

# NT BOARD OF ENQUIRY INTO CHILD PROTECTION SYSTEM

## Strategic Projects NTFC Submission

### Introduction

In mapping the way forward for care and protection in the NT, there are three things that are important. These are the need to:

- establish a strategic direction for NTFC that addresses the key issues for care and protection in the NT and that, where necessary, fundamentally changes the paradigm on which the care and protection system is based
- build on existing initiatives that are in keeping with the intent of the strategic direction, and
- be cognisant of the unique features of the social service system in the NT including a high Indigenous population, a low base level of social services and a high turnover and lack of professional staff.

NTFC Care and Protection has not had a strategic direction for some time and thus there has not been a clear vision for how the care and protection system should change to address the fundamental issues facing it. These issues include:

- an inability to respond to increasing numbers of child protection reports,
- an inability to effectively intervene to support vulnerable families,
- an increasing focus on forensic and legal responses,
- increasing numbers of and costs for children in care and
- lack of placement options, poor case planning and poor coordination of services for children in care.

The lack of a strategic vision to address these issues has been compounded by a lack of research about how the care and protection system is performing and how these issues have been addressed in other jurisdictions. It has also been hampered by an unwillingness to challenge some of the underlying paradigms on which the existing system is based. For instance, current recruitment policies continue to be premised on the assumption that the difficulty in attracting professional staff and high staff turnover in professional positions is a situation that can be substantially changed in the short term. Transience of professional staff is common to the majority of communities and professions in the NT (and other rural and remote areas of Australia). It has been a feature of the NT for many years and is unlikely to be impacted in the short term by initiatives in the NTFC. At the same time NTFC does not have an adequate policy<sup>1</sup> for the development of the NTFC Indigenous workforce. Viewed from this perspective the vision for the future is not only about improving retention and recruitment of professional staff but also making greater use of the local workforce and providing a sufficiently structured system to ensure that temporary staff can perform effectively during the time of their employment.

A strategic vision for care and protection in the NT should also be cognisant of the low base of social services and low level of expertise in the NT. This combined with the difficulty in attracting suitable staff means that the strategic vision for the NT must not be grandiose. It must be pragmatic. It must recognise that no matter what the investment by government in care and protection in the short term, it will take many

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<sup>1</sup> Policy is here defined as the decision about what is funded and what is not funded.

years to build a service system and a workforce with the expertise necessary to meet the complex needs of vulnerable families.

A strategic vision must build on existing initiatives. The Strategic Projects team has developed and, is testing or has tested, several initiatives that address some of these fundamental issues in care and protection in the NT. It is important that these initiatives be built upon rather than subsumed by less well-researched, less pragmatic or less strategically focused initiatives. Whilst there are many examples of outstanding systems and practices in other jurisdictions, it is clear that such systems and practices cannot be transplanted to the NT without adapting them to the unique needs of the NT.

## Strategic Projects

Strategic Projects was established in mid-2006 to coordinate reforms in Central Australia. Since then it has evolved to incorporate several key reforms to the Child Protection system across the NT.

Strategic Projects uses a project management approach to manage projects through all stages of their development from initial research and development stages through to implementation and evaluation and review. Several key principles underpin the implementation of projects managed by the unit. Strategic Projects are:

- Likely to *substantially change the system* and the way things are done in practice
- *Evidenced-based* (the need for the reform and the model of service are thoroughly researched)
- *Implemented in pilot sites* prior to implementation throughout the NT
- *Supported* during pilot and implementation phases including by ensuring that staff are trained and that the quality of their practice is monitored
- *Evaluated* during and after implementation

Through a confluence of circumstances such as opportunities for funding projects and recruiting skilled staff, the Strategic Projects team has come to be largely based in Alice Springs. For similar reasons most of the projects have or will be piloted in Alice Springs before being rolled out across the NT. The projects currently being managed through the unit are:

- implementation of the Differential Response Framework
- implementation of Family Group Conferencing
- implementation of Structured Decision Making tools
- implementation of recommendations of the Intake Review
- development of child safe review teams
- development of a model of structured case management

These projects are described more fully in attached background papers on:

Differential Response Framework, Screening and Risk Assessment In Child Protection and Family Group Conferences

These documents provide the background to the projects and this submission paper discusses some the outcomes of the projects to date and the issues that have been encountered in implementing the projects as they relate to the areas of interest identified by the Board of Inquiry. NTFC documents cited in this submission are available to the Board on request to Strategic Projects. A common theme is that the implementation of these projects has been hampered by a lack of funding.

## ***Response to Issues to be addressed by the Inquiry***

The projects being managed by 'Strategic Projects' address several of the overarching and practice and systems issues that the Board of Inquiry has indicated it wishes to address.

### **Overarching issues**

#### ***1. Aboriginal Services Providers***

A key focus of Strategic Projects has been to identify ways in which Aboriginal Service providers can be engaged in the delivery of services to Aboriginal families. The majority of clients of NTFC are Aboriginal and as a result services must be designed with a focus on Aboriginal people<sup>2</sup>. Each of the Strategic Projects seeks to apply this principle. The engagement of Aboriginal Service Providers in the development of the Structured Decision Making (SDM) tools and their proposed engagement in the development of Family Group Conferencing (FGC) are examples of the application of this principle. QCOSS, in their *Combined Voices* policy monograph, cited partnerships with Indigenous child protection agencies, Indigenous input into SDM tools and FGC as mechanisms to improve ASTI children's experience of the child protection system.

The Targeted Family Support Services (TFSS) developed under the Differential Response Framework (DRF) are run by Aboriginal organisations. There has been an unflinching commitment by the unit to ensuring that these services are provided by Aboriginal organisation in partnership with NTFC. NTFC has provided considerable support to these organisations in establishing their services. This support is critical to the successful establishment and ongoing development of these services and will continue until the model of operation is firmly established.

In 2007 work commenced on developing a discussion paper about the role of Aboriginal organisations in providing child protection and family support services. This work faltered due to a lack of funding for the development of these services.

Preliminary discussions were held with SNAICC and CAFWA in 2008 about ways that interstate organisations might support the development of Aboriginal organisations in the NT. However a way forward for this was not agreed upon and the role that interstate agencies might play in supporting local service development remains unclear. The TFSS in Darwin is to be run by Larrakia Nation. They have a 'mentoring' relationship with Save the Children. This type of relationship may be one worth pursuing. Alternatively interstate agencies may be able to assist with specific issues eg SNAICC may assist with the production of resources.

Clearly, the focus of future service development must be on building the capacity of Aboriginal communities through their service organisations to respond to the child protection and family support issues facing their communities. Building the capacity of organisations can be particularly challenging when those organisations do not have strong and stable governance structures. It is easier to build on existing infrastructure and services. Agencies such as Aboriginal Medical Services represent a type of agency that provides a good mix of services and which have a presence in most communities. They could provide a good basis for child protection and family support services.

One of the most robust and mature of these organisations is Central Australian Aboriginal Congress. They provide a very significant number and range of services

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<sup>2</sup> It should be noted that NTFC does not have a Cultural Safety Policy and its practice directions for working with Aboriginal families are incomplete.

beyond primary health care and have the strength, willingness and capacity to assist other developing services. It is anticipated that they will have a significant role in leading and supporting the development of TFSS's in the NT.

***2. What is the role of a child protection system with respect to "child wellbeing"?***

Child Protection services focus on tertiary intervention, that is, they focus on families that have been identified as vulnerable and provide targeted services to them to address child protection issues. There is a paucity of resources for family support in the NT. There is a real risk for the child protection system that additional resources for family support will go into generalist support services and that the needs of vulnerable families will not be addressed. Vulnerable families typically do not access generalist support services as their needs are often too high to be met by these services.

This is not to say that primary and secondary prevention activities are not important in addressing factors that contribute to child abuse. Family violence and substance misuse are critical contributing factors in child protection. There are many services being developed through the Australian Government's NT Emergency Response and other initiatives that effectively address contributing factors to child protection, for example, Safe Houses and other Family Violence services and Mental Health and Drug and Alcohol Services. It is important that NTFC engage with the Commonwealth and other NT government agencies to ensure that the needs of the care and protection system are considered in the development of these services. This engagement has been hampered by a lack of resources in policy and planning to enable this task to be undertaken.

A key role of the child protection system is to assist vulnerable families to access these services by ensuring that the child protection system is linked to these services and that there is a continuum of services for families that operates with or without child protection involvement. The role of these types of services in child protection must be articulated so that vulnerable families can easily access these services.

The initial evaluation of the TFSS indicated that a key role of TFSS is to link vulnerable families to the broader service system and to engage other service provider in the provision of services to these families.

# Practice and Systems

## ***1. Intake and Assessment system***

### **Intake Review Implementation Project**

The Intake Review undertaken by Jay Tolhurst made 41 recommendations. The Intake Review Implementation project seeks to bring together activities occurring in several different projects (like Structured Decision Making and the Intake Event Implementation) that address these recommendations. The implementation of the Structured Decision Making (SDM) tools is a critical part of improving intake responses. The SDM background paper outlines the role they play in intake. The attached Intake Review Implementation reporting sheet outlines the responses being made to the recommendations. The majority of the recommendations will be implemented by June 2010.

Other recommendations about improvements in the Intake system have also arisen from sources including Children's Commissioner Reports. These will be included in a revision of the Intake policy that is has been undertaken as a result of the changes made in response to the Intake review recommendations.

### ***Intake issues raised by the Inquiry Board***

#### *Centralising of Intake*

The current problems with Central Intake should not be seen necessarily as a result of the centralising of the function. Some of these problems are related to issues like inadequate staffing capacity to meet enormous increases in reports. The risks created by increases in reporting may well be more difficult to manage if the function were devolved to local offices where a staffing shortage could mean that there is literally no one to perform the function.

One of the significant problems with local intake systems is the lack of consistency in decision making and in particular the 'screening' of legitimate child protection reports into other categories such as 'Family Support' or 'Protective Assessment' where responses are subject to less monitoring and scrutiny. It could be argued that recent policy changes that seek to tighten up the definitions for these categories and the introduction of the clear decision making guidelines provided by the SDM reduce this risk. However the centralising of the function allows for greater quality control through centralised quality monitoring. The Victorian Ombudsman in his recent investigation of the child protection system in that state noted inconsistency in the evaluation of risk across the eight regions of Victoria.

Some of the concerns of remote areas about incorporating local knowledge and information into the intake decision making process may be addressed, not by localising the intake function but by creating more response options 'downstream' at the local office. In particular, consideration should be given to allowing local offices to make further inquiries that will inform any intervention. This is linked to the further development of the Differential Response Framework (see below)

#### *Cumulative Harm*

'Cumulative harm' is a complex term with multiple layers of meaning. Addressing cumulative harm requires a multi-level approach. At times it is helpful to break down its complexity in order to understand the issues more clearly. At the point of intake, two issues must be addressed. One is whether the intake system effectively identifies the likelihood of cumulative harm when a report is received and the second is whether the response is adequate when cumulative is identified.

In relation to the first point, frequently cumulative harm has not been identified in NTFC intake assessments. There is a tendency in intake systems to assess each report as if it were discreet and unconnected to other reports. As a result it is often the case that despite having multiple reports, a response is not triggered as none of the reports when assessed separately reach the required threshold for triggering a response. Rather than treating each Child protection report as a discreet and unconnected event, each new child protection report should be seen as new information to be integrated into the history of the child and their family. Prior history of reports to child protection is a critical factor in identifying potential cumulative harm. Research from Victoria and South Australia indicates that many children are reported to child protection agencies once and never come back regardless of whether the report is investigated or not. When more than a couple of reports are received about a child or children in the family, it is highly likely that the child will be subject to further reports. So a history of previous reports becomes a critical factor for identifying vulnerable families and potential cumulative harm. The SDM Intake Screening tool specifically refers to Prior incidences of abuse or neglect as indicating risks in the care environment. Despite the significant focus in Victoria on cumulative harm both in legislation and policy, the Victorian Ombudsman notes that the system is still failing to address it. Having a structured decision making tool at intake which specifically identifies prior harm as a reason for screening reports in for investigation will ensure that the potential for cumulative harm is recognised in the intake process.

In relation to the second point, assessment tools that prioritise/triage responses to child protection reports will by definition always give a higher priority for immediate action to a case where a child has or is likely to suffer immediate severe harm from physical or sexual abuse or neglect. Cases where the immediate harm is less serious will receive a lower priority for an immediate response regardless of the fact that the cumulative harm is equally as serious in the longer term. The catch is that where there are not enough staff to do the work then these cases do not get any response at all. The Differential Response Framework (DRF) is specifically designed to address this issue by diverting these children and their families to services that are better able to meet their support needs. This is discussed further under the DRF.

Ensuring that there is adequate focus on the context of a report is supported by the SDM tools but must also be addressed through training<sup>3</sup> (and policy) that focuses on placing a child protection report in the context of other information available about the family and child to ensure that the accumulated harmful impact of chronic exposure to negative experiences is recognised.

## **The SDM Implementation project**

NTFC is introducing SDM Intake Screening and Priority tools and the SDM Family Strengths and Needs Assessment. The Intake Screening and Priority tools are being finalised and will be implemented in June 2010 along with a raft of new policies and processes for Intake. These tools will, for the first time in the NT, provide NTFC workers with clear and comprehensive guidelines for decision making about child protection reports.

The Family Strengths and Needs Assessment (FSNA) will be implemented in TFSS' in Alice Springs, Darwin and Katherine and in the Alice Springs NTFC office (for child protection cases requiring ongoing NTFC involvement). It is intended to roll out the

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<sup>3</sup> It is salutary to note that despite recommendations from Coronials, the Commissioner etc that training needs to be provided in various areas and significant increases in staffing numbers, the number of trainers providing core training to child protection workers has not increased in more than 17 years.

tool across other NTFC offices as resources become available. TFSS staff have been actively involved in the development of the FSNA and their use of the tool is a requirement of their funding agreement and the TFSS Service Model. It is intended that the FSNA will be an assessment tool that is used by all agencies working with vulnerable families, including NTFC and that it will support collaborative responses to those families. The response from the TFSS who have tested the tool have been positive<sup>4</sup>.

There are several other assessment tools in the SDM suite of assessments that apply the SDM approach to the range of decision making points in care and protection case management. The implementation of the majority of the SDM tools was planned to be undertaken over three years from 2009. However a lack of funding and organisational support for the implementation of the tools meant that only the Intake and FSNA were able to be implemented.

The decision to implement Intake tools and FSNA was made for different reasons. The Intake tools were included because NTFC Intake is centralised and they could be rolled out in a discrete area of NTFC. As a result the implementation process would be much more achievable with the limited resources available.

The FSNA was chosen because it was imperative that a common assessment tool be available for use by the first TFSS that was commencing operation in early 2009.

#### *Key issues in implementing assessment tools in NTFC*

Three key issues critical issues in the successful implementation of any assessment tool are:

- the ongoing support for its use (many very good assessment tools languish in systems that do not adequately support their use),
- the embedding of tools in the practice system
- a balance between a mandatory and discretionary approach to their use.

With the implementation of the SDM tools, a balance is being sought between making their use mandatory or allowing it to be discretionary. The tools are an important support for professional judgement. There is a risk that judgements will be seen to be 'driven' by the tool rather than supported by the tool and that their completion may be seen as administrative rather than an analytical task. There are various strategies that need to be in place to encourage staff to see the tools as relevant and useful in the analysis of case information. In the first instance staff need to be convinced that the tools are helpful and easy to use. This is achieved by training them in the use of the tools and by ensuring that the tools are easy to use and have good face validity.

Secondly, the tools must be embedded in the practice system, that is, the use of the tools must lead to a purposeful outcome in the practice system. For example the initial roll out of the FSNA in Alice Springs is being tied to the roll out of Family Group Conferencing (FGC). In order to refer a case to a FGC, a worker must have completed an FSNA. In this way workers will be encouraged to undertake assessments in order to access a service that will produce a positive outcome for the child. Subsequently the FSNA underpins the development of a case plan or family agreement arising from the FGC.

Thirdly, as far as possible the tools should not add substantially to the work load of staff. In some cases they may replace existing tools. Where they don't replace existing tools consideration should be given to how the workload of staff may be

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<sup>4</sup> The FSNA is used by Brighter Futures programs working with vulnerable families in NSW



reduced in other ways. In relation to this, the Family Group Conference and Structured Case Management projects will build considerable administrative support into the case management and case conference process to reduce the administrative workload of workers so that they can complete the FSNA.

Unfortunately in the NT the resources available for the implementation and ongoing support for the assessment tools are inadequate. There is little organisational capacity or commitment to change the system to embed the tools in an aligned practice framework. Additional resources have not been made available for any additional training and monitoring of the use of the tools. As a result the Intake tools and FSNA are being introduced in areas where it is possible to make the necessary changes to align the practice framework and to use existing resources to provide some support to the initial implementation. However no resources were available to purchase from the Children's Research Centre<sup>5</sup> ongoing case monitoring and evaluation services although this is usually part of the package they offer. It is hoped that these services may yet be purchased and that they will be part of future SDM implementation plans.

#### *SDM Budget*

The current budget is: \$110k for CRC contracts, \$30k for NTFC costs excluding Project Officer costs.

The proposed budget for the SDM implementation per annum is:

\$125k for CRC contracts

\$406k for NTFC costs including training, administrative, policy and IT support staff.

**TOTAL: \$531k**

As this budget indicates the current budget does not make adequate provision for the internal support required to successfully implement new assessment tools.

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<sup>5</sup> The developers of the SDM tools.

### **3. Family Support and child wellbeing services**

#### **Differential Response Framework (DRF)**

The most significant of the projects addressing issues raised under the banner of family support and child wellbeing, is the DRF implementation project. The DRF Paper, DRF Evaluation Report and the DRF Evaluation Response paper contain important background information on the rationale for the project, the research on which it is based and the outcomes of the initial pilot in Alice Springs.

The DRF is in its infancy. Whilst community-based responses have been clearly articulated in the TFSS Service Model and related documents, the model requires further development to articulate a further range of different responses to vulnerable families. The key questions to be addressed by DRF are:

- How should differential responses be delivered in remote and smaller urban communities?
- Is it feasible to build the capacity of remote communities to provide community child protection responses or is more realistic to maintain NTFC responsibility for this?
- Should NTFC be able to make differential responses or should all differential responses be managed through community agencies?
- Should other government agencies be able to make differential responses?
- Can community and other government agencies be empowered to take child protection reports, as in Victorian Childfirst agencies?

The answers to these questions require careful consideration. The experiences of interstate and overseas jurisdictions must be reviewed to provide some direction for the NT. Differential response systems have been operating in Victoria, New South Wales and New Zealand for several years. Each system has unique features that may or may not translate successfully to the NT. For example, the Victorian system is based on the existence of a large network of strong community organisations. This network does not exist in the NT. The New Zealand system is entirely operated through the statutory agency, whilst NSW provides a differential response through both community organisations and government. The role of other government agencies must also be considered, both in relation to reporting or referring vulnerable families but also in being included in an integrated response to these families.

The critical factor for all these systems whether they are within or outside government is the provision of funding for specialised service responses targeted at vulnerable families. Without significant investment in services for families there can be no differential response system. The decision of where to make this investment, that is, in NTFC, community agencies or elsewhere, will be critical to the future of child protection in the NT.

It is envisaged by the DRF that this investment will be made in community agencies through the provision of Targeted Family Support Services (TFSS). They are the essential element of the implementation of the DRF. Without these services the aims of the DRF cannot be met.

### ***Targeted Family Support Services***

TFSS have been (or are being established) in Alice Springs, Darwin and Katherine.<sup>6</sup> The *TFSS Service Model* describes the operation of these services. Essentially, in the initial stages these services will only take referrals from NTFC. These referrals will be of vulnerable families whose children have been reported to NTFC, where NTFC has accepted the report for investigation and classified it as a “Child Concern”. Funding has only allowed small pilot services to be established. These services have limited capacity and will not be able to meet the demand.

The possible exception is the TFSS provided by Congress in Alice Springs which has secured (in partnership with NTFC) substantial additional funding from the Australian Government through the Alice Transformation Plan.

### ***Referrals from the community – a further development of the model***

One of the main goals of the TFSS is to divert high needs low risk families who have been referred to child protection (NTFC) from involvement with child protection services. Ideally this would be done as early as possible, preferably before they come into contact with the child protection system. In order to achieve this, the TFSS model must be developed to enable referrals to be received directly by the TFSS.

The Australian Government funding for Congress has enabled a further development of the TFSS model to allow provision for referrals to be made directly by other community members and other agencies. It is envisaged that agencies and families will refer directly to the TFSS before issues become so significant as to warrant child protection intervention. In this way an early intervention is possible that keeps families completely out of the child protection system.

The referral process for this extension of the TFSS model is based on NSW “Brighter Futures” in that the same eligibility criteria apply to families referred by the community as for families referred by NTFC. The intention of this is to ensure that vulnerable families remain the client group for these services. The Service Agreement with Congress specifies that they will case manage up to 45 families and that 55% of these families will be referred by NTFC.

### ***Community Child Protection Intake***

The DRF does not envisage the establishing of a community child protection intake<sup>7</sup>. The Victorian Ombudsman has identified some issues in relation to having a separate community based intake system. One of these issues is that the child protection history is held in two agencies. The lack of a complete history creates problems for risk assessment.

Further the issue of consistency of decision making in intake is compounded by the lack of a consistent intake tool and by having intake spread across not only child protection agencies but also community agencies. There is a risk that reports of harm or risk of harm will not be consistently recorded as child protection reports. Diverting families from an investigation response should not be at the expense of acknowledging and recording the potential harm as a child protection report.

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<sup>6</sup> A further differential response option has been developed with Tennant Creek community agencies see Appendix 1.

<sup>7</sup> In Victoria ChildFirst services are able to take child protection reports directly from the community. The Victorian system is supported by enabling legislation and a robust family support system. The NT has neither the enabling legislation nor the robust family support system to support such an approach.

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

The development of these processes would be backed up by community education work with referring agencies to attempt to change their reporting behaviour. This work would attempt to shift agencies from reporting families to NTFC without their knowledge, to discussing with families their concerns and recommending to those families that a consensual referral be made to TFSS.

### ***Other issues for further development of DRF***

#### ***Role of other government agencies***

Role of other government agencies should not be ignored. Police, health and schools are the biggest reporter groups and consideration should be given to the role they play in care and protection. Farrow's seminal work on community child protection suggests that these agencies play a key role in the early identification of vulnerable families and in being part of an integrated service response to those families. Home visiting programs whilst focused on the health of children are important in this respect as are education programs aimed at improving school attendance and engaging students from vulnerable families in school. In some jurisdictions differential responses are made through schools. The joint Police / NTFC *Peace at Home* program in Katherine has police playing a key role in addressing violence in vulnerable families. However in the NT, the role of other government agencies has not been explored and further work on service models needs to be undertaken before other government agencies are engaged.

#### ***Managing excessive demand***

The DRF also needs to consider how NTFC can manage reports that there is no capacity to respond to. It is unlikely that any modifications to the child protection system will completely eradicate this problem and it is imperative that a justifiable response to this issue be developed. Future development of the DRF will address this issue.

### ***DRF Budget Requirements***

The current NTFC budget allocation for TFSS is \$1.4m.

The Congress TFSS has been allocated an additional \$500k from the Australian Government<sup>8</sup> bringing its operating budget to nearly \$1m per annum. It is anticipated the service will be able to case manage up to 45 families (25 of whom are referred by NTFC) at any one time. The service may be able to case manage up to 100 families (50 NTFC referrals) per annum.

It is difficult to calculate the number of vulnerable families that would require services from TFSS.

In 2008/09 NTFC accepted 2819 child protection reports for investigation. About 1750 of these would be categorized as Child Concern. A categorization of Child Concern is a requirement for eligibility for NTFC referral to TFSS. However not all of these would be suitable for referral. If 50 NTFC-referred children can be case managed at any one time by a service that is funded \$1m per annum, then 35 services would be required to meet the need. However there are likely to be multiple

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<sup>8</sup> This funding and the funding for the Family Group Conferencing will not continue beyond three years. The ongoing operation of these projects is dependent on NTFC picking up the funding.

children in a family and this would reduce the number of services required. Rough calculations based on this would suggest that up to \$35m may be required to fund TFSS to meet the needs of vulnerable families across the NT.

Territory-wide in 2008/09 neglect or emotional abuse was substantiated for 490 children. The majority of these children could be expected to be in families that could benefit from services from a TFSS. Some children for whom physical abuse is substantiated (218) may also need to be included in this figure. Rough calculations based on this premise (and the current level of funding for Congress) would suggest that to meet this need an investment of \$20m would be required. However TFSS is intended to intervene with families where abuse or neglect may not have been substantiated and allegations of neglect involving cumulative harm are often not substantiated in an incident-based investigation system.

**TOTAL: \$20 - 35m**

### **Family Group Conferencing**

During 2008 and 2009 NTFC explored best practice models to use for the mediation conference in the Northern Territory (NT). The exploration took into account the client demographics, expected demand and service viability. It recommended a Family Group Conferencing (FGC) model be used for CE-arranged mediation conferences. The FGC model is based on Maori culture and, originally developed in New Zealand in 1989. It is recognised as “a *partnership-building model that highlights the importance of the family’s cultural knowledge for safeguarding children and other family members*” (Waites, Macgowen, Pennell, Carlton-LaNey, Weil 2004). FGC is in operation in many Australian and international jurisdictions.

A FGC model is centred on family and professional partnerships in child protection decision making. It is child inclusive. An independent person convenes the conference and the focus is on conflict transformation rather than conflict resolution. 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.

As an early intervention tool it will effectively result in safe and culturally sensitive agreements for Indigenous and non Indigenous children and has the potential to:

- Redress power imbalances experienced by families and their children
- Increase focus on family strengths, needs and responsibilities
- Provide safe placements for children with wider family and friend’s networks rather than foster placements
- Provide more options for responding to the care and protection concerns
- Strengthen relationships with Community Partners
- Connect families with services earlier
- Promote partnerships and keep matters out of court
- Address workload issues.

The program was costed to establish a NT-wide Mediation Conference Service and a budget request to commence NT-wide Mediation Conference Service was put forward as part of NTFC’s internal 2009-10 budget process. No budget was forthcoming. The implementation of the 30 month FGC service for Indigenous in Alice

Springs has only been possible through Australian Government funding through the Alice Springs Transformation Plan.

Whilst producing better outcomes for children by involving children and their families in decision making, FGC also has the potential to address other significant issues for the care and protection system. For instance FGC will reduce the workload for NTFC staff by providing additional resources to support the facilitation of family involvement and the development of case plans. FGC will also reduce the workload of NTFC staff by reducing the number of cases that proceed to court. The Victorian Ombudsman noted that only 7% of reports received by the child protection agency will progress to court, however child protection staff reported spending 50% of their time undertaking court related activities. The Victorian Ombudsman noted that in this scenario, additional resources without systemic change could be counterproductive.

FGC also has the potential to reduce the number of children coming into care. So whilst FGC is a relatively intensive process, it has potential to significantly impact on cost-drivers in care and protection.

### ***FGC Budget Requirements***

Despite being developed as the model of service to enact the mediation provisions in the Care and Protection Act, FGC has not been funded by NTFC. The implementation of FGC in Alice Springs has only been possible because of Australian Government funding.

The current funding per annum of the service in Alice Springs is \$361,750<sup>9</sup>.

To replicate this service in other parts for the NT would involve funding of at least 5 times this amount, that is, around \$2m. However this funding level may not meet the need for this service.

**TOTAL: \$2m**

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<sup>9</sup> This funding and the funding for the TFSS will not continue beyond three years. The ongoing operation of these projects is dependent on NTFC picking up the funding.

## ***4. Ongoing Case management and service provision***

### **Structured Case management**

NTFC has consistently failed to comply with legislative and practice standards in relation to case planning. Measures of compliance such as the timeliness of case reviews indicate that this is a long term, wide spread and systemic problem. Recent approaches have failed to address the systemic issues underlying this problem and consequently have failed to improve compliance. There is a need to re-think the paradigm on which these approaches have been based.

One of the assumptions that have been made is that staff are sufficiently equipped with knowledge, skills and experience to undertake case management activities like arranging and chairing case conferences and developing case plans in complex and conflicted situations. This is a questionable assumption given that staff recruited by NTFC are frequently new graduates, have no experience of child protection in the NT and do not have adequate knowledge of the service system or case management processes.

The Structured Case Management project seeks to improve case management practice in the NT by establishing highly structured processes for case management that are system-initiated rather than worker-initiated. New workers in NTFC will enter a case management system that provides them with clear practice directions, practice tools and system and administrative support for case management. The system will be based around independently chaired interagency case conferences. Systems for the independent chairing of case conferences operate in various forms in the UK and Victoria and in various other jurisdictions.

The Structured Case Management project will also support the implementation of several new linked initiatives in case planning by creating a system that supports the use of the Family Group Conferences, Family Strengths and Needs Assessment and the Shared Client Case Management Framework by reducing workload and creating an ethos of collaborative case planning.

The Structured Case Management project is an initiative that is being developed in conjunction with Alice Springs NTFC office. The Strategic Projects unit will develop a Project Brief and seek the endorsement of the Director of Child Protection.

#### ***Aims of project***

To establish case management processes that are structured and systematic, less reliant on initiation by individual case workers and that reduce the administrative workload of caseworkers

To integrate the key initiatives of Family Group Conferencing, Shared Client Case Management Framework, the Family Strengths and Needs Assessment and independently chaired case conferences to form a structured case management system that is underpinned by a consistent methodology of collaboration with families and other agencies

#### ***Key features***

Independently chaired interagency Case conferences are held for all children subject to ongoing child protection interventions.

Family Group Conferences are held for all children who are likely to be placed away from their parents.

Family Strengths and Needs Assessment are undertaken with all families who are subject to ongoing child protection interventions.

Interagency case conferences are chaired by an NTFC manager.

Interagency case conferences are organised by an NTFC administrative support person.

Arrangements for case conference are consistent and follow a consistent format for agenda setting and recording of minutes.

Consistency of approach is supported by a suite of case conferencing tools.

Case plans are produced from case conferences and family group conferences and address the priority needs identified through the Family Strengths and Needs Assessment.

### ***Linked initiatives***

Family Group Conference project

Family Strengths and Needs Assessment pilot

Shared Client Case Management Framework

A focus of this project is to establish processes for case conferences that are consistent with and support these initiatives.

### ***Structured Case Management Budget Requirements***

The project is currently unfunded.

Additional administrative support would be required to arrange case conferences and minute proceedings.

Case conferences will be chaired by NTFC Managers. Initially there will be no additional resources at this level as the number of cases will be small but consideration will need to be given to resource requirements as case numbers increase.



## **APPENDIX 1 - TENNANT CREEK DIFFERENTIAL RESPONSE COMMUNITY RESPONSE TO VULNERABLE FAMILIES**

### **BACKGROUND**

In 2007 Catholic Care received funding to provide a Family Support service in Tennant Creek. It took approximately 8 months to recruit into the co-ordinators position, thus illustrating the difficulties in recruiting staff to work in remote locations.

In 2008 NTFC approached Catholic Care in regards to the Family Support service being developed into a Targeted Family Support Service (TFSS) working in partnership with Anyinyingi Stronger Families. Meetings occurred between both parties however Anyinyingi declined the opportunity to work in partnership with Catholic Care in delivering a TFSS.

After consultation with Tennant Creek NTFC it was identified that there was a need to be able to referred families on to family support services after a child protection intervention occurred as this may assist in preventing families from re-entering the child protection system. Tennant Creek NTFC identified that they did not have the capacity to provide the on-going family support to those families that could benefit from additional support. It was identified that there are a number of services in Tennant Creek that provide case management support in different areas to vulnerable families, thus the idea of developing a protocol in responding to working with and supporting vulnerable families .

The Community Response to Vulnerable Families Protocol was developed in Tennant Creek in July 2009 between Tennant Creek NTFC and a number of Non-government organisations who provide a case management service to vulnerable families in Tennant Creek. This includes families that come to the attention of the Child Protection system and require on-going support or there or where families have approached NTFC for support.

The aim of the interagency Protocol was to develop a co-ordinated approach in working with and supporting vulnerable families within the Tennant Creek area. The Protocol provides a shared understanding of case management practices and responsibilities across the service provides who are apart of the Protocol. This Protocol also enables families to receive support from a number of services and ensures that there is not a reliance in a small community on one service providing family support.

### ***Guiding Principle***

*'Statutory intervention without a wider family support and preventative service network is highly unlikely to produce positive outcomes for children, families and communities'.*

*Tomison (2002 as cited in DHCS2005)*

Thus the need for a community response to vulnerable families.

### **AGENCIES WHO HAVE SHARED OWNERSHIP OF THE PROTOCOL**

- Centacare/Catholic Care
- BRADAAG- Barkley Region Alcohol and Drug Abuse Advisory Group
- Tennant Creek Women's Refuge
- Tennant Creek NTFC- Northern Territory Families and Children
- YDU ( Youth Diversion Unit ) – Julalikari, Tennant Creek

Anyinyingi Stronger Families were invited to be apart of this Protocol when it was first developed, however at the time of developing this Protocol the CEO of Anyinyingi

declined the offer. ( In reviewing the protocol the decision was made to re-approach Anyinyingi to again invite them to be apart of the Protocol as their service is strongly linked in working with vulnerable families in the Tennant Creek area.)

## REVIEW OF PROTOCOL

- A Six month review of Protocol occurred on the 26<sup>th</sup> February 2010 in Tennant Creek by NTFC and the NGO services who have shared ownership of the protocol.
- The Community Child Protection Worker provided an overview of the referrals that received a service via this protocol
- Since July 2009, 12 referrals were referred to the CRVF. The following referrals are as followed;

Women's refuge	3
Catholic Care	5
BRADAAG	2
YDU	2

- Referrals included the need for assistance with alcohol and violence issues, health problems, housing, care arrangements.
- A number of families require minimal involvement where as others required a higher level of case management approach.
- NGO case management approach enabled families to become aware of the services which are available to them and caseworkers were able to act as advocates for them to become engaged with appropriate services to address their needs.
- NGO case management protocol provides an opportunity for information to be to shared, prevents the duplication of services and provides a co-ordinated approach to case management.
- Some families who received a service via this process are self-referring back when they require assistance. Also families are encouraging other families to self-refer to NGO's for assistance when required.
- The Community Child Protection Worker (CCPW ) position has played an integral role in the development of this case management protocol and the review identified that it is important for this position to continue to ensure the on-going commitment of the protocol. In addition to this the review identified the significant role the CCPW had in relation to community development and education around child protection prevention and intervention.

## RECOMMENDATIONS

1. The CRVF Protocol to be continued to be operational and supported.
2. The Community Child Protection Worker Position to become a permanent position within the NTFC Tennant Creek Office.