelling structure, household composition and number of persons usually resident in household by Indigenous status, Northern Territory and Australia, 2006

	Northern Territory				Australia				
	Households with Indigenous persons	Households without Indigenous persons	Households with not stated	Total excl N/A	Households with Indigenous persons	Households without Indigenous persons	Households with not stated	Total excl N/A	Total number of households
Dwelling structure									%
Separate house	80.0	68.0	54.1	70.3	80.8	76.6	68.5	76.6	5472525
Semi-detached, row or terrace house, townhouse etc	5.5	11.3	10.2	10.1	7.3	9.2	11.3	9.3	658857
Flat, unit or apartment in a one or two storey block	7.5	16.8	23.1	15.1	9.3	13.0	17.9	12.9	923499
Flat, unit or apartment attached to a house	0.1	0.1	0.0	0.1	0.1	0.1	0.2	0.1	9366
Caravan, cabin, houseboat	1.7	2.6	7.8	2.5	1.2	0.7	1.6	0.7	50485
Improvised home, tent, sleepers out	5.1	0.6	3.8	1.5	1.0	0.1	0.4	0.1	8788
House or flat attached to a shop, office, etc.	0.0	0.4	1.2	0.3	0.2	0.2	0.3	0.2	16807
Not stated	0.0	0.1	0.0	0.1	0.2	0.0	0.1	0.1	3769
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	7144096
Household composition									
One family household	65.0	68.4	44.7	67.5	76.0	70.6	44.0	70.4	5,029,518
Multiple family household	17.8	1.1	0.0	4.5	5.3	1.2	0.5	1.3	93,244
Non-family household	17.3	30.4	55.3	28.0	18.7	28.2	55.5	28.3	2,021,334
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	7144096
Number of persons usually resident in household									
1 person	14.3	24.7	52.1	22.9	13.8	24.2	53.4	24.4	1,740,483
2 persons	16.9	34.4	24.3	30.8	25.5	34.4	29.6	34.1	2,436,175
3 persons	13.9	16.2	8.5	15.6	19.6	15.8	7.6	15.8	1,128,360
4 persons	14.2	15.6	9.5	15.3	17.9	15.8	5.7	15.7	1,123,581
5 persons	10.7	6.5	3.2	7.3	11.1	6.8	2.6	6.9	491,693
6 persons	8.6	2.1	1.6	3.4	6.5	2.2	1.0	2.3	163,863
7 persons	5.0	0.5	0.0	1.4	2.4	0.5	0.1	0.5	37,163
8 or more persons	16.3	0.2	0.8	3.4	3.2	0.3	0.0	0.3	22,778
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	7,144,096

Source: ABS Census 2006

Table 4: Equivalised gross weekly income by Indigenous status, Northern Territory and Australia, 2006

	Northern Territory				Australia				Total number of households
	Households with Indigenous persons	Households without Indigenous persons	Households with not stated	Total excl N/A	Households with Indigenous persons	Households without Indigenous persons	Households with not stated	Total excl N/A	
Equivalised* gross weekly income	%				%				
Negative income	0.1	0.2	0.8	0.2	0.4	0.3	0.2	0.5	17,685
Nil income	0.6	0.6	0.8	0.6	0.0	0.7	0.9	1.6	64,532
\$1-\$149	6.7	1.1	2.4	2.2	2.2	4.7	2.1	3.1	152,191
\$150-\$249	20.8	4.1	10.5	7.5	3.9	15.4	7.2	11.9	534,063
\$250-\$399	24.2	7.7	10.9	11.1	11.6	21.2	16.6	21.7	1,195,722
\$400-\$599	10.6	11.8	12.5	11.6	15.1	15.9	16.5	12.2	1,176,607
\$600-\$799	7.5	14.9	7.6	13.3	15.6	10.8	14.1	7.2	998,026
\$800-\$999	4.5	12.8	5.0	11.1	11.3	6.0	9.6	3.6	676,716
\$1,000-\$1,299	4.8	16.1	6.6	13.7	12.3	5.1	10.0	2.9	698,445
\$1,300-\$1,599	1.9	9.3	3.2	7.7	4.5	2.2	5.5	1.4	385,006
\$1,600-\$1,999	0.9	5.1	2.4	4.3	4.6	1.1	3.3	0.8	232,753
\$2,000 or more	0.5	3.5	0.8	2.9	4.1	0.8	3.0	1.1	210,155
Partial income stated	11.3	10.7	8.2	10.8	12.2	10.4	8.3	6.4	596,312
All incomes not stated	5.7	2.0	28.4	3.0	2.2	5.4	2.5	25.6	205,883
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	

Source: ABS Census 2006

*Definition of equivalised gross weekly income: 'Disposable household income adjusted using an equivalence scale. For a lone person household it is equal to disposable household income. For a household comprising more than one person, it is an indicator of the disposable household income that would need to be received by a lone person household to enjoy the same level of economic wellbeing as the household in question.'

Table 5: Main language spoken at home by Indigenous status, Northern Territory and Australia, 2006

	Northern Territory				Australia			
	Households with Indigenous persons	Households without Indigenous persons	Households with not stated	Total %	Households with Indigenous persons	Households without Indigenous persons	Households with not stated	Total %
Main language spoken at home	%							
Northern European Languages	39.8	87.5	65.3	73.7	86.0	82.2	62.7	82.1
Southern European Languages	0.2	3.9	4.9	2.8	0.5	4.8	7.3	4.7
Eastern European Languages	0.0	0.4	0.5	0.3	0.1	2.3	3.9	2.2
Southwest and Central Asian Languages	0.0	0.2	0.4	0.2	0.2	2.0	2.3	2.0
Southern Asian Languages	0.0	0.7	0.5	0.5	0.1	1.4	1.2	1.4
Southeast Asian Languages	0.2	3.6	5.9	2.6	0.2	2.3	2.2	2.3
Eastern Asian Languages	0.1	1.8	1.3	1.3	0.2	3.4	2.1	3.3
Australian Indigenous Languages	51.2	0.1	1.2	14.8	8.7	0.0	0.1	0.2
Other Languages	0.1	0.6	1.6	0.5	0.4	0.5	0.8	0.5
Supplementary codes	1.3	0.2	0.4	0.5	0.5	0.1	0.2	0.1
Not stated	7.1	0.9	18.1	2.8	3.1	0.9	17.2	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
English language/ proficiency	%							
Speaks English only	39.7	86.5	64.7	72.9	85.9	81.3	61.5	81.3
Speaks other language and speaks English; Very well	23.8	7.4	6.6	12.1	6.0	9.8	9.4	9.7
Speaks other language and speaks English; Well	21.8	3.5	6.5	8.8	4.0	5.0	8.3	5.0
Speaks other language and speaks English; Not well	7.1	1.5	3.7	3.1	1.2	2.6	4.4	2.5
Speaks other language and speaks English; Not at all	0.6	0.2	0.5	0.3	0.2	0.5	0.7	0.5
Not stated - language (LANP) stated, proficiency (ENGP) not stated	1.2	0.2	1.2	0.5	0.2	0.2	0.9	0.2
Not stated - both language (LANP) and proficiency (ENGP) not stated	5.8	0.7	16.8	2.3	2.5	0.7	14.8	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: ABS Census 2006

Table 6: Labour force status and highest level of school completed by Indigenous status, Northern and Australia, 2006

	Northern Territory			Australia			Total
	Households with Indigenous persons	Households without Indigenous persons	Households with not stated	Households with Indigenous persons	Households without Indigenous persons	Households with not stated	
Person's indigenous status	%						
Non-Indigenous	10.1	99.4	4.1	31.2	99.5	0.7	96.7
Aboriginal	86.4	0.2	0.7	60.8	0.0	0.0	1.6
Torres Strait Islander	1.1	0.0	-	4.6	0.0	0.0	0.1
Both Aboriginal and Torres Strait Islander	1.9	0.0	-	2.3	0.0	0.0	0.1
Not stated	0.5	0.4	95.2	1.0	0.5	99.2	1.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Labour Force Status							
Employed, worked full-time	17.1	55.1	29.9	27.6	39.4	17.3	38.9
Employed, worked part-time	16.5	15.3	9.7	16.8	18.2	8.1	18.1
Employed, away from work	4.3	5.6	6.8	4.5	3.8	3.3	3.8
Unemployed, looking for full-time work	4.1	1.3	0.7	5.5	2.0	1.3	2.1
Unemployed, looking for part-time work	1.6	0.7	-	2.3	1.3	0.7	1.3
Not in the labour force	45.9	20.5	28.5	38.3	33.5	42.2	33.7
Not stated	10.5	1.6	24.4	5.0	1.7	27.0	2.1
Total	100	100	100	100	100	100	100
Highest level of school completed							
Year 12 or equivalent	11.1	46.2	23.2	22.9	45.4	21.7	44.6
Year 11 or equivalent	10.0	15.3	11.2	11.0	10.6	5.9	10.6
Year 10 or equivalent	17.6	23.2	17.3	30.4	24.0	16.1	24.1
Year 9 or equivalent	12.0	5.9	7.0	12.8	7.1	6.7	7.3
Year 8 or below	29.5	4.8	9.0	12.3	7.2	11.7	7.4
Did not go to school	6.4	0.6	1.2	1.7	0.9	1.4	0.9
Not stated	13.4	4.0	31.2	9.0	4.8	36.6	5.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: ABS Census 2006

Appendix 4.1

Summary of recent inquiry reports relevant to Aboriginal children's safety and wellbeing

It should be noted that much of the content in this Appendix is taken directly from the stated reports.

Gordon Inquiry 2002 (Western Australia)

The Gordon Inquiry was established by the Western Australian government in response to issues raised by a Coroner's Inquest into the death of a 15-year-old girl in the Swan Valley Nyoongar Community in Perth. The Inquiry examined the responses by government agencies to complaints of family violence and child abuse in Aboriginal communities. The Gordon Inquiry made 197 findings and recommendations in its report, entitled *Putting the Picture Together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*.

Key issues of importance identified by the Gordon Inquiry included:

- Family violence and child abuse occur in Aboriginal communities at a rate that is much higher than that of non Aboriginal communities. Aboriginal women account for 3 percent of the population but 50 percent of domestic violence incidents reported to police. Aboriginal children were the subject of substantiated child abuse at more than 7 times the rate of non Aboriginal children. These figures stand within the context of under reporting
- Better responses are needed to address family violence and child abuse
- The child protection services become overwhelmed when the fundamental needs and priorities of families and communities are not met
- From the perspective of Aboriginal communities planning and coordination need to be improved. The focus needs to shift agencies to planning that is sector wide and responds to each community's need for integrated service provision
- need for a community development approach, focus on sustainable families and communities and building on the strengths of Aboriginal culture
- importance of case management and planning need to identify a lead agency to take overall responsibility for coordination and include the individual client, the family and all relevant agencies
- need to explore ways to create therapeutic change in Aboriginal people who have experienced trauma and violence. There is also a need for long term culturally appropriate counselling and therapeutic services that take account of intergenerational trauma
- gap in the provision of services to children who do not disclose abuse but who exhibit behaviour that indicates they have either been abused or are at significant risk of being abused
- workers who have contact with children need awareness of above so they are

better able to respond when children attempt to disclose

- Need to overcome mistrust by developing positive relationships with Aboriginal communities and need for government agencies to spend time in communities and have a stronger presence to get trust including police
- Attracting and retaining experienced workers particularly for the delivery of regional and remote services, also an inequitable distribution of resources and services to communities, particularly rural and remote communities.
- Workers need to be better educated and trained
- There is a lack of information sharing between agencies
- Some situations where the safety, health and welfare of children are severely threatened require relevant authorities to be informed for a response and services to be provided. The Inquiry recommended that medical personnel who come into contact with children under 13 years who have a sexually transmitted disease, be obliged to report the presence of that disease to the Department for Community Development
- There is a need for an overarching framework to respond to family violence and child abuse. Strategies that cover the spectrum of service delivery and which involve Aboriginal community members in determining directions are necessary

The Gordon Inquiry identified the need for a community focused systemic response and suggested the following as important principles of that framework:

- the allocation of resources using a model based on disadvantage and need rather than based on capacity to lobby and argue for funds
- the use of Local Action Groups (LAG)
- the integration of funding associated with primary and secondary services to allow for proper continuous integrated service delivery based on clear plans that can make a consistent and significant impact on family violence and child abuse
- the use of a community development approach, which uses successful strategies from work in developing countries, whilst acknowledging the centrality of local culture, traditions and structures
- the strategic role of the Indigenous Affairs Advisory Committee (IAAC) in providing direction and support
- the development of a 'one stop shop' or community centre that responds to the range of factors and problems that are linked to and result from family violence and child abuse. In rural and remote communities, teleconferencing, video conferencing and other forms of electronic support should be provided so that particular expertise can be accessed through government agencies.

Aboriginal Child Sexual Assault Taskforce 2006 (New South Wales)

The Taskforce's report, *Breaking the Silence: Creating the Future. Addressing Child Sexual Assault in Aboriginal Communities in NSW*, was presented to the NSW Attorney General in March 2006 and made 119 recommendations. In response to the taskforce report, the NSW Government developed and published the Inter-agency Plan to Tackle Child Sexual Assault in Aboriginal Communities 2006-2011 (NSW Government 2007).

The plan had three critical level goals:

1. To reduce the incidence of child sexual abuse in Aboriginal communities
2. To reduce disadvantage and dysfunction in Aboriginal communities
3. To build up Aboriginal leadership and increase family and community safety and wellbeing.

The plan also nominated four strategic directions:

1. Law enforcement
2. Child protection
3. Early intervention and prevention
4. Community leadership and support.

Its proposals were built around the four strategic directions above. In broad terms, it proposed:

- strong justice interventions, recognising that child sexual assault is a serious crime against children requiring immediate “circuit breakers”
- 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
- opportunities to improve the way child protection services operate, with these measures balanced against “robust support” for 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.

The Children on APY Lands Commission of Inquiry (SA Mulligan) 2007

The *Children on APY Lands Inquiry* was established by the South Australian government during the *Children in State Care Inquiry* as a response to allegations of abuse of children on the APY lands. As these allegations were outside the *Children in State Care Inquiry* terms of reference, another parallel inquiry was established with Commissioner Mulligan undertaking both inquiries.

A considerable body of evidence was received during field trips from professional and community members about the sexual abuse of Anangu children even though there were no direct disclosures made by the alleged victims of the abuse. It was reported that some women were too frightened to provide information to the Inquiry and some workers were intimidated by senior staff in some communities.

The key recommendations of the inquiry concerned:

The need for a change in governance arrangement on the APY Lands that both empowered Aboriginal communities and created confidence in disclosing child sexual abuse and creating programs for prevention and treatment. The Commissioner saw this as necessitating the creation of protocols and agreements between the government, and

its human services departments, and key the Aboriginal authorities on the APY Lands including the APY Women's Council.

Improved resourcing of Families SA, Aboriginal services and hospitals including the development of services and programs in therapy, prevention and treatment in the areas of drug and alcohol misuse and mental health to address the issues which impacted on child safety. The Commissioner also saw the need for monitoring and evaluation to ensure the improvement of these services.

Workforce development including

- better salary and conditions and professional development to attract and retain professional staff for Families SA, Aboriginal and mainstream services
- developing an Aboriginal professional workforce through recruitment and training, including pathways to encourage more Aboriginal specialists and doctors, training of interpreters, more Aboriginal liaison workers, and
- more social workers in the community, with some based in schools.

Information 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

An emphasis on community education and development by

- working closely with elders
- gender appropriate community education on sex and abuse
- improving community social and physical infrastructure in the areas of housing, human services, local courts (but not at police stations), police, corrections, adoption of restorative justice approaches to some offences, development of safe houses, improving education approaches in schools by
 - working with Elders to encourage the embedding of culture in the curriculum
 - focusing on student skill development in literacy, numeracy and information technology
 - increase teacher skills in delivering education in culturally appropriate ways.

Notification processes including screening tests for STDs as a means to notification and Aboriginal councils given training/guidelines to ensure they notify when appropriate.

Changing the Act to make it an offence to prevent notification and making the Secretary of the department the guardian of Anangu children who have been found to be sexually abused.

Wood Inquiry NSW 2008 (and Keep them Safe Response)

In November 2008, Justice James Wood AO QC inquired into the NSW child protection services, known as the Department of Community Services (DoCS). In relation to Aboriginal children and families, the Wood Inquiry found that

- Aboriginal children and young people are more than three times more likely to be reported to the Department of Community Services than non-Aboriginal children

- that Aboriginal children aged under one year are more than five times more likely to be reported than non-Aboriginal children aged under one year
- that Aboriginal children and young people are more likely to be the subject of multiple reports, with close to a third of Aboriginal children reported more than 20 times
- that around one third of children in out-of-home care are Aboriginal
- that Aboriginal children feature disproportionately among child deaths in NSW (approximately one-fifth of reportable deaths are of Aboriginal children).

The Wood Inquiry acknowledged the findings in the NSW Aboriginal Child Sexual Assault Taskforce 2006 Report about the widespread and under-reported incidence of sexual assault of Aboriginal children as well as the Government's response to those findings in the NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities.

In his report Justice Wood made several recommendations concerning Aboriginal children and families. They were:

Recommendation 18.1

The NSW Ombudsman should be given authority to audit the implementation of the Aboriginal Child Sexual Assault Taskforce recommendations as described in Recommendation 21 of the Taskforce's report.

Recommendation 18.2

The NSW Government should consider the following:

- a. Assisting Aboriginal communities to consider and develop procedures for the reduction of the sale, delivery and use of alcohol to Aboriginal communities.
- b. Working with the Commonwealth to income manage Commonwealth and State payments to all families, not only Aboriginal families, in circumstances where serious and persistent child protection concerns are held and there is reliable information available that income is not being spent in the interests of the safety, welfare and well-being of the relevant child or young person.
- c. Introducing measures to ensure greater attendance at school, preferably by means other than incarceration, including the provision of transport and of meals.
- d. In smaller and more remote communities, introducing the greater use of night patrols to ensure that children are not wandering the streets at night in circumstances where they might be at risk of assault, or alternatively of involvement in criminal activities.
- e. Providing accommodation to Aboriginal children and young people at risk of harm of a boarding nature type where the children are cared for and educated.

Recommendation 18.3

The NSW Government should take steps to ensure that the recommendations of the Aboriginal Child Sexual Assault Taskforce report, and the actions in the Interagency Plan, which relate to provision of direct services to Aboriginal children, young persons, families and perpetrators, are carried into effect within the lifetime of the plan.

Recommendation 18.4

The NSW Government should work actively with the Commonwealth in securing the delivery, in NSW, of the services identified in the New Directions Policy and in the 2008/09 Commonwealth Budget that were earmarked for the benefit of Aboriginal people.

The State Government's response to the Wood Inquiry, *Keep them Safe* included a chapter on Aboriginal children and families. In summary it committed itself to

- a holistic approach to Indigenous disadvantage
- improving the 'two ways together' partnership approach articulated in the NSW Aboriginal Affairs Plan *Two Ways Together 2003-2012* is the Government's ten-year plan to improve the wellbeing of Aboriginal people with its focus on Aboriginal governance and community action plans
- ongoing involvement in the COAG processes to reduce Indigenous systemic disadvantage and *National Framework for Protecting Australia's Children*
- an Aboriginal community empowerment approach to child protection, including Aboriginal community involvement in decision making, local community focus, and integrated targeted service responses
- capacity building for Aboriginal services and communities including professional skill development and cross-cultural competence for mainstream and government workers
- service and program improvements in consultation with AbSec.

Summary of Key Northern Territory Reports Concerning Aboriginal Communities

State of Denial

State of Denial: The Neglect and Abuse of Indigenous Children in the Northern

Territory published by SNAICC in 2003 examined the operation of the Northern Territory child protection system in order to investigate the reasons behind the Northern Territory's lower level of substantiated child abuse and neglect compared to other states and territories. The report concluded that in reality the Northern Territory had the highest levels of unrecorded child abuse and neglect in Australia and that the Northern Territory child protection system was failing in its statutory obligations to protect Indigenous children and provide for their welfare.

State of Denial found that

- the socio-economic factors which give rise to child abuse and neglect are higher in the Northern Territory than in any other State or Territory
- the number of child protection notifications, substantiations and placements of Indigenous children in out-of-home care, (measured per 1,000 children), in the Northern Territory remain the lowest for all States and Territories
- non-reporting of child abuse and neglect is significantly higher in the Northern Territory than in any other State or Territory
- to not report child abuse and neglect is a common practice of Aboriginal

communities and non government agencies as reporting child abuse and neglect either results in no discernible response or an intervention from Police or child protection which, from the community perspective, may makes matters worse

- confidence amongst non-government agencies in the Northern Territory child protection system was so low at the time of the research that the system was seen as almost completely ineffective
- specific forms of child maltreatment included in the Northern Territory child protection legislative definition of maltreatment, such as malnutrition leading to physical impairment, occurred at much higher rates within the Aboriginal communities than the child protection data recognised
- the Northern Territory child protection system was not meeting its statutory obligations to protect children or provide for their welfare with chronic levels of poverty, homelessness and preventable diseases amongst children often viewed as 'normal' for Aboriginal children and therefore not requiring a child welfare response
- the narrow investigative approach of the Northern Territory child protection system tends to blame Aboriginal parents and families for factors which are beyond their control – such as poverty and homelessness
- non-government agencies that work directly with Aboriginal and Torres Strait Islander children and families consistently experience major difficulties in getting child protection authorities to respond to or even register notified cases of child abuse or neglect
- there is a lack of clarity on the role of the Northern Territory police within the child protection system
- mandatory reporting of child abuse and neglect in the Northern Territory appears to have failed as the general community and more particularly Aboriginal communities have not been provided with useful, systematic and ongoing education and training about the requirements to report child abuse and neglect
- the alternative care and foster care systems in the Northern Territory are woefully inadequate creating scenarios where Aboriginal children are left in situations where they are likely to be maltreated as child protection authorities have no alternative care options for at risk children
- past practices of forcibly removing Aboriginal children and forcibly relocating Aboriginal communities continue to impact significantly on Aboriginal people and dramatically undermine the effectiveness of the Northern Territory child welfare system
- resources directed by governments, Commonwealth and Territory, and by churches and their associated organisations, towards the break up of Aboriginal families and forced removal of children in previous generations massively exceed the resources now dedicated to supporting Aboriginal families with children
- Aboriginal and Torres Strait Islander communities in the Northern Territory have no significant or secure role, purpose, resources or power within the child protection system – a system which continues to operate as an external source of control rather than as a collaborative partnership for advancing the welfare of children within a framework of rights and respect.

The recommendations included in *State of Denial* included calls for:

- an NT child welfare summit
- an Indigenous child and family Welfare council
- the review of the NT police in child protection
- a review of mandatory reporting legislation
- a review of compliance with the Aboriginal Child Placement Principle
- more community education and awareness
- the development of a needs based approach to welfare
- a specific focus on neglect
- the expansion of Indigenous family support services
- the development of a child welfare reform funding package
- the NTG to develop an Indigenous child welfare policy statement
- the establishment of long term planning mechanisms
- and the influencing of reforms at a national level.

Little Children Are Sacred

Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse was established by the Northern Territory Government in August 2006 to research and report on allegations of sexual abuse of Aboriginal children and to find better ways to protect Aboriginal children from sexual abuse. Rex Wild QC, a former Northern Territory Director of Public Prosecutions, and Pat Anderson an Alyawarr woman who is well known as a strong supporter of disadvantaged people and has many years experience working with Aboriginal people, especially in Indigenous health, co-chaired the inquiry.

The Inquiry was asked to:

- study how and why Aboriginal children were being abused, focusing on unreported cases
- identify problems with the way the government responds to and attempts to protect Aboriginal children from abuse
- look at how government departments and other agencies can better work together to protect and help children
- look into how the government can better support and educate Aboriginal communities to prevent child sexual abuse.

The Inquiry gathered feedback from more than 260 meetings with individuals, agencies and organisations, and visited 45 communities to talk with local people. The Inquiry received 65 written submissions. The Inquiry report *Ampe Akelyernemane Meke Mekarle* "Little Children Are Sacred" found that sexual abuse of Aboriginal children was happening largely because of the breakdown of Aboriginal culture and society. Its key theme was the need for processes and systems which empowered Aboriginal communities to overcome the factors which led to child sexual abuse and create solutions.

The Inquiry found that

- Child sexual abuse was serious, widespread and often unreported
- Most Aboriginal people are willing and committed to solving problems and helping their children. They are also eager to better educate themselves
- Aboriginal people are not the only victims and not the only perpetrators of sexual abuse
- Much of the violence and sexual abuse occurring in Territory communities is a reflection of past, current and continuing social problems which have developed over many decades
- 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
- Existing government programs to help Aboriginal people break the cycle of poverty and violence need to work better. There is not enough 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
- Programs need to have enough funds and resources and be a long-term commitment.

The Inquiry's first recommendation formed a platform for addressing the sexual abuse of Aboriginal children.

That Aboriginal child sexual abuse in the Northern Territory be designated as an issue of urgent national significance by both the Australian and Northern Territory Governments, and both governments immediately establish a collaborative partnership with a Memorandum of Understanding to specifically address the protection of Aboriginal children from sexual abuse. It is critical that both governments commit to genuine consultation with Aboriginal people in designing initiatives for Aboriginal communities.

It made recommendations concerning:

- the Empowerment of Aboriginal communities so that they can take more control and make decisions about their future by
 - enhancing the leadership role which men and women play
 - the introduction of community justice groups and
 - better dialogue between mainstream society and Aboriginal communities.
- the education system to ensure that
 - children are safe when they are at school
 - children are educated about child sexual abuse and protective behaviours
 - schools were culturally and linguistically appropriate and provided opportunity, empowerment and achievement as means to overcoming the social and economic problems which contribute to violence

- community education campaigns to inform people about:
 - child sexual abuse and what to do about it
 - mandatory reporting of child sexual abuse
 - the impact of alcohol, pornography and gambling on communities, families and children
 - the value of education, and encouraging a culture of parental and community commitment to sending children to school
- urgent action to reduce alcohol consumption in Aboriginal communities
- how Family and Community Services (FACS) and the Police operate in communities so that they build the trust of communities so everyone can work together to combat child sexual abuse
- the improvement, development and expansion of family support services particularly in Aboriginal communities
- the establishment of an independent Commissioner for Children and Young People.

Response to the Ampe Akelyernemane Meke Mekarle “Little Children Are Sacred” report: The Northern Territory Emergency Response (NTER)

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 was originally designed with three phases:

- a. stabilisation—the introduction of emergency measures to protect children and make communities safe (year one) including compulsory acquisition of Aboriginal lands and assets for five years in 78 ‘proscribed Aboriginal Communities, increases in policing, use of the army to construct buildings and facilities for Government Business Managers to administer the communities and doctors to undertake health checks of Aboriginal children, bans on alcohol and pornography in the communities, compulsory income management for Aboriginal people on welfare payments
- b. normalisation of services and infrastructure (years two to five)
- c. longer term support based on the same norms and choices that other Australians enjoy (year five onward).

In August 2007 legislation was introduced into Federal Parliament and passed both houses giving the Federal Government powers to implement the stabilisation phase. As part of those measures, the Howard Government moved to abolish the Community Development Employment Program (CDEP). The new Acts and amendments included:

- changes to the Land Rights Act
- exemption of measures from the protection of the Racial Discrimination Act
- emergency powers for the Federal Minister for Indigenous Affairs to acquire assets of Aboriginal councils and corporations

- removal of the permit system.

The NTER was controversial and some measures were initially opposed by the Northern Territory Government. Even the authors of the *Little Children are Sacred Report* were on record in their opposition. Co-Chair Pat Anderson commented:

There is no relationship between their emergency powers and what's in our report. ... We did want to bring it to the government's attention but not in the way it has been responded to by the Federal Government.¹¹²¹

The change of federal government in November 2007 and developments over time saw some changes of direction in the NTER including:

- introduction of more consultations with Aboriginal leaders and communities,
- restoration of most aspects of the permit system, and
- restoration of most aspects of the CDEP program.

Report of the NTER Review Board

On 13 October 2008, the NTER Review Board, appointed by the Commonwealth Government to conduct an independent review of the first 12 months of the NTER to assess its progress, reported a mixed response to NTER, in particular, it

- found a “deep belief that the measures introduced by the Australian Government under the NTER were a collective imposition based on race” and a “strong sense of injustice that Aboriginal people and their culture have been seen as exclusively responsible for problems within their communities,”
- found that the effectiveness of the intervention was diminished through its failure to engage constructively with the Aboriginal people; and
- identified some gains and noted that there was support for the additional police stations, and the measures designed to reduce alcohol related violence, to increase the quality and availability of housing and to advance early learning and education.

The Review Board recommended

- the restoration of the protections of the *Racial Discrimination Act*,
- that while the benefits of income management were being increasingly experienced, it should be imposed only as a part of child protection measures,
- that laws prohibiting the possession and transportation of alcohol on prescribed lands be maintained and that alcohol supply, demand and harm reduction strategies be implemented and comprehensive alcohol management plans finalised,
- that illicit drug use should also be addressed, and
- there be a greater focus on community and Aboriginal services capacity building.

¹¹²¹ P Anderson, cited in L Murdock, 'Aboriginal action: A betrayal', *The Sydney Morning Herald*, 6 August, 2007; R Wild, 2007, 'Unforeseen circumstances', in *Coercive reconciliation: Stabilise, normalize, exit Aboriginal Australia*, ed. J Altman & M Hinkson, Arena: North Carlton, Australia.

Appendix 5.1

Mapping of NTFC Child Protection Services

Northern Territory Statutory Child Protection Services by Branch Region and Function									
NTFC Branch	Child Protection Services Darwin			Child Protection Services CA			Child Protection Services Topend		
NTFC Work Unit	Casuarina	CAT	Palmerston	Alice Springs	Barkly	East Arnhem	Katherine	Darwin Rural	
NTFC service functions	Large office, OOH, Strengthening Families, Family Intervention, Team Support	Medium office. Central Intake, After Hours, Child Abuse Taskforce, Aboriginal Community Resource, Interstate Liaison	Large office. OOH, Strengthening Families, Family Intervention, Team Support	Large office. OOH, Youth, Team Support, Child Protection, CAT, Barkly	Small office. OOH, Child Protection. Managed by the Alice Springs Child Protection Manager.	Small office. OOH, Child Protection Family Support.	Medium office. Child Protection, OOH Family Strengths, Placement Support	Medium office. OOH, Child Protection cover geographical areas	
Specialist Roles		Out posted CP worker RDH	Out-posted worker TFSS	Allocations Officer. Out-posted worker TFSS. Street Outreach Service, Family Group Conference	Community Liaison Officer		Peace at Home Out-posted worker TFSS		
Funded NGO services	Catholic Care NT - Home Strengths Family Preservation Service Anglicare NT - The Depot Transitional Residential Care Life Without Barriers Foster Care		Larrakia Nations Targeted Family Support Service	Congress Targeted Family Support Service			Wurli Wurlinjang Targeted Family Support Service		

Appendix 6.1

Services and Supports in the Northern Territory

This mapping has been compiled from multiple documents provided to the Inquiry and from other public documents. The designation of programs and services as universal, secondary and/or tertiary has been conducted for the purposes of this mapping and is certainly not definitive. This mapping is not exhaustive - it is inevitable that some activities will not have been included, and that in some places indicated activities are not taking place or have ceased. What is intended is that the mapping exercise is an indicator of the large amount of activity in the area of child safety and wellbeing that is taking place across the Northern Territory. The Inquiry is also aware that there are more comprehensive mapping exercises taking place – for example, in the remote service delivery sites (Growth Towns) in which baseline mapping has been or is being conducted. This information will be essential in identifying service provision, service gaps and community needs regarding the promotion of child safety and wellbeing. This information is also driving the Local Implementation Plans for each town, but the Inquiry's understanding is that to date the Local Implementation Plans do not include a strong focus on child safety or child wellbeing. This is a key area of focus for the Inquiry.

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Adelaide River	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
Alcoota	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
Alice Springs	Parenting Support	0-5	DHF & Children's Services Support Prog Central Australia	Universal
	Community Support Service	All	DHF & Salvation army	Secondary/ Tertiary
	Relationships Australia Counselling Service	All	DHF & Relationships Australia	Secondary/ Tertiary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Assistance for people leaving correctional services	Young people	DHLGRS	Tertiary
	Safety House	Young people	NT Police	Tertiary
	Residential rehabilitation treatment for substance use	Young people	DHF & Bush Mob	Tertiary
	Counselling interventions	All	DHF & Holyoake	Secondary/ Tertiary
	Targeted Family Support Service	All	DHF & Congress	Secondary/ Tertiary
	Sexual Assault Referral Centre (SARC)	All	DHF	Tertiary
	Juvenile Detention (ASJHC)	Young people	Department of Justice	Tertiary
	Crisis Family Accommodation Services	All	DHF	Secondary/ Tertiary
	Transitional Housing Program	All	DHF & Anglicare NT	Secondary
	Youth Diversion Program CALYUS	Young people	DHF & Tangentyere	Secondary
	Alice Springs Circuit Breaker Youth Camp	Young people	DHF & Tangentyere	Secondary/ Tertiary
	Safe Families	All	DHF & Tangentyere	Secondary/ Tertiary
	Sexual health programs	NS	DHF	Universal
	STI awareness	Young people	DHF	Universal
	Under 5 Water Safety Program	0-5	DHLGRS	Universal
	Water Safety Education	All	DHLGRS	Universal
	School Based Police	5-17	NT Police	Universal
	Clinic 34 (sexual health)	Young people	DHF	Secondary
	Akeyulerre healing centre	All	DHF & Akeyulerre	Secondary
	Child, Youth and Family Health Program	All	Community Health Branch	Universal
	School Health Service	5-17	Community Health Branch	Universal

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Women's Safe Place	All	DHF	Secondary/ Tertiary
	Core of Life's Pregnancy, Birth, Breastfeeding and Early Parenting Program	0-3	FaHCSIA Closing the Gap and delivered by Youth and Family Education Resources	Secondary
	Family Support Centre	All	n/s	Secondary
	Interagency Collaboration Panels	All	WoG	Tertiary
	Youth Action Plan	Young people	NTG	Universal
	Men & Family Relationships	All	CatholicCare	Universal/ Secondary
	Children's Contact Centre	All	CatholicCare	Secondary
	Family Relationship Counselling	All	CatholicCare	Secondary
	Specialised Family Violence Service	All	CatholicCare	Secondary/ Tertiary
	Family Dispute Resolution	All	Family Relationships Australia	Secondary
	Building Stronger Families	All	Family Relationship Australia	Secondary
	Parents not Partners	All	Family Relationship Australia	Secondary
	Alice Springs Youth Accommodation and Support – Crisis Accommodation	Young people	Alice Springs Youth Accommodation and Support Service & DHF	Secondary
	Ampe Akweke	Young people	Alice Springs Youth Accommodation and Support Service & DHF	Secondary/ Tertiary
	Alice Springs Women's Shelter	All	Alice Springs Women's Shelter	Secondary/ Tertiary
	Well Baby	0– 4	Central Australian Congress	Universal
	Early Childhood	0-2	Central Australian Congress	Universal

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Counselling Service	All	Central Australian Congress	Secondary/ Tertiary
	Youth Outreach	Young people	Central Australian Congress	Universal/ Secondary
	Child Care programs (AMPE KENHE APMERE)	0-4	Central Australian Congress	Universal
	Hearing Program	All	Central Australian Congress	Universal
	Young Women's Community Health Program (YWCHEP)	Young people	Central Australian Congress	Universal/ Secondary
	Youth Wellbeing Project: substance abuse intervention and education	Young people	CAAPS	Universal/ Secondary/ Tertiary
	Healthy Families Program	All	CAAPS	Secondary
	CAAPS Community Based Outreach and Support Service	All	CAAPS	Secondary
	Alukura	Young people	Central Australian Congress	Secondary
	Aboriginal Nurse Family Partnership Program	0-2	Congress Alukura	Universal/ secondary
	Family Relationships Services Program	All	Relationships Australia	Secondary
	Alice Springs Youth Accommodation and Support Services	Young people	DHF & Alice Springs Youth Accommodation and Support Services	Secondary/ Tertiary
	After Hours Youth Drop in Centre	Young people	Central Australian Aboriginal Congress	Secondary
	Towards Independence Program Central Australia	All	DHF & The Salvation Army	Secondary
	Child, Youth Residential Support Service	Young people	DHF & Anglicare NT	Tertiary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Alice Springs Town Camps	Ketye Program	0-7	DHF & Tangentyere	Secondary/ Tertiary
	Irrkerlantye Learning Centre	All	DHF & Ngkarte Mikwekenhe Community	Universal
	Yarrenyty Arltere Learning Centre (Larapinta Valley Town Camp)	All	DHF & Tangentyere	Universal/ Secondary
	Tangentyere Night Patrol	All	Tangentyere Council	Secondary
	Indigenous Children's Program	All	Tangentyere Council	Secondary
	Intensive Support Playgroup	0-4	Tangentyere Council	Secondary/ Tertiary
	After Hours Recreation	Young People	Tangentyere Council & DHF	Universal
Ali Curung*	Families as First Teachers	0-3	DET	Universal/ Secondary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Ali Curung Safe House	All	DHF & Barly Shire Council	Secondary/ Tertiary
	Remote Aboriginal Community and Family Worker	All	DHF	Secondary/ Tertiary
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary
Alyangula	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Amoonguna	Bushmob Project	Young people	BushMob	Secondary
	Remote Health Service	All	Central Australian Congress	Universal
Angurugu/ Umbakumba*	Families as First Teachers	0-3	DET	Universal/ Secondary
	Women's Safe Place	All	DHF	Secondary/ Tertiary
	Men's Cooling Off Place	All	DHF	Secondary/ Tertiary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Community Education and Remote Alcohol Management Plan (RAMP)	All	DOJ	Secondary
	Communities for Children	0-8	FaHCSIA	Primary/ Secondary
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary
Aputula	Youth in Communities Program	Young people	NPY Women's Council	Universal/ Secondary
	Men's Safe Place	All	DHF	Secondary/ Tertiary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Integrated Youth Services	Young people	Mission Australia	Universal/ Secondary
Areyonga	Crèche	0-3	FaHCSIA Closing the Gap	Universal
	Remote Health Service	All	Central Australian Congress	Universal

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Atitjere	After School Care	6-12	CDSC	Universal
	A Positive Living Environment for our Youth: Sports training	Young people	CAYLUS	Universal
Batchelor	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
Belyuen	Women and Children Support Service	0-8	Belyuen Community Government Council	Universal/ Secondary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Family Coping: Strategies for People experiencing harm from family members drinking	All	CatholicCare	Secondary/ Tertiary
	Mobile Playbus Program	0-5	Save the children Australia	Universal
	Mums & Bubs	0-2	Save the Children Australia	Universal/ Secondary
	Deadly Blokes and Kids	All	Save the children Australia	Universal
Binjari	Intensive Support Playgroups	0-4	FaHCSIA Closing the Gap	Secondary/ Tertiary
Bonya	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
Borroloola*	Families as First Teachers	0-3	DET	Universal/ Secondary
	Borroloola Region Youth Development Unit Program	Young people	DHF & Roper Gulf Shire	Universal/ Secondary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Remote Community Education & Alcohol Management Planning	All	DoJ	Secondary
	Remote Aboriginal Community and Family Worker	All	DHF	Secondary/ Tertiary
	Strong Women, Strong Babies, Strong Culture Program	Infants	DHF	Universal
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
	Core of Life's Pregnancy, Birth, Breastfeeding and Early Parenting Program Facilitator Training	0-3	FaHCSIA Closing the Gap and delivered by Youth and Family Education Resources	Universal/ Secondary
	Community Education and Remote Alcohol Management Plan (RAMP)	All	DOJ	Secondary
	Borroloola Safe House	All	DHF & Mabunji Aboriginal Resource Association	Secondary/ Tertiary
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary
Canteen Creek	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
Daguragu/ Kalkarindji*	Families as First Teachers	0-3	DET	Universal/ Secondary
	Remote Aboriginal Community and Family Worker	All	DHF	Secondary/ Tertiary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Women's Safe Place	All	DHF	Secondary/ Tertiary
	Child Care Services	All	VRDS	Universal
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary
Daly River/ Nauiyu Nambiyu	Remote Aboriginal Community and Family Worker	All	DHF	Secondary/ Tertiary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Family Coping: Strategies for People experiencing harm from family members drinking	All	CatholicCare	Secondary
Darwin	Police and Citizens Youth Club	Young people	NT Police	Universal
	Zero to Ten School Holiday Program	Young people	DHF & Mission Australia	Secondary
	The Sisters Project	Young people	DHF & YWCA	Secondary
	Darwin Fun Bus	0-4	DHF & Darwin City Council	Universal/ Secondary
	Parenting Puzzle	0-12	DHF with Darwin Family Day Care	Universal/ Secondary
	Therapeutic Intervention Services for Children (kids attending SAAP)	0-17	DHF & Relationships Australia	Secondary/ Tertiary
	Somerville Family Services	All	DHF & Somerville Community Services	Secondary/ Tertiary
	The Depot (Transitional Residential Care)	Young people	DHF & Anglicare NT	Tertiary
	Wongabilla Equestrian Centre	Young people	NT Police	Secondary
	Assistance for people leaving correctional services	Young people	DHLGRS	Tertiary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Melaleuca Family Support (refugee families)	All	DHF & Melaleuca	Universal/ Secondary
	Safety House	Young people	NT Police	Secondary/ Tertiary
	Residential rehabilitation treatment for substance use	Young people	DHF & Council for Aboriginal Alcohol Programs	Tertiary
	Sexual Assault Referral Centre (SARC)	All	DHF	Tertiary
	YWCA Domestic and Family Violence Centre	All	DHF & YWCA	Secondary/ Tertiary
	Juvenile Detention (Don Dale)	Young people	Department of Justice	Tertiary
	In Reach Program (D&A Don Dale)	Young people	Department of Justice	Tertiary
	Crisis Family Accommodation Services	All	DHF	Secondary
	Youth Diversion Program	Young people	DHF & YWCA	Secondary
	Health Connection Program for Youth	Young people	DHF & Anglicare NT	Secondary
	Balunu Foundation Youth Program	Young people	DHF & Balunu Foundation	Secondary/ Tertiary
	Brahminy Youth Intervention Program	Young people	DHF & Brahminy Group	Secondary/ Tertiary
	Assertive Engagement Case Management for Disengaged Young people	Young people	DHF & Mission Australia	Secondary/ Tertiary
	Home Strengths Intensive Family Preservation Service	All	DHF & Catholic Care	Tertiary
	Sexual health programs	Young people	DHF	Universal
	Darwin Toy Library	All	DHF & Darwin Toy Library	Universal
	STI awareness	Young people	DHF	Universal
	Under 5 Water Safety Program	0-5	DHLGRS	Universal
	Water Safety Education	All	DHLGRS	Universal

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Family Resource Centre	All	DHF & Aboriginal Resource & Development Services	Secondary/ Tertiary
	Anglicare Financial Counselling	All	DHF & Anglicare NT	Secondary
	Anglicare Youth Housing Program	Young people	DHF & Anglicare NT	Secondary
	School Based Police	5-17	NT Police	Universal
	Baby FAST	Infants	DHF & NT Christian Schools Association	Universal/ Secondary
	Clinic 34 (sexual health)	Young people	DHF	Secondary/ Tertiary
	No Interest Loan Scheme	All	DHF & Somerville Community Services	Secondary
	Child, Youth and Family Health Program	All	Community Health Branch	Universal
	School Health Service	5-17	Community Health Branch	Universal
	Pandanus Project	All	Anglicare NT	Secondary
	Let's Start	4-5	FaHCSIA Closing the Gap	Secondary
	Family Support Centre	All	n/s	Secondary
	Interagency Collaboration Panels	All	WoG	Secondary/ Tertiary
	Men & Family Relationships	All	CatholicCare	Secondary
	Children's Contact Centre	All	CatholicCare	Secondary
	Family Coping: Strategies for People experiencing harm from family members drinking	All	CatholicCare	Secondary/ Tertiary
	Family Relationship Counselling	All	CatholicCare	Secondary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Darwin Aboriginal and Islander Women's Shelter	All	DHF & Darwin Aboriginal and Islander Women's Shelter	Secondary/ Tertiary
	Our Family, Our Kids Program	0-4	CatholicCare	Secondary/ Tertiary
	Schools Based Program: Counselling	15-16	CatholicCare	Secondary
	Specialised Family Violence Service	All	CatholicCare	Secondary/ Tertiary
	Alcohol & Other Drugs Services Urban	Family	CatholicCare	Secondary/ Tertiary
	Youth Beat: Youth outreach Service	10-17	Mission Australia	Secondary/ Tertiary
	Mobile Playbus Program: Royal Darwin Hospital	0-5	Save the children Australia	Universal
	Mums & Bubs	0-2	Save the Children Australia	Secondary
	Deadly Blokes and Kids	All	Save the children Australia	Secondary
	Parenting is Caring for Kids: early intervention	All	CAAPS Berrimah	Secondary
	Dawn House: A Children's and Women's Place	All	Dawn House & DHF	Secondary/ Tertiary
	Emotional and Social Wellbeing Centre	All	Danila Dilba Health Service	Universal/ Secondary/ Tertiary
	In Pursuit of Respectful Relationships	All	Relationships Australia	Universal/ Secondary
	What to do with Anger	All	Relationships Australia	Secondary
	Rural and remote counselling	All	Relationships Australia	Secondary/ Tertiary
	Kids help line	All	Boys Town	Secondary/ Tertiary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Family Dispute Resolution	All	Family Relationships Australia	Secondary
	Towards Independence Program Top End	All	DHF & The Salvation Army	Secondary
	Building Stronger Families	All	Family Relationship Australia	
	Casy House	Young people	YWCA & DHF	Secondary/ Tertiary
	Independent Living Programs	Young people	YWCA & DHF	Secondary/ Tertiary
	Parents not Partners	All	Family Relationship Australia	Secondary
	Ruby Gaea: Counselling, Support and Education Service	All	Ruby Gaea House – Darwin Centre against Rape	Tertiary
	SAAP Program	Young people	Catherine Booth House	Secondary
	Well Baby	0-4	Central Australian Congress	Universal
	Responding Early Assisting Children	0-5	YWCA of Darwin	Secondary
	Invest to Grow- Lets Start: Exploring Together Indigenous Preschool Program	General 0-12, target group Indigenous 3-7	School for Social and Policy Research, Charles Darwin University.	Secondary
	Family Relationships Services Program	All	Anglicare NT	Secondary
	Family Relationships Services Program	All	Relationships Australia	Secondary
	E-Cruz	Young people	Red Cross & DHF	Universal/ Secondary
Darwin Town Camps	Fun Bus	0-5	DHF & Darwin City Council	Universal
	Pandanus Project	All	Anglicare NT	Secondary
	Parenting Support	All	DHF & Danila Dilba	Universal/ Secondary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Women's Safe Place (Bagot)	All	DHF	Secondary/ Tertiary
	Mobile Playbus Program	0-5	Save the children Australia	Universal
	Intensive Support Playgroup	0-4	Save the Children Australia, Queensland Division	Secondary/ Tertiary
Elliott*	Families as First Teachers	0-3	DET	Universal/ Secondary
	Elliott Family Worker	All	DHF & Barkly Shire Council	Secondary/ Tertiary
	Remote Community Education & Alcohol Management Planning (RAMP)	All	DoJ	Secondary
	Remote Aboriginal Community and Family Worker	All	DHF	Secondary/ Tertiary
	Reading and Communicating with Kids Program	n/s	n/s	Universal
	Youth in Communities Program	Young people	Julalikari Council Aboriginal Corporation	Universal/ Secondary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Elliott Safe House	All	DHF & Barkly Shire Council	Secondary/ Tertiary
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary
Epenarra/ Wutungurra	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Finke	Integrated Youth Services	Young people	Mission Australia	Universal/ Secondary
Galiwin'ku*	Families as First Teachers	0-3	DET	Universal/ Secondary
	Galiwin'ku Youth Development Unit Program	Young people	DHF and East Arnhem Shire	Universal/ Secondary
	Remote Aboriginal Community and Family Worker	All	DHF	Secondary/ Tertiary
	Strong Women, Strong Babies, Strong Culture program	Infants	DET	Universal
	Yalu'Marnggithinyaraw: early intervention		East Arnhem Shire Council	Secondary
	Communities for Children	0-8	FaHCSIA	Primary/ Secondary
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary
Galupa	Raypirri Rom	All	Miwatj Health	Universal
Gapuwiyak*	Families as First Teachers	0-3	DET	Universal/ Secondary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
	Core of Life Youth Sessions	Young people	FaHCSIA Closing the Gap and delivered by Youth and Family Education Resources	Universal/ Secondary
	Communities for Children	0-8	FaHCSIA	Primary/ Secondary
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Gunbalanya*/ Oenpelli	Integrated Child and Family Centre	0-4	DET	Universal/ Secondary
	Families as First Teachers	0-3	DET	Universal/ Secondary
	Gunbalanya Youth Diversion Program	Young people	DHF & West Arnhem Shire	Universal/ Secondary
	Gunbalanya Youth & Wellbeing Program	Young people	DHF & West Arnhem Shire	Universal/ Secondary
	Remote Community Education & Alcohol Management Planning (RAMP)	All	DoJ	
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Strong Women, Strong Babies, Strong Culture	Infants	DHF	Universal
	Healthy School Aged Kids Program	5-17	DHF	Universal
	Volatile Substance Abuse Worker	All	DHF & West Arnhem Shire Council	Secondary/ Tertiary
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
	Core of Life's Pregnancy, Birth, Breastfeeding and Early Parenting Program	0-3	FaHCSIA Closing the Gap and delivered by Youth and Family Education Resources	Secondary
	Remote Aboriginal Community and Family Worker	All	DHF	Secondary/ Tertiary
Indigenous Parenting Support Service	All	FaHCSIA	Secondary	
Haasts Bluff	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Harts Range/ Atitjere	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
	Long Day Care, and Nutrition Program	0-5	CDSC	Universal/ Secondary
Hermannsburg* /Ntaria	Families as First Teachers	0-3	DET	Universal/ Secondary
	Remote Aboriginal Community and Family Worker	All	DHF	Secondary/ Tertiary
	Women's Safe Place	All	DHF	
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Bushmob Project	Young people	BushMob	Secondary
Ilpurla	Alcohol rehabilitation	Young people	DHF & Ilpurla Aboriginal Corporation	Secondary
Imanpa	Youth in Communities Program	Young people	NPY Women's Council	Universal/ Secondary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Integrated Youth Services	Young people	Mission Australia	Universal/ Secondary
	Remote Health Service	All	Central Australian Congress	Universal

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Jabiru	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Core of Life Youth Sessions	Young people	FaHCSIA Closing the Gap and delivered by Youth and Family Education Resources	Universal/ Secondary
	Counselling	All	Kakadu Health Reception	Secondary/ Tertiary
	Domestic Violence Counsellor	All	Domestic Violence Services	Secondary/ Tertiary
Julalikari	Intensive Support Playgroup	0-4	Julalikari Council Aboriginal Corporation	Secondary/ Tertiary
Jilkminggan	Crèche	0-3	Good Beginnings	Universal
Kalano	Intensive Support Playgroups	0-4	FaHCSIA Closing the Gap	Secondary/ Tertiary
	Night Patrols	All	NT Police	Secondary
Kaltukatjara/ Docker River	Youth in Communities Program	Young people	NPY Women's Council	Universal/ Secondary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
	Integrated Youth Services	Young people	Mission Australia	Universal/ Secondary
	Remote Aboriginal Community and Family Worker	All	DHF	Secondary/ Tertiary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Katherine	Safety House	Young people	NT Police	Secondary/ Tertiary
	Peace at Home (families with DV)	All	NT Police	Secondary/ Tertiary
	Targeted Family Support Service	All	DHF & Wurli Wurlinjang Health Service	Secondary/ Tertiary
	Sexual Assault Referral Centre (SARC)	All	DHF	Tertiary
	Crisis Family Accommodation Services	All	DHF	Secondary/ Tertiary
	Katherine Family Link Counselling Service	All	Catholic Care NT	Secondary/ Tertiary
	Sexual health programs	NS	DHF	Universal
	STI awareness	Young people	DHF	Universal
	Under 5 Water Safety Program	0-5	DHLGRS	Universal
	School Based Police	5-17	NT Police	Universal
	Baby FAST	Infants	DHF & NT Christian Schools Association	Universal/ Secondary
	Clinic 34 (sexual health)	Young people	DHF	Secondary/ Tertiary
	Child, Youth and Family Health Program	All	Community Health Branch	Universal
	School Health Service	5-17	Community Health Branch	Universal
	Youth in Communities Program	Young people	YMCA Katherine	Universal/ Secondary
	Men & Family Relationships	All	CatholicCare	Secondary
	Family Relationship Counselling	All	CatholicCare	Secondary
	Katherine Family Link: Child Sex abuse counselling	All	CatholicCare	Tertiary
	Schools Based Program: Counselling	15-16	CatholicCare	Secondary/ Tertiary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Specialised Family Violence Service	All	CatholicCare	Secondary/ Tertiary
	Youth Beat: Homeless Youth outreach Service	10-17	Mission Australia	Secondary/ Tertiary
	Breakfast with a mentor Program	5-16	The Smith Family	Secondary
	Peace at Home Project	All	NT Police & FACS collaboration	Secondary/ Tertiary
	Family Dispute Resolution	All	Family Relationships Australia	Secondary
	Contact Play and Learn	All	Good Beginnings Australia	Secondary
	Play2 Grow	0-4	Good Beginnings Australia	Secondary/ Tertiary
	Parents Plus	0-4	Good Beginnings Australia	Tertiary
	Intensive Support Playgroup	0-4	Good Beginnings Australia	Secondary/ Tertiary
	Communities for Children	0-8	The Smith Family & Good Beginnings	Universal/ Secondary
	Family Relationships Services Program	All	Relationships Australia	Secondary
	Somerville Youth and Family Services - Katherine	Young people	Somerville Community Services Inc	Secondary
	Youth Diversion Program YMCA Katherine Youth Development Unit Program	Young people	DHF & YMCA	Universal/ Secondary
	Katherine Community Accommodation and Support Program	All	DHF & Anglicare NT	Secondary
Kings Canyon	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
Kintore	Volatile Substance Abuse Worker	All	DHF & MacDonnell Shire Council	Secondary/ Tertiary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Lajamanu*	Families as First Teachers	0-3	DET	Universal/ Secondary
	Women's Safe Place	All	DHF	Secondary/ Tertiary
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
	Communities for Children	0-8	FaHCSIA	Primary/ Secondary
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary
Lake Nash/ Alpururulam	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
Laramba	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Long Day Care, Child Care	0-5	CDSC	Universal
Maningrida*	Integrated Child and Family Centre	0-4	DET	Universal/ Secondary
	Families as First Teachers	0-3	DET	Universal/ Secondary
	Maningrida Child Safety Service	All	DHF & Bawinanga Aboriginal Corporation	Secondary/ Tertiary
	Remote Community Education & Alcohol Management Planning (RAMP)	All	DoJ	Secondary
	Women's Safe Place	All	DHF	Secondary/ Tertiary
	Men's Cooling off Place	All	DHF	Secondary/ Tertiary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary
Manyallaluk	Crèche	0-3	Good Beginnings	Universal
	Nutrition Educator	All	Good Beginnings	Universal
Milikapiti	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
	Alcohol & Other Drugs Services Remote	All	CatholicCare	Secondary
	Milikapiti Family Centre Safe House	All	DHF & Catholic Care NT	Secondary/ Tertiary
Milingimbi*	Families as First Teachers	0-3	DET	Universal/ Secondary
	Locational Support Playgroups	0-4	FaHCSIA Closing the Gap	Secondary/ Tertiary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All		Universal
	Communities for Children	0-8	FaHCSIA	Primary/ Secondary
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Milyakburra/ Bickerton Island	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
Minjalang	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
Minyerri	LITTLE Program (Learning to Talk, Talking to Learn)	n/s	Sunrise Health Service Aboriginal Corporation	Universal/ Secondary
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
Mount Liebig	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
Mutitjulu	Youth in Communities Program	Young people	NPY Women's Council	Universal/ Secondary
	Integrated Youth Services	Young people	Mission Australia	Universal/ Secondary
	Remote Health Service	All	Central Australian Congress	Universal
	Eye Health Project	All	Central Australian Congress	Universal
	Drug and Alcohol Services	All	Central Australian Congress	Secondary/ Tertiary
Naiuya	Child Care Services	All	VRDS	Universal

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Nguiu*	Families as First Teachers	0-3	DET	Universal/ Secondary
	Strong Women, Strong Babies, Strong Culture	Infants	DHF	Universal
	Remote Community Education & Alcohol Management Planning (RAMP)	All	DoJ	Secondary
	Remote Aboriginal Community and Family Worker	All	DHF	Secondary/ Tertiary
	Women's Safe Place	All	DHF	Secondary/ Tertiary
	Men's Cooling Off Place	All	DHF	Secondary/ Tertiary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Family Coping: Strategies for People experiencing harm from family members drinking	All	CatholicCare	Secondary/ Tertiary
	Alcohol & Other Drugs Services Remote	All	CatholicCare	Secondary
	Tiwi Well-being Centre	All	DHF	Universal/ Secondary
	Invest to Grow- Lets Start: Exploring Together Indigenous Preschool Program	General 0-12, target group Indigenous 3-7	School for Social and Policy Research, Charles Darwin University.	Secondary
	Communities for Children	0-8	FaHCSIA	Primary/ Secondary
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary
Ngukurr*	Integrated Child and Family Centre	0-4	DET	Universal/ Secondary
	Families as First Teachers	0-3	DET	Universal/ Secondary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Volatile Substance Abuse Worker	All	DHF & Roper Gulf Shire Council	Secondary/ Tertiary
	Women's Safe Place	All	DHF	Secondary/ Tertiary
	Men's Cooling Off Place	All	DHF	Secondary/ Tertiary
	Crèche	0-3	Good Beginnings	Universal
	Tiwi Islands Youth Development Unit Program	Young people	DHF & Tiwi Islands Shire	Universal/ Secondary
	Communities for Children	0-8	FaHCSIA	Primary/ Secondary
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary
Nhulunbuy	Nhulunbuy Toy Library	All	DHF	Universal
	Sexual health programs	n/s	DHF	Universal
	School Based Police	5-17	NT Police	Universal
	Clinic 34 (sexual health)	Young people	DHF	Universal/ Secondary
	Child, Youth and Family Health Program	All	Community Health Branch	Universal
	School Health Service	5-17	Community Health Branch	Universal
	Children and Outreach Support Worker	All	Crisis Accommodation Gove	Secondary/ Tertiary
	Core of Life Youth Sessions	Young people	FaHCSIA Closing the Gap and delivered by Youth and Family Education Resources	Universal/ Secondary
	Family Dispute Resolution	All	Family Relationships Australia	Secondary
	Crisis Accommodation Gove	All	Crisis Accommodation Gove	Secondary
	Men's sobering up shelter	All	EASC	Secondary/ Tertiary
	Youth Drop In & Activity Zone	Young people	DHF & Anglicare	Universal

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Nturiya/Ti Tree Station	Remote Aboriginal Child and Family Worker	All	DHF	Secondary/ Tertiary
	Women's Safe Place	All	DHF	Secondary/ Tertiary
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
Numbulwar*	Families as First Teachers	0-3	DET	Universal/ Secondary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Core of Life Youth Sessions	Young people	FaHCSIA Closing the Gap and delivered by Youth and Family Education Resources	Universal/ Secondary
	Locational Supported Playgroup	0-4	Anglicare	Secondary/ Tertiary
	Communities for Children	0-8	FaHCSIA	Primary/ Secondary
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary
Nyrippi	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
	Long Day Care, and Nutrition Program	0-5	DEEWR	Universal/ Secondary
Palmerston	Integrated Child and Family Centre	0-4	DET	Universal/ Secondary
	Families as First Teachers	0-3	DET	Universal/ Secondary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Palmerston Safe Communities (injury prevention)	All	DHF and others	Universal
	Palmerston Youth Crisis Accommodation	Young people	DHLGRS and DHF	Secondary/ Tertiary
	Anglicare Youth Housing Program	Young people	DHF & Anglicare NT	Secondary/ Tertiary
	Therapeutic Intervention Services for Children (kids attending SAAP)	0-17	DHF & Relationships Australia	Secondary/ Tertiary
	Somerville Family Services	All	DHF & Somerville Community Services	Secondary
	Palmerston Community Accommodation Service	All	DHF & Somerville Community Services	Secondary
	Targeted Family Support Service	All	DHF & Larrakia Nation	Secondary/ Tertiary
	Darwin Toy Library	All	DHF & Darwin Toy Library	Universal
	Under 5 Water Safety Program	0-5	DHLGRS	Universal
	Baby FAST	Infants	DHF & NT Christian Schools Association	Universal/ Secondary
	No Interest Loan Scheme	All	DHF & Somerville Community Services	Secondary
	Child, Youth and Family Health Program	All	Community Health Branch	Universal
	Pandanus Project	All	Anglicare NT	Secondary
	Let's Start	4-5	FaHCSIA Closing the Gap	Secondary
	Children's Contact Centre	All	CatholicCare	Secondary
	Drug & Alcohol intensive support for Youth (DAISY)	12-19	CatholicCare	Secondary/ Tertiary
	Invest to Grow- Child Care Links	0-12	Good Beginnings Australia	Secondary/ Tertiary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Palmerston Town Camps	Parenting Support	All	DHF & Danila Dilba	Secondary
	Gray Connect	All	Good Beginnings Australia	Secondary
	Invest to Grow- Child Care Links	0-12	Good Beginnings Australia	Secondary
Palumpa	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Let's Start	4-5	FaHCSIA Closing the Gap	Secondary
	Contact Play and Learn	All	Good Beginnings Australia	Secondary
	Play2 Grow	0-4	Good Beginnings Australia	Secondary/ Tertiary
	Parents Plus	0-4	Good Beginnings Australia	Tertiary
	Intensive Support Playgroup	0-4	Good Beginnings Australia	Secondary/ Tertiary
	School Nutritional Program	5-17	NT Gov	Universal
Papunya*	Families as First Teachers	0-4	DET	Universal/ Secondary
	Papunya-Ikuntji River Youth Development Unit Program	Young people	DHF and East Arnhem Shire	Universal/ Secondary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
	Remote Aboriginal Community and Family Worker	All	DHF	Secondary/ Tertiary
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Peppimenarti	Women's Safe Place	All	DHF	Secondary/ Tertiary
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
	School Nutritional Program	5-17	NT Gov	Universal
Pine Creek	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
Pirlangimpi	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
	Family Coping: Strategies for People experiencing harm from family members drinking	All	CatholicCare	Secondary/ Tertiary
Pularumpi	Alcohol & Other Drugs Services Remote	All	CatholicCare	Secondary/ Tertiary
Ramingining*	Families as First Teachers	0-3	DET	Universal/ Secondary
	Women's Safe Place	All	DHF	Secondary/ Tertiary
	Men's Cooling Off Place	All	DHF	Secondary/ Tertiary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Robinson River	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
Rockhole	Intensive Support Playgroups	0-4	FaHCSIA Closing the Gap	Secondary/ Tertiary
Santa Teresa	Remote Aboriginal Community and Family Worker	All	DHF	Secondary/ Tertiary
	Bushmob Project	Young people	BushMob	Secondary
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
	Remote Health Service	All	Central Australian Congress	Universal
Ski Beach/ Gunyangara	Raypirri Rom	All	Miwatj Health	Universal
Tara/Stirling	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
Tennant Creek	Youth Development Crisis Accommodation	Young people	DHLGRS and DHF	Secondary/ Tertiary
	Sexual Assault Referral Centre (SARC)	All	DHF	Tertiary
	Youth Diversion Services	Young people	DHF	Secondary/ Tertiary
	Family Support Service	All	DHF & Catholic Care	Secondary
	Sexual health programs	n/s	DHF	Universal
	Under 5 Water Safety Program	0-5	DHLGRS	Universal
	School Based Police	5-17	NT Police	Universal

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Clinic 34 (sexual health)	Young people	DHF	Universal/ Secondary
	Child, Youth and Family Health Program	All	Community Health Branch	Universal
	School Health Service	5-17	Community Health Branch	Universal
	Intensive Support Playgroups	0-4	FaHCSIA Closing the Gap	Secondary/ Tertiary
	Core of Life's Pregnancy, Birth, Breastfeeding and Early Parenting Program	0-3	FaHCSIA Closing the Gap and delivered by Youth and Family Education Resources	Universal/ Secondary
	Men & Family Relationships	All	CatholicCare	Secondary
	Family Relationship Counselling	All	CatholicCare	Secondary
	Family Support Service	All	CatholicCare	Secondary
	Specialised Family Violence Service	All	CatholicCare	Secondary/ Tertiary
	Family Dispute Resolution	All	Family Relationships Australia	Secondary
	Tennant Creek Women's Refuge	All	Tennant Creek Women's Refuge & DHF	Secondary/ Tertiary
Timber Creek	Crèche	0-3	FaHCSIA Closing the Gap	Universal
Titjikala	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	
Ti Tree	Remote Aboriginal Community and Family Worker	All	DHF	Secondary/ Tertiary
	Men's Safe Place	All	DHF	Secondary/ Tertiary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Stop family violence: Woman and Children's safe place	All	NT Gov	Secondary/ Tertiary
	After School Care	6-12	DEEWR	Universal
Wadeye*/Port Keats	Families as First Teachers	0-3	DET	Universal/ Secondary
	Strong Women, Strong Babies, Strong Culture	Infants	DHF	Universal
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Family Coping: Strategies for People experiencing harm from family members drinking	All	CatholicCare	Secondary/ Tertiary
	Alcohol & Other Drugs Services Remote	All	CatholicCare	Secondary
	Mobile Playbus Program	0-5	Save the children Australia	Universal
	Mums & Bubs	Infants	Save the Children Australia	Universal/ Secondary
	Deadly Blokes and Kids	All	Save the children Australia	Secondary
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary
Wagait Beach/ Mandorah	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Wallace Rockhole	Alcohol rehabilitation	Young people	DHF & Ilpurla Aboriginal Corporation	Secondary/ Tertiary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
Warruwi	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
Weemol/ Bulman	LITTLE Program (Learning to Talk, Talking to Learn)	n/s	Sunrise Health Service Aboriginal Corporation	Universal/ Secondary
	Nutritionist Services	All	Good Beginnings	Universal
Willowra	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Crèche	0-5	World Vision	Universal
Wugularr	Crèche	0-3	Good Beginnings	Universal
	Nutritionist Services	All	Good Beginnings	Universal
	LITTLE Program (Learning to Talk, Talking to Learn)	n/s	Sunrise Health Service Aboriginal Corporation	Universal/ Secondary
	Men's Cooling Off Place	All	DHF	Secondary/ Tertiary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Yarralin	Stop family violence: Woman and Children's safe place	All	NT Gov	Secondary/ Tertiary
	Crèche	0-3	FaHCSIA Closing the Gap	Universal
	Child Care Services	All	VRDS	Universal
	Schools Nutritional Program	5-17	NT Gov	Universal
Yirrkala*	Families as First Teachers	0-3	DET	Universal/ Secondary
	Raypirri Rom	All	Miwatj Health	Universal
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Community Play Group	0-3	EASC	Universal
	Communities for Children	0-8	FaHCSIA	Primary/ Secondary
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary
Yuelamu	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Long Day Care and Nutrition Program	0-5	DEEWR	Universal
	After School Care	6-12	DEEWR	Universal
Yuendumu*	Integrated Child and Family Centre	0-4	DET	Universal/ Secondary
	Families as First Teachers	0-3	DET	Universal/ Secondary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Remote substance use service	All	DHF & Mt Theo-Yuendumu Substance Misuse Aboriginal Corporation	Secondary/ Tertiary
	Youth Diversion Services	Young people	DHF	Secondary/ Tertiary
	Remote Aboriginal Community and Family Worker	All	DHF	Secondary/ Tertiary
	Yuendumu Safe House	All	DHF & Yuendumu Aboriginal Women's Corp	Secondary/ Tertiary
	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
	Willowra Youth Development Project	Young people	Warlpiri Youth Development/Mt Theo	Universal/ secondary
	Locational Support Playgroups	0-4	FaHCSIA Closing the Gap	Secondary
	Yuendumu Youth Program	Young people	Elders of Yuendumu initiative with support from local Organisers.	Universal/ secondary
	Men's Cooling Off Place	All	DHF	Secondary
	Locational Support Playgroup	0-4	World Vision	Secondary
	Safe and Healthy Communities: Reduction of Family Violence	All	FAHCSIA	Secondary
	Indigenous Parenting Support Service	All	FaHCSIA	Secondary
Yulara	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
Regional programs				
Barkly Mobile	Remote Area Health Services including: Healthy Under 5s Check, School Screening, STI Screening, Antenatal Programs, Anti-suicide programs, Supporting grandparents to support young children, young adult health checks	All	DHF	Universal
East Arnhem	Youth in Communities Program	Young people	East Arnhem Shire Council	Universal/ Secondary
	Domestic Violence Counsellor	All	Domestic Violence Services	Secondary/ Tertiary
	Crisis Accommodation	All	Crisis Accommodation Gove	Secondary/ Tertiary
Groote Eylandt	Groote Eylandt and Milyakburra Youth Development Unit Program	Young people	DHF and East Arnhem Shire	Universal/ Secondary
	Remote Community Education & Alcohol Management Planning	All	DoJ	Secondary
Tiwi	Youth Diversion Services	Young people	DHF	Secondary/ Tertiary
	Tiwi Islands Sexual Health Program	All	DHF	Universal
	Tiwi Islands Mental Health Program	All	DHF	Universal/ Secondary
	Mobile Playbus Program	0-5	Save the children Australia	Universal
	Purnarrika-Mums & Bubs	Infants	Save the Children Australia	Universal/ Secondary
	Deadly Blokes and Kids	All	Save the children Australia	Universal/ Secondary
	Invest to Grow- Lets Start: Exploring Together Indigenous Preschool Program	General 0-12, target group Indigenous 3-7	School for Social and Policy Research, Charles Darwin University.	Secondary
	Women's Safe House	All	TSC	Secondary/ Tertiary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Therapeutic Counselling Service	All	Relationship Australia	Secondary/ Tertiary
	Psychology Service	All	Southern Cross Clinical Psychology Services	Secondary/ Tertiary
Kakadu Region	Kakadu Health Service Co-ordinated Social Support Service	All	Djabulukugu Association & DHF	Secondary/ Tertiary
NT wide	NAPCAN activities	All	NAPCAN	Universal
	Safe Kids, Strong Futures train the trainer and workshop program	All	DHF & OATSIH	Universal
	Universal access to preschool	3-4	DET	Universal
	Immunisation	All	DHF	Universal
	Blue Light Disco	Young people	NT Police	Universal
	Australian Early Development Index	5 years	DET	Universal
	Youth Activities and Support Services		DHF	Universal/ Secondary
	Parentline	All	Boystown & DHF	Universal
	7 Steps to safety	All	NT Gov	Universal
	NT Families Website: feedback and information	All	NT Gov	Universal
	Domestic and Family Violence Support	All	DHLGRS & DHF	Secondary/ Tertiary
	Families and Schools Together	5-17	DHF & NT Christian Schools Association	Universal/ Secondary
	Early Intervention Pilot Program (alcohol prevention)	Young people	NT Police	Universal/ Secondary
	Mandatory reporting training	All	Various	Universal
	Tenant support (including remote intensive)	All	DHLGRS & Territory Housing	Secondary
	Young people leaving care program	Young people	DHLGRS & DHF	Tertiary
	Youth Diversion Unit	Young people	NT Police	Secondary/ Tertiary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Child Abuse Taskforce	All	NT Police	Tertiary
	CP intake and investigation	All	DHF	Tertiary
	Out of Home Care + support services (CREATE)	All	DHF	Tertiary
	Court Support Services	All	DoJ	Tertiary
	Home Detention Assessments	All	DoJ	Tertiary
	Kidsafe NT	All	DHF	Universal
	Child Health Checks and follow up services	All	FaHCSIA Closing the Gap program	Universal
	Income management (prescribed communities to be expanded)	All	FaHCSIA Closing the Gap program	Secondary
	Remote policing	All	FaHCSIA Closing the Gap program and NT Police	Universal
	Mobile Outreach Service Plus/MOS and MOS Plus (excluding Darwin and Alice Springs)	All	Australian Government Intervention Program supported initiative & DHF	Tertiary
	Australian Early Development Index (AEDI) Information sessions	All	NT Department of Education and Training. Menzies	Universal
	Respectful Relationships Program - Keep Them Safe NT Early intervention education program	6-24	NT Department of Education and Training	Universal
	+Child Abuse Taskforce: Community Engagement education	All	NT Police	Secondary
	Stop, Careful, Go: Domestic Violence Order. DVD'S and workshops, Puppet shows visiting remote communities throughout the NT.	All	NT Gov	Universal
	Mobile Child Protection Team	All	FaHCSIA Closing the Gap Initiative and NTFC	Tertiary

Community	Program	Children's age group for the service	Agency	Universal/ Secondary/ Tertiary
	Youth in Communities Program (30 youth workers and 30 trainees)	Young people	FaHCSIA	Universal/ Secondary
	Pandanus Project (not specified which rural areas)	All	Anglicare NT	Secondary
	Child Nutrition Program	All	FaHCSIA Closing the Gap- NPY Women's Council	Universal/ Secondary
	School Nutrition Program (65 schools)	5-17	FaHCSIA Closing the Gap- NPY Women's Council	Universal
	Substance Use Treatment and Support Services	All	FaHCSIA Closing the Gap Initiative	Secondary/ Tertiary
	Night Patrols	All	FaHCSIA Closing the Gap Initiative	Secondary
	Senior Student Indigenous Mentoring Program	14-16	The Smith Family	Universal
	Northern Territory Youth Affairs Network	Young people	DHF & Human Services Training Advisory Council	Universal
	The Shak School Holiday Program	Young people	DHF & Australian Red Cross	Universal
	Vincentcare	All	DHF & The Society of St Vincent De Paul	Secondary

* NT Growth Town

Some rheumatic fever and rheumatic heart disease projects have not been included, also Lifeline, research, health promotion, remote basic tenant support, Aboriginal Interpreter Service.

Doesn't include police, all child care, preschools or playgroups, libraries, legal services, alcohol restrictions or alcohol management plans, disability services, visiting mental health services, headspace and Community of Youth Services sites, mind matters, school attendance initiatives, Families as First Teachers regional grants.

+ This program is currently being implemented NT wide however, identification of areas would infringe on sensitive and confidential information.

Appendix 6.2

Programs and models from Australia and Overseas

This is not an exhaustive list of programs and approaches for children, young people and their families. It does, however provide examples of a range of programs from universal through to tertiary with a focus on community, family or individual parent or child.

Program	Country	Target Group	Target Base	Program Elements	Evidence Base
SNAICC Resource Service (SRS)	AU	Aboriginal families	All	The SNAICC Resource Service provides information about a range of programs and initiatives for Aboriginal children, young people and their families.	Various
Promising Practices Profiles website	AU	All	All	The Communities and Families Clearinghouse Australia (hosted by the Australian Institute of Families Studies) website provides details of a range of promising programs and approaches implemented across Australia.	Various
Windale: Alcazar community Centre Program	AU	All members of Community in Windale	Community Home	Parenting Classes, introduction of preschool age children to schools, social groups for isolated mothers, Implementation of Health services & community nursing, Increased Scholastic opportunities. School accessible housing. Farther involvement in child schooling. Nutritional program. Street lighting, welcome to our town landmark.	Case Study
Ord Valley Aboriginal Health Service FASD	AU	Aboriginal community members	Community	Education and resources regarding Foetal Alcohol Spectrum Disorder including a DVD and posters in community settings. It has conducted surveys and interviews with 63 pregnant Indigenous clients seen at the health service, and educated approximately 600 local young Indigenous men and women about the dangers of FASD.	
Aboriginal Fathers resources	AU	Aboriginal men	All	Resources for working with Aboriginal fathers in a range of settings	Young Aboriginal Fathers Project has researched the needs and perspectives of Aboriginal fathers.

Program	Country	Target Group	Target Base	Program Elements	Evidence Base
Hey Dad! Program for Dads, Uncles and Pops	AU	Aboriginal men	All	Manualised program which is strengths based and designed to build community capacity. Delivered as a weekly program, workshop or weekend program. Has been delivered in a range of settings including prisons.	Observational study – acceptability and perceived changes
Our Journey to Respect	AU	Aboriginal young people and men	Community	Includes a series of modules relating to the role young men play in their communities, including respect for Elders and for others in the community	
Family Wellbeing	AU	Aboriginal family members	Community	Developed by members of the Stolen Generation in South Australia this program looks at different areas of family functioning.	Case Study
Enhancing Wellbeing: Yingana Project, Oenpelli, and Arnam Land.	AU	All Community members	Community Home	T- Shirt incorporating traditional painting. Art reinforcing the story of creation Mother. Educational posters on child nurturing. Book writing telling Yingana project story. Power point presentation. Development of animated CD ROM telling story of Creation Mother. Developing strong, sustained collaborative relationships across the community.	Case Study
Kid-friendly Macarthur (NAPCAN)	AU	8-18	Schools Groups Services	Series of paintings reflecting children's priority values and needs. Children's vision of how they wanted their community to look in 100 years was the project. Relationships became the focus in 4 areas: Respect, Multiculturalism, Services, & Friendly Spaces.	Case Study
NAPCAN's five step plan for a child-friendly Australia.	AU	0-18	Homes Schools Groups Services	1, Ask Children to create their own vision of a child friendly community. 2 Develop a simple plan of action working with children. 3 Form a group of local partners and other key stakeholders. 4 Begin the child friendly journey. 5 Involve NAPCAN	Case Study

Program	Country	Target Group	Target Base	Program Elements	Evidence Base
Group Positive Parenting Program for Indigenous Families	AU	Indigenous Parents of children 1-13 and their children	Four QLD Community Health sites	Eight session program. 10-12 parents per session. 1x2 hour group overview. 4x2.5 hour group parenting training sessions. 2x40 min home-based sessions. 1 hour final group session.	Randomised repeated measures design with a group comparison
Through Black Eyes: A Handbook to protect children from the impact of family violence and child abuse (SNAICC, 2008)	AU	Indigenous Families	Home resource	Focus: Impacts of family violence on Children. Recognising child abuse and neglect. Reporting child protection matters. Resources and Services information.	
Enhancing knowledge and skills of D&A workers.	AU	Families with D & A parents.	D & A workers	Parenting Support Toolkit (Odyssey and the Parenting Research Centre), contains 3 booklets and a quick reference card: Identifies the needs of children and their parents whose parents are attending drug treatment. Resources and strategies to effectively respond to clients' parenting needs. Promotes better outcomes for clients.	
The Miller Early Childhood Sustained Home Visiting MESCH trial	AU	Families with infants in NSW area	Home visits	Early intervention; structured, sustained and intensive home visit conducted by child and family health Nurses.	Randomised controlled trial: significantly effective.
Family Home Visiting	AU	Mothers and infants 0-2 years	Home visits	Delivered from a platform of universal child and youth health nurse visits after the birth of a baby, this two year program is targeted at families with a range of characteristics including Aboriginality of the child, post-natal depression and others. It includes home visits to promote mother-infant interaction, monitor child development and provide other supports to the family. For Aboriginal families, specially trained child and youth health nurses work with Aboriginal Cultural Consultants to deliver the program.	Acceptability study. Quasi-experimental effectiveness study underway

Program	Country	Target Group	Target Base	Program Elements	Evidence Base
Intensive Family Based Service	AU	Families with children in crisis and at imminent risk of removal	Home based	Based on the Homebuilders model this UnitingCare Burnside program includes intensive support and case management for families with staff available to families on a 24 hour basis, seven days a week over the 6-8 week intervention. Staff carry small caseloads (two families at a time) and work intensively with families, averaging 8-10 hours contact each week, although in the initial stages it can be as much as 20 hours per week.	Observational study
Parents Under Pressure (PUP)	AU	At risk parents including drug using parents	Home visit	One on one program; therapist manual and parent workbook forms the basis of treatment. Module: Assessment. Goal setting. Parent self view. Managing emotions while under pressure. CBT and Mindfulness techniques are practiced by the therapist.	Randomised Controlled trials
Lets Start: Exploring Together	AU	Pre school children and their parents	School based	Early Intervention Program: School readiness for preschool aged children and children with learning difficulties.	Quasi-experimental design With observational. Pre and Post test limited by data.
Pathways to Prevention	AU	Pre-School and School age children	Pre-Schools, Schools and Home	Mobilising social resources to support children, families and their communities before problems emerge is more effective and cheaper than intervening when problems have become entrenched. Focus: Communication and social competence.	Matched Comparison.
Communities that Care	AU	Youth focussed	Services	Provides services that empower community movement towards positive youth development through evidence based prevention strategies. Long-Term Development Program. This model identifies and addresses priority areas to promote healthy development before young people become involved in problem behaviours.	Self Administered questionnaire-Survey format.

Program	Country	Target Group	Target Base	Program Elements	Evidence Base
Signposts for Building Better Behaviour	AU	Parents of children with intellectual disabilities aged 3-15 years	Home	Signposts help families develop strategies to prevent difficult behaviour, encourage appropriate behaviour and to teach children new skills. Signposts, in group and individual face-to-face mode, consists of a minimum of six sessions of 2-2½ hours duration,	Randomised controlled trial
Newpin	AU	Parents and young children	Community Centre	NEWPIN is a preventative, early intervention program, offering intensive work with families facing potential or actual child-protection issues. The award-winning program combines peer support, quality early education and personal development that is structured and therapeutic. NEWPIN centres are based in local communities and offer safe and supportive environments.	Observational studies
Healthy Start	AU	Parents with learning difficulties who have young children	Home based	Includes training and support in two manualised evidenced based parenting programs: Parenting Young Children and Healthy and Safe, designed to support parents with learning difficulties in the early years of their child's life.	Pre and post test effectiveness studies
WHO/Unicef Care for Development Program and Train the Trainer Program	World wide	Isolated communities Crèche staff, carers of 0-6 children, child support workers,	All settings	Quality of early attachment, care and stimulation importance in early brain development. Practical application of parent/child stimulation strategies for children 0-6. Training for child care staff in remote communities including practical application on the importance of stimulation on the most plastic stage (0-6) of development in the child's brain.	Sub-Saharan Africa quantitative study revealed stimulation had larger effect than nutrition on brain development.
Triple P	World wide	Parents and their children Individual, groups or self directed format.	Home based, Schools, clinics, Communities.	Multi level system of parent and family support. Sessions last up to 1 hour. Large program delivery mode including Counselling, Video's and tip sheets. Strong focus on training of practitioners.	Over 30 Randomised Controlled Trials. Significant results supporting effectiveness of program.

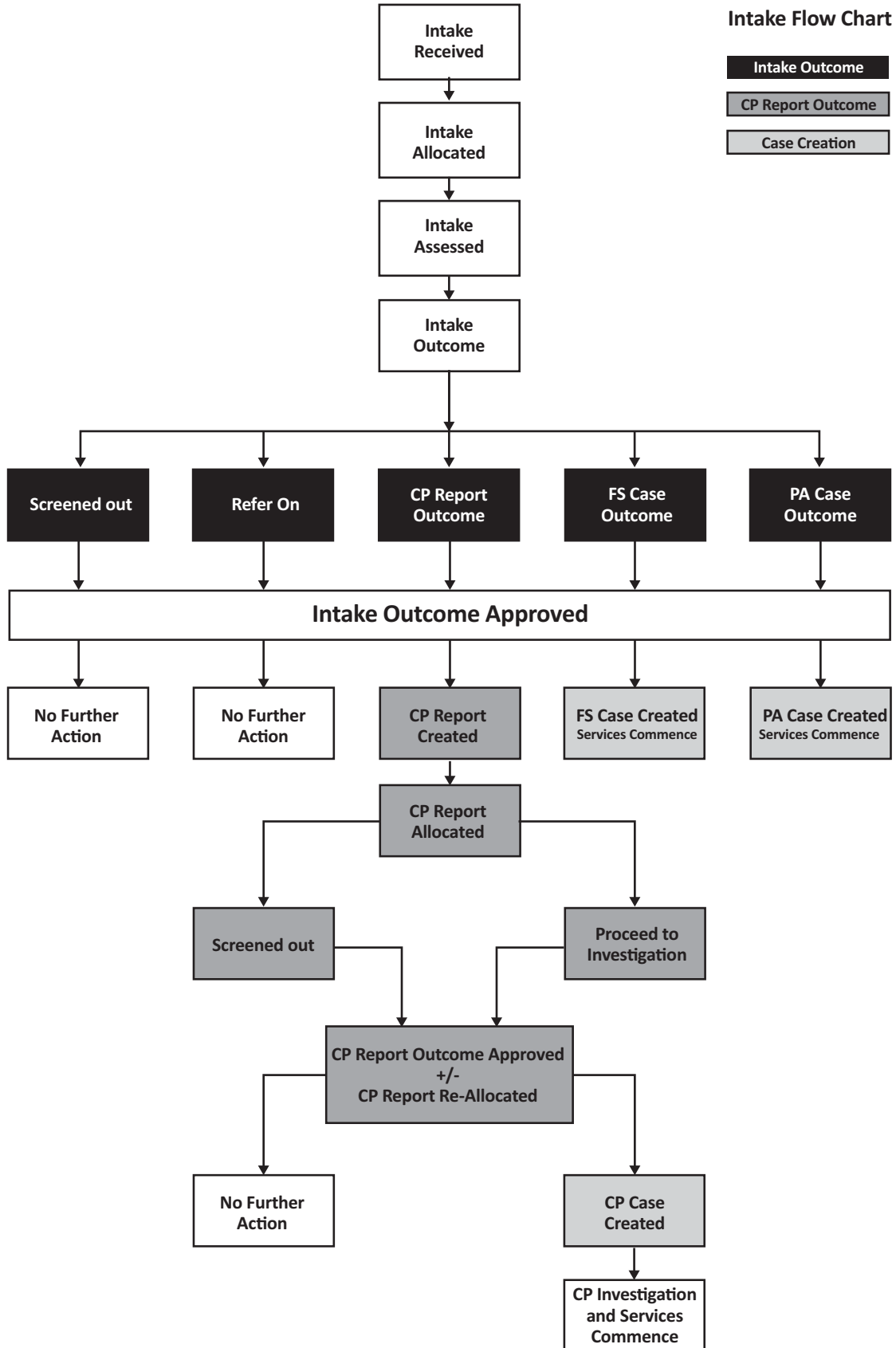
Program	Country	Target Group	Target Base	Program Elements	Evidence Base
Durham Family Initiative	USA	High risk families	Community	Strategies fall into four main areas: Improving local interagency cooperation; increase social capital through outreach workers and community engagement initiatives; develops and tests innovative service models with high risk families/those already involved with child protection; reforms county and state policies.	Matched comparison communities pre and post test
Bringing the Green Book to Life: A Resource Guide for Communities (Guide)	USA	Women who have experienced domestic violence, Perpetrators of the violence and their Children	Homes, Services	Premise; children can be better protected by offering battered mothers appropriate services and protection. Interventions to remove perpetrators from their households and promote accountability. Education; being a victim of domestic violence does not equate to neglectful parenting. Outcome; separating battered women from their children should be a last resort.	
Effective Intervention in Domestic Violence & Child	USA	Domestic violence victims and perpetrators including men, women and children.	Homes, Services	National Council publication addressing family violence, courts and communities. Recommendations: Collaboration needed between domestic violence organisations. Juvenile courts to develop new responses and to monitor the effectiveness of community programs. Increase training. Develop screening and assessment procedures for workers.	
Florida Infant & Young Child Mental Health Pilot Project	Florida USA	Children under the age of 3	Mental Health facilities.	Research based dyadic therapy services: Parent / Child Psychotherapy. Behaviour based strategies, play and verbal interpretations of these behaviours. Therapeutic work to address: Discipline. Reciprocal play and conflicts. Therapeutic strategies: "Speaking for Baby" and Counselling intervention for mothers with depression.	Pre and post test: Ages and Stages questionnaire. Beck Depression Inventory-2. Child Development Centre Paediatric Intake. Parent-Child relationship Scale and Manual. Parenting Stress Inventory-Short Form.

Program	Country	Target Group	Target Base	Program Elements	Evidence Base
The Assuring Better Child Health and Development Initiative.	USA	Low income families and their Children.	Clinical Practice Settings	Expanding service delivery to children at risk of social or emotional development delays: Development and implementation of screening tools.	Repeated measures Questionnaire design for screening. Unsubstantiated follow up measurement after referral.
Circle of Security: Families and Centres Empowered Together	USA	Head Start/ Early Head start families	Head Start Centres	Group instruction. Video of caregiver/child interactions Circle of Security 20 week group, parent educational and psychotherapeutic intervention.	Quasi-experimental, pre and post design. No comparison group.
Family Connections	USA	At risk families with children aged 5-11	Community	Develop implement and evaluate the effectiveness of early intervention programs.	Experimental pre and post design with a comparison group
Fathers and Children Together	USA	Incarcerated Fathers	Minimum Security Prison	Parental Education base: Classroom instruction Father/ Child visitation. Family outreach.	
Free pops	USA	Children 6-14	High risk community schools, after school and summer school program	Community outreach, Recreational activities Skill based lessons. Educational, self esteem promotion. Healthy family's relationship education.	
Homes for the Homeless Family Crisis Nurseries New York, New York.	USA	Homeless Families	Homeless Shelters/ service centres.	Respite care for children in times of crisis to prevent neglect and child abuse. Education support for Parents	
HUI Makuakane Honolulu, Hawaii	USA	Fathers	Home visits	Crisis counselling, Group and family recreation.	
Parenting Partnership Tacoma Washington.	USA	Families of medically fragile infants	In home	Based on STEEP program service model to meet the needs of fragile infants living in families with a history of abuse. Provide weekly home visits by clinician to enhance parenting skills. Nurse accompanies the clinician for first 2 weeks for medical care advice.	

Program	Country	Target Group	Target Base	Program Elements	Evidence Base
Parents Encouraging Parents	USA	Parents	Online. Phone /Email consultations. Home visits.	Web Based live Parenting Classes. Interactive parenting classes. Parents here the lecture, receive Power-point, resource material with questions about parenting answered live on line. Parenting consultations are also offered via phone, email or in home visitation.	
Healthy Families Arizona	USA	At risk families with newborns.	Home visits, links provided to services.	Coordinated with Hospitals to identify mothers giving birth with multiple risk factors for child abuse or neglect. Weekly home visits at start of program gradually decreasing to quarterly visits, depending on the needs of the family. Service can extend up to 5 years. Extra attention placed on engaging Fathers.	
Sacramento Crisis Nursery	USA	At risk families with children from birth to age 5.	Nursery and child care centre	Providing residential respite care for children from birth to 5 years. Providing education and child interaction in a safe environment. Children's needs are the main focus of this service from nutrition, health needs to education.	
From Darkness to Light Charleston, South Carolina	USA	General Adult public	Television, Radio and print ads.	Public awareness and information program, shifting the responsibility of child protection from the child to the adult.. Increasing awareness of signs and situational climates for child sexual abuse and how to respond. Follow up Hotline is promoted through media outlets for referral to local resources. Development of training for educators of child abuse education.	
Fussy Baby Program Pontiac, Michigan	USA	Children Birth To 3 with regulatory disorder	Home Visitation	Weekly home visits from Infant Mental Health Specialists providing comprehensive assessment and family service plan. Multi disciplinary team is constructed including medical, mental health, and educational [professionals].	

Appendix 7.1

Intake Event Flow Chart



Appendix 7.2

Intake, investigation and assessment - Background Paper, Australian Institute of Family Studies, Melbourne 2010

Alistair Lamont, Rhys Price-Robertson, Leah Bromfield
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1. Scope

This background paper examines three interrelated elements of the process of protecting vulnerable children: intake into child protection services, child protection investigation, and the use of assessment instruments in child protection. Drawing on both Australian and international research, it identifies themes and issues emerging from these areas and provides a critical review of different approaches to structuring and conducting child protection services. Specifically, the paper examines a range of different models and approaches to:

- Referring vulnerable families into child protection and family support services;
- Screening families' risks and needs;
- Conducting investigations; and
- Creating and utilising risk and/or needs assessment instruments.

The aim of this paper is to provide an overview of the evidence on the strengths and weaknesses of different approaches to intake, investigation and assessment. The paper closes with a discussion of the potential applicability of alternate approaches to the Northern Territory context.

2. Definitions: intake, investigation and assessment instruments

2.1 What is intake?

Intake services are the first point of contact when raising concerns for a child and their family about suspected child abuse and neglect. The core components of statutory child protection intake services are similar across Australia. Intake is predominantly a telephone based office response. Reports are received, most commonly by phone, and intake workers must determine whether the reported concerns fall within the mandated area of statutory child protection services; and the urgency of any required response. The notification details are recorded and the client's prior history with child protection is checked. Following the initial information gathering, an intake worker conducts an initial risk assessment based on the information available. The intake worker will then determine whether the report warrants further investigation to establish whether the child has been harmed or is at risk of being harmed. Cases deemed to be a high risk of abuse and neglect are identified as requiring further investigation and are referred to the second phase of statutory child protection (i.e., investigation).¹¹²²

2.2 What is investigation?

Investigations commence after an assessment and referral from a child protection intake team. An investigation will usually begin with a child protection practitioner making direct contact with the child and their family. The practitioner will then coordinate appropriate assessments (for example, a medical and developmental assessment of the child) and gather information from other sources (e.g. schools, police, health services). The purpose of the investigation is to determine whether the child abuse allegation is substantiated and whether the child risks being subject to further harm in the future. The child must

¹¹²² L Bromfield & D Higgins, 2005, 'National comparisons of child protection systems', *Child abuse prevention issues*, vol. 22, no. 2.

be seen at least once during the investigation. Cases not substantiated may be referred for non-statutory (voluntary) family support services. For cases that are substantiated, an assessment is made of the services and interventions required to keep the child safe. Court action may be required if it is deemed that the child needs to be removed. At the completion of the investigation the family are advised of the outcome of the investigation.¹¹²³

2.3 What are assessment instruments?

In recent years there has been a marked shift from unstructured clinical decision making (which is based solely on professional discretion) to the widespread use of standardised assessment instruments. Assessment instruments or tools assist professionals to make decisions in regard to protecting vulnerable children, and are used at different points throughout a case (e.g., intake, investigation, reassessment). Many tools are designed solely to evaluate child risk factors, although a number also evaluate child and/or family strengths and needs. There are two main types of assessment instrument: (1) Consensus-based instruments, which are developed based on relevant theory (e.g., attachment theory) and the opinions of experts; and (2) Actuarial based instruments, which are developed based on empirical analysis of the factors associated with child maltreatment.¹¹²⁴

3. Child protection intake

3.1 Issues emerging from research: Intake

There is widespread acceptance that children have the right to grow up in a safe and stable environment protected from abuse and neglect, and to have their developmental needs attended to. Governments have recognised the need to provide a safety net for children to ensure that these basic needs and rights are met, particularly in circumstances where a child's own parent/s fail to act protectively, or are themselves responsible for the maltreatment of their children.

There are two broad approaches to responding to parental maltreatment in Western countries:

- The 'child protection' orientation evident in the United States, the United Kingdom, Canada, New Zealand and Australia, and
- The 'family service' orientation evident in many European countries, such as Denmark, Belgium, and Sweden (see Figure 1).

1123 *ibid.*

1124 M Austin et al., 2005, 'Risk and safety assessment in child welfare: Instrument comparisons', http://www.mockingbirdsociety.org/files/reference/Child_Welfare_System_National/Risk_and_Safety_Assessment_Instruments.pdf; M White & A Morgan, 2006, *Narrative Therapy with Children and their families*, Dulwich Centre Publications, Adelaide.

Figure 1. Characteristics of the child protection and family support orientations to child and family welfare

Characteristic	Child Protection Orientation	Family Service Orientation
Framing the problem of child abuse	The need to protect children from harm.	Abuse is a result of family conflict or dysfunction stemming from social, economic and psychological difficulties.
Entry to services	Single entry point; report or notification by third party.	Range of entry points and services.
Basis of government intervention and services provided	Legalistic, investigatory in order to formulate child safety plans.	Supportive or therapeutic responses to meeting the needs of children and families or resolving problems.
Place of services	Separated from family support services.	Embedded within and normalised by broad child welfare or public health services.
Coverage	Resources are concentrated on families where risks of (re-) abuse are high and immediate.	Resources are available to more families at an earlier stage.
Service Approach	Standardised procedures; rigid timelines.	Flexible to meet clients' needs.
State-parent relationship	Adversarial.	Partnership.
Role of the legal system	Adversarial; formal; evidence-based.	Last resort; informal; inquisitorial.
Out-of-home care	Mainly involuntary.	Mainly voluntary.

Source: Allen Consulting Group (2003, p.14, Table 2.1)

Practice within the child protection orientation has been characterised as primarily a 'risk management approach' whereas practice within the family services orientation has been characterised as primarily a 'therapeutic approach' (see Figure 2).

Figure 2. Comparison of practice characteristics in risk management and therapeutic approaches

Risk Management Approach	Therapeutic Approach
Focus on 'risks'	Focus on 'needs'
Focus on symptoms (child abuse and neglect)	Focus on causes (holistic approach to family)
Short-term	Long-term
Deficit focus	Strengths focus
Adversarial	Empowerment
Crisis response (tertiary)	Preventative (secondary)
Documentation	Engagement
Case management	Case work

Source: Bromfield (2008).

While often described as two opposing orientations, in many jurisdictions the legislative and policy framework comprises a combination of the two. Rising demand on child protection services have been a feature of countries with a child protection orientation. Attempts to respond to rising demand have seen countries that have traditionally possessed a child protection orientation (such as Australia) increasingly move towards a family service orientation.

Consistent with the 'child protection orientation', child protection services are currently the most visible entry point for raising concerns about families in need and facilitating their access to services across Australia. Changes in the scope and threshold at which child protection services intervene and the prevailing attitude that protecting children is a statutory rather than a community responsibility have made it more and more difficult for child protection systems to cope with an ever-increasing rate of referrals.

The child protection mandate in Australia and other English speaking countries is of a stand-alone authority with minimal formal involvement by other service sectors or the broader community. However, the vast majority of child protection cases (85 percent) are assessed as not requiring a child protection response in Australia.¹¹²⁵ Families assessed as being in need of some form of assistance who fall below the threshold for statutory involvement are most often referred to secondary support services. This situation has culminated in two critical issues:

- Child protection services are overwhelmed with non-child protection referrals, which can make it more difficult to identify families that are most at risk and
- Families are subject to a statutory child protection assessment in order to receive voluntary family support services, which may be stigmatizing and could potentially decrease their willingness to access voluntary services.

In response to this situation, commentators and academics have called for an examination of alternative referral pathways into child protection that ensures that families in need of support are able to receive appropriate services without first being assessed by statutory child protection services. There is also a need to examine who is best situated to conduct the initial screening of child and family needs. The next two sections of this paper focus on these two issues respectively.

3.2 Alternate approaches (I): Primary referral pathways into services for vulnerable children and families

The only state-wide visible entry point into services for vulnerable and at risk families in the Northern Territory is through the centralised child protection intake service. Referral to child protection can be stigmatising and threatening to families and with limited voluntary services available it can be difficult for child protection intake workers to make appropriate referrals to services for vulnerable children and families. In this section we identify alternative referral pathways into services for vulnerable families and identify the strengths and limitations of each approach.

1125 Australian Institute of Health and Welfare, 2010, *Child protection Australia 2008-09*, Child welfare series no. 47. Cat. no. CWS 35, AIHW, Canberra.

3.2.1 Child protection differential response

As a first step to assist vulnerable and at risk families to access voluntary support services, several jurisdictions in Australia and internationally have adopted a child protection differential response intake model. Differential response models sit at the tertiary child protection level, however their aim is to minimise forensic investigations by developing other response paths to families deemed to be at a lower risk of abuse and neglect who need extra support. Differential Response models include two or more response paths after an initial intake assessment. Initial intake assessments identify a priority of need or rating to determine: a) whether an investigation is needed; and b) how quickly an investigation needs to take place. Families deemed to be at a low risk do not undergo a formal child protection investigation. Instead, a meeting is usually established with the family to discuss their situation and what support services they may need.¹¹²⁶ South Australia, Western Australia, New South Wales and Victoria have all established differential response child protection intake systems. The first state to implement a differential response was Western Australia, and their system will be used below to illustrate how a differential response strategy operates.

Service model

New Directions in Child Protection and Family Support (New Directions) is the name given to a differential response model for managing referrals to child protection in Western Australia (although referred to as 'New' Directions, the strategy was first implemented in 1996). The New Directions approach enables local intake workers to consider the most appropriate response to the child and family's needs. Originally, New Directions enabled intake workers to classify referrals as a: Child Maltreatment Allegation, Family Support, or Child Concern Report. Referrals classified as Child Maltreatment Allegations receive a child protection response and reports classified as Family Support are provided with, or referred to family support services.

Strengths and Limitations

The New Directions strategy was independently evaluated and found to clarify and re-focus the assessments and responses of the Department by enabling better determination of those reports that warranted investigation and those that would have benefited from support services.¹¹²⁷ The evaluation found that the proportion of referrals that were classified as a Child Maltreatment Allegation was reduced by 16 percent. However, referrals relating to general child concerns were still high. The study found that a third of cases assessed as a Child Concern Report received family support services, while another third receive the outcome of 'no viable departmental role'. The researchers concluded that cases given the 'no viable departmental role' outcome were likely to be referred again within a year and contribute to a high rate of re-referrals.

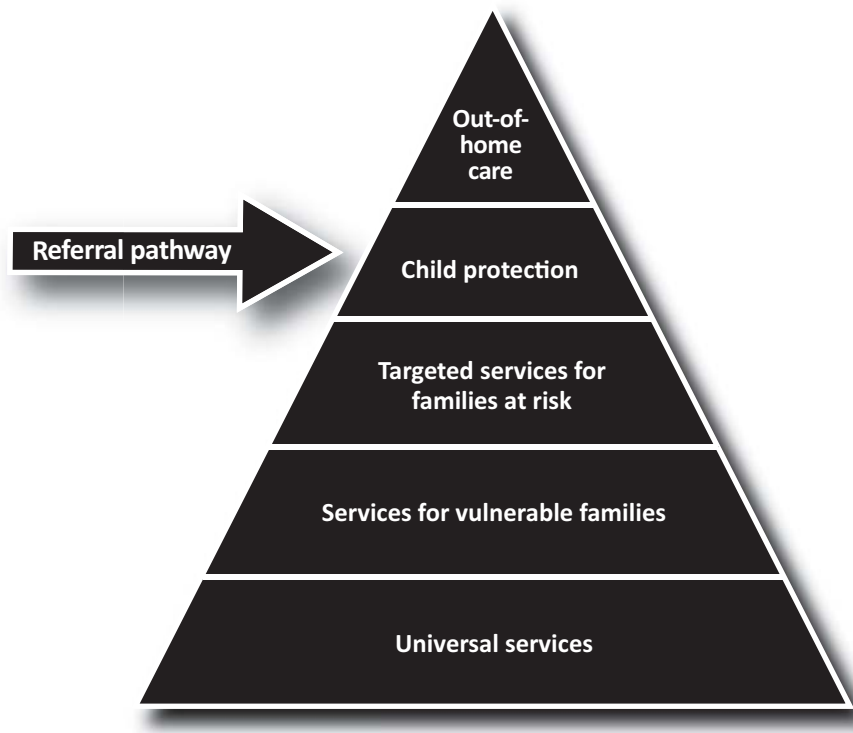
Although a child protection differential response model may help reduce the number of statutory child protection investigations, there are limitations to the model as a strategy for reducing demand on child protection services:

1126 Child Welfare Information Gateway, 2008, 'Differential response to reports of child abuse and neglect', *Child Welfare Information Gateway Issue Brief*, http://www.childwelfare.gov/pubs/issue_briefs/differential_response/.

1127 N Parton, & Matthews, R. , 2001, 'New directions in child protection and family support in Western Australia: A policy initiative to re-focus child welfare practice', *Child and Family Social Work*, vol. 6,, pp.97-113.

- The model still requires families to go through the statutory child protection intake process, and
- It requires that services exist for which families can be referred.

Figure 3: Referral pathways for child protection differential response



Differential response pathways may be operated from either centralised or localised intake services. See Box 1 below for a discussion of the strengths and limitations of the centralised intake system.

Box 1: Strengths and limitations of centralised intake

A key strength of a centralised intake system is that it helps to reduce variability in decision-making and ensures consistency in gathering and recording information. It also may help to reduce the impact of local issues (such as resourcing) when assessing whether a case meets the threshold for statutory involvement.¹¹²⁸ It has largely been introduced in states and territories to provide a means of standardising service response and increase accountability.

New South Wales introduced a centralised intake service referred to as the DoCS Helpline. The Helpline was established in response to the Police Royal Commission's recommendation that the department improve its child protection intake services. Before the introduction of the Helpline, local DoCS Community Service Centres received and recorded child protection information locally, however there was significant variability in decision-making.

Although there are recognisable strengths in the approach, critics highlight that the implementation of the DoCS 24-hour Helpline contributed towards a substantial increase in the number of child protection notifications in New South Wales.¹¹²⁹ Holzer and Bromfield¹¹³⁰ concluded that the likely reasons for this were that the Helpline:

- Provided a centralised and visible intake point: the visibility of the Helpline is likely to contribute to the wider community seeing it as the first point of contact if they are concerned about a family
- Standardised the threshold at which screened reports are classified as a notification: it is possible that the process of standardisation resulted in the threshold drifting towards the lowest common level rather than the highest
- Was likely to have resulted in improved record-keeping processes, thus increasing the number of recorded notifications, and
- Prevented the threshold where a report becomes a notification from being influenced by the capacity of local area teams to conduct investigations within nominated timeframes, resulting in increased notifications and investigations.¹¹³¹

The establishment of the DoCS Helpline as an inbound-only call centre also required the introduction of secondary screening and assessment of referrals from the Helpline at local district centres, putting an additional administrative burden on the New South Wales service system.¹¹³²

1128 A Tomison, 2004, *Current issues in child protection policy practice: Informing the NT Department of Health and Community Services child protection review*, Northern Territory Department of Health and Community Services, Darwin.

1129 Australian Institute of Health and Welfare, *Child protection Australia 2008-09*.

1130 P Holzer & L Bromfield, 2008, *NCPASS comparability of child protection data: Project report*, Australian Institute of Family Studies, Melbourne.

1131 D Mandell et al., 2006, *From child welfare to child, family and community welfare. The agenda of Canada's Aboriginal peoples*, ed. N Freymond & G Cameron, Towards positive systems of child and family welfare, University of Toronto Press, Toronto.

1132 Bromfield & Higgins, 'National comparisons of child protection systems'.

3.2.2 Voluntary child and family services intake

A method that directly attempts to divert vulnerable and at risk families away from the child protection system is one that invests in child and family support services and develops a coordinated secondary service intake system. Under such an approach, instead of vulnerable and at risk families going through an adversarial child protection assessment, professionals can refer such families to a secondary service intake team where a strengths and needs assessment is undertaken to determine an appropriate therapeutic response. In Australia, Victoria and Tasmania have developed a voluntary child and family service intake strategy and we use the Victorian example to highlight how the strategy operates in practice.

Service model

To enhance family support services and facilitate access to such services, Victoria introduced the Victorian Government Family Support Innovation Projects as a pilot initiative in 2002. The Family Support Innovation Projects was subsequently integrated into a single service description and implemented state-wide headed by the Child and Family Information Referral and Support Teams (Child FIRST).

The Victorian Government Family Support Innovation Projects aimed to:

- Divert a significant proportion of families who were being notified to child protection services to community-based services
- Minimise client re-notifications and the progression of families into the child protection system, and
- Provide an improved service capacity for families who may not come into contact with child protection services.

Child FIRST provides a community-based referral point into child and family services. The family service intake teams include community based child protection practitioners to ensure that vulnerable children, young people and their families are linked effectively into relevant services—be that child protection, family support, or other health and welfare services. Child FIRST staff will engage with the child and family to begin the process of identifying the family's needs and planning appropriate services. Once a plan is in place for how best to support the child's development and improve parenting capacity, a social worker will arrange for a family services agency to support the family.

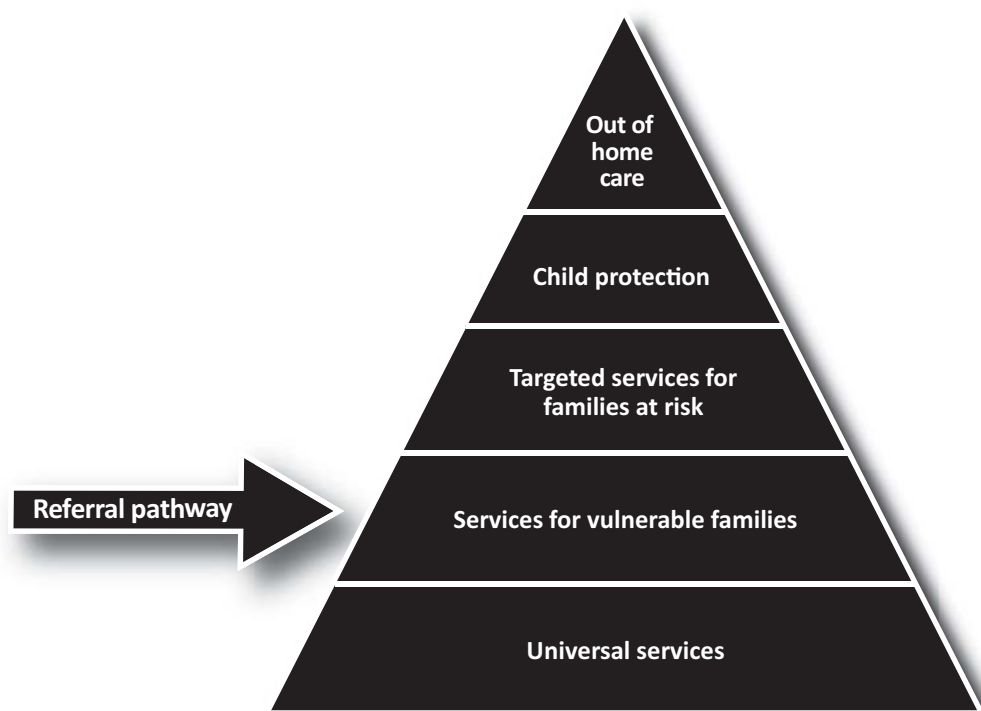
The initiative has ensured that referral pathways into social support services – universal, secondary and tertiary services – has diversified and the community does not see statutory child protection services as the sole point for referring families in need of support. To help reduce statutory child protection investigations at the tertiary level, Victoria also has a child protection differential response model. The range of possible outcomes of an intake assessment includes a 'Child Wellbeing Report' rating. These cases are then referred to Child FIRST for family support services.

Strengths and Limitations

A state-wide evaluation of the project has indicated that notifications to child protection decreased throughout the period 2003-2007. The evaluation also found that more services had been provided to families and as a result fewer children and families involved in child protection.¹¹³³ However, the evaluation did not evaluate whether families were receiving the most appropriate services for their needs. A full evaluation of Child FIRST is expected to be completed by August 2011.

One key limitation to the Victorian service approach is that referrals to Child FIRST do not meet mandatory reporting obligations for professionals working with children. The secondary service intake model developed in Tasmania where professionals report to a community services intake office known as *Gateway Services*, referrals do fulfil mandatory reporting obligations. For voluntary child and family service intake approaches to be successful it is important that community support services are well resourced to meet increasing demand.

Figure 4: Referral pathways for secondary services intake



1133 Victorian Government Department of Human Services, 2006, *Innovation projects: Family support*, Victorian Government Department of Human Services, Melbourne, <http://www.cyf.vic.gov.au/family-services/innovation>.

3.2.3 Universal platform with targeted services

Developing a whole of government approach that includes a universal platform with targeted services is another strategy that can help to ease the pressure on child protection services and ensure an ‘all-of community’ response to protecting children. The basis of the approach is for all families to receive a universal health service (at birth of a new born child) and through a home visiting program further services can be offered in a non-stigmatising and accessible way to families who need it. South Australia is the only state that has introduced the approach in Australia. The South Australian service example is described below.

Service model

Through the development of a Sustained Nurse Home Visiting program, South Australia has developed a service model whereby universal/primary services aim to drive service delivery and act as a key referral point. The sustained Nurse Home Visiting program is a South Australian Health Department program and was developed after a recommendation from the South Australian Child Protection Review: Our Best Investment: A State Plan to protect and Advance the interests of children.¹¹³⁴

Nursing services are provided to all families with a new baby in South Australia. The Sustained Nurse Home Visiting service is offered to those families identified through universal services (known as Universal Contact) as having higher needs. Universal Contact offers an initial contact in the home by a nurse soon after birth. During the Universal Contact, the home visiting nurse can make an assessment of needs and offer appropriate services such as home visiting. For families where Family Home Visiting is not appropriate, other pathways, including referrals to child protection or other appropriate services are offered. The objectives of the Family Home Visiting program are to:

- Enhance the mental and physical health of children and their families
- Assist families to provide a safe and supportive environment for their children, and
- Link families to available resources and networks with the community.

The Sustained Nurse Home Visiting program is an example of a whole-of-government approach to protecting children, which is a key feature of the South Australian child welfare agenda. *Keeping Them Safe* is the specific child welfare agenda for the state. *Keeping Them Safe* challenges the view that child protection is the responsibility of only one government department or agency, and identifies a range of short and long-term priority areas for system improvement across the community. To enhance cross-departmental collaborations, government departments in South Australia, including Families SA, Health, Police and Education are funding programs jointly to enhance the wellbeing of children. The Sustained Nurse Home Visiting program illustrates the current approach in South Australia to: (a) integrate universal and targeted services, and (b) promote multilateral departmental approaches to protecting children.

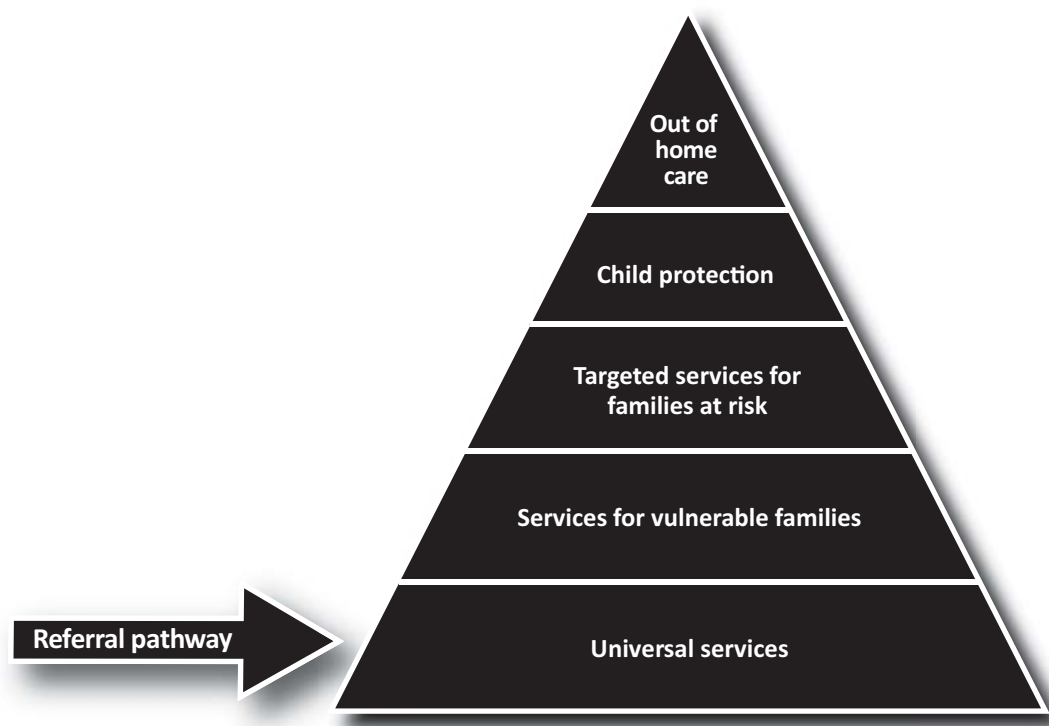
1134 R Layton, 2003, *Our best investment: A state plan to protect and advance the interests of children*, Government of South Australia, Adelaide.

Strengths and limitations

The Australian Centre for Child Protection conducted an evaluation of the Family Home Visiting program with families of Aboriginal children in 2008. The evaluation found that research participants were extremely positive about the program and identified a number of significant benefits. These included: practical assistance, information and referrals for health and other issues (e.g. housing and playgroups), feeling supported in their parenting decisions and feeling generally more confident in their parenting and themselves. The evaluation also found that it was important to have an Indigenous Cultural Consultant involved in Family Home Visiting, as they were more able to understand client's context, history and culture.¹¹³⁵

Evaluation of the service for all families has not been undertaken. Researchers identified that further long-term outcome evaluation was needed, along with research regarding the experiences of families who withdrew from the program.¹¹³⁶ Comparisons between Aboriginal and non-Aboriginal experiences of the program would help to identify whether the system is appropriate for all families in South Australia. Although the model has been shown to be extremely positive for families involved, it is not known whether such a model has helped to ease the pressure on child protection services in South Australia.

Figure 5: Referral pathways for universal platform with targeted services



1135 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.

1136 *ibid.*

3.3 Alternate approaches (II): Who is responsible for initial screening of family risks/needs?

The provision of child protection services varies considerably in different parts of the world. Child protection services can be administered by federal or state governments, local governments (councils), non-government organisations, health organisations or small community groups. Table 1 identifies who is responsible for child protection services in different countries around the world.

Table 1: International comparison of who provides child protection services

	Who provides child protection services?	Workforce
Australia	State and territory governments	Public servant social workers or equivalent
New Zealand	Federal government	Public servant social workers
United Kingdom	Local Authorities (Councils)	Social workers
Canada	Local Authorities and non-government organisations/mandated agencies	Social workers
Sweden	Local Authorities/Municipalities	Varied workforce and locally determined. Staff may include professionals in social work, health, education or psychology
Belgium	Health Centres/ Confidential Doctor Centres	Multidisciplinary teams – doctors, nurses, social workers and psychologists
Countries affected by war or natural disasters	Child focused community groups	Multidisciplinary volunteer groups – elders, teachers, doctors, child advocacy groups etc

The following section provides a brief snapshot of child protection intake service models that are significantly different to child protection intake systems in Australia. Comparisons are made in terms of who provides services and in Canada, Sweden and Belgium as well as discussing the child-focused community group approach in countries affected by armed conflict and natural disasters. Child protection systems reflect the cultural and institutional contexts that have developed over time. Societies have developed different child protection responses that reflect their own priorities and desired outcomes. It is therefore not possible to determine whether approaches are proven, promising or untested as such services are embedded in complex cultural/social structures. However, strengths and limitations of each service model are discussed.

3.3.1 Canada

Child welfare service model

Intake and investigation processes in Canada vary between provinces (states), however the responsibility for child welfare is mainly undertaken by local Authorities and mandated non-government agencies.

In the province of Manitoba, the responsibility for children and family services is given to four Children's Service Authorities, three of which service Aboriginal communities. These are:

- First Nations (Indigenous) of Northern Manitoba Child and Family Services Authority
- First Nations of Southern Manitoba Child and Family Services Authority
- Métis Child and Family Services Authority
- General Child and Family Services Authority (for all non Indigenous families).

Authorities have the responsibility for designing and managing the delivery of statutory, voluntary and preventive child and family services in accordance with provincial law. The provincial government still maintains ultimate responsibility for the safety and protection of children in Manitoba, however, the four Authorities do have significant rights and responsibilities. The main aim of the child welfare system is to ensure that children who require state intervention for their protection receive a culturally appropriate service.

Box 2: Concurrent jurisdictions

Throughout the province, mandated child and family service agencies (providing culturally appropriate services) are aligned with one of the four Authorities and are responsible for child protection intake, investigations and family support referrals. A feature of the approach is that all four Authorities work together to serve the needs of people across the province at the same time, which is referred to as 'concurrent jurisdictions'. This means that all four Authorities have responsibility over the same geographical area (the whole province) at the same time. Children and families entering the system for the first time go through a streaming process where they can nominate the Authority they most identify with in order to receive services. Such a system gives families and children the right to receive services from the Authority they most identify with regardless of where they live. For example a person identifying as Northern First Nation living in Southern Manitoba is eligible to receive services through the First Nations North Authority.¹¹³⁷ In rural and remote areas where services are limited, service responsibility will usually come from an agency representing the largest cultural group (population) in the community. For example, where a family identifies as Southern First Nations but resides in a Northern First Nations rural area, the agency response will likely come from a Northern First Nations agency, which will be funded to provide services to the family by the Southern First Nations Authority.

1137 P Hudson & B McKenzie, 2003, 'Extending Aboriginal control over child welfare services: The Manitoba child welfare initiative', Canadian Review of Social Policy, vol. 51, pp.49-66.

In cities and large regional areas, where there are multiple agencies operating 'concurrently', the initial intake is undertaken by a Joint Intake Response Unit. The Joint Intake Response Unit operates as a 24-hour centralised intake service, whereby calls are answered and assessed by qualified social services staff. The unit is managed by an agency from one of the four Authorities. The unit conducts initial assessments and assists in 'streaming' referrals to the appropriate Authority based on cultural identification.¹¹³⁸ If the child is in immediate danger, an emergency response (usually involving police) is called. After the streaming process, families are referred to appropriate child and family service agencies (within one of the 4 Authorities) for further assessment of needs. The Child and Family service agency will then either provide families with additional support services or undertake a formal child protection investigation in cases where a high risk of abuse and/or neglect has been established.¹¹³⁹ In rural and remote areas, where there is only one agency providing services, this agency will also be responsible for intake. Child and Family Service workers are guided by a set of guidelines set out by the provincial government to assist in making initial assessments.

Strengths and limitations

In establishing the four Authorities, the Manitoba government has recognised the value of culturally appropriate services. More autonomy has been given to Indigenous people in providing child welfare services in their own communities. However, the approach is not a system that allows for self-determination of Indigenous Authorities, as although authorities are managed by First Nations people, the model and legislation are imposed upon authorities by the provincial government. Critics that call for self-determination highlight that child welfare statutes are founded on the individual rights philosophy of British common law, which is often in conflict with the interdependent, communal, and holistic basis for Aboriginal concepts of justice and caring for children and families.¹¹⁴⁰ Managing the differences between traditional values and beliefs and provincial legislation is a significant challenge for most Aboriginal agencies.¹¹⁴¹

An evaluation of the new system has not been established. Key concerns about the approach include:

- The length of time it takes for referrals to be made to agencies after the initial screening process
- Service delays may occur if reporters contact agencies that are not the right Authority
- The initial screening process is not a culturally sensitive response.

1138 *ibid.*

1139 *ibid.*

1140 Mandell et al., *From child welfare to child, family and community welfare.*

1141 *ibid.* 2006

3.3.2 Sweden

Child welfare service model

Sweden like other Scandinavian countries is characterised as having a family service oriented child welfare system (with a mandatory reporting element), as opposed to a child protection oriented system that is common in English speaking countries such as Australia, United Kingdom, the United States, Canada and New Zealand. A key difference in the two systems is in the role of the state in delivering services. Sweden has a holistic child welfare system, which treats prevention, support and protective responses to child abuse and neglect as parts of a whole system.¹¹⁴² In child protection orientations such as Australia, there is a clear divide between child protection and prevention services. Wiklund¹¹⁴³ determines that the major difference between the family orientated and child protection models is that the priority of family service orientated systems is to respond to family needs, whereas the main priority of a child protection focused system is to manage risks of abuse and neglect.

Intake services into child welfare in Sweden are not provided through a stand-alone child protection service but through general child welfare services whereby referrals to universal, secondary and tertiary services can be made. Referrals to child welfare services fulfils professionals mandatory reporting obligation. Child welfare services are governed by 289 different municipalities (councils). Although social service legislation is passed at a national level, each municipality has a high degree of autonomy. Discretion is granted in organising and administering social services and for deciding the degree to which child welfare services act as a specialised service within social services.¹¹⁴⁴ In some areas there are specialised units within social services and in others, child welfare is part of the local school organisation. The number of different municipalities in Sweden ensures that child welfare processes are considerably varied. However, all social child welfare services act on the principle that the needs of families and children direct their work. Social support workers have considerable room for discretion when responding to concerns. At intake, the primary role of intake workers are to assess needs, investigate home conditions and grant applications for supportive services.¹¹⁴⁵ Child welfare services are also responsible for responding to social behaviour problems and juvenile offences among young people, as this is not considered a criminal justice responsibility. Wiklund¹¹⁴⁶ found that referrals to child welfare services regarding child abuse and neglect were quite low in Sweden, as other referrals regarding child behavioural problems and or parental problems were much more widely reported. This makes it hard to make international comparisons regarding the levels of child protection notifications and investigations in Sweden.

Strengths and limitations

Like other countries, there is a lack of research evaluating the Swedish child welfare model, however, there has been much debate/analysis of the advantages and disadvantages of

1142 R Hetherington, 2006, 'Learning from difference: Comparing child welfare system', in *Towards positive systems of child and family welfare*, ed. N Freymond & G Cameron, University of Toronto Press: Toronto.

1143 S Wiklund, 2006, 'Signs of child maltreatment. The extent and nature of referrals to Swedish child welfare agencies', *European Journal of Social Work*, vol. 9, no. 1, pp.39-58.

1144 E Khoo et al., 2003, 'Gatekeeping in child welfare: A comparative study of intake decision-making by social workers in Canada and Sweden', *Child Welfare*, vol. 82, no. 5, pp.507-25.

1145 G Andersson, 2006, 'Child and family welfare in Sweden', in *Towards positive systems of child and family welfare*, ed. N Freymond & G Cameron, University of Toronto Press: Toronto.

1146 Wiklund, 'Signs of child maltreatment. The extent and nature of referrals to Swedish child welfare agencies'.

the family oriented approach to child welfare.

Researchers highlight how the family orientated approach:

- Has a strong focus on the needs of the family
- Is less risk averse than child protection orientated systems
- Identifies the importance of strong relationships between the social worker and the client/family, and
- Allows child and family social workers to use their discretion.

Critics of the child welfare approach in Sweden have highlighted that:

- It is too parent focused at the expense of the needs of the child
- It is too mother orientated, rather than family orientated
- Giving social workers a high degree of discretion could leave some families vulnerable if they do not have a good relationship with their social worker, and
- Fewer guidelines make it hard to assess quality of practice.¹¹⁴⁷

3.3.3 Belgium

Child welfare service model

Western European and Scandinavian approaches to child welfare and protection are built on the basis of strong social welfare systems and services. Pathways into child welfare services in Belgium are predominantly identified and addressed through the health sector. This approach is known as the confidential doctor service and offers a highly therapeutic approach to child protection. The system is essentially based on the notion that parents with difficulties and those who have abused and/or neglected their children should be able to come voluntary to support centres/agencies in order to seek assistance without being judged or prosecuted.¹¹⁴⁸

While most referrals to a confidential doctor centre come from other professional services working with children – e.g. education and childcare – a high number of referrals are also self-referred.¹¹⁴⁹ In Belgium, Confidential Doctor Centres are the direct point of call for raising concerns about families in need. Although reports of child abuse and neglect can be made to legal authorities, most come through confidential doctor centres where therapeutic solutions are sought. The centres are located in hospital settings (to ensure anonymity) and feature a multi-disciplinary team of social workers, psychologists, nurses, doctors and speech therapists.¹¹⁵⁰ Services offered at the centres include crisis intervention; counselling; child and family therapy; and residential accommodation in the hospital. The aim is to help parents acknowledge their actions and take responsibility for not harming their children in the future. Upon arrival at a centre, initial interviews with a centre worker and the family are undertaken to assess the family situation and identify whether the child needs immediate protection. If it is deemed a child is in immediate

1147 Anderrson, 'Child and family welfare in Sweden'.

1148 Scottish government, 2003, 'It's everyone's job to make sure "I'm alright": A literature review', <http://www.scotland.gov.uk/Publications/2003/05/17127/21827>.

1149 C Marneffe, 1996, 'Alternative forms of intervention', in *The battered child (5th ed.)*, ed. M Helfer, et al., University of Chicago Press: Chicago.

1150 *ibid.*

danger, they may be housed in the hospital.

A second assessment is then undertaken with the parents, children and other professionals known to the family. A key difference of the assessment compared to a risk-averse child protection assessment is that the main purpose is to gain insight into the best way to help the child and their family and not to find more evidence proving abuse and/or neglect.¹¹⁵¹ After an assessment a therapeutic intervention plan is developed ideally with the consent of the child and family. Removal of children into out-of-home care is seen as a last resort and coercive interventions are only established when parents are deemed to have no capacity to care for their children. In these situations, referrals are made to judicial authorities for further investigation.

Strengths and limitations

Research has found that there are a high number of self-referrals to the centres. Self-referrals or referrals from parents themselves make up more than 30 percent of cases. A study in 1996 found that only 7 percent of cases reported to a Confidential Doctor Centre in Brussels required a judicial intervention. Incidence of re-abuse was also found to be low after receiving services from the centre.¹¹⁵²

Concerns about the system have included:

- The child's interests might be subordinated to the parents' rights and wishes
- Children might undergo continuing abuse while agencies seek to work with their families, and
- Family therapy may not address issues of power within families, particularly power imbalances related to gender.¹¹⁵³

3.3.4 Community based child protection models

Child welfare service model

Child focused community-based groups have emerged as a key child protection response in emergency, transitional and developmental contexts around the world, most notably in Africa and Asia. In countries where local and national governments are unable or unwilling to care and protect children, the approach has been a prominent humanitarian response, particularly in communities affected by armed conflict, displacement and/or natural disasters. The groups are usually developed with support from an external agency to respond to large numbers of children who have experienced abuse and neglect or have been displaced from their homes. Although the function of community child-focused groups (also known as child protection committees) varies according to the context, the main purpose is to respond to significant child protection risks and advise the community about child protection issues.¹¹⁵⁴

1151 *ibid.*

1152 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.

1153 Scottish government, 'It's everyone's job to make sure "I'm alright": A literature review'.

1154 M Wessells, 2009 'What are we learning about community-based child protection mechanisms? An inter-agency review of the evidence from humanitarian and development settings', http://www.sfcg.org/programmes/children/pdf/Report%20Community%20Based%20Child%20Protection_provisional%20draft.pdf.

The role of some community groups may also be to mediate, problem-solve, provide support for survivors or refer more serious cases to higher authorities where possible. Committees usually consist of 10-20 voluntary members and include teachers, children's group representatives, health professionals, parents and other community members. Child protection committees have usually been implemented to address issues of sexual abuse, loss of parents or other caregivers, child labour and child trafficking. The committees/groups provide a safe and supportive environment for children and families to seek support, advice and protection. Community based child protection committees are most effective when integrated and coordinated within a national child protection system, however in most communities where committees are established, national child protection systems do not exist.

Strengths and limitations

In an unpublished UNICEF International review, 7 areas were identified as influencing the effectiveness of child-focused community groups. These included:

- Community ownership over processes and activities
- Building on existing resources
- Support from leaders- namely traditional leaders, community officials, religious leaders or respected elders
- Child participation
- Diversity and inclusivity – effected groups included members from diverse sub-groups
- Adequate array of human (appropriately qualified/skilled) and material resources, and
- Linkages with formal systems for support and expansion – enabled effective referrals for formal child protection systems to intervene.¹¹⁵⁵

Child focused community groups have the potential to become essential components of a national child protection system as they provide a strong community presence. However, effective systematic evaluations of such programs have been rare and it is therefore difficult to determine their overall effectiveness. In a large scale UNICEF systematic review of child focused community groups around the world, it was found that in the seven areas identified as influencing their effectiveness, incorporating all areas was an exception rather than a rule. The review highlighted that a stronger evidence base analysing effectiveness, cost, scalability and sustainability was needed.¹¹⁵⁶ The lack of systematic evidence makes it difficult to obtain funding and encourage policy makers to promote such practices. Child-focused community groups have also not been tried in communities where issues of war, natural disasters or displacement are not apparent. However, in the Northern Territory, work is often similar to international aid work, due to the high levels of poverty, material deprivation, inadequate housing and trauma that may be experienced by children and communities.

1155 *ibid.*

1156 See *ibid.* Existing western child protection models, including those operating in Australia also lack an evidence base.

Case Study 1: Gaza Strip child protection committees

In the Gaza Strip, where half of the population of 1.5 million are children – 69 percent of which are refugees – Save the Children Alliance helped facilitate village level Child Protection Committees. Typically the committees have 10-20 members consisting of influential community members, representatives from primary health clinics, community based organisations, schools, the police and religious leaders. After an initial brainstorming session, the committees highlighted the need to intervene in the domestic, school and peer environments of children's lives through awareness raising and capacity-building. They did this by establishing a monitoring system to detect children at risk of violence and created referral mechanisms. Young adults were chosen for training to help them raise awareness of children's rights and child abuse and neglect risks. Children from the three communities supported by Child Protection Committee members were asked to identify trusted individuals in the community to act as focal points for receiving children's reports and concerns and for providing advice and guidance.¹¹⁵⁷ Referral mechanisms linking the committees to health clinics, schools and other organisations were established to strengthen the cooperation between caregivers and service providers.¹¹⁵⁸ Children's sub-committees were also established to increase children's participation in decision-making.

On-going monitoring data is being collected to determine the effectiveness of the committees. Early monitoring indicates that they have helped in encouraging and facilitating open discussion about child protection risks and increased knowledge regarding the responsibilities of government and care-givers in protecting children.¹¹⁵⁹

4. Child protection investigation

4.1 Issues emerging from research: Investigation

While intake and initial screening is about strengths and needs, investigation is about collecting evidence to confirm or disconfirm allegations of child abuse and neglect. Within child protection services, this is predominantly undertaken by social workers. The process of undertaking a formal investigation and collecting evidence may affect the ability of social workers to develop a therapeutic relationship with families.¹¹⁶⁰ In some circumstances, police and/or health professionals might be better placed to undertake investigations and provide evidence before the courts.

Most investigations are the sole responsibility of statutory child protection services. However, some states and territories have adopted joint investigation teams for selected cases in order to enhance the quality of the evidence, avoiding the need for children to undergo multiple interviews and enhance information sharing. The following section identifies alternative arrangements for specialised and/or multidisciplinary investigation teams.

1157 S Sbardella, 2009, 'Community-based child protection in the Gaza Strip', Human Exchange Magazine 44, <http://www.odihpn.org/report.asp?id=3035>.

1158 *ibid.*

1159 *ibid.*

1160 P Gillingham & L Bromfield, 2008, 'Child protection, risk assessment and blame ideology', *Children Australia*, vol. 33, no. 1, pp.18-24.

4.2 Alternative approaches: Supplementing or substituting child protection investigations

4.2.1 Suspected Child Abuse and Neglect (SCAN) Teams, Queensland—Multidisciplinary review of child protection conducted investigations

The Queensland state-wide system of Suspected Child Abuse and Neglect (SCAN) Teams is designed to ensure a multi-disciplinary review of cases investigated for child maltreatment. The teams predominantly consist of professionals from child protection, the police and health departments. However, some teams may also have members from the education and mental health sectors, as well as Indigenous representatives. The SCAN team are not joint investigation teams whereby children and families are investigated in a joint assessment at the one service centre. Instead professionals from each area continue their own statutory/professional responsibilities. For example, statutory child protection practitioners are responsible for meeting the family and making an assessment, medical practitioners undertake a medical assessment, while the police may need to conduct their own interviews. The purpose of the SCAN teams is to meet, discuss issues and plan actions. There are currently 20 SCAN Teams across the state. SCAN teams provide an interagency forum for child protection case discussion and planning to ensure that:

- The child is safe and well
- The family and child are provided with necessary assistance, and
- Service intervention is effective and coordinated.⁵

The teams may also formulate recommendations for action, including action to be undertaken by statutory child protection, police and health services. Although the teams determine between themselves the best course of action for each case, individual agencies retain the statutory and/ or professional responsibility for their own actions.⁶ Once action plans have been established, each statutory agency is responsible for reporting back to the team the outcomes of the key actions undertaken.

Strengths and limitations

Key strengths of the SCAN teams that researchers have identified include:

- The teams have a focus on the holistic management of cases and not just the investigation processes
- They ensure information is shared between agencies in an effective manner
- The system adds an increased element of mutual accountability and management of child protection concerns
- Each member is informed of the views and plans of other members, and
- Team members provide advice, yet each participant agency retains its statutory obligations and powers.⁷

Key limitations of SCAN teams observed by researchers include:

- Investigative assessments are not jointly conducted and children and families may unnecessarily be interviewed on a number of occasions
- Families are not included in SCAN team meetings, and

- To be successful meetings need to be regularly attended (at least every fortnight), which may prove difficult for time poor professions.

A formal evaluation of how SCAN teams have affected outcomes has not been undertaken.

4.2.2 Joint Investigation Response Teams (JIRT), New South Wales—Joint police and child protection investigation (replacing social workers)

Joint Investigation Response Teams (JIRT) in New South Wales undertake investigations of child abuse and neglect in cases that if substantiated may result in criminal prosecution. The teams comprise of professionals from NSW Police and statutory child protection services. The primary aim of JIRT teams is to improve information sharing and reduce the number of times the child needs to be interviewed, thus reducing the stress of a police and child protection investigation on children and non-offending parents.⁸ Only a small percentage of cases are referred to JIRT teams after an initial intake assessment (roughly 1 percent of cases) and cases are usually regarding child sexual abuse or serious physical abuse. JIRT investigations may result in:

- No further action
- An apprehended violence order
- An application to the Children’s Court, and
- A criminal investigation leading to arrest and prosecution.

Strengths and limitations

The aim of jointly conducting investigations between police and child protection practitioners in JIRT teams is to reduce the number of interviews children experience and to collect better quality evidence to secure convictions. An independent evaluation of the JIRT program conducted in 2002 found that JIRT provides for better collaboration and information sharing between the two agencies, and results in more effective investigations and prosecutions. However, there was little evidence that the joint investigation teams lead to better intervention/services other than the prosecution of the alleged offenders. The main issues of the program were the level of staffing and the availability of an afterhours response, the need for additional and realistic training and feedback, supervision and support, the appropriateness and rate of referrals, and the provision of ongoing support for children and families after the investigation is finalised.⁹

4.2.3 Family Group Conferencing, New Zealand—Social work facilitated alternative dispute resolution (supplementing social work investigation)

Family Group Conferences started in New Zealand, based partly on Maori practices, to provide families with a greater say in the resolution of both child protection and juvenile justice matters. The Children, Young Persons and Their Families Act in 1989 made conferencing the primary decision-making process within the child protection system. Indeed, wherever an investigation reveals concerns that warrant statutory action, a conference is to be convened, and support is made available if family members lack the financial resources to travel to the conference.¹⁰

Conferences are arranged and facilitated in New Zealand by specialist Care and Protection Co-ordinators, who are employed directly by Child, Youth and Family, the statutory child protection agency in New Zealand. Co-ordinators work with the family to bring together the conference. This will usually include the child/young person; their advocate and/or legal representative; the parents, extended family members and any other support person the family wishes; and the referring care and protection worker. These people are all entitled by law to attend the conference. Other professionals who might be working with the family may also be invited to attend the conference so as to provide information; however, they are not entitled to remain throughout the conference, nor are they involved in decision-making. The purpose of the conference is for the family to hear the child protection concerns, to decide whether the child is in need of care and protection, and to make plans that can address these concerns.

Conferences occur in three stages. The first stage of the conference involves the sharing of information by child protection workers and other professionals with the family. This will usually include discussion of the concerns that are held for the child, as well as the services that are available to provide assistance. The second stage of a conference involves the family having time on their own to deliberate and agree on possible solutions. In the final phase of the conference the aim is to arrive at agreement on (1) whether the child is in need of care and protection, and (2) a plan that will address these concerns. This may involve negotiation between the family, care and protection workers, and other agencies about the services and supports that can be provided. For a conference agreement to come into effect it is necessary that all participants agree.

Conferences have the power to decide, if there is unanimous agreement, whether or not a child is in need of care and protection, as well as how this need can best be addressed. Unless the agreement is impractical or inconsistent with the Act, then Child, Youth and Family is obliged to put the agreement into practice. Conferences have particular significance because New Zealand's legislation prescribes that they are a key decision-making process that must be used in particular situations, and that decisions made within them have a legal status that must be recognised by participants. In these respects, the decisions made in a conference are accorded no lesser status than that of court decisions.

Strengths and limitations

An early evaluation of the program showed that approximately 2000 conferences were convened in the first year of its introduction, with only a very low percentage of conferences failing to achieve agreement.¹¹ Recent estimates suggest that in excess of 50,000 conferences have been convened since 1989.¹² This reflects the central role that conferences play in New Zealand's child protection system.

A negative perception of the New Zealand conferencing model is that it is seen as a 'high tariff legal intervention' that is intrusive and should only be used where there are significant concerns.¹³ This is partly because the decision-making powers of the conference are equivalent to a court decision. They are also a high tariff intervention because involving a family's extended community in decision-making of this kind represents a considerable intrusion into the family's life. A current debate in New Zealand concerns the positioning of conferencing in the child protection system and the merits of conducting conferences earlier in the child protection process.¹⁴ The concern is that

conferences are often used fairly late in the child protection process because of their status as a high tariff intervention. Family problems may have become more entrenched by the time a conference occurs, and there is a belief that it would be desirable to harness the capacity of the extended family much earlier on.

4.2.4 Forensic Medical Assessments—Health investigation supplementing child protection investigation

Forensic medical assessments have emerged as a further method for child protection investigations in Australia. Paediatric forensic assessments are a sub-specialty of forensic medicine. Unlike clinical medicine, forensic medicine usually seeks to determine evidence for legal purposes, including child protection proceedings, rather than attending to the needs of the victim for their recovery.

Forensic medical assessments are usually undertaken by multidisciplinary teams (paediatricians, psychologists, child protection social workers, etc) who respond and investigate allegations of child abuse or neglect through forensic interviews with the family and medical evaluations of the child. Forensic medical services are provided within a Children's Unit of a public hospital in Australia. Medical assessments are usually undertaken upon referral from child protection services and are used as evidence in child protection and police investigations. In this section we examine examples of forensic medical assessments in practice in Australia and the United States.

4.2.4.1 Victorian Forensic Paediatric Medical Service (VFPMS)

In Victoria, forensic medical assessments are conducted by the Victorian Forensic Paediatric Medical Service (VFPMS). Victorian Forensic Paediatric Medical Services are available at the Royal Children's Hospital, the Monash Medical Centre and rural hospitals throughout the state. The service works in collaboration with child protection and the Victoria Police. Essential services provided by VFPMS include:

- Evaluation of child injuries
- Specialist expertise on child sexual abuse
- Holistic health and development assessments for children with complex needs
- Integrated health care providing referrals and follow up care
- Comprehensive reports and participation in legal proceedings, and
- State-wide advice and consultation 24 hours a day.

The VFPMS has a 24-hour intake team where initial screening is undertaken to assess whether a child has been abused and to determine an appropriate immediate response. Referrals may come from child protection, the police, parents, or health professionals. Clinical staff in consultation with child protection services, the police and other professionals will make an initial screening decision. If it is deemed that the child or young person may have been abused, a comprehensive medical assessment is undertaken. The first assessment stage includes a physical examination of the child or young person by a paediatrician (subject to parental consent) and interviews with the child and parent/carer. If it is a child protection case, a child protection practitioner may be present to provide relevant information to the medical practitioner. The purpose of

the assessment is to identify symptoms and/or signs of sexual, physical or emotional abuse or neglect, assess the child's developmental status, and possibly collect evidence for court. Further specialist assessments regarding the child's psychological well-being, cognitive and language ability and capacity for social relationships may be undertaken for further analysis of the child's development. The result of a medical assessment may include a referral to a community child and family support service, another medical specialist, counselling services or child protection services. Medical assessments may be used as evidence in child protection and police legal proceedings.

Strengths and Limitations

The effectiveness of the Victorian Paediatric Forensic Medical Services has not been formally evaluated.

4.2.4.2 Child Advocacy Centres, United States—Joint police, social worker and health investigation

In the United States, forensic medical assessments are predominantly conducted at centres known as Child Advocacy Centres. Child Advocacy Centres are designed primarily to investigate allegations of severe child physical abuse and child sexual abuse. The centres offer multi-disciplinary coordination of investigations in a child-friendly environment for forensic interviews, increased professional training for forensic practitioners and increased access for children to medical and therapeutic services.¹⁵ Multidisciplinary teams include representatives from law enforcement, child protection investigators, prosecutors, mental health and medical practitioners.¹⁶ The main objectives to having multidisciplinary teams at the centres is to reduce the number of times a child has to be interviewed and examined, improve inter-agency cooperation, improve tracking of cases and increase efficient use of community services and resources for families.¹⁷ Although the main service provided at the centres are paediatric medical and forensic examinations, other services may include counselling, family advocacy (assisting non abusing parents) and community education/ prevention.

Strengths and Limitations

There have been numerous studies on the effectiveness of Child Advocacy Centres in child protection investigations in the United States. Researchers have found that a key strength of investigations made at Child Advocacy Centres is the promotion of inter-agency collaboration. The specialisation of forensic medical physicians also ensures high quality and consistent decision-making compared to medical examinations performed by less experienced physicians or family doctors. A study in the United States compared child abuse investigation outcomes that went through a Child Advocacy Centre with standard child protection investigation services. Results revealed higher rates of law enforcement involvement and case substantiation in the Child Advocacy Centre based cases compared to the Child Protection Service cases.¹⁸ A further study found that after controlling for pre-existing sample group differences, 70 percent of the Child Advocacy Centre cases had substantiated cases compared to 37 percent from the child protection department.¹⁹ This suggests that forensic medical assessments provide stronger evidence for investigations to be substantiated.

Another study by Edinburgh, Saewyc & Levitt²⁰ found that child sexual abuse cases referred to Child Advocacy Centres were significantly more likely to receive a physical exam, a genital exam and referral for counselling than referrals to other community providers. In the Child Advocacy Centre group 26.7 percent vs. 4.8 percent had positive genital trauma findings, and only 6.3 percent of cases failed to get indicated sexually transmitted infection (STI) tests or prophylactic treatment for STIs vs. 80 percent of the comparisons. A final study investigating experiences of families at Child Advocacy Centres (CAC) found that families/caregivers were more satisfied with child sexual abuse investigations at the Child Advocacy Centre than at comparison services. However, children's experiences were relatively similar.²¹

From the research available, it appears that Child Advocacy Centres can provide thorough, high quality assessments/investigations in a less intrusive manner for families that may also reduce the amount of times children are interviewed and examined. Such assessments have also been proven to be more likely to result in a child protection substantiation.

5. Assessment instruments in child protection

5.1 Issues emerging from research: Assessment instruments

In recent years, child protection practice in both Australia and internationally has seen a marked shift from largely unstructured clinical decision making to the widespread use of standardised risk assessment instruments. This does not, however, mean that professional judgement plays no part in the decision-making process. Some degree of judgement is required simply to use assessment tools, and a number of tools encourage professional discretion as a complement to their structured approach. This shift has been accompanied by considerable debate as to the most effective methods of assessing risk; debate that has at times been so intense that some have dubbed it the 'risk assessment wars'.¹¹⁶¹ Disagreement has often centred on the relative advantages or disadvantages of using either consensus-based risk assessment tools (i.e., those that were developed from the child maltreatment literature and/or the opinions of expert practitioners) or actuarial tools (i.e., those that were developed by statistically identifying the factors associated with maltreatment) (See Table 2 below for a more detailed description of these instruments).

1161 White & Morgan, *Narrative Therapy with Children and their families*.

Table 2: Comparison of consensus-based and actuarial assessment instruments

	How are items derived?	How are decisions reached?
Actuarial assessment tools	<p>Items are derived empirically, using statistical analysis to identify and weigh the factors that predict child maltreatment.</p> <p>Some authors claim these tools are a-theoretical. However, it is more accurate to say that they are closer to being a-theoretical than other instruments; even ‘objective’ statistical research relies upon some form of theory.</p>	<p>Practitioners score each item (e.g., ‘Do either of the parents have a history of incarceration’ N=0, Y=1). The scores of individual items are summed, and families are assigned to a risk category according to the their overall score.</p> <p>Some tools grant practitioners a degree of latitude to override an assessment rating (e.g., in the Structured Decision Making tool practitioners can increase the risk category by one level).</p>
Consensus-based assessment tools	<p>Items are derived from the child maltreatment literature and/or the opinions of expert practitioners.</p> <p>These tools attempt to bridge the gap between unstructured clinical and actuarial decision making.</p>	<p>Consensus based tools utilise one of two decision-making strategies:</p> <ol style="list-style-type: none"> 1) Individual items guide practitioners to consider risk factors. However, the final decision as to the overall family risk category is left to the practitioner’s (guided) discretion. 2) As for actuarial tools (see above). <p>Note: Consensus based tools would be more likely to grant practitioners greater latitude in overriding assessment ratings.</p>

Source: Austin et al. (2005); Robinson & Moloney (in press); White & Walsh (2006);

Both types of risk assessment instruments have their strengths and weaknesses, which are summarised in Table 3. Actuarial tools have tended to show better reliability and predictive validity than consensus-based tools, but their reliability and validity may depend on them being used with a similar population than the one from which their risk factors were statistically derived.¹¹⁶² For example, an actuarial tool developed using a representative sample of the general population of Queensland, may be inappropriate if applied in Indigenous communities, even if these communities are in Queensland. The cultural and parenting practices of Indigenous and non-Indigenous Australians can differ quite markedly, and an instrument developed using a predominantly non-Indigenous cohort will reflect non-Indigenous parenting and cultural norms. In such a case it may be preferable to use a consensus-based assessment tool, as they tend to allow for greater flexibility and a wider scope of risk factors. However, the flexibility of such tools can become a weakness in the hands of inexperienced child protection practitioners who may be less sensitive to

1162 Austin et al., ‘Risk and safety assessment in child welfare: Instrument comparisons’.

culturally appropriate practice, and so the knowledge and experience of practitioners must be taken into account. Neither approach can guarantee consistently accurate decisions; there will always be a proportion of ‘false positives’ (i.e., investigating and finding no grounds for intervention) and ‘false negatives’ (i.e., investigating and finding no grounds for intervention when in fact an intervention is needed).

Table 3: Comparison of the strengths and weaknesses of consensus-based and actuarial assessment instruments

	Strengths	Weaknesses
Consensus-based assessment tools	<p>Allow greater flexibility of assessment than actuarial tools.</p> <p>Often do not impose restrictions on the weighting or combining of different risk factors.</p> <p>Emphasise a comprehensive assessment of risk.</p> <p>Incorporate the clinical judgement and practice knowledge of skilled practitioners.</p> <p>Show some evidence of reliability and validity.</p>	<p>Inter-rater reliability and predictive validity has been reported as poor compared to actuarial measures.</p> <p>Can be poorly conceptualised, with loosely defined and ambiguous risk indicators.</p> <p>May be overly subjective and too reliant on professional discretion.</p> <p>Often use the same variables to predict all forms of child maltreatment, even though separate forms of maltreatment can have different indicators.</p>
Actuarial assessment tools	<p>Tend to use fewer factors than consensus-based tools, thus helping practitioners to focus on the most important and influential factors.</p> <p>Provide precise, probabilistic estimates of further maltreatment.</p> <p>Often the empirical analysis is done in the area or state in which the tool will be applied, which helps ensure its accuracy and relevance.</p> <p>Use separate variables to predict the likelihood of different forms of child maltreatment.</p> <p>Show stronger evidence of inter-rater reliability and predictive validity.</p>	<p>Place less emphasis on unique, unusual, or context specific factors that may be identified by the more flexible consensus-based tools.</p> <p>Tend not to incorporate or facilitate the practice knowledge of practitioners.</p> <p>May be rejected by some practitioners due to a perceived lack of supporting theory.</p> <p>Conversely, can be vulnerable to perceptions that they will always make an accurate prediction.</p>

Source: Austin et al. (2005); Robinson & Moloney (in press); White & Walsh (2006)

As Table 3 illustrates, there are few simple answers in the debate between different types of assessment instrument, and it is certainly not clear (as some authors have claimed) that one type is always more effective than the other. In general, evidence suggests that if the goal of assessment is simply to predict the likelihood of future incidents of maltreatment, then actuarial assessment tools will likely produce a more accurate prediction than consensus-based tools. However, if the goal of assessment is to gain a comprehensive understanding of an individual family in order to ascertain its service needs, then a consensus-based instrument may be the most effective as it is more flexible, incorporates more items, and provides more information.¹¹⁶³

Although the use of assessment tools (both consensus-based and actuarial) has become widespread in the child protection practices of a number of countries, the use of these instruments—and indeed the very notion of structuring child protection systems around the prediction of future risk—has been criticised by a number of authors. These authors argue that risk assessment, as a practice tool in child protection, has its roots in what Beck¹¹⁶⁴ and Giddens¹¹⁶⁵ term the ‘risk society’. According to Beck and Giddens, individuals and institutions in modern Western societies (i.e., ‘risk societies’) are increasingly preoccupied with the future and with the systematic prediction of, and protection from, potential risks.

Within the discourses of ‘risk societies’, risk to children is considered to be measurable and manageable. The implication of this is the widespread belief that harm to children can be effectively predicted and prevented—and that if it is not, *then someone is to blame*.¹¹⁶⁶ One can see this belief in action when child protection services become the subject of negative media attention for making the ‘wrong’ decision or having the ‘wrong’ procedures in place, particularly in the case of child deaths.¹¹⁶⁷ In response to such attention, the process of assessments, as well as general child protection practices, have become increasingly risk-averse. Some contend that the ready acceptance and application of risk assessment instruments has little to do with protecting children more effectively and much to do with bureaucratic, managerialist organisations protecting themselves from blame when mistakes are made.¹¹⁶⁸

A number of authors have made more specific criticisms of structured risk assessment tools (both consensus-based and actuarial), arguing that these tools are deficient in that they:

- Are often unable to identify or accommodate the idiosyncratic risk factors of individual cases¹¹⁶⁹

1163 *ibid.*

1164 U Beck, 1992, *Risk society: towards a new modernity*, Sage, London.

1165 A Giddens, 1990, *Consequences of modernity*, Polity Press, Cambridge.

1166 P Gillingham, 2006, ‘Risk assessment in child protection: Problem rather than solution?’, *Australian Social Work*, vol. 59, no. 1, pp.86-98; Gillingham & Bromfield, ‘Child protection, risk assessment and blame ideology’.

1167 M Connolly & M Doolan, 2007, ‘Child deaths and statutory services: Issues for child care and protection. Communities’, *Families and Children Australia*, vol. 2, no. 1, pp.26-38.

1168 Gillingham, ‘Risk assessment in child protection: Problem rather than solution?’.; C Goddard et al., 1999, ‘Structured risk assessment procedures: Instruments of abuse?’, *Child Abuse Review*, vol. 8, pp.251-63.

1169 Goddard et al., ‘Structured risk assessment procedures: Instruments of abuse?’.

- Are ill-suited for Indigenous communities and other minority and/or marginalised groups ¹¹⁷⁰
- Undermine the importance of clinical experience and intuition
- Neglect social and environmental influences on behaviour and thus mask social problems and structural inequalities by attributing sole responsibility for problems to parents/caregivers ¹¹⁷¹
- Neglect any strengths, resources, and competencies that families may possess ¹¹⁷²
- Tend to exclude important voices and perspectives from the assessment (e.g., the father or male guardian, siblings and, perhaps most importantly, the victim of abuse themselves) ¹¹⁷³
- Focus too much on future harm and not enough on the processes and consequences of cumulative harm, and ¹¹⁷⁴
- Often present the relationship between risk factors and abusive or neglectful behaviours as a causal one, when in fact it is at best one of association or correlation.¹¹⁷⁵

There have been attempts to incorporate the insights of these criticisms into the structure of risk assessment programs. For example, Turnell and Edwards'¹¹⁷⁶ 'Signs of Safety' approach to assessment in child protection evaluates not only risk factors, but also family competencies, strengths, and resources. According to Turnell and Edwards, focusing solely on risk factors is 'rather like mapping only the darkest valleys and gloomiest hollows of a particular territory'¹¹⁷⁷, and thus their approach attempts to 'consider danger and safety simultaneously and to achieve a balanced, comprehensive assessment'¹¹⁷⁸. Additionally, practitioners using the 'Signs of Safety' assessment framework seek to identify and understand the values, beliefs, and meanings held by all members of the family with which they are working, as well as to determine the willingness and capacity of the family to carry out any suggested plans. Although this framework does not address all of the problems associated with overly risk-averse child protection practice, it does aim to counteract some of the negative influences of modern 'risk societies'. In recent years the 'Signs of Safety' approach has enjoyed considerable attention and influence both in Australia and internationally. Unfortunately, however, the approach has not been subject to evaluation.

1170 S Maiter, 2009, 'Using an anti-racist framework for assessment and intervention in clinical practice with families from diverse ethno-racial backgrounds', *Clinical Social Work Journal*, vol. 37, pp.267-76; S Strega, 2009, 'Anti-oppressive approaches to assessment, risk assessment and file recording', in *Walking this path together. Racist and anti-oppressive child welfare practice*, ed. S. Strega & S. Aski Esquao, Fernwood Publishing: Halifax.

1171 Strega, 'Anti-oppressive approaches to assessment, risk assessment and file recording'.

1172 A Turnell & S Edwards, 1999, *Signs of safety: A solution and safety oriented approach to child protection*, Norton & Company, New York.

1173 Goddard et al., 'Structured risk assessment procedures: Instruments of abuse?'

1174 *ibid.*

1175 Strega, 'Anti-oppressive approaches to assessment, risk assessment and file recording'.

1176 Turnell & Edwards, *Signs of safety*.

1177 *ibid.*, p. 49.

1178 *ibid.*, p. 100.

Other authors have emphasised the need for child protection practice to become more culturally sensitive.¹¹⁷⁹ It was discussed earlier that unless actuarial instruments were developed using a sample of a particular minority cultural group (e.g. Indigenous Australians), it is unlikely that the risk factors of these instruments will be entirely appropriate for that minority group. However, some authors add that even many consensus-based instruments incorporate theoretical models of child development and family functioning that have been developed in white, middle class contexts, and thus may implicitly marginalise the perspectives and practices of different cultures.¹¹⁸⁰ Strega¹¹⁸¹ contends that child protection practitioners working with individuals from diverse cultural backgrounds must constantly reflect upon their own practice, and identify ways in which they may be imposing dominant cultural standards onto minority cultures. In a similar way to the 'Signs of Safety' approach, she emphasises that 'strengths are as important as problems and challenges, and it is essential to develop a picture of strengths and challenges *with* clients rather than *about* them'¹¹⁸². Strega¹¹⁸³ also notes that, especially when working with marginalised cultural groups, it is very important that any risk assessment instrument or procedure has scope to account for the wider, structural forces that may be contributing to parental or familial problems. Again, these approaches have not been evaluated.

To summarise: There is no 'magic bullet' when it comes to risk assessment in child protection. The two main types of assessment instrument each have advantages and disadvantages, and may be more or less useful in different contexts or in different stages of the intervention process. Moreover, it is likely that assessment instruments often need to be augmented by other practices and approaches; for example, when working with diverse cultural groups, explicitly anti-racist and anti-discriminatory procedures, practices, and attitudes may enhance the efficacy of an intervention. White and Walsh¹¹⁸⁴ note that the so-called 'risk assessment wars' may be over, and that what has emerged in the literature is the more sophisticated view that there is no one 'ultimate tool' that will solve the difficulties of assessment in child protection. Instead, there is an acknowledgment that, while some tools may indeed be more effective than others at classifying risk, this does not rule out the need for alternative approaches and for the continued utilization of clinical judgement and practice knowledge.

5.2 Alternative approaches: different risk and needs assessment instruments

A number of different child protection assessment tools are used around the world. In the following section, a small selection of these instruments is briefly reviewed. The specific

1179 See, Connolly, 'Fifteen years of family group conferencing: Coordinators talk about their experiences in Aotearoa New Zealand'; Maiter, 'Using an anti-racist framework for assessment and intervention in clinical practice with families from diverse ethno-racial backgrounds'; Strega, 'Anti-oppressive approaches to assessment, risk assessment and file recording'.

1180 Connolly, 'Fifteen years of family group conferencing: Coordinators talk about their experiences in Aotearoa New Zealand'; Strega, 'Anti-oppressive approaches to assessment, risk assessment and file recording'.

1181 Strega, 'Anti-oppressive approaches to assessment, risk assessment and file recording'.

1182 *ibid.*, p.154, emphasis added.

1183 *ibid.*

1184 NSW Department of Community Services, 2006, *Risk assessment in child welfare. An issues paper*, report prepared by A White & P Walsh, NSW Department of Community Services, Sydney, http://www.community.nsw.gov.au/docswr/_assets/main/documents/research_riskassessment.pdf.

instruments identified in the section were chosen because they are well established and influential in the child protection field and because they illustrate different approaches to assessment. They are loosely ordered according to how much professional discretion they encourage or allow.

5.2.1 Victorian Risk Framework (VRF)

Background

Development of the Victorian Risk Framework (VRF) began in 1997, as an effort by Victorian child protection services to develop a systematic and standardised approach to risk assessment. In the development process, the relative strengths and weaknesses of the three existing approaches to risk assessment (i.e., unstructured clinical decision-making, consensus based and actuarial) were explicated, and it was concluded that ‘no single model was found able to encompass the requirement of the field’.²² Thus, the VRF advocates a new form of assessment—*guided professional judgement*. However, the VRF is perhaps best described as a comprehensive consensus based assessment tool. The VRF allows for a large degree of professional discretion and, rather than solely identifying risk factors, also includes assessment of the strengths, needs and goals of children and families. Phased state-wide implementation of the framework began in 1998. Modified versions of the VRF have been adopted in Tasmania (Tasmanian Risk Framework), New South Wales (Secondary Risk of Harm Assessment), the Australian Capital Territory (Ongoing Care and Protection Risk Assessment) and Western Australia (Risk Analysis and Risk Management Framework).²³

Description

The VRF requires child protection practitioners to gather information in relation to five essential categories:

- The child or young person (e.g., age, development, functioning)
- The parents (e.g., relationship with child, parenting capacity)
- The source of the harm (e.g., harm causing behaviour, severity, history and pattern)
- The opportunity for harm (e.g., access of alleged perpetrator, exposure to harm), and
- The networks (e.g., informal and formal, alternative carers and significant others).

Once the appropriate information has been collected, the VRF directs workers to analyse information according to four key dimensions:

- Severity: the type and degree of harm suffered or likely to be suffered
- Vulnerability: factors relating to the young person’s age and development
- Likelihood: involving estimation of factors that increase the probability of harm, and
- Safety: referring to factors that decrease the probability of harm.

The VRF then guides the practitioner to make decisions about the degree of harm consequences (coded as extreme, serious or concerning) and about harm probability (coded as highly likely, likely or unlikely). The final judgement that is made is the overall level of risk, which is the relationship between harm consequences and harm probability (described as high, medium or low risk).

As well as assessing risk, the VRF also incorporates assessment of the needs of the child or family under question. Boffa and Armitage describe the VRF as ‘an attempt to develop a ‘truce’ between the risk and needs positions’ advocated by different researchers and assessment instruments²⁴. In this regard, the VRF was informed by Turnell and Edwards’²⁵ ‘Signs of Safety’ approach (which is described elsewhere in this paper).

Evidence of effectiveness

Despite the widespread use of the VRF, there has not been an evaluation of its efficacy and/or reliability. However, Bromfield²⁶, in a study on decision-making in Victorian child protection intake and investigation found substantial variation in decision-making.

5.2.2 The Strengths and Stressors Tracking Device (SSTD)

Background

The Strength and Stressors Tracking Device (SSTD) is a consensus based assessment instrument that was developed by modifying the North Carolina Family Assessment Scale (NCFAS). According to the those who developed SSTD, it ‘guides new and inexperienced caseworkers to the critical indicators of family well-being, provides the ability to assess a family’s strengths as well as their stressors, incorporates an ecological array of conditions and skills into a contextual assessment, and can be completed at multiple points in time, providing a quick assessment of how well a family is increasing its strengths and reducing its stressors’.²⁷ As the name of the instrument suggests, it is designed to go beyond simply predicting the immediate danger to the child and the likelihood of the child experiencing maltreatment in the future by also assessing family wellbeing and psychosocial development. In this sense it is quite similar to the Victorian Risk Framework (VRF).

Description

SSTD has 55 items, which are divided into four domains:

- Environment (17 items)
- Social support (7 items)
- Family/caregiver (14 items), and
- Child well-being (17 items).

The child protection practitioner assesses whether each item on the form is affecting the family as a strength or as a stressor (the scale ranges from -2 [serious stressor] to +2 [serious strength]).

The explication by the SSTD of the different strengths and stressors of a family is designed to assist child protection practitioners in project planning and evaluation. The SSTD does not, however, offer structured advice as to which interventions should be implemented if specific scores on the instrument are obtained.

Evidence of effectiveness

Only one small-scale study has tested the efficacy of SSTD. In this study, the SSTD demonstrated high internal consistency, was able to distinguish between different forms of child maltreatment, and appeared to accurately detect changes made by families during the assessment period.²⁸ However, this study did not adequately assess the validity of the instrument. As such, more research is needed before the SSTD can be said to have an evidence base.

5.2.3 Washington Risk Assessment Matrix (WRAM)

Background

The Washington Risk Assessment Matrix (WRAM) is a well-known consensus based risk assessment instrument that was developed by the Washington State social service agency in 1986. The items comprising WRAM are continuously evolving based on new research evidence.²⁹

Description

In its current form, WRAM has 37 items based on seven major domains:

- Child characteristics
- Severity of abuse/neglect
- Chronicity of abuse/neglect
- Caretaker characteristics
- Caretaker/child relationship
- Socioeconomic factors, and
- Perpetrator access.

Child protection practitioners rate the level of risk for each item on a six-point scale. Based on scores from this process, families are then categorised into six different risk levels that necessitate different interventions. Unlike some other risk assessment instruments, WRAM does not discriminate between the different forms of child maltreatment (i.e., sexual, physical, neglect, emotional, witnessing family violence), but rather assesses risk of maltreatment in general).³⁰

Evidence of effectiveness

A number of studies have assessed the reliability and validity of WRAM in different North American jurisdictions, with generally discouraging results. Tests of predictive validity (i.e., the ability of the tool to accurately classify families into low, moderate or high risk groups) found that the substantiation rates of families classified low, moderate or high were not significantly different, suggesting WRAM has poor predictive validity.³¹ Due to such results, Camasso and Jagannathan³² concluded that the performance of the tool 'might be characterised as generally poor'. Similarly, a study that tested the inter-rater reliability of WRAM found that the level of reliability of the instrument was well below standards that are considered acceptable in the social scientific literature.³³

5.2.4 Ontario Child Welfare's 'Eligibility Spectrum'

Background

The Eligibility Spectrum is a consensus based assessment instrument that was originally developed in Ontario, Canada in the early 1990's. Since that time it has undergone many changes, largely in response to new research findings, new child protection standards in Ontario and extensive focus group research on the instrument.

Description

Eighteen scales (e.g., 'Child exposure to adult conflict') are used to identify the presence of and/or risk factors for physical and sexual abuse, neglect, emotional harm and exposure to conflict, abandonment and separation as well as the capacity of caregiver/s.

Each scale has four levels of severity:

- Extremely severe: which indicates that the child is in urgent need of protection
- Moderately severe: indicating the child is in need of child protection services
- Minimally severe: which indicates that the child or family could benefit from intervention, but that it is not necessary for the safety of the child, and
- Not severe: indicating no intervention is necessary.

Each scale has a list of behaviours that constitute the different levels of severity. For example, for the scale 'Child exposure to conflict' the child protection practitioner would indicate 'extremely severe' if, 'it is alleged/verified that a child/youth has been physically harmed during his/her efforts to intervene in an incident of adult conflict in the home', and would indicate 'minimally severe' if 'it is alleged/verified that the child has been exposed to adult conflict but there is no evidence that the child has been harmed or is likely to be harmed'.

As well as assessing risk, the Eligibility Spectrum also requires the child protection practitioner to select the level and type of service that is required by the child or family in question (e.g., request for adoption services, family based care, volunteer services).

Finally, professional discretion is an important factor in using the Eligibility Spectrum. Practitioners are required to consider many individual and contextual characteristics that may influence a child or family's eligibility for services (e.g., the age of the child and their developmental level, the family's past involvement with child protection services, the number and nature of minimally severe indicators, the presence of circumstances or individuals who reduce the risk to the child).

Evidence of effectiveness

No studies were found that looked specifically at the efficacy of the Eligibility Spectrum. One study conducted on the inter-rater reliability of the Risk Assessment Model of Child Protection in Ontario (of which the Eligibility Spectrum is a component) found high levels of inter-rater reliability.³⁴

5.2.5 Structured decision Making (SDM)

Background

The Structured Decision Making (SDM) model of child protection comprises a series of actuarial tools developed by the Children Research Center in Wisconsin, USA. As there are distinct issues to be addressed at each stage of the child protection process, different tools or scales are necessary for each decision point. Thus, SDM is based around eight areas of assessment. The remainder of this summary will concentrate on those SDM tools directly relevant to risk/strength and needs assessment: the SDM Family Risk Evaluation (Version 3.1), the SDM Child Strengths and Needs Assessment (Version 3.1), and the SDM Family Strengths and Needs Assessment (Version 3.0). SDM has been very popular in a number of countries, and has been adopted (in whole or part) in South Australia, Queensland and New South Wales.

Description

The SDM Family Risk Evaluation comprises two subscales:

- A neglect scale (12 items: e.g., 'Primary Parent has criminal history as adult or juvenile—Y/N'), and
- An abuse scale (11 items: e.g., 'Two or more incidents of domestic violence in the household in the past year—Y/N').

Each item is scored with a 0, 1, or 2 (In the example items above the 'No' responses scored a 0 and the 'Yes' responses scored a 1). Based on the subscale with the highest score, families are classified into a low, moderate, high or very high-risk category. Child protection workers can override the risk classification and increase the risk category by one level.

The SDM Family Strengths and Needs Assessment consists of 12 items (e.g., Alcohol and Drug Use, Mental/Emotional Health, Household Resources and Basic Care). According to the scores of these scales, families are classified into one of four 'strengths' categories: exceptional strength, good/adequate functioning, some need, or significant need. This measure also helps to identify specific needs to be included in the family case plan (e.g., a low score on the Household Resources and Basic Care item would indicate that assistance in this area should be included in the case plan).

The SDM Child Strengths and Needs Assessment is very similar in structure to the SDM Family Strengths and Needs Assessment. It consists of 12 items (e.g., Alcohol and Drug Use, Emotional Stability, Behaviour).

Evidence of effectiveness

The SDM Family Risk Evaluation has performed well in tests of predictive validity (i.e., it was shown to be able to quite accurately predict which families should be classified into which risk category). This instrument has also shown moderate levels of inter-rater reliability. Finally, compared to demographically matched countries that used other types of risk assessment instruments, those countries that used SDM instruments had lower substantiation rates, re-referral rates, and levels of injuries.³⁵

No studies were found that looked specifically at the efficacy of the SDM Family Strengths and Needs Assessment or the SDM Child Strengths and Needs Assessment.

The SDM Family Risk Evaluation and the SDM model in general have a stronger evidence base than other risk assessment tools or models of child protection. However, this should not necessarily lead the reader to conclude that the SDM tools are the most effective assessment instruments for all circumstances. The SDM program is trademarked and sold by the Children's Research Center, who themselves have conducted much of the research into the efficacy of SDM instruments. Of course, this in no way invalidates the research that has been done, but it does suggest that there may exist a tension between the commercial interests of the Children's Research Centre and the presentation of a balanced review of the evidence. It is worth noting that in general, the researchers who develop an instrument also conduct the research to validate and evaluate the effectiveness of the measure.

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Appendix 8.1

Family decision making and mediation models

Mediation

The Care and Protection of Children Act 2007 provides for the use of a mediation conference, both as an early intervention alternative to statutory intervention (Section 49) and as a court-ordered mediation, after Northern Territory Families and Children (NTFC) has filed an application for a protection order (Section 127).

Under Section 49, NTFC may arrange for a mediation conference to be convened for a child if concerns have been raised about the wellbeing of the child, when NTFC reasonably believes the conference may address those concerns, and the parents of the child are willing to participate in the conference. NTFC is not required to have taken any other action for the child.

The conference may be convened for the purpose of establishing the circumstances giving rise to those concerns, for reviewing an arrangement that has been made for the care of the child, for making recommendations about the care of the child, or for arriving at an agreement on the best means of safeguarding the wellbeing of the child.

The Chief Executive Officer (CEO) must appoint a person (the convenor) who is approved by the parents of the child and has the qualifications or experience prescribed by regulation to convene the conference. The convenor may invite the parents and other persons to attend the conference as the convenor considers appropriate.

The regulations may make any provision for the conference, including any procedural and reporting requirements for the conference, the appointment of a person to represent the interests of the child in the conference, the making of any agreement arising from the conference; or the powers and functions of the convenor.

The provisions under Section 127 for a court-ordered mediation after NTFC has filed an application for a protection order are essentially the same as for Section 47 except that the order can be made without the consent of the parents and a person required to attend the conference can be represented.

The NTFC Policy and Procedures Manual notes that:

A mediation conference is most likely to be effective when used as an early intervention option. A voluntary mediation conference may be organised to marshal the helping resources of the family group as an alternative to an application to a protection order. It can also be very useful in identifying family placement options when organising a temporary placement arrangement.¹¹⁸⁵

The Inquiry was informed that no regulation facilitating the introduction of court-ordered mediation conferences has been proclaimed.

¹¹⁸⁵ Northern Territory Families and Children, 2009, *NTFC Care and Protection Policy and Procedures Manual, Version 2.0*, Northern Territory Government, Darwin, 12.1.2.

Family Group Conferences

Family group conferences are based on the principle that families (extended and friends) have a right to be involved in significant decisions about their children and that involving them in the problem solving and implementation process will result in better outcomes for their children. Family group conferences have been used in child protection in Australia, the United Kingdom, Ireland, the United States and New Zealand.

In New Zealand, child protection legislation requires a family group conference to be convened whenever an investigation indicates that statutory intervention is warranted. The conference has the power to decide if the child is in need of care and protection and how the need can be best addressed. In some circumstances the decisions of the conference are given the same status as court decisions. Harris¹¹⁸⁶ reports there is debate in New Zealand whether such a 'high tariff' intervention should only be used where there are significant concerns and that they should be used earlier in the child protection process.

All Australian states and territories have implemented or conducted trials of some form of family group conferencing based, to a greater or less extent, on the New Zealand model. Some jurisdictions have stopped using them (New South Wales and Western Australia), some have more recently introduced them or are increasing their use (Tasmania, Queensland, Victoria and the Northern Territory), while use in the other jurisdictions has been stable.¹¹⁸⁷ Where conferencing is most used, legislation makes specific provision for its use.¹¹⁸⁸ In some circumstances the legislation requires a conference to be convened for example, where a significant decision is to be made about an Aboriginal child – in particular decisions about placement.¹¹⁸⁹ Other variations occur in relation to the affiliation of facilitators – from within the Department or independent, or a combination of both as in Victoria – when and why conferences are used, and the status of decisions made by the conference.

Evidence

Harris reports that studies on evaluation show that conferences lead to greater feelings of empowerment by families, are usually able to produce a plan that is acceptable, mobilise greater formal and informal support for families, and would seem to increase the safety of children and other family members where violence is a concern.¹¹⁹⁰

Huntsman has found that while there is a lack of research evidence testing family group conferencing against other more traditional types of decision-making, there has been a steady accumulation of evidence of some positive aspects including high consumer satisfaction with the process; generally positive attitudes to the process among workers

1186 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>.

1187 *ibid.*

1188 South Australia, Queensland and Tasmania.

1189 Northern Territory Families and Children, *Policy and Procedures Manual, Version 2.0*, 12.1.2.

1190 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>.

who have experienced it; success in devising plans agreed to by family members and meeting the 'bottom line' requirements of conferences; and a higher rate of child placement within the extended family when compared with other initiatives.¹¹⁹¹

While less strong, the weight of evidence also points to improvement in communication within families subsequent to conferencing, and improved perception of child protection services and workers among family members due to family group conferencing.

There are three main problems identified with the family group conferencing process. These are:

- Confidentiality – ensuring confidentiality of sensitive information and managing disclosure during conferences are difficult issues
- Clarity of procedures – there is often confusion, or a lack of clarity regarding responsibility for deciding on, calling for and convening a conference; for determining who should attend; and arranging follow-up, monitoring the outcomes of a conference, and reviewing implementation of a conference plan
- Staff turnover – even when procedures are developed and responsibilities allocated, changes in staff often result in disruptions and lack of follow-up.¹¹⁹²

Uniting Care Burnside's Family Group Conferencing Pilot

This pilot, conducted from 1996 to 1999 involved matters that were post court or non-court matters. The issues considered were about placements for the child, contact between the child and family members and the supports required to maintain or restore the child to the family.¹¹⁹³

The Department of Community Services (DoCS) submitted that that outcomes of the pilot demonstrated improved relationships between families and DoCS; better relationships between family members; an enhanced capacity to reach agreement; and a reduced risk to children and children remaining at home in about two thirds of cases.¹¹⁹⁴

Family Group Conferences in England¹¹⁹⁵

If a child or young person has been identified as in need of protection, local authority Children's Services are required to convene and run **child protection case conferences** and are responsible for producing a child protection plan. Family members may attend, but the professionals are responsible for making decisions and drawing up the plan.

Family group conferences may be run alongside child protection case conferences to allow the wider family group a greater input into the child protection plan. The aim of the

1191 NSW Department of Community Services, 2006, *Family Group Conferencing in a child welfare context, Literature Review*, NSW Department of Community Services, Sydney, http://www.dhcs.act.gov.au/__data/assets/pdf_file/0006/48750/Literature_review_on_family_Group_Conferencing.pdf.

1192 *ibid.*

1193 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, p.486.

1194 *ibid.*

1195 NSPCC, 2009, 'Family group conferences in the child protection process', http://www.nspcc.org.uk/Inform/research/questions/family_group_conferences_in_the_child_protection_process_wda68725.html.

family group conference is to support families to find their own solutions to problems: the family members are the decision-makers rather than the professionals; the 'family' is the primary planning group.

Not all Children's Services departments run or fund family group conferences as part of their child protection procedures, and they do not replace child protection case conferences.

An **independent coordinator** (usually a professional recruited from local statutory and voluntary service communities) negotiates attendance and informs participants about the family group conference process. The coordinator has a duty to identify and address issues of race, gender and culture and to respond positively to any specific needs identified by the family. The family group conference is held in the first language of the family.

Only those professionals directly involved, or holding significant information, attend the conference. Information sharing takes place at the start of the meeting. The role of professionals is to share information and knowledge about the child or young person and about services, resources and support that may be available. Families must be given the fullest information possible in order that they can make decisions that take account of professional concerns. This part of the meeting is chaired by the coordinator.

Unless the family requests a particular professional to be present, they must then have private decision-making and planning time. At this stage of the meeting, the family must agree on:

- a plan that meets the needs of the child/young person
- contingency plans needed if the original plan is unsuccessful
- how to monitor and review the plan

The coordinator is available during this time if the family needs clarification or further information. Once the family has agreed on the plan and resources have been negotiated, it is passed back to the referrer, i.e. the professional who originally referred the case to the family group conferencing service.

Even if there is need for further agreement or negotiation of resources outside of the meeting, the plan should be agreed in principle by the referrer. The only reason for not agreeing the plan is if it puts the child at risk of significant harm. Timescales and responsibility for specific tasks are agreed at this point. The outcome of the plan is dependent on the family and the professionals working together, and keeping each other informed about progress and problems.¹¹⁹⁶

When a child protection matter is taken to Court, the majority go to the Family Proceedings Court and are presided over by a panel of three Magistrates who may or may not be legally qualified. More complex cases may be transferred to a county court of high court and be heard by a judge.¹¹⁹⁷

1196 NSPCC, 2009, 'Family group conferences in the child protection process', http://www.nspcc.org.uk/Inform/research/questions/family_group_conferences_in_the_child_protection_process_wda68725.html.

1197 *ibid.*

Family group conferencing in the Northern Territory

The Inquiry has been informed that during 2008 and 2009 NTFC explored best practice models to use for the mediation conference in the Northern Territory taking into account the client demographics, expected demand and service viability. It recommended a model of family group conferencing model based on the New Zealand model.

The model is centred on family and professional partnerships in child protection decision making. It is child inclusive. An independent person convenes the conference and it builds on people's strengths and resources within the family and community. Thus it is an intervention that mobilises individual, family and community strengths toward better outcomes for children. Family group conferencing also has the potential to address other significant issues for the care and protection system. For instance, it can reduce the workload for NTFC staff by providing additional resources to support the facilitation of family involvement and the development of case plans. It can also reduce the workload of NTFC staff by reducing the number of cases that proceed to court. [The Victorian Ombudsman noted that only 7 percent of reports received by the child protection agency will progress to court, however child protection staff reported spending 50 percent of their time undertaking court related activities].¹¹⁹⁸ Family group conferencing also has the potential to reduce the number of children coming into care. So while it is a relatively intensive process, it has potential to significantly impact on cost-drivers in care and protection.

The program was costed to establish a NT-wide Mediation Conference Service and a budget request was put forward as part of NTFC's internal 2009-10 budget process. No budget allocation was made.

A thirty month trial of a family group conferencing model focussing on Aboriginal families in Alice Springs has commenced with funding from the Australian Government through the Alice Springs Transformation Plan. The current funding per annum of this service in Alice Springs is \$361,750.¹¹⁹⁹

Scotland's Children's Hearings System

The Children's Hearings System in Scotland provides a safety net for vulnerable children, and works with partner agencies who deliver tailored solutions to meet the needs of the individuals involved and help to build stronger families and safer communities.

Reports or referrals are made to a Children's Reporter with most reports coming from police, schools or social workers. The Reporter is an employee of the Scottish Children's Reporter Administration who investigates the report to determine if there is a need for statutory intervention and if there is, refer the matter to a Children's Hearing.

Each Child's Hearing comprises three Panel Members, all trained volunteers from the local community – a mix of male and female and of different ages and expertise. The child and family or carers attend as do a social worker. The role of the Reporter is to attend the Hearing to support fair process but he/she does not take part in the Panel's deliberation and decision making. Decisions are made openly during the Hearing.

The most common outcome from a Children's Hearing is a supervision order although

1198 NSPCC, 'Family group conferences in the child protection process'.

1199 Submission: NTFC Strategic Projects.

emergency care and protection orders can be made. Local authorities have a statutory obligation to implement the decisions made by the Children's Hearing.

Children's Hearings can deal with both child protection matters and cases where the child or young person has committed an offence.

NSW Children's Court Care Circles for Aboriginal children

A care circle is an alternative way of resolving care matters involving an Aboriginal child or young person through increased participation of their family and community in their future care arrangements.

A care circle can be activated by a Magistrate after it has been established that an Aboriginal child or young person is in need of care and protection. Care circles are confidential and voluntary - all parties must agree to participate.

The following people are involved in a care circle:

- Child or young person (if deemed appropriate by the child's legal representative and the magistrate)
- Child's parents and their lawyers
- Three respected Aboriginal community members (appointed by the Minister and trained in the operation of Care Circles, the legislation and the concept of the paramountcy of the safety, welfare and wellbeing of the child)
- Department caseworker/casework manager and legal officer
- Magistrate
- Care Circle project officer
- Other family members and advocates (at discretion of Magistrate).

Care circles provide input into the following:

If there is to be reunification then what interim arrangements there should be for the care of the child; and what services / supports can be made available to the family, or

If there is to be no reunification, then where the child should live; what contact arrangements should be put in place and alternative family placement.

When a matter is set down for referral by the Magistrate to a Care Circle, a summary of why the child is in need of care and protection and the issues to be considered by the Care Circle will be prepared and agreed to by all parties.¹²⁰⁰

After the first Care Circle conference, the DoCS caseworker will prepare a care plan based on the discussion and outcomes. The second conference will discuss this plan and decide on what court orders are appropriate for the care of the child. If agreement cannot be reached the matter is referred back to the court to be determined in the usual way.¹²⁰¹

1200 Attorney General's Department of NSW & NSW Department of Community Services, 2008, *Care Circles: An alternative court process for Aboriginal children at risk*, NSW Government, Sydney.

1201 *ibid.*

Evaluation of Care Circles

The evaluation found that the Care Circle pilot is a valuable program that provides an appropriate avenue for community input and community involvement in decision making about Aboriginal children and young people. It was strongly felt that these opportunities are not available through the traditional court process, and result in greater level of satisfaction and acceptance of decisions relating to Aboriginal children and young people, and gives parents a greater sense of ownership and control in identifying what is in the best interests of their child.

It is important to note that given the traumatic associations that many Aboriginal families have around the removal of children, increased confidence by the Aboriginal community in the care process is likely to be a slow process. Nevertheless, the Care Circle pilot was viewed as a 'step in the right direction'.¹²⁰²

The Inquiry is of the view that there are a number of models of Alternative Dispute Resolution (ADR) (or variants of models) that are suitable for use both before and during care proceedings. No one model of ADR is proposed. The Inquiry is of the view that it would be prudent to adopt a flexible approach taking into account the nature of the issues to be considered, the circumstances of the child and his or her family, the community setting and the resources available is recommended.

The Inquiry is of the view that the crucial question of determining whether or not a child is in need of protection is not an issue for consideration by family groups. That is a matter for the Court to determine. However, there are a range of issues that could be considered by family groups in a structured ADR setting. These include:

- Placement plans
- Contact arrangements
- Treatment interventions
- Long term care issues
- Determination of the timing or readiness for returning a child to the home
- Determination of when to discontinue a supervision direction
- The nature and extent of a parent's involvement
- Issues of parent/child conflict
- Lack of, or poor, communication between a worker and parents due to hostility
- Negotiation of length of care and conditions of return
- Foster carer/agency/parent issues
- Cultural considerations.

It is essential that ADR programs, be they on a trial or roll-out basis be fully funded and that training be provided for ADR convenors and others involved in establishing and facilitating ADR models.

1202 Cultural and Indigenous Research Centre Australia (CIRCA), 2010, *Evaluation of the Care Circle Pilot*, CIRCA, Sydney.