

I would like to make the following submissions. These suggestions are based on 40 years experience as a paediatric nurse, a short stint as a foster carer and 38 years of close contact with indigenous people. Although not indigenous myself I am the matriarchal head of a large family of descendants, all of whom are of aboriginal descent.

I have tried to list the submissions according to the 11 categories listed, but some issues are relevant to several areas so I might not be as exact as I wished.

ABORIGINAL SERVICE PROVIDERS.

Within urban boundaries Aboriginal Health Services should be more accountable for reporting issues of neglect and abuse. Many indigenous children have no medical attention except that offered through these providers and as some of these children do not attend school these medical services may be the only contact they have with relevant authorities.

Health workers should receive more training in relation to what constitutes neglect in all its forms.

Health workers in remote areas are usually well aware of which children are exposed to severe domestic violence and neglect as well as abuse. Due to the kinship system, many of these health workers are reluctant to inform authorities of their concerns, however a system needs to be put in place where these workers feel safe to make reporting's.

WHAT IS THE ROLE OF THE CHILD PROTECTION SYSTEM WITH RESPECT TO CHILD WELLBEING.

Physical abuse of children is generally fairly obvious and frequently reported on. These children are assessed and managed by CPS adequately in my opinion. HOWEVER, there are far more cases of neglect and emotional abuse that are either not reported or, if they are, are not followed up due to lack of physical injury to the child. These more subtle forms of abuse have far more reaching and profound effects on children. These are the overlooked children who are verbally denigrated almost daily, who are kicked out of home by drunken, drug addicted parents, who are not provided with an environment conducive to school attendance. They are subjected to frequent domestic violence, sexual abuse they do not report for fear of incurring their mothers anger, demands that they babysit younger siblings whilst parents sleep off the previous night's party, suffer from lack of positive role models and are taught from a very young age that the only way to survive is to cheat and steal and develop a victim mentality. They have no feelings of self worth or esteem and aspire to nothing beyond survival. They are the children who roam the streets at night with their friends because they feel more acceptance there than from their families. They are the girls who are pregnant at 13,14,15 and 16 and who chose to keep their babies in the belief that they will find unconditional love from that person. They are our future criminals, addicts, welfare recipients and perpetrators of the same dysfunctional cycle that produced them. THESE ARE THE CHILDREN MOST IN NEED OF CARE AND PROTECTION.

School attendance (or lack of) should be a child protection issue as it usually occurs in conjunction with the other types of neglect/abuse listed above. CPS needs to take a holistic approach to these families.

Medical neglect is another form of abuse that is rarely followed up by CPS, and those that are investigated briefly happen only after repeated calls to intake by paediatricians and paediatric nurses. Medical neglect occurs when a child with a serious medical conditions is not taken to paediatric appointments despite multiple phone calls and reminder letters sent by the hospital. They also miss appointments with other specialty departments and allied health. SOME OF THESE CHILDREN ARE IN CARE! Most parents/carers of these children receive a Carer's

Allowance from Centrelink and the only time they present to a paediatrician is when they need the carer's form completed to allow the payments to continue. These children sometimes suffer life threatening disorders like Type 1 diabetes, rheumatic heart disease and liver failure and others suffer debilitating disorders such as autism and cerebral palsy. The one sure way to guarantee these children receive medical care is to make the carer's payment conditional on medical attendance.

CHILD PROTECTION AND THE WORKING FUTURE POLICY FRAMEWORK

Children living in remote community pose problems not encountered in the wider community. Because of the kinship system and cultural mores it can be difficult to a) find relevant people to make a reporting and be) find placement for an abused/neglected child within their own community.

One solution comes to mind and it is one I have thought about for many years. In each major community a children's centre could be built. This would need to be a large, very secure premises to accommodate a variety of uses. As follows:

a) a group home for children taken into care. This would be staffed 24 hours/day by trained workers from the same language group as the children. The mothers of the children in care would be able to visit their children during daylight hours but would not be able to remove the child from the premises until they had completed courses deemed necessary by CPS i.e.. parenting, budgeting, hygiene, nutrition etc.

b) a refuge for battered women and children. This would be run under the same guidelines as women's refuges everywhere.

c) a day care centre where working women can leave their children whilst they work. The children in care can form part of this group during business hours. The centre could then be used as a training facility for girls/women who wish to study for their child care certificate.

d) an education centre where women can gain skills that are lacking in many communities. Classes in subjects such as cooking, hygiene, infant nutrition, budgeting, gardening etc could be held at the centre and be incorporated into other areas of the centre. For example, the cooking classes could not only teach cooking, but also nutrition and the results of the lesson help toward feeding the children at the centre. Hygiene lessons could use the children in care and day care as models for bathing and grooming and basic care of minor wounds and infections. Aboriginal Health Workers from the community clinic could be heavily involved in some of these classes.

CHILD PROTECTION ROLES AND RESPONSIBILITIES OF ALL GOVERNMENT AND NON-GOVERNMENT ORGANIZATIONS AND INDIVIDUALS.

It should be mandatory for police to report all call outs to domestic violence scenes and disturbances where children are involved. The children do not necessarily have to be injured they just have to be present. If CPS is receiving frequent notifications about a particular family/residence they would be alerted to to a potentially abusive situation.

All medical and nursing professionals, including Aboriginal Health Workers should have to report medical neglect. A standard should be set regarding non attendance at medical centers and once a child has not been seen within a designated period of time then a reporting should be made.

All cases of proven sexual assault must be vigorously pursued in an effort to charge the perpetrator. Considering the large number of sexual assaults documented there are very few men charged with the offence especially in remote communities. This sends a negative message into the community. Unfortunately most residents of remote communities are reluctant to report sexual abuse due to family ties or fear of payback.

All schools, but particularly middle schools should provide programs specifically designed to attract those children lost to the education system. These children have little or no attendance and in some cases are not even enrolled. These children need copious amounts of encouragement to re-engage with school as they usually feel overwhelmed by the prospect of re-entering a system where they are so far behind their peers. Their literacy levels are

appalling and they are daunted by what seems to them to be an impossible task. For many reasons relating to their dysfunctional homes they are unable to attend school every day, an occurrence which brings them disapproval from school authorities. Programs need to be set up to encourage these children to view school as a safe haven, a place where they are welcome even if they only turn up one day a week. Positive acceptance of these students would hopefully lead to better attendance rates and a chance at improving literacy and life skill levels which I believe is the one chance they have to break the cycle they live in.

THE ROLES OF THE TWO GOVERNMENTS

At a state level we should be working with the other states to set up a national register of children at risk. When a child being investigated or managed by CPS leaves the state a notification should be sent to this register to enable the case to be followed up.

We should be lobbying Federal Cabinet to allow CPS to make reporting's to Centrelink regarding medical neglect. Centrelink should then be able to cease payment of carer's allowance until medical attendance is complied with.

WORKFORCE AND WORKPLACE ISSUES

We are all well aware of staffing issues within CPS. Apart from better pay and conditions, perhaps rental assistance could be offered, as with happens with the Police Force. Hopefully this would help attract more staff, particularly in view of the housing crisis in Darwin.

There needs to be more continuity of case workers. Carers, children and health professionals are constantly frustrated by the frequent change of case workers and the lack of communication when a child changes case workers.

A paediatric nurse should be employed at each CPS office. Many children in care have physical and psychological problems which necessitate appointments with various professionals. The nurse could assist the case workers to co-ordinate these appointments. The nurse would also be involved in triaging and assessing reported cases of medical neglect. They would also be available as a resource for case workers who have doubts about any child's physical health and would be able to do home visits with case workers if deemed necessary.

OUT OF HOME CARE SERVICES

a) Foster carers - carers should receive much higher remuneration than they currently do. Caring for foster children with all their emotional baggage is an extremely difficult task and carers should be paid accordingly. Also, many women who would like to foster children are unable to do so due to the necessity to earn a decent income. Higher payment for fostering would enable these women to give up their jobs and care for children.

- all carers must complete a training course or equivalent relating to parenting children who have been removed from their homes. These children have varying degrees of emotional/psychological problems-carers need help with managing these problems.

-all carers should be given a manual containing CPS policies relating to children in care. This should help clarify day to day living procedures for foster parents and stop the frequent confusion they suffer from being given conflicting directions from various case managers

-carers should be able to access counseling and therapy services for children in their care.

b) Group homes - Older children may cope better in a small group home run as a family type unit. Counselors should be attached to these homes as well as youth workers. It goes without saying that people employed in these group homes should undergo vigorous background checks

and possess the necessary qualifications.

c) Counseling - an effort needs to be made to attract more child psychologists and counselors to Darwin. There are very few adequately trained therapists available in this state. As with case workers, higher pay rates and rental subsidies may be required.

d) Placement principals -As the mother, grandmother and great-grandmother of a large number of persons of aboriginal descent I believe that children of aboriginal descent can readily be placed in care with nonindigenous families in larger towns and cities. These children will be mixing

-with other indigenous children at school, at sports and in the outside play areas. They will be maintaining close ties with the indigenous population. Also, in my

experience, it is not the difference in culture which causes problems in these situations, it is the fact

-that a traumatized child is removed from a very dysfunctional family situation and placed in a home that has structure and routine. It is that change which the child often has trouble adapting to, not the difference in color.

FAMILY SUPPORT AND CHILD WELLBEING SERVICES

Very little support is currently given to dysfunctional families. Many parents are suffering from multiple addictions, such as drug, alcohol and gambling. They themselves are frequently the product of dysfunctional homes. The parenting payment (single) has allowed the development of multiple father families, which leads to further instability and an increased risk of child abuse. A high percentage of physical and sexual abuse originates from stepfathers. Mental health issues amongst parents and adolescents add to the problem. Family support units are needed to provide assistance to these families to ensure the safety of the children and hopefully prevent repetition into the next generation. Problems such as poor school attendance, juvenile crime, frequent school detentions and police call outs to disturbances should all be warning signs of a family in crisis. An effort should be made to engage these families in programs designed to improve child care and home managements skills. It should also address addiction and budgeting problems. Youth workers should be involved with the children of these families and programs specifically designed to improve self esteem and confidence put in place. We need many more drop in centers and free afterschool activities for these disengaged youth. There is a real need for a significant increase in youth worker numbers. More specifically, we should be looking at training programs for youth workers who originated from difficult circumstances and have succeeded, especially amongst the indigenous population. They would act as much needed role models.

There is a huge gap in the system relating to older children, those in the 15-18 year old group who need, for various reasons, to leave the family home, or, as in some cases, have been evicted from the family home. These children are too old for foster care, too young to be financially independent yet have usually been caring for themselves and their younger siblings for years. Many of them are single mothers. There is a real need for safe, affordable semi independent accommodation for these youths. Accommodation in the form of supervised hostels would be ideal. The cost would have to be subsidized for the singles but it would provide an acceptable alternative to their current situations. The children would have hostel style rooms, with their own keys, but would be supervised day and night by trained youth workers. The rules would be similar to those in aboriginal hostels currently operating in Darwin. The youth worker supervisors would be available to link tenants in with education, legal help, Centrelink issues, mother crafting for the single mothers etc. Many of these children are currently living on the streets or moving from house to house frequently. Most have poor literacy levels and many have suffered some form of abuse. Many have drug and alcohol problems and criminal charges. Not all would be able to accept the rules necessary to run these hostels but hopefully some would, and they are the ones who could be helped.

Hopefully positive results will come from this inquiry
Patricia Shadforth