CHAPTER 11

Interagency Collaboration

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

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

Introduction

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

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

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

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

The Case for interagency collaboration

Calls for a ‘Whole of government’ approach

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

\(^{879}\) Submission: Department of Education.

The Agenda for Action\textsuperscript{881}, A Whole of Government Approach to Indigenous Affairs in the Northern Territory 2005–2009, was based on the following three principles:

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

The Overarching Agreement on Indigenous Affairs\textsuperscript{882} between the Northern Territory and other Australian Governments came into effect in April 2005. The Agreement is designed, among other things, to establish arrangements that will reduce the duplication of government functions through partnerships, shared responsibilities, and clarification of roles and responsibilities.

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

A new partnership arrangement is required that establishes better coordination and working arrangements across three tiers of government, the non government and community sectors. This new partnership will require a transparent and accountable implementation, monitoring and evaluation framework. This framework should define the roles and responsibilities for service delivery of each tier of government and service providers. It should be designed as a key governance mechanism to manage and align a range of initiatives, strategies and evidence-based reporting requirements to be applied to the Closing the Gap programs of both governments\textsuperscript{883}.

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

**National initiatives which focus on information sharing and collaboration**

**The National Framework for Protecting Australia’s Children**

Under the National Framework for Protecting Australia’s Children\textsuperscript{884}, national, priorities identified specific actions as a major focus for Commonwealth, State and Territory governments, and the non government sector, in the first three years 2009–2012.

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


\textsuperscript{884} Council of Australian Governments, *Protecting children is everyone’s business*. 

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

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

**Collaboration under the National Partnership Agreement on Remote Service Delivery**

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

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

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

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

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

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

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

885 ibid., p. 12.
888 A Anderson (Minister for Indigenous policy) & P Henderson (Chief Minister), A working future: Real towns, real jobs, real opportunities, media release,
There should be collaboration between and within Governments at all levels, their agencies and funded service providers to effectively coordinate programs and services. In particular attention is to be given to:

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

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

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

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

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

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890 A Anderson (Minister for Indigenous policy) & P Henderson (Chief Minister), A working future: Real towns, real jobs, real opportunities, media release.
892 Council of Australian Governments, Protecting children is everyone’s business.
893 ibid., p.7.
With reference to the significance of shared responsibility between jurisdictions – and just as relevant as cooperation at the intra-jurisdictional and local level– the Framework notes that a shared agenda involves:

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

The NSW Ombudsman

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

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

The Wood Inquiry

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

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

894 ibid., p.9.
Interagency issues raised by Northern Territory inquiries, investigations and other initiatives

Coroner’s inquests

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

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

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

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

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

FACS had some difficulty in locating the family ......it was clearly a difficult task. Firstly, this was only a problem because FACS had failed to act in a timely fashion in relation to the serious notifications. Secondly, this highlights the importance of involving police, an organisation with significantly greater power to locate people\textsuperscript{901}.

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

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

\textsuperscript{897} Cavanagh, \textit{Inquest into the death of Kalib Peter Johnston-Borrett, NTMC 006}, NTMC 006.
\textsuperscript{898} ibid., para 85-86.
\textsuperscript{899} ibid., para 87.
\textsuperscript{900} ibid., para 98.
\textsuperscript{901} ibid., para 99.
\textsuperscript{902} ibid., para 12.
\textsuperscript{903} ibid.
In relation to the actions of Police in the lead up to Kalib’s death, the Coroner reports:

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

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

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

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

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

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

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

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

904 ibid., para 102.
905 ibid., para 103.
906 ibid., para 104.
907 ibid., para 105.
908 ibid., para 106.
There is a clear absence of communication and planning between FACS and police to establish clear goals and roles in providing a joint response to child protection concerns.\textsuperscript{909}

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

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

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

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

**High Risk Audit**

The audit of Northern Territory Health and Community Services clients at high risk\textsuperscript{911} commented on the impact on client services of programs within NTFACS (Family & Children’s Services; Aged & Disability; Alcohol & Other Drugs; Mental Health) adopting a silo approach and concluded that:

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

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

\textsuperscript{909} ibid., para 126.
\textsuperscript{910} ibid., para 127.
\textsuperscript{911} Northern Territory Department of Health and Community Services, *Northern Territory Community Services high risk audit: Executive summary & recommendations*.
\textsuperscript{912} ibid., p.6.
\textsuperscript{913} ibid.
‘Little Children are Sacred’ Report

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

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

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

The Northern Territory ‘Closing the Gap’ initiative

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

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

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914 ibid., Recommendation 17.  
915 ibid., Recommendation 18.  
917 ibid., Appendix 1.
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<th>Recommendation</th>
<th>Northern Territory Government Response</th>
<th>The Inquiry notes:</th>
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| Develop a whole-of-government approach to child abuse, including protocols for information sharing and action. (Rec 5)                                                                                           | i. The Northern Territory Government has finalised and implemented a cross-agency agreement with protocols between the Department of Health and Community Services, NT Police, Department of Employment, Education and Training and Department of Justice to improve cross-agency case management and coordination around child abuse response and prevention.  
The Inquiry has not seen evidence of any ‘finalised and implemented (a) cross-agency agreement with protocols between the Department of Health and Community Services, NT Police, Department of Employment, Education and Training and Department of Justice to improve cross-agency case management and coordination around child abuse response and prevention.  
A Child Abuse Task Force Framework has been developed to provide a more responsive and effective approach to serious reports of child sexual abuse and serious reports of physical, emotional and neglect of children in the Northern Territory. The Child Abuse Task Force Framework is a combined initiative between the NT Police, Australian Federal Police (AFP) and NTFC.  
In April 2009, NT Police and NTFC signed a memorandum of understanding (MOU) for a Combined Response to Child Harm and Exploitation. This MOU effectively establishes a Child Abuse Management Group to oversee the Child Abuse Taskforce and details the Group’s membership, meeting schedule, reporting lines, resources and finances. Under the MOU, the parties commit to sharing information and developing and implementing action plans.                                                                 |                                                                                                                                                                                                                                           |
| Develop enhanced information sharing in support of more effective coordinated case management practices. (Rec 17)                                                                                               | ii. The Northern Territory Government will review current information sharing structures and remove any impediments preventing agencies responding effectively to child sexual abuse by December 2007 – including through legislative amendments in necessary.  
The Inquiry is not aware of any review or legislative amendments arising from the Northern Territory Government’s commitment to ‘review current information sharing structures and remove any impediments preventing agencies responding effectively to child sexual abuse by December 2007 – including through legislative amendments in necessary’.  
In May 2009, the Department of Health & Families and NT Police, Fire and Emergency Services signed a detailed Information Sharing Agreement                                                                                                                                 |                                                                                                                                                                                                                                           |
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<th>Recommendation</th>
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<td>Explore the possibility of providing key agencies and notifiers with confidential feedback on investigations. (Rec 18)</td>
<td>iii. This includes provision of confidential feedback to key service providers and notifiers.</td>
<td>The lack of feedback to service providers and notifiers was raised consistently in submissions to the Inquiry.</td>
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<td>Develop policies, procedures and guidelines that promote child safety. (Rec 6)</td>
<td>iv. All agencies will assess their existing policies, procedures and guidelines that impact on child safety and address gaps by December 2007. The Children’s Commissioner will have an ongoing role in identifying and highlighting additional gaps.</td>
<td>The Inquiry notes the following comments made in the Children’s Commissioner 2008-09 Annual Report on progress in implementing this recommendation: From information provided by Northern Territory Government agencies, there have been varying levels of response to this commitment. All agencies are able to identify policies that account for child safety concerns but it is unclear whether formal policy reviews have been undertaken. Likewise the agencies have indicated that they will be including child safety clauses in all funding agreements. Compliance with this commitment will require ongoing monitoring.</td>
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<td>Increase liaison of FACS and Police with family or clan groups during investigations. (Rec 16)</td>
<td>v. NT Police and Family and Children’s Services child protection investigators will finalise and implement protocols by December 2007 to support increased liaison with family or clan groups wherever possible, providing this does not compromise the investigation.</td>
<td>An Aboriginal Community Resource Worker Framework of Practice has been developed.</td>
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<td>Recommendation</td>
<td>Northern Territory Government Response</td>
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<td>Increase trained and supported Aboriginal personnel in local community workforces. Establish a network of community volunteers. (Rec 20)</td>
<td>vi. As an important element of strengthening the Child Protection System, the Northern Territory Government will establish a network of Aboriginal Child Protection and Care Services to: operate in partnership with Family and Children’s Services in responding to families where child abuse and neglect is occurring or there is a high risk of abuse occurring. provide advice on investigating child abuse and neglect and on caring for children in ways that respects cultural authority. This initiative includes: 2 new services in Darwin and Katherine Expansion of existing Alice Springs service Training of Aboriginal staff to work in services.</td>
<td>In relation to the establishment of ‘a network of Aboriginal Child Protection and Care Services to operate in partnership with Family and Children’s Services in responding to families where child abuse and neglect is occurring or there is a high risk of abuse occurring; and to provide advice on investigating child abuse and neglect and on caring for children in ways that respects cultural authority’, it is unclear to the Inquiry what resources have been allocated and although some Remote Aboriginal Community and Family Workers have been employed, these do not amount to ‘a network of Aboriginal Child Protection and Care services’.</td>
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Interagency issues identified in submissions

Problems with coordination and collaboration

It is clear from the submissions that many individuals, organisations and agencies recognise the benefits of interagency cooperation and coordination. They are concerned about the lack of coordination in the delivery of child wellbeing and protection services to children, young people and their families in the Northern Territory.

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

There appears to be little in the way of interagency working... \(^{918}\)

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

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

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

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

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918 Submission: NTFC worker.
919 Submission: NTFCAC.
NTCOSS also express concerns about the impact of what it saw as the prevailing culture on the delivery of services:

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

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

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

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

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

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

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

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

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920 Submission: NT Council of Social Services (NTCOSS).
921 Submission: NT Police.
922 Submission: Nettie Flaherty.
There is a belief amongst a number of child protection workers that the child protection system is being expected to address wider systemic issues. In particular the lack of affordable housing and in many areas, the lack of a secondary service system for more specialised support to vulnerable families.\textsuperscript{923}

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

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

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

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

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

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

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

\textsuperscript{923} Ibid.
\textsuperscript{924} Ibid.
\textsuperscript{925} Submission: NTCOSS.
\textsuperscript{926} Submission: DHF.
Problems around the sharing of information

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

- Poor information sharing practices, including personality based information sharing and reluctance by organisations to exchange information due to doubts about the lawfulness of sharing certain information, hinders service provision to vulnerable children and families.

- Children and families will continue to ‘fall through the cracks’ if these types of practices and silos continue to fragment service provision and support to those most in need.

- DHF understands that vulnerable families will often have a range of complex needs that require assistance from more than one agency and information needs to be shared for these agencies to work effectively together.

- It is also important that any changes to information sharing among government agencies and NGOs respect the needs of children and young people in the process. This includes delivering services in a way that does not require children and young people, or their carers, to relive traumatic and distressing experiences, on multiple occasions and sometimes unnecessarily.

- Information sharing can also help identify cumulative harm from a combination of factors and/or over time when information can be combined from multiple sources to create a more complete picture about the child or young person’s circumstance.927

The NT Police submit that:

- Information sharing between NTFC and Police is quite ineffective on a local basis.

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

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

- a reluctance to share relevant information with, or provide feedback to, other agencies, organisations or carers

- a reluctance to seek relevant information from other agencies, organisations or carers, and

- poor maintenance of essential information about children in care.

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

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

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

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

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

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Intake assessment is a one-way street with no feedback or inadequate feedback to referring organisations.930
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Across the sector there is recognition of the privacy rights of child and their families. However, varying notions of confidentiality are seen by some as an inappropriate shield for some workers and an obstacle to the proper exchange of information when it is in the best interests of children.

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

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Confidentiality is prioritised rather than the child’s wellbeing.931
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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
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929 Submission: NTCOSS.
930 Submission: Central Australian Aboriginal Congress.
931 Submission: Sunrise Health Services Aboriginal Corporation.
on the other side of the tipping point. Decisions made about the care and protection of children are too often based on a lack of information that is a result of a child protection system giving primary consideration to compliance with confidentiality legislation.  

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

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

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

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

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

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

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

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932 Submission: NTFCAC.
933 Submission: ibid.
934 Submission: Association of Northern Territory School Education Leaders (ANSTEL).
935 Submission: North Australian Aboriginal Justice Agency (NAAJA).
936 Submission: ibid.
A number of submissions raise concerns about the impact of poor recording and the failure to maintain routine health care records and provide relevant information about the health and developmental history of a child, particularly in cases where the child has been in contact with or in the care of NTFC for a considerable period of time.

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

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

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

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

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

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

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

Solutions suggested in the submissions

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

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

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

Improved capacity and adaptable service integration across all levels of government and the non-government sector, that does not allow children and families to ‘fall through the cracks’
Territory-wide client accessibility to quality and timely responses to family support and statutory intervention, and

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

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

These improvements are:

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

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

The DHF submission goes on:

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

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

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

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

There is consistent recognition that it is impossible for one agency to do all that is necessary to protect children and promote their safety and wellbeing. Submissions
recognise the need for, and offer commitment to a system within which all key players accept responsibility for a collaborative approach to child protection.

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

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

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

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

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

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

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937 Submission: Tangentyere Council.
938 Submission: Catholic Care NT.
940 Submission: NTFC worker.
941 Submission: NT Police.
942 Submission: Sunrise Health Service Aboriginal Corporation.
Examples of interagency collaboration

Examples from the Northern Territory

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

- The Alice Springs Youth Action Group (described more fully in Chapter 8, comprises delegates from Northern Territory Departments of Health (NTFC), Chief Minister, Police, Fire and Emergency Services, and Education, as well as the Northern Territory Council of Social Services. It has the aims, among other things, of developing a one-stop shop for access to youth support services; to coordinate agreement between youth services; and to develop a joint plan of action.

- The development of Local Implementation Plans for remote communities through the National Partnership on Remote Service Delivery. The consultation between the three levels of government plus a local community steering group appears to be an excellent example of genuine vertical collaboration.

- The Northern Territory Police/NTFC Child Abuse Taskforce is an example of interagency collaboration where there is a specific, shared task. The collaboration saves victims from undergoing multiple interviews and streamlines the process of investigation and response.

- On remote communities there are service providers working together for the safety and wellbeing of children. Their working relationships are usually informal almost always relying on initiative and goodwill to create a sense of teamwork.

Examples from other jurisdictions

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

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

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943 A Lamont et al., 2010, Intake, investigation and assessment, Paper # 3, Inquiry into Child Protection in the Northern Territory: Background paper, Australian Institute of Family Studies, Melbourne (see Appendix 7.2).
A formal evaluation of SCAN teams’ effect on outcomes has not been undertaken, however strengths identified by researchers include a focus on the holistic management of cases and not just the investigation processes; effective information sharing including the views and plans of other members; an increased element of mutual accountability. Limitations observed by researchers include: separate investigative assessments; that families are not included in SCAN team meetings; to be successful meetings need to be attended regularly, which may prove difficult.\textsuperscript{944}

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

The gap between intention and practice

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

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

Legislative provisions around cooperation and collaboration

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

\textsuperscript{944} ibid.
Box 11.1 includes excerpts from the Act that speak to the issue of collaboration.

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

Section 25 of the Act provides:

1. The Minister may do anything for the adoption of a cooperative approach between the following in relation to the care and protection of children:
   - families;
   - Agencies and any other public authorities;
   - any other individuals or organisations (including, for example, community groups, business entities and any other bodies).

2. The Minister may make policy guidelines for the exercise of a power or performance of a function by the CEO under this Act.

3. The Minister must, by Gazette notice, give notice about the making of the guidelines as soon as practicable after they are made.

4. The CEO must have regard to the guidelines in the exercise of the power or performance of the function.

5. The Minister may give direction to the CEO in relation to the exercise of a power or performance of a function by the CEO under this Act.

6. The CEO must comply with the direction.

7. An exercise of the Minister’s power under this section must be consistent with this Act.

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

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

- to perform the CEO’s functions under this Act; and
- to take actions for the wellbeing of children generally (including actions with the voluntary participation of parents and for children who are not necessarily in need of protection).

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

1. The CEO may take any action that is consistent with this Act:
   - to promote the wellbeing of children generally; or
   - to promote the wellbeing of young persons who have left the CEO’s care; or
   - to provide proper facilities for this Act (including the acquisition and management of land and other property for this Act); or
   - to undertake research, publication and collection of information for the objects of this Act; or
(e) to cooperate with other Agencies, non government organisations or other persons or bodies for an action mentioned in paragraph (a), (b), (c) or (d); or

(f) to facilitate that cooperation (including the creation of procedures for that cooperation and the review of those procedures).

(2) The CEO must have regard to the objects and underlying principles of this Act when acting under subsection (1).

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

(1) The CEO may request a public authority to provide the CEO with specified assistance for the exercise of a power or the performance of a function under this Act.

(2) The public authority must comply with the request if doing so:

(a) is consistent with its functions; and

(b) does not unduly prejudice the performance of its functions.

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

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

(1) The CEO may enter into an arrangement for:

(a) the provision of child-related services; and

(b) research and development to be carried out for child-related services; and

(c) the funding (in whole or part) of the services or the research and development.

(2) However, the CEO must not do so unless the CEO is satisfied:

(a) if the arrangement relates to the provision of children's services - the services are provided in accordance with Chapter 4; and

(b) the arrangement:

(i) is consistent with the underlying principles of this Act; and

(ii) furthers the objects of this Act.

(3) This section does not limit Section 42.

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

(1) The CEO may provide assistance to persons or bodies in coordinating their effort to provide services (including child-related services) for a child or young person who has left the CEO's care, including assistance in:

(a) convening a meeting of the persons or bodies; and

(b) drawing up a plan for the provision of the services.

(2) This section does not limit Section 42.
Information exchange and privacy issues

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

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

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

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

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

The legislative framework for information sharing

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

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

The Information Act (NT) regulates the use and disclosure of personal information
between public sector agencies.

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

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

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

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

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

The Information Act (NT) - Privacy Principles

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

Specific exemptions found in Division 2 of the Act

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

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

A grant of authorisation under Section 81 of the Act

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

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

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

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

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

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

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

It requires each organisation to collect the information directly from the individual (if reasonable and practicable to do so) or where the information is collected from another person, to advise the individual (at or before the time of collection) of all the matters listed...
in d. above. The time and effort spent in attending to these provisions when the relevant information is readily available from a disclosing organisation, could be considerable.

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

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

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

> an ‘imminent threat’ definition undermines the serious harm inflicted by sustained and ongoing abuse that may not be perceived as immediately life threatening.\(^{946}\)

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

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

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

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

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946 Wood, *Special Commission of Inquiry into child protection services in NSW.*
947 *Information Act (NT) Schedule 2 IPP 2.*
On the issues of consent and confidentiality, the Northern Territory Families and Children Advisory Council (NTFCAC) comment:

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

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

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

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

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

**The Care and Protection of Children Act (NT)**

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

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

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

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949 Submission: NTFC Advisory Council (NTFCAC).
950 Submission: NT Department of Health and Families (DHF).
under Sections 35, 36 or 37 of the Act.

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

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

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

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

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

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

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

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

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

### Legislative changes for improving communication

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

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

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

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

The Australian Law Reform Commission states:

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

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

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

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

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

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

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

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

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

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

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

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

- Agencies and NGOs involved in the safety and wellbeing of children and young people in the Territory are able to share information without requiring NTFC to act as an intermediary, where the information is required to promote the safety and wellbeing of children and young people

- The amended Act includes a statement of principle making it clear that agencies and NGOs with significant responsibilities for the safety and wellbeing of children and young people are expected to share information for the benefit of children and young people

954 Wood, Special Commission of Inquiry into child protection services in NSW.
• The exchange of information between agencies and NGOs is on the basis that a person reasonably believes that the information exchange would assist another organisation to make a decision, assessment, plan or investigation relating to the wellbeing or safety of a child or young person

• Agencies have business plans to support the implementation of such a system

• Information exchanged is not to be used or disclosed for any purpose that is not associated with the wellbeing or safety of a child or young person and appropriate thresholds exist for this purpose

• Existing protections from civil and criminal liability and ethical requirements are preserved for those exchanging information in accordance with the amended legislation

• Information about notifiers, and about suspected perpetrators of offences, is provided to police where the information would assist police to investigate possible offences against a child or young person

• Police are able to supply information concerning their investigations into offences involving the abuse of children and young persons to appropriate agencies and NGOs

• That teachers and school principals are able to exchange information with NTFC staff and other relevant organisations where there are ongoing concerns about the safety and wellbeing of students including where students have moved schools.

The development of interagency guidelines

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

There was a lack of leadership commitment and support to implement protocols to work with other agencies to provide the highest level of care and protection to children in the NT.\footnote{955 Submission: NTFCAC.}

There are no MOUs in place to assist to govern key interagency relationships – as such some children fall further from protection as confidentiality is prioritised rather than the child’s wellbeing. One of the most frustrating parts of the current process is the lack of feedback about the child.\footnote{956 Submission: Sunrise Health Service Aboriginal Corporation.}
Interagency guidelines can provide useful tools for workers. Such guidelines would describe clearly the roles and responsibilities of each agency involved in the wellbeing, care and protection of children, and the process to be followed when statutory intervention or child and family support is needed. It would also provide a useful basis for cross agency staff training. While interagency guidelines do not replace agency specific policies and practices, their provisions should be reflected in those agency policies and procedures.

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

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

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

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

**Recommendation 11.1**

That the *Act* be amended to:

1. provide a workable framework that permits and encourages the exchange of information between public sector organisations, between these organisations, the non-government sector and, where appropriate, individual community members, where that exchange is for the purpose of making a decision, assessment, plan or investigation relating to the safety and/or wellbeing of a child or young person; and
2. provide that, to the extent that provisions are inconsistent, the Information Act (NT) should not apply.

**Urgency: Within 18 months**

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

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

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

**Dual pathway referral and assessment**

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

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

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

**Family Support and Referral Gateways**

The gateways, operated by a contracted NGO, will play a similar role to their equivalent services in Tasmania through the Gateway Services or Child FIRST across Victoria. These gateways (in Darwin and Alice Springs with a view to extending to other locations in time if warranted) will be responsible for providing an assessment and referral service for referred families and linking them into the appropriate support and intervention services that they need. They will need to be resourced to provide for the management of referrals from the broader community (including the maintenance of a client data base) and to provide strength and needs assessments of vulnerable families and children, prior to linking them with the appropriate support or therapeutic service. Such gateways may be co-located in a multi-service centre or operate as a stand-alone service.
Operational agreements will need to be developed between the support and intervention services and the regional gateway to cover issues such as the role of the centralised referral process, data management, case allocation processes and accountability measures.\textsuperscript{958}

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

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

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

### Needs assessment of children and families

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

### Risk screening

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

### Mandatory reporting requirements

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

### The ‘significant risk’ of harm threshold for statutory intervention

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

\textsuperscript{958} An example of this from Child FIRST in Victoria is the Operational agreement: Referral, Allocation and Demand Management, South East Family Services, Family Alliance Partners.
the Act, especially Section 26 and subsequent changes to mandatory reporting training programs, should make it clear that ‘significant harm’ is the operative threshold.

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

Role of the statutory agency

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

Community Child Safety and Wellbeing (CCSW) Teams

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

Establishment and formalisation of CCSW teams

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

**Functions of the Community Child Safety and Wellbeing teams**

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

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

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

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

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

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

**Operational guidelines**

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

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

Training

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

Expansion of the scope of the integrated children and family centres

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

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

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

Integrated Children and Family Centres must have formal evaluation built into their work
plans such that the program can learn and evolve, and successes can be scaled up to
other centres rapidly. Performance indicators must be considered in the developmental
stage of these centres and be included on position descriptions.

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

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

Young mums programs; young dads programs; Aboriginal dads programs

Budgeting assistance especially in the setting of income management

Maternal and child health service with a focus on:
- preventive health practices
- hygiene
- liaison with the health clinics (easier on remote communities)
- infant feeding
- sleep

Recreation activities linked to:
- safety and wellbeing
- behaviour modification
- improving parent and carer understanding of child development

Community development
Active outreach where appropriate
Development of further children and family centres in areas of need

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

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

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

Hospital based interagency Child Safety and Wellbeing teams

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

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

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

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

Composition of the hospital based Child Safety and Wellbeing teams

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

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

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

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

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

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

The Inquiry heard from several NTFC employees about what almost amounts to allegations of bullying behaviour by health professionals towards them arising from this mismatch between the NTFC agency understandings of thresholds and the expectations of notifiers. We have also heard the other side of such stories and appreciate the positions each side
has adopted and the frustrations each side feels as a result. At other times notifiers have been surprised by what appears to be an overly zealous response from NTFC.

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

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

**Advantages of joint assessments**

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

1. enhancing information sharing for that child at the point of decision-making, and avoiding concerns that confidentiality can be used to prevent information sharing
2. enhancing transparency of decision-making
3. enhancing the sharing of responsibility
4. using the expertise of other service providers
5. enhancing links between supports and services
6. avoiding duplication
7. assisting in coordination of planning and implementation of a case plan
8. enhancing the understanding of what the statutory agency can and cannot do, as well as the capabilities of notifying agencies
9. ensuring clarity of agency roles with respect to specific cases
10. eliminating the gate keeping role of the statutory agency. This is especially important as it also avoids the situation of some notifiers referring cases to the statutory agency and no longer assuming a significant role in safety and wellbeing
11. making it more likely that other needs and actions will become clear
12. increasing effective communication and partnership between agencies, most importantly but not limited to (Northern Territory Families and Children) NTFC, police and others
13. reducing the likelihood of fragmented service provision
14. enhancing the likelihood that vulnerable families with complex needs requiring assistance from more than one agency will have their needs met by agencies working together
15. avoiding the need for children, young people, or their carers reliving traumatic and distressing experiences unnecessarily
16. helping to identify cumulative harm from a combination of factors and/or over time when information can be combined from multiple sources
17. helping to create a more complete picture about the child or young person’s circumstances.

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

Health

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

Police

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

The NT Police submission comments:

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

And also:

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

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

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

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

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

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

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

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

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

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

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

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

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

There are many other details of the proposals that will need to be developed prior to their implementation. For example, the changes to legislation and operational guidelines will need to be worked through, implementation trials of some concepts (for example, the CCSW teams) should be undertaken, and the finalising of precise functions, responsibilities and protections will need to be determined. Some of the reforms (for example, the development of the shared child and family needs assessment framework) require that a consultative process be undertaken with other government agencies and NGOs, so the precise form this will take is uncertain at present. In Chapter 14 we look at some of the mechanisms for implementing the reforms and recommendations outlined here including the establishment of an implementation unit in the Department of Chief Minister.
Recommendation 11.5

That the Northern Territory Government immediately moves to implement the major reforms outlined in the body of this Report (Chapter 11) around the delivery of child safety and wellbeing services and interagency collaboration. These include:

1. Development of a ‘dual pathway’ process for the referral and assessment of vulnerable children and families
2. Creation of Community Child Safety and Wellbeing teams for the 20 Growth Towns, and elsewhere.
3. Expansion of the scope of the current and planned children and family centres to include targeted and indicated services for at-risk children and families
4. Development of further children and family centres (as child safety and wellbeing centres) in areas of need.
5. Establishment of interagency, hospital based Child Safety and Wellbeing teams in urban areas
6. Enhancement of the child safety and wellbeing roles of other government agencies and personnel

Urgency: Immediate to less than 6 months

Recommendation 11.6

To further the principle that child safety and wellbeing is ‘everyone’s business’, that a senior officer in each Northern Territory Government department be responsible for relevant policy development, as well as the oversight of child safety and wellbeing issues arising in the business of that department.

Further, that the precise child safety and wellbeing roles of these officers be negotiated with the implementation unit to be established following this Inquiry and should include the promotion of collaborative practice.

Urgency: Within 18 months