
NORTHERN TERRITORY FAMILIES & CHILDREN
ADVISORY COUNCIL (NTFCAC)

SUBMISSION TO THE NORTHERN
TERRITORY CHILD PROTECTION
INQUIRY BOARD

12 APRIL 2010

NORTHERN TERRITORY FAMILIES & CHILDREN ADVISORY COUNCIL

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1. Background to the NTFC Advisory Council

The Northern Territory Families and Children (NTFC) Advisory Council is comprised of representatives of the community sector and was established in 2009 to provide “independent advice and perspectives to the Minister, Government and the Department on key issues impacting upon children and families.” The NTFC Advisory Council is primarily concerned with matters relating to child protection, domestic and family violence, sexual assault and family support services. This Council is an amalgamation of two previous advisory councils that dealt with domestic and family violence and child protection respectively.

2. Introduction

In February 2010 the Minister for Health and Families met with the Families and Children Advisory Council (hereafter the *Advisory Council*) and invited the Council to provide him with advice on whether there is a need to restructure the department. The Council members discussed at length the range of issues impacting on the performance of the NT child protection system and advised the Minister that we did not recommend a restructure of the department. From our experience and understanding a restructure is not the answer to the systemic, organisational culture, clinical governance and practice issues that directly impact on the integrity of the Northern Territory's child protection system. Experience elsewhere in Australia, such as in WA has shown that the restructuring and repositioning of Child Protection did not improve the system. However, the Council strongly supports raising the profile of child protection within and across the NT Government and the wider community and we recommend that consideration be given to lifting child protection into a Division.

The Advisory Council's view is that on paper the NT child protection system framework enables the care and protection of children. The problems with the current system are not so much in the design but relate to issues we outline below such as poor service delivery and the communities lack of confidence in the integrity of the system; poor clinical governance and clinical and practice supervision; lack of leadership to implement good practice though professional training and development; lack of leadership commitment and support to implement protocols to work with other agencies to provide the highest level of care and protection to children in the NT and a lack of leadership and will to share information in a responsible and timely manner for the care and protection of children in the NT. A departmental restructure or a new child protection system will not necessarily or automatically tackle these issues that underlie the poor performance of child protection in the NT. Other broader systems need to be strengthened and improved such as more thorough probity and fit and proper person standards and processes to better reflect the vulnerabilities of the environment in many areas of the NT. And we stress the need for the child protection system to be adequately resourced.

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The Council is very cautious about recommending the adoption of child protection system models from other jurisdictions that have been designed for very different geographic, demographic and socio-cultural environments with different levels of infrastructure and levels of social and economic capacity. We are concerned that due attention and awareness of the specificities of the NT environment, especially the capacity of the non-government sector is being ignored. A new system will not necessarily address the workforce issues, the quality and standard of child protection services, the development and access to a highly skilled and competent workforce, the need for clinical governance and clinical and practice supervision and information sharing.

The Advisory Council draws your attention to the *Caring Well – Protecting Well: A framework for practice standards in child protection in Aboriginal communities in Central Australia (2005)*¹ (Appendix 6). The framework was developed within the specific context of Aboriginal child care and protection in the cross-border region of the NT, SA and WA, in recognition that child protection services for children in that region are “not the best they can be and there was a need for better ways to think about and do child protection”. This is a nuanced, useful and practical framework for standards in child protection and the basis of an operational model and set of guidelines for best practice in responding to suspected child abuse. The framework stresses the need for continuity, stability and predictability of care and outlines the child protection systems in context and how they can respond to the care and protection needs of Aboriginal children in that region. The framework identifies the characteristics of quality services in child protection practices and what that would look like in that environment which share many similarities with other regions in the NT.

Seriously high levels of violence and child abuse and neglect occur across the Territory and especially in Indigenous communities. The high levels of under-reporting and the complexities in recognising and detecting child abuse is compounded by the normalisation and acceptance of violence and the fear of blame and retribution that surrounds disclosure and reporting by parents, other carers, medical staff and other community workers. In this environment it is very difficult for individuals – be they a family member or community member, child protection worker, education worker, medical practitioner and or lawyer – to make competent assessments, especially in relation to suspected child abuse. Reasons include the range of competencies, lack of training in that domain, presenting issues outside their expertise, lack of cultural nuance and misleading beliefs about cultural considerations that can result in inappropriate priority given to what is culturally appropriate and best for the child and family, rather than what will best protect a child from harm and provide care for that child.

The child protection system in the Northern Territory needs to meet the unique and challenging environment of the NT and not use it or proffer it as a reason why we can't provide a high standard of care and protection to our children. The

¹ This framework was developed in 2005 by Dr Pauline Meemaduma for the NPY Women's Council and Ngaanyatajrra Health. A copy was presented to the Board of Inquiry at the time of the NTFCACs Presentation on 25.3.10 in Alice Springs.

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very nature of the NT is that it features small, multi-lingual and complex communities with basic and limited services that are very remote from our urban service centres. The climate provides additional challenges. We have a rich and culturally diverse population, a high percentage of whom are Indigenous people whose kinship and family structures form the core structure of their day to day living, in a social, economic and political sense. Mobility is a central feature of many Indigenous people lives and an important means to maintain and reproduce social relationships but also as a means to secure services and in some cases to escape the pressures and boredom of small communities. However, unlike the highly transient non-indigenous population who move back to other regions of Australia, Indigenous people tend to orbit in and out of their home communities and regions within the Territory. While the level of mobility provides challenges that the system needs to meet, such as establishing and implementing the means to share information, the permanency of the Indigenous population also provides opportunities for agencies and workers to develop and maintain longer term relationships to work with individual children, families and communities. The Northern Territory offers rich and rewarding work experiences, but not in the short term.

Our submission refers to prior submissions by the previous Family and Children's Services Advisory Council (FACSAC) and the previous domestic and Family Violence Advisory Council (DAFVAC). The FACSAC submission to the Anderson and Wild Inquiry highlighted many issues and concerns about the NT child Protection response system such as the lengthy delays in responding to mandatory reports (2.3), the low level of visits, follow-up and monitoring of remote cases (2.7), workforce issues such as staff skill and continuity (3.2).

We have highlighted in *blue* where issues or recommendations correspond to the *National Child Protection Framework* and in *pink* where they are reflected in the *National Plan to Reduce Violence against Women*.

The submission is structured under the Inquiries' Terms of Reference; e.g.:

Term of Reference 1:

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

NTFCAC recommendations are also provided as a summary at the commencement, as well as throughout this submission in text boxes; e.g.:

Recommendation 1: raising the profile of child protection

The Council strongly supports raising the profile of child protection within and across the NT Government and the wider community and we recommend that consideration be given to lifting child protection into a Division. This should be number one.

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3. Summary of NTFCAC Recommendations

3.1. Recommendation 1: Raising the profile of Child Protection

The Council strongly supports raising the profile of child protection within and across the NT Government and the wider community and we recommend that consideration be given to lifting child protection into a Division.

3.2. Recommendation 2: MOUs and protocols for interagency cooperation

Implementation of Memorandums of Understanding (MOUs) and/or Protocols that address interagency cooperation and collaboration and that necessitates the lawful, responsible and timely sharing of information. For example the *Protocols between NT Health and Families and Central Australian Community Organisations (2003)* & *Guidelines for Protocol Implementation (2006)* (Appendix 5).

3.3. Recommendation 3: Legislative change regarding sensitive / client information

Implement effective legislation that will enable the exchange of personal and sensitive information and other relevant information regarding a child, their family and other relevant information between government and non-government agencies.

3.4. Recommendation 4: MOUs for information sharing

The development and implementation of Memorandum's of Understanding (MOUs) between organisations to enable and manage information sharing between government and non-government agencies, between government agencies and between jurisdictions.

3.5. Recommendation 5: Interagency information sharing arrangements

Formalise information sharing arrangements within agencies such as Department of Education and Training (DET) or Department of Health and Families (DHF) based on duty of care principles that negate the need for signed consent prior to information sharing.

3.6. Recommendation 6: Governance tools relating to conflicts between confidentiality and duty of care

The development of clinical and practice governance tools to guide workers in scenarios where there are conflicts between confidentiality and duty of care.

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3.7. Recommendation 7: Regulations relating to the Care and Protection of Children Act (NT)

Prioritise the development and implementation of Regulations to support the operation of the *Care and Protection of Children Act (NT)*².

3.8. Recommendation 8: Consideration of and amendment to legislative obstacles to information sharing

That the Inquiry Board consider the legislative obstacles, if any, to interagency information sharing and, if necessary, consider amendments to the law to facilitate this to enable the care and protection of children in the NT.

3.9. Recommendation 9: Probity and fit and proper person checks

That probity and fit and proper person checks and assessment systems be established to create a safer environment for children in the Northern Territory.

3.10. Recommendation 10: Implementation of Coronial Recommendations

The implementation of the Coronial Recommendations made at the Inquest into a 12 year old girl under the care of the CEO of NT Families and Children and in particular Recommendations 1-6³. In relation to Recommendation 1:

- a. We support a requirement that a child under the care of the CEO be visited by a person authorised by the CEO regularly.
- b. The Coroner's Recommendations also propose 2 monthly visitations. While we strongly support and recognise the benefits of that proposal we also accept that within the current resourcing of the NT child Protection system this may not be possible without an increase in staff and resources. Until capacity issues are addressed, we recommend that the visitation requirements are aligned with the type of order to which the child is subject, so that a delegate is required to visit the child more regularly if the CEO has parental responsibility or daily care and control of the child and less often if those responsibilities lie with a third party.

3.11. Recommendation 11: Government initiatives to prioritise parent, child and youth wellbeing

Child protection responses in the NT be underpinned by cross agency, cross jurisdictional initiatives which give priority to parent, child and youth wellbeing:

- a. The Territory Growth Towns be used as service hubs for the delivery of these services

² *Care and Protection of Children Act 2007*, Northern Territory Consolidated Acts
http://www.austlii.edu.au/au/legis/nt/num_act/capoca200737o2007315.txt/cgi-bin/download.cgi/download/au/legis/nt/num_act/capoca200737o2007315.rtf

³ *Inquest into the death of Deborah Leanne Melville-Lothian*, 2010, NTMC 007, Coroner's Court, Darwin, D0109/2007, Findings of Mr Greg Cavanagh SM http://www.nt.gov.au/justice/courtsup/coroner/documents/D01092007Melvillesuppressed_000.pdf

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- b. The Australian and Northern Territory Government Remote Services Co-ordinators General must adhere to the principles of child well-being - as stated in the 'seven building blocks' of the *Closing The Gap* strategy⁴ in their oversight of developments in these locations.

3.12.Recommendation 12: Direct resources to Aboriginal Employment Strategy initiatives

Direct efforts and resources to support the Aboriginal Employment initiatives (as per both the Department of Health and Families Corporate Plan 2009-125, and recommendation 19 of the "Little Children are Sacred" Report⁶, and ensure that achievement against the agreed targets is measurable.

3.13.Recommendation 13: Secondments between government and non-government agencies

Direct efforts and resources at facilitating and encouraging secondments and other temporary placements between government and non-government agencies within the Northern Territory, and between other jurisdictions to improve interagency working relationships, facilitate a broader understanding of priority areas, challenges and strategies across agencies and jurisdictions and build a stronger and more stable workforce.

3.14.Recommendation 14: Implement a model of clinical and practice supervision

Implement a model of clinical and practice supervision, separate from line management and clinical governance mechanisms, that provide:

- Workers in supervisory positions who are highly skilled and trained
- Increased capacity through outsourcing and drawing on external expertise
- Clinical and practice supervision resources and personnel accessible to government and non-government agencies working in child and youth services.

3.15.Recommendation 15: Review of community based child protection services

Review the current activities and funding of community based child protection services to achieve an expansion of those services and an increase in resources and staff skill level, including a greater involvement of local Aboriginal

⁴ Northern Territory Report: *Closing the Gap on Indigenous Disadvantage: The Challenge for Australia*, February 2009 http://www.fahcsia.gov.au/sa/indigenous/pubs/general/Documents/closing_the_gap/closing_the_gap.pdf

⁵ Northern Territory Government, Department of Health and Families *Corporate Plan 2009 – 2012: Healthy Territorians Living in Healthy Communities* <http://digitallibrary.health.nt.gov.au/dspace/bitstream/10137/342/3/corpplan09.pdf>

⁶ Ampe Akelyernemane Meke Mekarle - *Little Children are Sacred*, Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, 2007 http://www.inquirysaac.nt.gov.au/pdf/bipacsa_final_report.pdf

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community-based workers in services that support the safety and wellbeing of children.

3.16. Recommendation 16: Establishment of specialised Aboriginal Child Care Centres

Aboriginal Child Care Centres are crucial to the early intervention and prevention of children being taken into care. Specialised Child Care Centres must be established in Darwin, Katherine, Alice Springs and Nhulunbuy to provide respite and targeted family support for at risk and high needs families.

3.17. Recommendation 17: Domestic and Family Violence resources and training

That child protection workers and key stakeholders are provided with the necessary resources, training and assistance to acquire an appropriate understanding of the nature and context of Domestic and Family Violence and related issues.

3.18. Recommendation 18: Sharing of Domestic and Family Violence related issues and incidents

That information sharing of Domestic and Family Violence related issues and incidents is facilitated and improved through meaningful collaboration and partnership agreements across key agencies, both government and non-government.

3.19. Recommendation 19: Client Safety Plans

The development of a shared understanding of the need for Client Safety Plans across government – and that each agency develops their own Safety Planning policies and guidelines to match their priorities.

NB: Such an overarching Safety Planning model has been developed in Victoria – involving the Police, Child Protection bodies and Hospitals.

3.20. Recommendation 20: Implementation of the Aboriginal Child Placement Principle

The *Aboriginal Child Placement Principle*⁷ continues within a child protection system that is based on principles of:

- protecting a child from harm;
- prioritising the child's safety

⁷ The *Aboriginal Child Placement Principle* (ACPP) is documented in the *Care and Protection of Children Act 2007*, http://www.austlii.edu.au/au/legis/nt/num_act/capoca200737o2007315.txt/cgi-bin/download.cgi/download/au/legis/nt/num_act/capoca200737o2007315.rtf

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- encompassing all aspects of the child's emotional, physical, intellectual and spiritual development,
- stability, continuity and predictability of care and
- minimum standards of care and best child protection practices.

3.21.Recommendation 21: Appropriate placements of children

Improve the appropriateness of child placement in alternative care while safeguarding their physical, emotional, psychological and cultural safety, through:

- a. The development and implementation of minimum standards of care for children in out of home care, including children placed with Kinship and Foster Carers
- b. The development of systems and policies which provide for appropriate assessments of children and carers to ensure the appropriate placement of children in the Northern Territory
- c. Appropriate levels of support to assist carers achieve the minimum standards of care (e.g. through role clarity of key foster and kinship carers)
- d. Provide kinship and foster carers with assistance with parenting and or information and skills to on how to better parent and or care for children in the contemporary environment.

3.22.Recommendation 22: Minimum standards for NGO

The development and implementation of minimum standards for NGO services and providers, including but not limited to:

- Child Protection and Probity and Fit and Proper Person Checks (not limited to Criminal History Checks)
- minimum professional development / training standards
- universal systems of data collection, record keeping and reporting (regardless of funding source).

3.23.Recommendation 23: Expand the role of the Child Death Review Committee

Expanding the role of the Child Death Review Committee to include an investigative mechanism in relation to sudden or unexpected deaths in relation to children known to the department of NTFC (similar to WA Ombudsman).

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**Child Protection Inquiry Board Terms of Reference (TOR) and NTFCAC
Submission and Recommendations**

Term of Reference 1:

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

4. Organisational culture: attitude and approach across all tiers of NTFC to working with other agencies

The Child Protection system Australia wide has long been the focus of much resentment and discontent in the community, in particular the Aboriginal community. Past legacies such as the Stolen Generation have been the cause of deep suspicion and mistrust between the Statutory Child Protection agencies and the broader community. Historically, Community agencies and NTFC have considered themselves at opposing ends of the child protection system. In practice this has meant that workers from the varying agencies have been hostile and secretive towards each other, actively seeking to exclude the opposing party from any involvement with what should be considered 'shared cases'.

More recently however, the Non-Government sector has come to realise that:

- a. they have a significant responsibility for child protection, and;
- b. this can only be done when agencies work collaboratively, sharing skills and responsibilities.

Unfortunately NTFC have not been willing or able to fully engage with the NGO sector still afraid to expose themselves to criticism and differing opinions. It is commonly heard from NTFC workers that Child Protection is ultimately their responsibility regardless of the fact that the NGO sector now receives vast amounts of state and Federal funding to provide complimentary child protection services. This hostility and unwillingness to work together leads to a lack of transparency both for the NGO programs and the families involved.

At best the working 'culture' within NTFC can be described as confidential, at worst it is hostile, secretive, unpredictable, inconsistent and often judgemental.

It must be stated that some individuals within NTFC have attempted to break away from this workplace culture and have developed very good working relationships with other agencies, thus leading to better outcomes for children and their families. However, this is not a common theme and these people usually leave in great frustration. In order to fully address this issue the Senior Management in NTFC must ensure that all staff are aware of the importance of joint case management and information sharing. It must be a departmental policy rather than an individual's desire.

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This has not been the case at NTFC over many years. From the most senior in the Department to the newest recruits there remains a culture of defensiveness and singularity. This was clearly articulated by Coroner Cavanagh in the case of Kunmanara Forbes (2008)⁸.

It is the experience of the Advisory council members that it is this leadership that is often lacking within the current NTFCS organisation, particularly at a middle management level. From an external view it appears it is through this level of middle management (team leaders upwards) that the negative culture and ongoing inability to work constructively with the community sector stems. It is also this level of middle management who provides supervision support.

Recommendation 1: raising the profile of child protection

The Council strongly supports raising the profile of child protection within and across the NT Government and the wider community and we recommend that consideration be given to lifting child protection into a Division. This should be number one.

Recommendation 2: MOUs and protocols for interagency cooperation

Implementation of Memorandums of Understanding (MOUs) and/or Protocols that address interagency cooperation and collaboration and that necessitates the lawful, responsible and timely sharing of information.

For example the *Protocols between NT Health and Families and Central Australian Community Organisations (2003)* & *Guidelines for Protocol Implementation (2006)* (Appendix A)

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

In 2001 a group of NGOs in central Australia formed a coalition for the welfare of children. This Coalition then sought to develop a Protocol with NTFC that would ensure all agencies adhered to a standard of best practice and joint case management. The Protocol clearly outlines each agency's role and responsibility in child protection and details how, when and what information should be shared in order to provide the best possible service for people involved with the Statutory child protection system.

⁸ *Inquest into the death of Kunmanara Forbes* [2009] NTMC 024, Coroner's Court – Coronial (A0085/2006), 4 June 2009, Darwin, Mr Greg Cavanagh SM <http://www.nt.gov.au/justice/courtsupp/coroner/documents/A00852006Forbes.pdf>

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This Protocol has been signed off by all agencies and NTFC. Since 2001, considerable effort has been made by NTFC and the Coalition to ensure that all those working with vulnerable families in central Australia are trained in the practical implementation of the Protocol and the corresponding pro-formas. Unfortunately though it has been extremely difficult to ensure NTFC Staff adhere to the Protocol for the following reasons:

- a. When training sessions are held very few NTFC staff attend and those that do usually do not stay for the duration of the training.
- b. New NTFC staff are not made aware of the Protocol upon commencement and when they are they are not able to locate a copy of the Protocol in their offices.
- c. Many NTFC staff consider the Protocol an interruption to their work.

The Coalition has consistently argued that NTFC must adopt the Protocol as Departmental Policy so as to ensure all staff comply. However, Senior Management within NTFC have resisted this idea stating that the Protocol is only relevant to central Australia. On the contrary, this Protocol is a guide to best practice that can be shared in all jurisdictions.

Similarly, when a group working for the protection of children in Maningrida requested an MOU with NTFC, they faced obstruction and opposition within the Department at all levels.

There are many examples throughout Australia of working MOUs that aim to protect the most vulnerable in society, such as NPY Women's Council Domestic Violence Service's MOU with WA, SA and NT Police. These MOUs are an example of Statutory and non-Statutory agencies working together to share information in a timely and responsible manner in order to protect women and children.

5. Information sharing

Information sharing within and across the child protection system, including the non-government community controlled organisation sector is not only dependent on effective legislation to enable the exchange of personal and sensitive information but it depends on practical models and management which actively supports and encourages the responsible sharing of information.⁹

5.1. Types of information to improve the services targeted at the care and protection of children

- Personal and Sensitive (client) information – to enable cross agency case management. Includes information relating to parents and or

⁹ The Home Office in the UK through their Inter-Ministerial Group on domestic Violence has published a report (30), *Safety and justice: sharing personal information in the context of domestic violence – an overview*. It is a guide for practitioners and it sets out the messages for practice development, implementation and operation which can be adapted and applied to the child protection domain. <http://www.homeoffice.gov.uk/rds>.

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carers, siblings and or other significant relations and carers. Information concerning safety of child and other family members, such as existing court orders such as Domestic Violence Restraining Orders; pattern and range of families mobility and residences.

- Case management information – notifications, assessments, support and safety plans, details of care and protection orders, case plans – roles and responsibilities and monitoring reports.
- Demographic / statistical information (e.g. Mandatory Reporting notification analysis and findings)

Recommendation 3: legislative change regarding sensitive information

Implement effective legislation that will enable the exchange of personal and sensitive information and other relevant information regarding a child, their family and other relevant information between government and non-government agencies.

Recommendation 4: MOU's for information sharing

The development and implementation of Memorandum's of Understanding (MOUs) between organisations to enable and manage information sharing between government and non-government agencies, between government agencies and between jurisdictions.

Recommendation 5: interagency information sharing arrangements

Formalise information sharing arrangements within agencies such as Department of Education and Training (DET) or Department of Health and Families (DHF) based on duty of care principles that negate the need for signed consent prior to information sharing.

Recommendation 6: governance tools

The development of clinical and practice governance tools to guide workers in scenarios where there are conflicts between confidentiality and duty of care.

6. The Integrity of the Child Protection System in the NT: The Context of Confidentiality in Child Protection in the NT Clinical governance and duty of care versus confidentiality

Commonwealth and NT legislation mandates confidentiality standards within and between organisations working in many arenas, specifically involving the care and protection of children¹⁰.

¹⁰ *Care and Protection of Children Act*, Northern Territory Consolidated Acts, http://www.austlii.edu.au/au/legis/nt/consol_act/capoca269/

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As a general principle and practice, services providers place much importance on the notion of confidentiality, based on the rights of individuals and framed within legislation. While we are careful to avoid making generalisations we can say that for many Aboriginal people, particularly those living in remote communities and or in towns who are close to their traditional values and lifestyle have a different view of what confidentiality is, what and how it is applied to and in what context. There is very little overlap with the mainstream view and approach to confidentiality.

The remote context and the nature of the health and social issues that present requires a very nuanced and contextual approach to confidentiality.

The experience of a senior clinician working in the remote setting involves regular induction and orientation of new general practitioners to the setting and instructing them against what they have been taught.

Individual responsibility, privacy, decision making authority in many communities in the NT but particularly in the remote context often involves an extended family group. It may also involve individuals who prioritise other interests over the safety and wellbeing of a child in their family. Obtaining consent in a meaningful fashion in this domain is complex and it may involve breaching a narrowly defined notion of confidentiality. Within the health sector this notion of informed consent is contentious as it is practically very difficult to achieve, is time consuming, and the tools necessary to achieve it are rarely on hand; a culturally safe setting, appropriate interpreters (accredited and able to interpret without a conflict of interest) are available, a shared understanding of the issue requiring translation and so on.

Duty of care and confidentiality sit on either end of a poorly balanced seesaw. Unfortunately for the care and protection of children there are no appropriate and practical guidelines and support for service providers deciding to stand on the other side of the tipping point. Decisions made about the care and protection of children are too often based on a lack of information that is a result of a child protection system giving primary consideration to compliance with confidentiality legislation.

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

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Examples of this include:

- Lack of feedback to notifiers about outcomes of investigation (or even if the notification has been accepted)
- Lack of formal mechanisms to keep community-based services aware of management plans for families and children
- Discouragement of community –based workers sharing information about the family
- Lack of acceptance of community based organisations role in collecting circumstantial evidence around the context of a given notification
- Resistance to formalising MOUs with community-based organisations based to enable and implement lawful, responsible and timely information sharing.

7. Regulations and the Care and Protection of Children Act

The development and implementation of Regulations is vital to support the operation of the *Care and Protection of Children Act* (NT)¹¹ (hereafter “*the Act*”). *This must be given priority.*

The Act has been operating without regulations since December 2008. The Advisory Council has heard that the *Act* will be reviewed in April 2010. The Advisory council welcomes the review and encourages the development of regulations to coincide with the outcomes of the review process.

The Advisory council supports the implementation of the Coronial Recommendations made at the Inquest into a 12 year old girl under the care of the CEO of NT Families and Children and in particular **Recommendations 2-6**. Recommendation 2 specifically relates to the importance of Regulations¹².

The other recommendation that we wish to highlight is Recommendation 1, namely that the *Care and Protection of Children Act* be amended to include a requirement that a child under the care of the CEO and who is residing in the Territory must be visited by a person authorised by the CEO at least once every 2 months. We support a requirement that a child under the care of the CEO be visited by a person authorised by the CEO regularly.

The Coroner’s Recommendations propose 2 monthly visitation. While we strongly support and recognise the benefits of that proposal we also accept that within the current resourcing of the NT child Protection system this may not be possible without an increase in staff and resources. An increase in staff to enable such visitation would be ideal. However, until such resources are available, or if such staffing is not made available, one way to support a more risk-focussed allocation of resources would be to align the visitation

¹¹ *Care and Protection of Children Act 2007*, Northern Territory Consolidated Acts
http://www.austlii.edu.au/au/legis/nt/num_act/capoca200737o2007315.txt/cgi-bin/download.cgi/download/au/legis/nt/num_act/capoca200737o2007315.rtf

¹² *Inquest into the death of Deborah Leanne Melville-Lothian*, 2010, NTMC 007, Coroner’s Court, Darwin, D0109/2007, Findings of Mr Greg Cavanagh SM http://www.nt.gov.au/justice/courtsup/coroner/documents/D01092007Melvillesuppressed_000.pdf

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requirements with the type of order to which the child is subject, so that a delegate is required to visit the child more regularly if the CEO has parental responsibility or daily care and control of the child and less often if those responsibilities lie with a third party.

We also note that there are a large number of children under the care of the CEO who have been placed with carers interstate without the CEO complying with the transfer provisions under the *Care and Protection of Children Act*, or its predecessor, the *Community Welfare Act (NT)*¹³, so that the responsibility for the child transfers to the State or Territory in which the child now lives. It is of great concern that the CEO has placed children of such children.

Recommendation 7: Regulations relating to the *Care and Protection of Children Act* (NT)

Prioritise the development and implementation of Regulations to support the operation of the *Care and Protection of Children Act* (NT).

Recommendation 8: legislative obstacles to information sharing

That the Inquiry Board consider the legislative obstacles, if any, to interagency information sharing and, if necessary, consider amendments to the law to facilitate this to enable the care and protection of children in the NT.

Recommendation 9: probity and fit and proper person checks

That probity and fit and proper person checks and assessment systems be established to create a safer environment for children in the Northern Territory.

Recommendation 10: Coronial Recommendations

The implementation of the Coronial Recommendations made at the Inquest into a 12 year old girl under the care of the CEO of NT Families and Children and in particular Recommendations 1-6. In relation to Recommendation 1:

- a. We support a requirement that a child under the care of the CEO be visited by a person authorised by the CEO regularly.
- b. The Coroner's Recommendations also propose 2 monthly visitations. While we strongly support and recognise the benefits of that proposal we also accept that within the current resourcing of the NT child Protection system this may not be possible without an increase in staff and resources. Until capacity issues are addressed, we recommend that the visitation requirements are aligned with the type of order to which the child is subject, so that a delegate is required to visit the child more regularly if the CEO has parental responsibility or daily care and control of the child and less often if those responsibilities lie with a third party.

¹³ Community Welfare Act, Northern Territory Consolidated Acts, http://www.austlii.edu.au/au/legis/nt/consol_act/cwa208/

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National Priority: Enhancing the Evidence Base
National Priority: Filling the Research Gaps

*National Priority: Systems work together effectively – including clear
measures of performance*

Term of Reference 2:

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

8. A Working Future and Remote Service Delivery National Partnership Agreement

This is a priority of both the Northern Territory and Australian Governments to contribute significant resources over the next 5 years to the establishment of regional towns in twenty of the largest remote Indigenous communities in the NT. The broad intent is that the residents of these towns should have access to the same services and resources expected by residents of small regional centres anywhere in Australia.

These regional towns are intended to act a regional service centres or service hubs for their surrounding communities and should be used as such in the design of future parent, children and youth services.

Program and funding arrangements in support of this development provide opportunities for reform of health and community services aligned across both jurisdictions and the newly established Shires. In addition, primary health care reforms, the increasing role of community controlled health care providers and the focus on the development of integrated child and family education and care arrangements provide a platform for the establishment of new multi-agency child and family well-being initiatives through which the provision of prevention and early intervention services might be delivered.

Both jurisdictions have appointed a Co-ordinator General to oversight developments in these regional centres. These measures will require NTG agencies to work in greater collaboration in the delivery of public policy outcomes for the NT community.

In this context there is significant opportunity for reframing the design and delivery of preventive, early intervention and mandatory responses to child abuse and neglect and to build organisational structures to underpin this delivery.

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Recommendation 11: Government initiatives to prioritise priority to parent, child and youth wellbeing

Child protection responses in the NT be underpinned by cross agency, cross jurisdictional initiatives which give priority to parent, child and youth wellbeing:

- The Territory Growth Towns be used as service hubs for the delivery of these services
- The Australian and Northern Territory Government Remote Services Co-ordinators General must adhere to the principles of child well-being - as stated in the 'seven building blocks' of the Closing The Gap strategy in their oversight of developments in these locations.

9. Workforce Capacity

This submission addresses a number of issues that directly influence and impact on the capacity of the child protection workforce. They include a strong practical framework for standards in child protection, appropriate training and professional development, clinical and practice supervision and debriefing and strong leadership skills. With the majority of children in care being Aboriginal in the Northern Territory it is imperative that an Aboriginal Employment Strategy be put in place to encourage and enable Aboriginal people with relevant qualifications and experience to be employed across all levels in both the government and non-government child protection sectors. The child protection workforce needs to reflect the diverse communities in the Northern Territory. The Advisory Council highlights the knowledge, understanding and information that Aboriginal people and others in the community have that can make a valuable contribution to the care and protection of children. Management and workers within and across the Department need to recognise and understand the value and potential of these contributions in practical ways and not exclude them from the processes because they do not have a statutory role. Efforts should be directed at establishing secondments and placements between government and non-government agencies within the NT and between other jurisdictions to improve interagency working relationships, understandings and to build a stronger and more stable workforce.

The Advisory Council recommends that Aboriginal people already working in the community sector are encouraged and supported to seek professional training and qualifications in social work, psychology, health, education and policing. We draw your attention to a number of dedicated Indigenous professional associations, academic and community leadership support programs that have the potential to develop and support more Aboriginal people qualifying for work in this domain. We also encourage the Department to advertise positions through specific Indigenous newspapers and employment websites.

The high turnover of child protection workers is a contributing factor in the poor performance of the NT child protection system. However, there are also many long term workers within the Department's child protection services who have worked as child protection case workers, as senior supervisors, in out-of-home

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care and as managers. There are also examples of workers who have worked in the statutory and non-government child protection and family support areas. From our direct knowledge and experience there is possibly greater continuity of workers within the non-government sector where salary levels have generally been lower and there are even less resources to draw on. These agencies and workers have not only developed very strong relationships with their clients through the advocacy and support services but they have acquired a depth of knowledge of their client group and communities that the statutory child protection workers do not always have.

Recommendation 12: Aboriginal Employment Strategy

Direct efforts and resources to support the Aboriginal Employment initiatives (as per both the Department of Health and Families Corporate Plan 2009-12¹⁴, and recommendation 19 of the “Little Children are Sacred” Report¹⁵, and ensure that achievement against the agreed targets is measurable.

Recommendation 13: secondments between government and non-government agencies

Direct efforts and resources at facilitating and encouraging secondments and other temporary placements between government and non-government agencies within the Northern Territory, and between other jurisdictions to improve interagency working relationships, facilitate a broader understanding of priority areas, challenges and strategies across agencies and jurisdictions and build a stronger and more stable workforce.

Recommendation 14: clinical and practice supervision

Implement a model of clinical and practice supervision, separate from line management and clinical governance mechanisms, that provides:

- Workers in supervisory positions who are highly skilled and trained.
- Increased capacity through outsourcing and drawing on external expertise.
- Clinical and practice supervision resources and personnel accessible to government and non-government agencies working in child and youth services.

10. Family and Child Support Services

The need for high quality affordable and subsidized respite and therapeutic support for vulnerable families has been shown internationally to be an important tool in supporting families to prevent statutory intervention and placing children in state care. In Canada intensive child care support that focuses on

¹⁴ Northern Territory Government, Department of Health and Families *Corporate Plan 2009 – 2012: Healthy Territorians Living in Healthy Communities* <http://digitallibrary.health.nt.gov.au/dspace/bitstream/10137/342/3/corpplan09.pdf>

¹⁵ Ampe Akelyernemane Meke Mekarle - *Little Children are Sacred*, Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, 2007 http://www.inquirysaac.nt.gov.au/pdf/bipacsa_final_report.pdf

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nutrition, developmental appropriate activities, and support to parents is used to support families at risk of statutory intervention. It is the experience of the Advisory council members that the ability of vulnerable families, especially indigenous families and large families, to access high quality child care is currently almost impossible. This is particularly true if families require short term crisis respite care. E.g.: a woman is in a shelter away from family supports and requires some short term care so she can recuperate from the immediate crisis.

It is the experience of the Council that, increasingly, women are using the services of NTFC as a default respite service – without a full understanding of the implications of entering a statutory child protection system.

Due the over representation of indigenous children within the Northern Territory system an Aboriginal Child Care Centre is a crucial aspect to the implementation of such a model. For example since the closure of the Minbani Aboriginal Child Care Centre in Darwin, many Indigenous families have been unable to secure child care. At the time of the Minbani's closure the Northern Territory and Commonwealth Governments indicated that it would be replaced with a combined family centre that would incorporate a child care centre specifically for Indigenous children in addition to a range of programs for Aboriginal youth, women and men.

Such a model could be implemented in the four main regional areas of Darwin, Tennant Creek, Nhulunbuy, Katherine and Alice Springs. Alice Springs has Aboriginal child specific services, but they are unable to meet the need for respite and therapeutic support. A whole of family approach but with a focus on the safety and well being of children to prevent further intervention would fit well within the government's current approach of developing a differential response based in the NGO sector. We emphasise that the focus must be on supporting vulnerable families with complex needs rather than just additional child care places as it is the experience of the Advisory Council that those places tend to get accessed by family with more purchasing power and less needs.

For example, the *Breathing Space* program that operated in Alice Springs several years ago often had difficulty purchasing respite places in mainstream child care services. These services often had difficulties meeting the special needs of high risk children and having specialist staff to provide high quality support for often short and unpredictable periods of time.

Recommendation 15: community based child protection services

Review the current activities and funding of community based child protection services to achieve an expansion of those services and an increase in resources and staff skill level, including a greater involvement of local Aboriginal community-based workers in services that support the safety and wellbeing of children.

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Recommendation 16: establishment of specialised Aboriginal Child Care Centres

Aboriginal Child Care Centres are crucial to the early intervention and prevention of children being taken into care. Specialised Child Care Centres must be established in Darwin, Katherine, Alice Springs and Nhulunbuy to provide respite and targeted family support for at risk and high needs families.

National Priority: Closing the Gap
National Priority: Seeing early warning signs and taking early action
National Priority: Responding to sexual abuse
National Priority: Transitioning to Independence.

National Priority: Services meet the needs of women and their children – “the first door must be the right door”
National Priority: Increasing the responsiveness and availability of services to respond to the needs of women and their children affected by sexual assault and domestic and family violence, requires an appropriately skilled workforce.

***Term of reference 3:
Support systems and operational procedures for all workers engaged in
child protection, in particular staff retention and training.***

11. Training & Professional Development

Current training for NTFCS workers and organisations funded by NTFCS is inadequate and limited in its scope to one to two day workshops on specific topics at an undergraduate level. The current training does not adequately address the complexities in the NT and recent legislative and policy changes.¹⁶ While some of the training provides opportunities for workers to reflect on existing skills it does not provide opportunities for professional development, specifically in relation to practice. This level of training relies on individual workers capacity and ability to reflect on their practice and initiate change.

For example: The 2 day training workshop in “Strength’s based” practice, a strong evidence based practice model and the Department’s stated way of working with families. This is an excellent workshop that provides detailed information about working in a client focussed, client directed way. It is very evident from the Advisory Council member’s collective experience that this approach is not implemented by Child protection workers in the NT. This is reinforced by a lack of adequate supervision and mentoring of child protection workers.

¹⁶ This was clearly demonstrated in the past two weeks when youth workers from a major non-government agency expressed their understanding at a workshop for year 10 high school students that the age of consent in the NT was 14 years of age.

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As part as an incentive package the government could fund ongoing part –time tertiary and post graduate training that is focussed on child protection. This would provide workers with an incentive to remain in the department whilst gaining additional qualifications. This could be based on a work based learning model in conjunction with a reputable tertiary institution. The likely benefits for the NT child protection system and NTFC are a more stable and satisfied workforce, enhanced child protection practices and an improved child protection system.

Carers, foster and kinship carers have requested regular access to workshops and professional development in areas of child development and special needs to enable them to develop their skills.

11.1. Supervision ¹⁷

The key to a supervision model is strong leadership skills throughout child protection and child and family support agencies. Strong leadership skills include the ability to communicate, inspire, and set the direction of the organisation. It is through leadership that the culture and values of an organisation are transmitted.

There is a significant body of qualitative and quantitative research that shows that strong supervision models have improved outcomes in the areas of worker’s skill and client outcomes, worker and client satisfaction and workforce retention (SRQIC 2005; Ellet 2008; NASW). Some recent research is also showing the critical role that supervisors play in strengthening organizational culture and personal characteristics of staff (e.g. self-efficacy beliefs), and that this can be used as a means of enhancing organizational outcomes (Ellet 2006).

Good clinical or practice supervision is a necessary component of sound clinical governance. It focuses on the professional development within a structure that supports workers to critically review their work. Quality clinical supervision is not confined or limited to administrative matters such as file maintenance and human resource processes which can impede its core aims and roles to develop the child protection workers expertise and practice in line with providing a good service to the client. Clinical or practice supervision is an important part of quality assurance it is not, and cannot be the, only mechanism in which clinical governance occurs. There has been some evidence showing that where the process of supervision is focussed on administrative matters, such as file maintenance, human resource processes, it impedes supervisions potential (SRQIC 2005) positive outcomes. Therefore the supervision process needs to

¹⁷ References: Southern Regional Quality Improvement Center for Child Protection, *Review of Literature Associated with Social Work Supervision* (London 2005)
Collins-Camargo, C. (2006). Clinical supervision in public child welfare: Themes from findings of a multi-site study. *Professional Development*, 9(2/3), 100–110.
Ellett, A., Collins-Camargo, C., & Ellett, C.D. (2006). Personal and organizational correlates of outcomes in child welfare: Implications for supervision and continuing professional development. *Professional Development*, 9(2/3), 44–53.

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be removed from line management and performance management process to be effective. Clinical and practice supervision should be a vital and necessary component in the NT child protection system.

Many of the common complaints about NTFC workers is a lack of interaction with other community based agencies. A supervision model gives a mechanism where those types of interactions can be reflected upon and responded to on a practice and systemic level. However, it is totally dependent on the organisational culture and the commitment, support and regular attention from senior management and operational staff.

Recommendation 14 (cont.): implementation and accessibility of clinical and practice supervision

A model of clinical and practice supervision, separate from line management and clinical governance mechanisms be implemented that requires appropriately skilled and trained workers in supervisory positions. This is a potential area where the department could outsource expertise by accessing external consultants whilst developing the workforce capacity to provide this role internally.

Clinical and practice supervision personnel accessible to non-government agencies working in child and youth services.

12. Safety and Domestic and Family Violence

There is a significant body of research that shows the serious harm caused to children living with domestic and family violence (Laing 2006). This has been reflected by the inclusion of domestic and family violence in child protection legislation in many jurisdictions including the Northern Territory. The new legislation has strengthened the domestic violence aspect of the Act to include the witnessing of domestic violence as a matter for mandatory child protection reporting.

However there has been some discussion nationally that the inclusion of domestic violence has been a significant factor in the increase of referrals to statutory organisations, causing the system to become overwhelmed.

The increase in the number of referrals to NTFCS over the last year has been well publicised, however any analysis on the reasons for the increase have not been publicly released. It would be reasonable to hypothesise that domestic and family violence would be a primary reason for referral for a large number of children in the care of NTFCS.

There are significant concerns with the management of cases where domestic and family violence is present. Issues of inadequate safety assessments, “mother blaming” practices (that is focusing on the mother’s “failure to protect” rather than the offender’s behaviour), and lack of interaction with the non government service sector are of serious concern. Many of these issues are highlighted in the literature as systemic weakness across child protection systems (Humphries 2008). However due to the extremely high rates of

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domestic and family violence in the Northern Territory and a relatively small domestic violence sector means that robust, vigilant practise that is focussed on safety of women and children is vital.

For example: A common scenario is that a child or children are removed from a mother who is in a violent relationship on the grounds that she is not providing adequate care and the children are placed with the offender's mother with no safe access plans in place for the woman to see her children. This places both the mother and the child or children at further risk. There are multiple examples of situations where very serious assaults and in some cases family violence homicides have occurred in these circumstances. In at least two recent extreme and tragic cases the mothers were killed, the fathers imprisoned for minimum terms of 20 year and the children orphaned. These scenarios shows not only poor assessment skills, lack of timely and accessible information sharing but a lack of understanding of domestic and family violence and how to factor those issues into child protection practices. It is the experience of the Advisory council members that workers often lack sound knowledge of the nature of domestic and family violence and often misunderstand the risks, particularly to women and particularly in the specific context of the Northern Territory

Recommendation 17: Domestic and Family Violence resources and training

That child protection workers and key stakeholders are provided with the necessary resources, training and assistance to acquire an appropriate understanding of the nature and context of Domestic and Family Violence and related issues.

Recommendation 18: sharing of Domestic and Family Violence related issues and incidents

That information sharing of Domestic and Family Violence related issues and incidents is facilitated and improved through meaningful collaboration and partnership agreements across key agencies, both government and non-government.

Recommendation 19: Client Safety Plans

The development of a shared understanding of the need for Client Safety Plans across government – and that each agency develops their own Safety Planning policies and guidelines to match their priorities.

NB: Such an overarching Safety Planning model has been developed in Victoria – involving the Police, Child Protection bodies and Hospitals

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Term of reference 4:

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

13. Carer Support

The Advisory council recognises the dedication and commitment – financial, emotionally and physically by many individuals and families who are carers day and night, every day. Many carers, including foster and kinship carers are long term and very experienced and can clearly identify the kinds of support they expect from the department to assist them to provide the care and support, often extensive and complex to meet the needs of the children in their care.

Many carers turn to non-government agencies for support or are directed to them for support. As we have outlined above, those agencies are limited in meeting those needs, especially for children and families with high and complex needs and in areas where there is limited capacity and issues that undermine and or impact on the ability to protect children from harm.

The Advisory council is very aware that even less support and monitoring is given to the many children who are in “informal” care with family or kinship carers. Too often children are placed with or left with family who are already overburdened with the care of others, who may be frail aged and or suffering from chronic illness and or whose home and community environment is unsafe for that child or children. Many of those placements are inappropriate and sometimes unsafe. The level of communication between the Department and kinship carers is either non-existent or minimal. The children with kinship carers are unmonitored and the carers receive no support by way of practical assistance beyond emergency relief in the way of food and clothing. Kinship carers are not offered assistance with parenting or knowledge, ideas and skills on how to better parent and or care for children in the contemporary environment. The Kinship carers have neither been recognised nor valued in the same way that formal foster carers are. This has seriously impacted on the care and protection of children in their care.

It is in this context that the Advisory Council supports the retention of the *Aboriginal Child Placement Principle*. The principle acknowledges the critical importance of the relationship of children to their family, community and culture, and a sense of belonging. However, the principle should always be subject to the overriding considerations of the child’s safety, care and protection.

There needs to be emphasis on effective implementation of the principle taking into account:

- staff skill level and experience
- clinical and practice supervision
- collaboration and information sharing across agencies

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- adequate support and monitoring for kinship and other carers

Recommendation 20: implementation of the Aboriginal Child Placement Principle

The *Aboriginal Child Placement Principle* continues within a child protection system that is based on principles of:

- protecting a child from harm;
- prioritising the child's safety
- encompassing all aspects of the child's emotional, physical, intellectual and spiritual development,
- stability, continuity and predictability of care and
- minimum standards of care and best child protection practices.

Although it is recognised that many children are placed with families or carers who are living in unsafe environments no arrangements or support has been provided to protect the child or children from harm such as exploring the possibility of improving security in the home, installation of a telephone and a safe room with regular communication and monitoring of the child and carers safety for instance. Again, the lack of willingness to work with and share information with other agencies contributes to these problems.

Foster carers have expressed concern about how the Department involves the parents and family in the care arrangements. As a large percentage of foster carers are non-Indigenous they have a relatively strong voice and are in a stronger position than many kinship carers to articulate and negotiate their needs. Foster carers have expressed frustration about what they see as undue importance being placed on the wishes of the parents over the needs of the children and want to be involved in the process of developing care plans for the child or children in their care. Frequent changes of case managers and subsequently the case plans, inexperienced case managers in working with children who have high and complex needs is frustrating and impacts on the wellbeing of the child or children in care. Foster carers want continuity and consistency in the appointed case managers for children in their care to support and enhance the child's or children's' wellbeing and development. This is a difficult domain and once again the need for highly skilled workers with regular practice supervision and strong clinical governance is needed. The Advisory Council recognises the importance of a child maintaining strong links with their birth family. There is a vast amount of literature and research to support this. Once again we stress the need for the principles of stability, continuity and predictability to be embedded in all aspects of child protection, including out of home care and in child protection practice.

National Priority:
National Priority:

Improving support for carers
Developing national Standards for out-of -home care

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National Priority:

Recognising informal support and workers and targeting them for support, training, reimbursement or respite.

Recommendation 21: appropriateness of child placement

Improve the appropriateness of child placement in alternative care while safeguarding their physical, emotional, psychological and cultural safety, through:

- b. The development and implementation of minimum standards of care for children in out of home care, including children placed with Kinship and Foster Carers
- e. The development of systems and policies which provide for appropriate assessments of children and carers to ensure the appropriate placement of children in the Northern Territory
- f. Appropriate levels of support to assist carers achieve the minimum standards of care (e.g. through role clarity of key foster and kinship carers)
- g. Provide kinship and foster carers with assistance with parenting and or information and skills to on how to better parent and or care for children in the contemporary environment.

14. Probity and Fit and Proper Persons: implementing and managing systems to create safer communities across the NT

The Advisory Council recommends that probity and *fit and proper person* checks and assessment systems are put in place to create a safer environment for children in the Northern Territory. These due diligence systems are in addition to the *Working with Children Checks* and would apply to all employees and public officer holders (including board members of community or non-government organisations), specifically where their activities concern children, young people and Indigenous communities. Too often children are placed or left in unsafe environments with unsuitable carers.

The nature and widespread extent of child abuse in the NT requires a broader system of probity *and fit and proper person* checks that does not tolerate abuses of power, violence and child abuse. A system of checks and assessments is required that does not only rely on a criminal history or convictions check in the NT and referee reports which can be notoriously unreliable and or a disclosure by the person or persons in question. A system is required that priorities the safety and wellbeing of children over political, economic and socio-cultural interests.

Fit and Proper Person describes an assessment of an individual's suitability for a specific occupation and privilege and can be part of an approval or due diligence process. There are some very good examples of how *Fit and Proper Person* checks are applied in the issuing of fishing licenses and liquor licenses with clear outlines on the application and context for such checks. A *fit and proper person* check would take its meaning from the context of the community environment and activities of the employer agency.

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We ask the question, “what message does it send out to children, to victims of child abuse, to their parents and carers, to the community and to agency workers when people known to have committed violence and or child abuse offences or other kinds of abuses of power are eligible to be elected or appointed to prominent public office positions within their communities and community based agencies and or employed in significant community based work?

Term of Reference 5:

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

The Council strongly endorses the role and involvement of the non-government and community controlled organisations in the care and protection of children, especially in their roles in early prevention, education and advocacy and support for children, youth and families. Many non-government agencies are funded and contracted by Government to provide specialist support services for children, youth and families with high and complex needs. The child protection system must recognise not only the strengths and capacity of individuals, families, communities and organisations but also recognise and pay close attention to their limitations. Ignoring those limitations will continue to put children at risk and perpetuate poor clinical and practice governance.

The non-government sector does not at this stage have the capacity to provide the necessary clinical governance and clinical and practice supervision that is a critical requirement at all levels of the child protection system but particularly so at the tertiary end. Advisory council members have strong links to the non-government sector and we are acutely aware of the limited and or absence of clinical and practice supervision, debriefing and professional development services. Many of these agencies operate on relatively small recurrent funding grants supplemented with one-off project grants that do not include funding for practice supervision and regular debriefing and professional development.

There needs to be a focus on enhancing service delivery, and a recognition that additional resources are required to assist the NGO sector to meet minimum standards and meet best practice. An expansion of non-government sector services will require the Federal and Territory Government’s ongoing support and improved and expanded systems of accountability within and across the child protection systems. For example, Implementation of information sharing arrangements and development and implementation of minimum standards as outlined above. Accountability, like information sharing is not a one-way street towards Government and the statutory end of child protection. Information sharing is vital to the effective operation of services outsourced to NGOs. The differential response approach raises the risk of a ‘wiping of the hands’ by

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government. Information should continue to flow between government and NGOs. The outsourcing of services should not abrogate the responsibility of government agencies and there should be a continued and collaborative working relationship maintained.

Recommendation 22: minimum standards for NGO

The development and implementation of minimum standards for NGO services and providers, including but not limited to:

- Child Protection and Probity and Fit and Proper Person Checks (not limited to Criminal History Checks)
- minimum professional development / training standards
- universal systems of data collection, record keeping and reporting (regardless of funding source)

Recommendation 23: role of the Child Death Review Committee

Expanding the role of the Child Death Review Committee to include an investigative mechanism in relation to sudden or unexpected deaths in relation to children known to the department of NTFC. (similar to WA Ombudsman).

National Priority:

Joining Up service Delivery

National Priority:

Sharing Information

National Priority:

Advocating Nationally for children and young people.

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Appendices

Appendix 1: NTFCAC Member list

Member Name	Member bio
Jane Lloyd (NTFCAC Chair)	<p>Jane is currently working as an Advisor with the Australian Crime Commission, Child Abuse and Violence Task Force.</p> <p>Jane is an expert in the area of indigenous family violence and has over 26 year experience working in remote and indigenous communities.</p> <p>Jane was formerly Manager of NPY's family violence program and over 12 years worked on designing, developing and implementing a cross border domestic violence services for NPY Women's Council.</p> <p>Jane also Chaired the Domestic and Aboriginal Family Advisory Council from 2003 to 2006, and then the Domestic and Family Violence Council from 2006 to 2008.</p>
Liza Balmer	<p>Liza Balmer is the Deputy Coordinator of the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council. Liza has worked with Indigenous families in remote central Australia for the last 15 years, many of these in child health and wellbeing. Liza was the founding staff member for the NPY Women's Council award winning Child Nutrition Program, developing and implementing a model for child health services particularly focused on the prevention and intervention of Failure to Thrive in remote communities.</p> <p>Liza is also a representative on the central Australian Child Welfare Reference Group and was recently appointed to an expert panel for the Development of a National Child Protection framework.</p>
Nareen Carter	<p>Nareen Carter is currently employed as the Red Cross Regional Manager in Central Australia.</p> <p>Nareen previously worked on the Integrated Early Childhood Project to improve the quality of and access to early childhood services for children and families of remote Aboriginal communities in Central Australia. Nareen has excellent skills in community development and capacity building.</p>
Marilyn Roberts	<p>Marilyn is the Somerville Family Services Manager.</p> <p>Marilyn is a trained counsellor with extensive experience working with homelessness services funded by SAAP.</p>
Susana Saffu	<p>Susana Saffu is employed by Bachelor College in the Faculty of Education, Arts and Social Sciences and is a post-graduate student at Charles Darwin University studying in the area of adult education and community capacity building.</p> <p>Susana was previously a member of the Family and Children's Services Advisory Council. Susana's identified areas of expertise include multi-cultural knowledge, education, academic and research.</p>
Fiona Hussin	<p>Fiona has lived in the NT since 1977. She is employed by the NT Legal Aid Commission as a lawyer in Policy and Community Legal Education.</p> <p>Fiona has extensive legal experience in the NT since 1992, including work in private practice, Domestic Violence Legal Help, Top End Women's Legal Service and North Australian Legal Aid Service (now NAAJA).</p> <p>Fiona has also worked at Northern Territory University as a lecturer in law and support lecturer to indigenous laws students.</p> <p>Fiona has links to community and professional bodies including through the Law Society of the NT and Top End Women's Legal Service.</p>
Regina Bennett	<p>Regina is employed as Coordinator of the Darwin Aboriginal and Islander Women's Shelter.</p> <p>Regina has an extensive knowledge of domestic and family violence issues gained through over 20 years of work experience and volunteer work.</p> <p>Regina is a board member on key Aboriginal Organisations in Darwin, and has a thorough knowledge and experience in mentoring staff. She was a member of the ATSIC Council for 5 years, has participated and graduated from the National Indigenous Women's Leadership program, and the National Indigenous Certificate IV in Leadership through the National Indigenous Leadership Centre.</p>

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Dale Wakefield	Dale is employed as Coordinator of the Alice Springs Women's Shelter. Dale has an extensive knowledge of domestic & family violence issues impacting on children and families and experience in remote locations, particularly Central Australia.
Dr Geoff Stewart	Geoff Stewart is a remote medical officer who has worked for the past 15 yrs in Aboriginal Primary Health Care settings; urban and remote, Top End and Central Australia, community-controlled and government. He is currently the Senior Medical Officer for Maningrida CHC employed by NTDHF and has an active role in community-based responses to child protection and family violence in that setting.
Charlie King	Charlie was born in Alice Springs and moved to Darwin in 1966. Charlie has been working with the ABC as a sports broadcaster since 1994. Charlie has a strong history of involvement with the child protection system as a member of Family and Children's Services Child Protection Team and Family and Community Services Advisory Council. Charlie has been involved in the establishment of Men's Groups throughout the Territory and getting a commitment from sporting teams to exclude perpetrators of domestic violence and continuously promote a strong anti-violence message.
Sally Bolton	Sally Bolton is the family lawyer at the Northern Territory Legal Aid Commission in Alice Springs. She represents parents and carers in child protection proceedings in Alice Springs and Tennant Creek, as well as advising and representing clients in family law matters regarding children. Sally previously worked as the domestic violence lawyer at the Central Australian Women's Legal Service. She is a member of the Alice Springs Family Pathways Network and the Northern Territory Law Society. Sally presents legal education sessions about domestic violence, child protection and family law to the public and to service providers in Central Australia.
Paul Rajan	Paul is currently employed by the Northern Territory Department of Education and Training. Paul was Executive Officer to the former Family Violence Advisory Council and is a past member of the Disability Advisory Council. Paul previously worked for many years in youth and community development and is currently a member of the Board of Families Australia.
Lisa Bennett	Lisa, recently appointed to the Advisory Council, is a Counsellor and educator at Ruby Gaea – a Centre supporting women and children who have experienced sexual violence. Lisa has completed an honours thesis exploring the impact of domestic violence on mothering.

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Appendix 2: NTFCAC Terms of reference

The Advisory Council will:

- Provide high-level knowledge-based and impartial advice and perspectives to the Minister for Children and Families on:
 - Matters affecting the care, protection and best interest of families, children and young people;
 - Implementation of Mandatory Reporting for family violence and child abuse including public awareness and communication strategies;
 - Development of NT Family Violence Strategy, and follow up on its implementation;
 - Measures to support individuals, families, children, and communities, particularly those who experience disadvantage and/or domestic and family violence;
 - Strategies that respond to the diverse needs and circumstances of Territory families, individuals, children, young people and communities that assist them through best possible quality of life;

- Provide a mechanism for experts from the community to work with Government to progress an accessible, equitable, good quality and integrated service system.
- Monitor and comment on the impact of public policy including the Family Violence Strategy and its mandatory reporting, on the community.
- Respond to specific references as requested by the Minister for Family and Children or Chief Executive, Department of Health and Families.
- Undertake activities as agreed with the Minister and the Chief Executive, Department of Health and Families.
- Establish a direct relationship with the Minister for Children and Families.
- Incorporate a direct link with the networking and regional partnership.
- Liaise with Government and non-government organisations as appropriate.
- In its processes, the Advisory Council, working with the Department of Health and Families, will:
 - Stimulate community interest, debate and involvement;
 - Promote a partnership approach to policy development and service delivery;
 - Remain informed about the evidences and risks, opportunities and contemporary; responses that affect the quality of life of Territory individuals, children, families and communities;
 - Provide advice and recommendation based on expertise and good practice;
 - Support advice and recommendations with evidences wherever possible;
 - Ensure that recommendations and advice are made in the best interest of families; individuals, children and young people rather than sectional or vested interests.

Appendix 3: Domestic and Family Violence Advisory Council (DAFVAC)
Submission to the Minister on Mandatory Reporting of Domestic Violence by Health Professionals - Response to Discussion Paper, March 2008

See attached document

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Appendix 4: Family and Community Services Advisory Council (FACSAC)
Submission to the Inquiry into the Protection of Aboriginal Children from Sexual Abuse, October 2006

See attached document

Appendix 5: *Protocols between Northern Territory Health and Families and Central Australian Community Organisations (2003)*

See attached document

Appendix 6 (a-d): *Guidelines for Protocol Implementation (2006), and related forms*

- 6a: Protocol & Implementation Guidelines
- 6b: Grievance Procedure proforma
- 6c: Child Maltreatment Report Form
- 6d: Joint Case Management Meeting Minutes proforma

See attached documents

Appendix 7: *Caring Well – Protecting Well: A framework for practice standards in child protection in Aboriginal communities in Central Australia (2005),* Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation Ngaanyatjarra Health Service

See attached document

Appendix 8: Family and Community Services Advisory Council (FACSAC)
edited version ADVICE TO Minister. DOC, (specifically sections on Service Delivery and Practice; Consultation and Partnerships with Aboriginal people and communities and NGO's; Transparency and Accountability and Case Study review to identify systems issues.)

See attached document