CHAPTER 3
AN INTEGRATED FRAMEWORK FOR CHILD SAFETY AND WELLBEING IN THE NORTHERN TERRITORY
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The reforms proposed in this report are guided by an understanding that child protection systems have become overwhelmed because their role has expanded without a simultaneous expansion of efforts focused on prevention across the whole of the government and non-government sector. The Inquiry recognises that in the Northern Territory, in the absence of a strong family support sector, child protection services have been expected to respond to concerns about parenting difficulties and child wellbeing, not just to act in response to child maltreatment, which is their core function. This chapter describes an integrated model for more proactively responding to the needs of children and their families to prevent and respond to harm to children and to promote their safety and wellbeing. This approach requires an understanding of the causes and consequences of significant harm to children by way of abuse and neglect, and of effective strategies to address these. These are discussed in more detail in Chapter 6.

Child protection reform efforts

In collaboration with Education, Health, Justice and the non-government sector, it is time to turn the child protection system on ‘its head’ – inverting the triangle and making significant investment in universal prevention and early intervention services. This requires the development and implementation of an NT Child Protection Framework that covers investment from universal to tertiary prevention – an overarching framework or strategy that articulates and builds a network of services that are connected, can respond to the needs of families and strengthen communities to ensure children’s and young people’s development. This framework should be underpinned by evidence and include a parenting/family support research agenda.43

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

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

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

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

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

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

The Northern Territory context – potential for a different approach

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

48 Lewig et al., ‘The role of research in child protection policy reform: A case study of South Australia’.
50 The Victorian Government has been making reforms to its system for protecting children which were not spurred by an Inquiry and which have had a focus on increasing prevention efforts and bolstering the family support sector. These reforms have been driven by an overarching prevention framework and have involved the non-government sector as a key partner in the reforms. Other states and territories are also now making similar reforms.
Mainstream child protection systems have evolved from models designed to detect child abuse and neglect in a small number of instances in which a disordered parent intentionally inflicts harm on their children. Such systems have since by and large incorporated mandatory reporting.

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

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

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

52 Kempe et al., ‘The Battered-Child Syndrome’.
53 Care and Protection Act NT, 2007.
55 ibid.
56 Submission: Tangentyere Council.
57 C Hirte et al., 2008, Contact with the South Australian child protection system: A statistical analysis of longitudinal child protection data, Government of South Australia, Department for Families and Communities, Adelaide.
58 See Chapter 5 of this report.
Further to this the lack of appropriately funded services to assist families to address child protection issues means that the current system of service providers is essentially responsible for providing any additional supports required for families. This is often not adequate due to workload issues and thus allows issues to worsen to the point where FACS’ only intervention in time will be to remove children, rather than work to intervene in a families’ functioning to prevent this. Given that many of the child protection issues are also caused by wider community factors it would be inappropriate to hold individual families responsible for this. However, again a lack of community development, inadequate housing, and poverty on these sites ensures that parents are often unable to protect their children.59

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

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

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

59 Submission: Save the Children.
61 Submission: senior NTFC worker.
63 Estimated by the ABS, as at July 2009.
infrastructure, including roads, and with large tracts of barren desert in the south and a tropical north, cut off by heavy rains and flooding during the wet season.

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

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

The reality is that the most disadvantaged people in Australia are living in the most disadvantaged areas of the NT and are receiving less service delivery and support than anywhere else, which results in increased pressure and stress on families and individuals.65

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

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

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64 S Silburn et al., 2006, The Western Australian Aboriginal child health survey: Strengthening the capacity of Aboriginal children, families and communities, Curtin University of Technology and Telethon Institute for Child Health Research, Perth.
65 Submission: DHF.
66 Submission: Jane Vadiveloo.
This Inquiry provides an opportunity to adopt a different approach. In the first instance, a new approach to the conduct of an Inquiry, in which the recommendations for reform are situated within an overarching framework and which can be incorporated into a logic framework and measured against indicators and outcomes (see Chapter 13). More fundamentally, the Inquiry provides an opportunity to take a new approach to child safety and wellbeing in the Northern Territory.

Ecological, developmental and population-based public health approaches

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

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

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

A public health approach is appropriate when:

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

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67 See Chapter 6 for more details.
the problem is caused by many factors (as indicated above, ecological theories highlight the multiple and complex nature of the determinants of child abuse and neglect), and

- the problem affects a significant proportion of the population; there were 54,621 confirmed cases of abuse and neglect in Australia in the 2008-2009 financial year; and estimates of the proportion of children affected by different types of child abuse and neglect in Australia range from 5-36 percent depending on the samples studied and the definitions of abuse and maltreatment used.

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

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

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

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

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

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

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

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

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

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

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

Develop and resource an NT-specific research agenda into child, youth and family support issues to inform future service design, development and integration of services. Due to the broad range of individual and family needs that are targeted through the integration of services, it is important not to unintentionally minimise the effectiveness of prevention activities. As such, a critical assessment of the extent to which services that focus on preventing child maltreatment can be effectively delivered via integrated service models will need to form part of this research agenda.78

76 Adapted from, O’Connell et al., Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities, p.66.
77 Submission: Tangentyere Council.
78 Submission: DHF.
However, it is important that efforts to build the knowledge base do not delay action regarding the prevention of and response to child abuse and neglect. Much is already known about potentially effective approaches in this area, including locally developed knowledge, which means we can act now.

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

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

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

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

\textsuperscript{80} Submission: DHF.
\textsuperscript{81} Submission: Anglicare NT.
Box 3-2. An example of a population-based approach to child maltreatment in the US

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

Why go beyond public health?

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

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

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

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

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

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

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

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

An integrated framework for protecting children

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

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

The Discussion Paper recognises that:

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

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

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

The second group of families are those for whom we would anticipate providing additional supports and services because although they may not have parenting or child concerns, they may be vulnerable to developing problems later and additional supports now will prevent those difficulties. For example, this might include providing supports for young mothers, parents with mental health problems or parents who had a history of out of home care placement when they were children, or communities in which alcohol or substance use is high.
The third group of families includes those who are experiencing parenting difficulties or whose children’s needs are currently beyond their abilities. These families are seeking or are open to receiving supports and services to support them in their care giving role. This might include parents who are struggling with their children’s behaviour and want alternative strategies, parents who have ambivalent feelings towards their children, families who need practical supports to be able to provide for their children’s needs, and families in which children have emerging emotional and behavioural problems. The challenge will be to engage Aboriginal families given their suspicion of support services and of the role welfare and child protection services have historically played in the past.

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

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

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

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

It is also important that any system for protecting children is based on strong foundations. These can also be seen in Figure 3-2 and include: having a skilled and knowledgeable
workforce with the capacity to meet demand; having a coordinated system in which practitioners work collaboratively; meeting the needs of all children in the Northern Territory and taking a life course approach; being suitable for the Northern Territory context and being accessible to all families; meeting the essential life needs of children and their families; being evidence-informed; taking a systemic approach that recognises no one agency can be responsible for protecting children; and making the system internally and externally accountable. These foundations underlie all of the services and supports which might be provided to different families. The foundations, services and supports included in an effective system for protecting children will be discussed in subsequent chapters throughout the report and are not covered in detail here. Major recommendations regarding the need for service coordination, significant funding for early intervention and family support, and planning and monitoring systems are also included in later chapters.

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

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Assumptions</th>
<th>Foundations</th>
</tr>
</thead>
<tbody>
<tr>
<td>All families and communities are supported to provide a safe and nurturing environment for children</td>
<td>Children at risk of significant or cumulative harm are better protected and assisted in recovery</td>
<td>A system for nurturing and protecting children is internally and externally accountable</td>
</tr>
<tr>
<td>Vulnerable/at risk families and communities are better supported to care for their children</td>
<td>Children at risk of significant or cumulative harm are better protected and assisted in recovery</td>
<td>A system for nurturing and protecting children is made up of a knowledgeable and skilled workforce who have the capacity to respond to demand</td>
</tr>
<tr>
<td>Universal supports and services (formal and informal) available to all children, families and communities</td>
<td>Intensive supports and services (formal and informal) for child and families with indicated problems</td>
<td>A system for nurturing and protecting children is coordinated and practitioners and local community members work collaboratively</td>
</tr>
<tr>
<td>Targeted supports and services (formal and informal) for vulnerable children, families and communities</td>
<td>Statutory intervention to protect the safety and wellbeing of children who have experienced or are at risk of experiencing significant harm as a consequence of abuse or neglect</td>
<td>A system for nurturing and protecting children comprises accessible supports and services and is designed to suit the geographic context</td>
</tr>
<tr>
<td>Most families and communities are meeting their children’s needs. They will benefit from formal and informal supports available to all families</td>
<td>Some families and communities are not meeting all of their children’s needs, but may be able to meet those needs with assistance</td>
<td>A system for nurturing and protecting children meets the needs of all children and attends to developmental age and stage and culture</td>
</tr>
<tr>
<td>Some families and communities are meeting all of their children’s needs, but are vulnerable to future problems. They will benefit if they are supported with targeted assistance to prevent problems from occurring</td>
<td>Some families are not meeting all of their children’s needs, but are open to receiving support and con meet their children’s needs if they are provided with assistance</td>
<td>A system for nurturing and protecting children is evidence-informed</td>
</tr>
<tr>
<td>Children in OOHC are safe, well and meeting developmental milestones and have the opportunity to succeed in adult life</td>
<td>Children at risk of significant or cumulative harm are better protected and assisted in recovery</td>
<td>A systemic approach recognises that no one agency or community body alone has the capacity to ensure the wellbeing and safety of children</td>
</tr>
<tr>
<td>Out of home care for children who cannot safely remain in the care of their parents despite the widest possible assistance having been provided</td>
<td>None</td>
<td>A system for nurturing and protecting children requires that children and their families can access life necessities (housing, nutrition, health care, education, spirituality, community safety)</td>
</tr>
</tbody>
</table>
Summary

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

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

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

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

91 Submission: NTFC Barkly.