Submission for NT Child Protection Inquiry March 2010

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I am an Outreach paediatricians working for Central Australian Remote Health service. I have worked in Central Australia for 7 1/2 years both at ASH and CARH. This submission is my personal opinion and not representative of the organisation I work for.

- **General Comments**

The child protection system in the NT appears to be overwhelmed with the volume of notifications received. Case workers have huge, unrealistic work loads. There is a constant rapid turnover of workers. Many of the staff are from interstate and overseas and have little understanding of the issues. It is a very steep learning curve for them with relatively little experienced senior support working in this confronting and challenging environment.

The recent changes in the law have made the situation worse, with significant increases in the number of notifications. It is easy to envisage serious cases being swamped within the system.

There are two major different philosophical approaches to child protection issues– Absolutism versus relativism. Some practioners favour the former, others the latter again resulting in inconsistency and confusion. There is little clear guidance available to help practioners in this area, the system relying on subjective judgement calls.

Indigenous children far outnumber non indigenous children within the child protection system, but this is not just an indigenous issue. Some of the worst cases I have witnessed in my time in Alice Springs have been involving Caucasian children.

Many of the indigenous children notified live in remote locations. It appears that NTFC is reluctant to fly workers out to these locations to do investigations. Sometimes it appears that the police are used to remove children, rather than a proper investigation being carried out.

Some issues which may be a barrier to providing effective child protective services in the NT include:

- history of the Stolen Generation
- fear of being racially discriminatory or of being perceived as being racially discriminatory
- uncertainty as to what constitutes neglect within a very different cultural setting and different parenting styles
- huge turnover of staff in NTFC and other Government agencies
- staff with limited experience of working with indigenous people
- geographical distances

- complexity of the issues involved
- Lack of good quality early childhood services
- lack of support services for families in the community
- Lack of communication and information sharing between agencies dealing with children including health, NTFC and education.

Many of the issues currently affecting particularly indigenous communities are a result of numerous (and often ineffective) government policies in the past leading to social dysfunction (disempowerment, poverty, welfare dependency, gambling, poor education)and these issues require addressing at a federal and regional level. NTFC is expected to be able to address many of these issues on the level of an individual child which is unrealistic.

Neglect is one of the main problems I deal with as a Community Paediatrican. There are no clear definitions of neglect, and it is subjective to decide when a child is being harmed due to "non intentional" neglect. Nearly all children living in remote communities and on town camps may be included in this category. Allowances must be made for culture, different child raising practices, poverty and disempowerment. It is difficult to know whether a relativism approach is required (standard of care compared to other children within the same community), or absolute approach (same standard applied to all children regardless of ethnicity, location etc). This makes it difficult to know right from wrong at times, and as professionals we have little training in this area. There are no clear guidelines as to which children should be notified, and this remains variable between clinicians resulting in a lack of consistency. Often new and visiting staff have a lower threshold for notification, as once you have worked in this area for some time many things may become "normalised".

Other areas are not necessarily recognised directly as abuse per se (physical, sexual or emotional) but impact on the well being of children are very common in Central Australia. These include:

Non attendance at school

Lack of parental supervision

High levels of exposure to domestic violence

Exposure to inappropriate material (not just pornography, but young children being allowed to watch 15+, and 18 rated movies)

Endemic gambling

Adults reluctant to force children to do what they don't want to do – take medication, go to bed early, watching inappropriate material on TV, children buy whatever they want from the shop with no limits

Inappropriate clothing for the climate

Multiple skin sores and pusy ears

Failure to thrive resulting from prolonged breast feeding and inadequate provision of solid food

Non compliance with medication

It is hard to know when many of these should be notified as neglect, particularly when many children in the community are affected. Also notifications for these issues are rarely if ever acted upon, which deters practioners from notifying in the future.

Sexual abuse is hard to identify except in an acute crisis situation when the child or young person seeks help. There are relatively few people who have enough trust within the community for a disclosure of ongoing or historical abuse to be made. The Little Children are Sacred report states that many children are being sexually abused, yet it is very difficult to know how to "access" these children and make them safe. I do not believe that the Intervention approach has improved the situation for these children, but am unclear how we can best help address this issue.

- **Prevention of Child Abuse and Neglect**

The current child protection system is working mainly in a punitive, reactive way – waiting for abuse and/or neglect to occur and then acting to remove children from that environment using statutory powers. There is currently very little emphasis on the prevention of child abuse and neglect. Families identified as struggling, or "at risk" have very limited options available to support them (and even fewer if they live on remote communities). This includes access to universal services that are more readily available in metropolitan areas of Australia - trained Maternal Child health nurses who can work with families with young children, identify mothers with postnatal depression etc, early childhood facilities such as play group or child care, parenting support groups etc. If these services were available children may be prevented from needing to enter the child protection service in the first place.

There is also a lack of more targeted services for vulnerable families – CAAC Targeted Family Support meets this need but only has a limited case load for families living in Alice. NPY provides similar supports to families living in their area. There is no equivalent option for most remote families.

There are very limited opportunities for older remote children to access a school counsellor. There are also only very patchy access to youth and mental health services particularly for adolescents. Recreation and school holiday programmes appear to be patchy and inconsistent, again with high turnovers of staff.

Unemployment and welfare dependency also contribute to an environment where child abuse and neglect is more likely to occur. DV, alcohol use and drug use are endemic, contributed to by the marginalisation of Indigenous peoples. There are few services effectively addressing these issues, and even fewer in remote areas.

Non attendance at school deprives the child of their right to an education, and subsequently the ability to engage in paid employment. This allows the cycle of poverty to perpetuate across generations. NTFC and the education department do not seem to be addressing this issue.

Unemployment and social inclusion need to be seriously addressed if there is to be a meaningful impact on levels of child abuse and neglect.

Recently there have been requests for Protective Behaviour workshops in several Central Australian communities - even in the current climate it has proved difficult to identify funding for this vital preventative work.

The system does not allow for action to be taken for children at risk, rather that harm has to have occurred before NTFC can act.

- **Notification Process**

This process is cumbersome, and appears to be more so since moved to Darwin. The workers do not know the Central Australian area so the process can be frustrating. No feedback is received for most notifications. Many notifications appear to have absolutely no action taken at all, particularly cases of suspected neglect.

- **Cases Accepted for Investigation**

Often when you phone NTFC to ask if a case is open they report there is no record of the child despite notifications having been made in the past.

An e mail following notification is occasionally received from Central Intake to say the case has been passed on the office in Alice for further investigation (or the case is not being further investigated), but there is often no further information about who the case worker is, the outcome of the investigation or whether the concerns were substantiated. I am rarely contacted by the case worker for more information.

There is often no record in the child's primary care medical record of NTFC having been notified or involved with the child. With the turnovers of staff this can result in people not being aware of child protection issues, plans etc. There is rarely an NTFC plan in the medical case notes detailing who the appropriate carer for the child is, who the NTFC case worker is, monitoring and outcomes expected for the child and who to contact if these are not being met.

Often cases I assume are open and being actively monitored have been closed. Again there is no notification in the child's file that his is the case. I do not know what happens to letters addressed to case workers for these children.

Many of the issues we deal with in Central Australia can not be resolved in 28 days. The environmental conditions the child lives in are ongoing and often the same even though a different family member is the nominated new carer. The potential for ongoing problems with the child (and siblings) in the same situation is obvious – there appears to be no NTFC capacity for ongoing monitoring of children and support for families in these difficult situations. Providers are continually required to notify the same children in the same families in the same communities again and again. There needs to be an ability to continue monitoring children in families of concern in the medium to long term.

Lack of communication between agencies is a common theme. Even within health there are many different computer systems in use, which do not

communicate. Often children are seen who are "visiting" or "have moved" often on a relatively short term basis. I am often unaware that there have been child protection concerns in the past. With the high turnover of staff it is easy for this information to be lost. I would like to see an "at risk" register or flag available to medical practioners, so we can be sure that we are aware of child protection issues when seeing these children.

- **Children in Care**

I have had concerns about the way some children have been removed from their families. The police are sometimes used in remote communities without an NTFC worker being present. This can be a traumatic process for all concerned. The family are often not informed that the child or children are being remove, or why.

The onus appears to be to place indigenous children with family, over placing them in an environment where they receive appropriate care. Many children are placed in the environment which elicited the concerns in the first place, albeit with another family member. Many of these children are still being neglected in my opinion even though child protection services are involved. Often these cases are closed once an alternative family member is identified so there is no ongoing monitoring.

Monitoring of care situations for children living in remote communities is sporadic at best. Often children are actually living in the same situation from which they were removed.

Limited support is available for foster carers. Children may be removed from their care at short notice, and placed in a substandard (in their view) family placement.

Foster carers are not given enough information about sometimes complex medical needs of children, and medical histories of the children in their care. There needs to be a formal process where by information is provided to carers. This is particularly important when children are taken away on holiday.

- **In Conclusion**

The child protection system is currently in crisis in my opinion. It is overwhelmed with notifications, many of which are relatively minor. Serious cases are being lost in amongst all these, and the most at risk children are thus being failed by the system.

There are very few support services available within communities to prevent children from requiring involvement of the statutory agency in the first place, or to support vulnerable families when concerns have been identified. These children enter the child protection system by default.

The case workers are often inexperienced and short term. There are several case workers in the Alice Springs NTFC doing an excellent job, but with unmanageable workloads and within a system that is ailing and failing to support them.

The cultural and social issues make this a very difficult and demanding field. There are no clear guidelines to assist practioners, thus the system is often

heavily reliant on individuals subjectivity. This results in inconsistency – seeming over reaction in some cases and under reaction in others.

The dysfunction of many communities and social determinants, particularly education and unemployment really need to be addressed to be able to realistically reduce rates of domestic violence, neglect and associated child abuse.

- **Suggestions**

All families have access to high quality Maternal and Child Health services in the early years

Universal access to early child hood services such as play groups, parenting support

Encouragement and support for community development work to build strong, functional places where children are safe and protected

Support for Indigenous employment within all communities

Addressing whether mandatory reporting is appropriate, or whether this overwhelms the system so serious cases are missed

Family support arm of NTFC needs to be strengthened

Cases should not be closed after 28 days – they require ongoing monitoring for years

All children of high risk families with a child involved in NTFC should also be monitored

Communication with notifiers both that the notification has been accepted and the outcome.

Notification to medical and nursing practioners involved with the child that the case is being considered for closure, and do they have any comments.

Better communication between agencies working with children, in particular clear written plans from NTFC available in medical records (who the nominated carer is, what the status of that carer is – can they give consent for the child, follow up required, who to contact when things are not going well). Confidential details of the case do not need to be provided.

Flagging of children at risk so health professionals in different locations are aware of child protection concerns

Considering whether family care is always appropriate when the child will essentially be living in exactly the same conditions

Consideration of legislation for protection of children deemed at risk, but have not been harmed as yet