CHAPTER 5

The Northern Territory child protection system, 2010

Overview

One of the terms of reference for the Inquiry is:

to report and make recommendations on the functioning of the current child protection system including the roles and responsibilities of Northern Territory Families and Children (NTFC) and other service providers involved in child protection.

This chapter describes the Northern Territory child protection system, focusing on the statutory and targeted services delivered by this system. These services should sit within a broader system for supporting families in which other services play a critical role in protecting families through early intervention and prevention activities. However, as this and other sections of the report document (for example, Chapters 3 and 6), this portion of the sector, including targeted services, is deficient in the Northern Territory. The organisational chart for NTFC is found in chart 1 at the end of this chapter.

Similar to the integrated model presented in Chapter 3, the National Framework for Protecting Australia’s Children 2009,156 conceptualises the spectrum of child protection services under a ‘public health model’ below (Figure 5.1).

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156 Council of Australian Governments, Protecting children is everyone’s business.
In this model, responsibility for child safety and wellbeing ranges from the level of families and communities, including the responsibility to report suspected harm to children; to the responsibility of various government agencies — health, education, justice and other sectors — and NGOs to provide core services and a range of therapeutic interventions and support services; through to NTFC’s statutory responsibility to protect children at risk of significant harm.

The Commonwealth Government funds a proportion of services across the spectrum of services for children in the Northern Territory and is therefore a significant stakeholder in the Northern Territory Child Protection system. Commonwealth funded services include:

- Northern Territory Mobile Outreach Service (MOS Plus) - subject to the National Partnership Agreement on Health Services
- Peace at Home and Safe Families - under the Family Violence Partnership Program
- Family Support Package - subject to Closing the Gap in the Northern Territory National Partnership Agreement
- The Family Support Package is a measure under the Northern Territory Emergency Response (NTER). The Package is jointly funded by the Australian and Northern Territory Governments. The three components of the Package are:
  - 22 Safe Places in 15 remote communities (for both women and men), as well as Darwin and Alice Springs
  - Mobile Child Protection Team, and
  - Remote Aboriginal Community and Family Workers in 13 remote communities.
The Mapping of NTFC Child Protection Services (see Appendix 5.1) is a region by region description of NTFC and NGO tertiary services, including those funded by the Commonwealth Government.

**Universal preventative initiatives to support all families and children**

The Family Support Framework for Family and Children’s Services (FACS)\(^{157}\) Program (2005) describes the broader Northern Territory family support system as providing services across a ‘continuum of care’ from primary and secondary, through to tertiary prevention services. The program provides a common service typology classifying services as primary, secondary or tertiary.\(^{158}\) Using this typology the services commonly referred to as the ‘Child Protection System’ are generally placed in the tertiary service area with some overlapping into the secondary service area.

The Family Support Framework mapped key Family and Children’s Services (FACS) funded services in the Northern Territory using this typology.\(^{159}\) Services mapped in Figure 5.2 include those operating in 2005.

**Figure 5.2 Northern Territory services provided against a continuum of care**

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157 FACS has now been re-named as Northern Territory Families and Children (NTFC).

158 See Appendix 6.1.

159 Adapted from I Prilleltensky et al., 2001, *Promoting family wellness and preventing child maltreatment*, University of Toronto Press, Toronto.
Lack of further development of primary and secondary services to fill gaps revealed in the mapping exercise at that time continues to be felt, by placing greater demand on the tertiary system. There is an identified need for greater investment in all core services and in prevention services and activities, particularly in remote areas.

Before focusing on the services offered at the different levels of the typology, there are a number of other initiatives and services that lie outside the standard child protection system frameworks yet are clearly designed, either directly or indirectly, to help keep children safe. In the Northern Territory these include:

- Various initiatives under the Northern Territory Emergency Response (NTER) such as the alcohol and drugs management provisions, the pornography control provisions, the development of the National Indigenous Intelligence Taskforce (NIITF), the income management scheme (currently being replaced by a scheme which does not target individuals on the basis of their Aboriginality), the education attendance measures, the child health checks, the specialist counselling services, and quality food measures, could all be described as components of the broader child protection system.

- The ‘Ochre Card’ program (administered by Northern Territory Police through the program SAFE Northern Territory) provides a clearance for those working with children based on a check of relevant legal records. The scheme has recently commenced operations in the Northern Territory.

- The Child Deaths Review and Prevention Committee (CDRPC) provides a review function that looks at the deaths of children that are normally resident in the Territory with a view to making policy changes in order to prevent deaths.

- A number of NGOs focus on different aspects of keeping children safe and include those focusing on safety on-line or on physical and road safety. These include Kidsafe (the Child Accident Prevention foundation).

- The child protection research program undertaken by Menzies School of Health Research is largely funded through NTFC and has as its goal the development and improvement of child protection of services, as such, it is a component of the system.

The broader child protection system must also include the many professionals working in remote areas who contribute to the wellbeing of vulnerable children through the provision of food, clothing and hygiene programs as well as the informal contributions of numerous grandmothers and other relatives that care for Aboriginal children.

**Universal services**

Across the Northern Territory there are a number of universal services actively involved on a day to day basis with all children as illustrated in Figure 5.2. The capacity of the universal services system in improving outcomes for vulnerable and at risk children is articulated more fully in Chapter 6.
Early intervention services targeted to vulnerable families and children

In the spectrum of child protection services, ‘early intervention’ means providing services to vulnerable or at risk families to address the family’s vulnerabilities and reduce the risk of harm to the child before harm has occurred or, intervening when there are minimal risk factors around the parenting of children.

Community education

Community education around child safety and wellbeing is simplistic and unsophisticated. In essence, it means ensuring that people in the Northern Territory are aware of their reporting obligations under the Care and Protection of Children Act 2007. It predominantly relates to workers who are most likely to be in a position to encounter abused children, with some effort to educate children and families about the risks of child abuse, how to recognise it and know what to do when it occurs.

Whilst universal mandatory reporting of child abuse has been a feature of Northern Territory legislation since 1983, there is no comprehensive community education strategy to support this legislative requirement. Similarly, there has not been a consistent approach to the provision of preventative education strategies aimed at children such as protective behaviours programs.  

NTFC Workforce Development - mandatory reporting and protective behaviour training

NTFC Care and Protection Services Workforce Development is the main provider of training around child protection in the Northern Territory. Workforce Development has taken on a role as a provider of Mandatory Reporting training across the Northern Territory. Often they are unable to meet the demand for these services due other training commitments within NTFC.

Workforce Development coordinates and funds the facilitation of Protective Behaviour training to staff from NTFC and non-government services on an ad hoc basis, and intermittently uses a ‘Train the Trainer’ model.

NTFC and OATSIH partnership - Safe Kids, Strong Futures

The Commonwealth Office of Aboriginal and Torres Strait Islander Health funded the development and facilitation of the training package ‘Safe Kids, Strong Futures’ to inform and educate workers and community members in remote Aboriginal communities about child harm and how to report it. This training is currently being delivered across remote communities in the Northern Territory by NTFC staff based in Workforce Development.

National Association for the Prevention of Child Abuse and Neglect (NAPCAN)

NAPCAN provides the following child abuse prevention activities: coordination and promotion of National Children’s Week including grants; and child abuse prevention partnership activities. NAPCAN provides other advocacy and education programs, including advocacy towards a preventative approach to the field.

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160 Chapter 6 of this report explores these education and awareness strategies in more detail.
Department of Education and Training – mandatory reporting training

The Student Services Division of Department of Education (DET) is responsible for the management of the DET mandatory reporting training across the Territory. A train-the-trainer model has been utilised whereby each region in the Territory has school staff trained to deliver a half day package. School counsellors from Student Services Division provide training to their school and feeder area. School Psychologists, Wellbeing/ Behaviour Advisors, teachers and assistant principals also provide such training.

Delivery of the training package commenced in June 2008. By the end of December 2009, approximately 2200 people working in schools and education settings across the Northern Territory had completed training around mandatory reporting.

Aboriginal Community Resource Team

The Aboriginal Community Resource Team (ACRT) aims to reduce child abuse in Aboriginal communities and raise child safety awareness by supporting Aboriginal families, children and communities to be child safe.

Among their roles, the ACRT is to respond to communities where there is alleged or substantiated sexual abuse.

Family Support

Early intervention to prevent child abuse involves ensuring that vulnerable children and families are offered support. Services operating in this area include:

- Targeted Family Support Service – Central Australian Aboriginal Congress
- NTFC Family Support Services including:
  - Remote Aboriginal Community and Family Workers,
  - Family Support Centres
  - Street Outreach Service
  - Child Protection Services work units

Targeted Family Support service – Central Australian Aboriginal Congress

The Alice Springs Targeted Family Support Service (TFSS) provided by Central Australian Aboriginal Congress has substantial funding from the Commonwealth Government though the Alice Springs Transformation Plan. This has allowed the Alice Springs TFSS to accept self-referrals as well as referrals from other agencies of vulnerable children and families. This program also accepts referrals from NTFC which is discussed later in this chapter.

NTFC Remote Aboriginal Community and Family Workers

Remote Aboriginal Community and Family Workers are part of the NTFC Child Protection Services branch. They provide an early intervention family support service to children and families who are self-referred or referred by other agencies. Remote Aboriginal Community and Family Workers are based in: Nguiu, Daly River, Galiwinku, Kalkarindji, Oenpelli, Borroloola, Elliot, Ali Curung, Ti-Tree, Yuendumu, Papunya, Hermannsburg, Docker River, and Santa Teresa.
**Family Support Centres**

Family Support Centres (FSC) are located in Darwin and Alice Springs. They are part of NTFC Youth Services branch. The Family Support Centre supports families who are experiencing difficulties in relating to their child, with parenting skills or with other family issues. The Family Support Centre can provide advice, referral options and service options for parents, families and young people. Family Support Centres are also responsible for managing Family Responsibility Agreements and Orders under the *Youth Justice Act*.

**Street Outreach Service**

The Street Outreach Service (SOS) is part of NTFC Child Protection Services branch. The Service is based in the Alice Springs NTFC office and provides safety options for young people who are on the streets at night. The SOS team works alongside youth and community organisations to ensure that young people have somewhere safe to stay at night if home is not a safe option at that time. Support services are put in place as soon as possible to work with the young person and their family.

**Child Protection Services work units**

NTFC family support services may be provided by Child Protection Services work units in response to a request made by the family or a request made on behalf of a family by another person with the family’s knowledge. However, because of growing demand for child protection investigation responses, these units generally do not have the capacity to respond to such requests.

**Targeted services and programs for ‘at-risk’ families and children**

Targeted services for ‘at-risk’ families are those that are targeted at particular groups in the community whose children are at risk of entering the statutory child protection system.

**Differential Response Framework**

In 2009, the Differential Response Framework (DRF) for the Northern Territory was endorsed as the guiding framework for pilot Targeted Family Support Services (TFSS) established in Alice Springs, Darwin and Katherine. The DRF enables a range of different responses — other than investigative — to protective concerns and has a focus on creating better, more integrated partnerships between child protection services and family support agencies.

TFSS are community based agencies that provide a child-centred family-focused support response to protective concerns. They are a targeted response to prevent families entering or re-entering the child protection system. TFSS work in close partnership with Northern Territory Families and Children (NTFC) to identify vulnerable families in need of support and to provide earlier assistance to these families.

Services are:

- Alice Springs (Central Australian Aboriginal Congress)
- Darwin (Larrakia Nations), and
• Katherine (Wurli-Wurlinjang).
• TFSS have the following features:
  • Case management of families with high needs where there is a low immediate risk of harm to the child
  • Out-posting of NTFC Child Protection workers within the TFSS, and
  • Community Child Protection Partnership Agreements between NTFC and the TFSS outlining respective responsibilities.

The Targeted Family Support Services - Service Model 2009 provides an overview of the goals, functions and features of TFSS. A review of the differential response approach is discussed in Chapter 8.

The statutory system

Statutory child protection services are predominantly delivered through the NTFC Care and Protection Services branch. Some tertiary child protection services are also delivered by the NTFC Family and Individual Support branch through Sexual Assault Referrals Centres.

Additionally, NTFC Non-Government Organisations (NGO) Services Management and Support branch provides funds to non-government agencies across the Northern Territory to provide specific tertiary child protection services to clients. The NGO Services Management and Support branch also manage Commonwealth Government funding to several services in the tertiary service area. The nature and placement of these services has been negotiated with the Commonwealth Government. Commonwealth Government funding for these services is generally for a fixed period.

The structure of the statutory system, including NTFC offices and programs, varies significantly across the regions of the Northern Territory. Some of the differences are a result of region-specific issues, for example the development of the Youth at Risk team in Alice Springs resulted from the high incidence of young people sniffing petrol in Central Australia in 2004. Some differences result from historically-based funding, for example, NTFC has offices in East Arnhem and the Barkly but not in Wadeye which has a similar population base. Other differences arise from opportunistic use of Commonwealth funding. For example, the Commonwealth’s Alice Springs Transformation Plan provides funding for child protection services in Alice Springs, but not in other areas.

Care and Protection Services

The Department of Health and Families’ (DHF’s) organisational chart describes the structure of NTFC Care and Protection Services.

Care and Protection Services comprises:
  • Care and Protection Services Policy
  • Child Protection Services, and
  • Alternative Care.

161 Internal NTFC document.
Care and Protection Services Policy provides support to workforce development and planning, quality improvement, policy development and implementation and strategic reform projects.

Alternative Care provides residential services for children in the Care of the Chief Executive Officer including therapeutic support to children in care and recruitment, and support and training for carers.

What follows is a brief description of the family support, child protection and out of home care functions of NTFC which aims to provide an overview of the structure of child protection and out of home care services. It is not intended to be a detailed description of these functions which are examined in detail in later chapters of this report.

**Child Protection Services**

Operational staff in Child Protection Services undertake statutory duties in relation to case management of children in the areas of Child Protection, Out of Home Care and Family Support. In the smaller regions, such as East Arnhem, Darwin Remote and Barkly, NTFC offices are structured so that case workers work across all areas of care and protection, including conducting child protection investigations, case management of children in care and recruiting, assessing and supporting carers. Larger NTFC offices have a number of teams who are responsible for each of these specific functions. There are also several specialist teams and services that provide services to the whole of the Northern Territory or to specific regions. These include specialist child protection investigation teams, specialist placement services, and family decision-making services.

**Child Protection Investigation**

Primary responsibility for child protection investigations lies with NTFC Child Protection staff and the Northern Territory Police. Hospital specialists and the Sexual Assault Referral Centre (SARC) also play key roles in forensic examination and medical assessment and management of suspected victims.

NTFC is responsible for investigating intra-familial child abuse and neglect. Police have responsibility for investigating extra-familial child assaults that are of a criminal nature.

Under the Police/NTFC protocols, NTFC and Police jointly investigate some reports of child abuse. Joint investigations are undertaken by Police and staff from NTFC regional Child Protection work units. The Police/NTFC Child Abuse Taskforce and Peace at Home are specialist units that undertake investigations as co-located specialist teams.

Services in this area are:

- Central Intake
- After Hours Crisis Service
- Child Protection / Family Intervention Teams
- Child Abuse Taskforce
- Peace at Home
- Mobile Child Protection Team
Central Intake

Central Intake (CI) is the main point of intake for NTFC in the Northern Territory. CI and the NTFC After-Hours Crisis Service provide a 24 hours, 7 days a week response to reports via the child protection free call number. CI is collocated with Northern Territory Police. Collocation enhances information sharing and the capacity to gather information, and improves decision-making.

After Hours Crisis Service

Outside government business hours, NTFC services are provided through an After Hours Crisis Service (AHCS) and regional response services. The AHCS is located in Darwin, processing after-hours calls made to NTFC offices in the Northern Territory and providing a ‘call out’ response for the Darwin Urban area. AHCS responds to urgent reports relating to the care and protection of a child or young person. NTFC offices outside of urban Darwin have workers rostered on outside government business hours to provide an after-hours response. In Alice Springs, two workers are rostered ‘on call’ whereas one worker is on call in Katherine, East Arnhem and Tennant Creek.

Child Protection/ Family Intervention Teams

Child Protection Teams in regional NTFC offices are responsible for investigating allegations of child abuse. Where an investigation identifies that harm has occurred or there is a risk of serious harm and an urgent response is required from NTFC to ensure the safety of the child, a case plan to address the safety concerns is developed. NTFC ensures the implementation of the plan. The child protection investigation case is closed when there are no longer any significant risks to the child’s safety due to interventions with the family to reduce the risk of harm, or the child entering out of home care.

Child Abuse Taskforce (CAT)

The Child Abuse Taskforce (CAT) in Darwin and in Alice Springs are specialist units of collocated Police and NTFC officers who are tasked to conduct joint Police/ NTFC investigations of serious child abuse. The Alice Springs CAT responds to all reports of physical and sexual abuse. The Darwin CAT responds to the most serious cases of physical and sexual abuse of children, including where there are multiple abusers and/or multiple perpetrators.

Peace at Home

The Peace at Home program in Katherine is a joint initiative of the Northern Territory Police and NTFC that provides an integrated service response to family violence in the Katherine/ Borroloola region. Staff from the Northern Territory Police Domestic and Personal Violence Unit, and from the NTFC Child Protection Services, work together in a collocated unit. This integrated service provides a joint response to situations involving the safety of family members who are at risk of serious physical and emotional harm and/or neglect due to incidents of family violence. The integrated service facilitates a coordinated response to family violence and child abuse in Aboriginal communities.
Mobile Child Protection Team

The Mobile Child Protection Team is based in Darwin and travels to remote locations as needed to investigate reports of child maltreatment and neglect. The team works closely with local support services, the Remote Aboriginal Family and Community Workers and Police.

Out of Home Care – case management of children in the care of the Chief Executive Officer (CEO)

Out of Home Care services operate at the end of the continuum of statutory services, where daily care and control or parental responsibility for a child aged 0-17 yrs has been assumed by the state. The term ‘out of home care’ includes placement with relatives, but does not include placements in youth justice facilities, disability services, Supported Accommodation Assistance Program (SAAP) services or overnight child care arrangements, where the child’s parents retain parental responsibility for their child. Assistance is also provided to young people who have been, but are no longer in out of home care. The primary objective of out of home care services is to provide quality care appropriate to the needs of the child. NTFC Child Protection Services and Out of Home Care teams provide case management services for children in care.

Family Support

The primary objective of Family Support Services offered by NTFC in the context of statutory services is the promotion of the well being of children by preventing harm to children and preventing children entering or re-entering the care and protection system.

Services provided through Family Support Services can include:

- information, advice, supportive counselling, parenting education
- practical assistance including material aid and skills development
- training
- referral to community family support services
- advocacy to assist clients to access services needed

Services are:

- Catholic Care NT
- Remote Aboriginal Family and Community Workers
- NTFC Child Protection Services – Child Protection and Out of Home Care Teams

Catholic Care Northern Territory - Home Strengths intensive family support

Catholic Care NT Home Strengths receives referrals from NTFC Child Protection Services in Darwin and Palmerston. Home Strengths is an intensive family support service that aims to prevent children who have been identified at risk of being removed from their families to address the issues of concern. Catholic Care NT is able to work with these families for up to 12 weeks.
Remote Aboriginal Family and Community Workers

Remote Family Support Workers provide a link between Child Protection Services and families, local services and regional services. Remote Family and Community Workers provide a family support service to children and families who are case managed by child protection or out of home care case workers.

NTFC Child Protection Services – Child Protection and Out of Home Care

Family Support can be provided by NTFC Child Protection and Out of Home Care teams when:

- A Child Protection case has been closed where there is a need for further support and the family is willing to continue to engage with NTFC
- Clients of NTFC require additional support following a substitute care intervention including: a young person leaving care; or child reunified with their family.

Family Decision Making

CEO-Arranged Mediation Conferences are established by the Care and Protection of Children Act. The mediation conference is an opportunity for the family to work in partnership with the statutory agency to develop plans to ensure the wellbeing of the child.

NTFC/CJC Family Group Conference pilot

A pilot in Alice Springs for CEO-Arranged Mediation Conferences has commenced (NTFC in collaboration with the Community Justice Centre (CJC), Department of Justice). Funding is through the Alice Springs Transformation Plan, a joint Northern Territory and Australian Government initiative. An independent Aboriginal convenor from the CJC and an NTFC coordinator have been appointed. The regulations have been gazetted and commenced. The pilot will run for thirty months and it is being evaluated by Menzies School of Health Research.

The pilot uses a Family Group Conference (FGC) model. This is a voluntary, culturally sensitive strength-based formal decision making process. In child protection matters it is a conference between the family, family group, their community and the statutory agency, using an independent person as the convenor. It is family-led and places the safety of the child at the centre of its focus. The opportunity for the child to express his/her views and opinions is given priority, either by the child attending or by representation. Family Group conferencing is also discussed in Chapter 8.

Out of Home Care Placements

A robust out of home care system is made up of several placement options. The Northern Territory has a small but growing suite of placement options, which include family based placements — foster care and family care — residential care and specialist care options for children and young people with the highest degree of need. The range of placement options available to children and young people must continuously evolve to ensure that placement options exist to meet the needs of children and young people entering care.
The majority of Placement services are provided by NTFC Alternative Care branch. Some placement services are provided by NGOs funded through NTFC NGO Service Management branch. For example, Alternative Family Care (AFC) is a program jointly funded by NTFC and DHF Aged and Disability branch to provide home-based care for children and young people with a disability with high daily care and/or support needs. The service has been out-sourced to a non-government provider and also provides care for children and young people not in the care of the CEO.

Services include:

- NTFC Alternative Care – Home Based Care, Residential Care, Secure Care
- Anglicare - Depot, Forrest House
- Tangentyere Council - Safe Families
- Life Without Barriers - Alternative Family Care.

**NTFC Home Based Care**

Children are placed in the home of a NTFC registered carer who receives an allowance to meet the costs of caring for the child. The majority of the children in out of home care are placed in home-based care options either with ‘generalist’ carers who are registered to care for children from specified age groups or ‘specific’ carers who have been specifically selected and approved to provide care for a particular child or sibling group, including kinship or relative carers. The latter may already know or have a relationship with the child or they may be recruited and assessed as having the skills and talents required to care for a specific child.

**NTFC Residential Care**

A number of NTFC residential care homes in the Darwin and Alice Springs region provide care in a group setting for children ranging in age from 0-17 years. Trained residential NTFC staff work on rostered shifts to care for the children.

**Secure Care Facilities**

These facilities are currently under development in Darwin and Alice Springs. It is proposed that these facilities will have the capacity for 24 hour care of up to eight young people and eight adults with high risk behaviour. The service provides a therapeutic approach for clients who have experienced the traumatic effects of abuse and neglect and who engage in high risk behaviours.

**Anglicare NT - The Depot (Darwin)**

This is a stabilisation, assessment and transitional program that provides residential care for four young people, aged between 10 -17 years, for up to three months.

**Anglicare NT - Child and Youth Residential Support Services (Alice Springs)**

Eleven beds are available for children ranging in age from 8-15 years who are in the care of the CEO. Care for children up to the age of 17 years can be negotiated. Young people are able to stay in this placement for three to six months.
Tangentyere - Safe Families

Safe Families provides residential care for Aboriginal children aged between 7-14 years who are under the care of the CEO or who are referred from the community for respite care.

Life Without Barriers

Life Without Barriers provides home-based care for children and young people with high daily care and/or support needs including, but not limited to, care for children and young people in the care of the CEO. Many of these children have high medical or disability related needs. The service recruits, assesses and trains carers to care for children approved to enter the service.

Therapeutic interventions

Primary responsibility for therapeutic interventions in response to child abuse lies with NTFC Child Protection Services branch. NTFC Family and Individual Support Services branch also provides services through SARC and Mobile Outreach Services. Other generalist services including urban and remote health centres, sexual health, women’s health and mental health have a role in supporting survivors and their families. NTFC funds and coordinates the delivery of longer term generalist support services to survivors and their families including crisis accommodation and support, women’s groups, parenting education, youth services, family violence services and counselling services. These services are primarily delivered by other government and non-government organisations.

Services are:

- Sexual Assault Referral Centres
- Mobile Outreach Services Plus
- NTFC Therapeutic Services Team

Sexual Assault Referral Centres

The Sexual Assault Referral Centre (SARC) provides a counselling service to both adults and children who may have experienced any form of sexual assault. SARC also provides information, support and counselling for partners, family members and significant others. There are SARC counsellors located in Darwin, Katherine, Tennant Creek and Alice Springs.

The recruitment of doctors to participate in the SARC on-call roster for examination of children with suspected sexual abuse is somewhat difficult as the work is confronting, with the disincentive for of having to give evidence in court. In the Northern Territory this is further complicated by the fact that SARC is a combined service, seeing both adults and children, each of which could be a subspecialty in itself. General practitioners may not be confident to examine children for forensic purposes and paediatricians are generally not comfortable seeing adults. SARC can offer the option of shared on-call, however, this means remuneration may also be shared, which is detrimental to recruitment, particularly in an environment where there are many competing demands for limited doctor time.
SARC doctors are required and supported to attend appropriate initial training in the forensic examination of children. SARC benefits from ongoing contact with a tertiary child protection unit for peer review of colposcopy recordings and reports, as well as ongoing professional development opportunities. SARC supports doctors’ ongoing professional development in this complex field.

The genital examination of children is a specialist field within forensic medicine yet there is not the critical mass required to support a separate child protection unit in the Northern Territory, let alone one each for the larger centres. This field of medical practice is not only emotionally charged, but complex with an evolving knowledge base. In the 1980’s, when abuse was suspected, 80 percent of child genital examinations were reported as abnormal, however, due to more research about the range of normality a landmark study reports that, even with a history of vaginal or anal penetration, there are abnormal examination findings in only about 5 percent of cases.\(^\text{162}\) Given the high consequences arising from the weight accorded by courts to medical evidence this emphasises the critical importance of appropriate initial and ongoing training, skill maintenance and peer review for report writing, as well as tertiary review and oversight. The medical directors and management of SARC in Alice Springs and Darwin are aware of this.

Mobile Outreach Services Plus

The Mobile Outreach Service Plus (MOS) provides therapeutic counselling, information and education to children in remote communities and town camps. The recent expansion of MOS has enabled the provision of therapeutic services to children in remote areas who have experienced trauma from a range of child abuse and neglect experiences, not only sexual abuse. The Commonwealth Government has funded this service for a 4 year period. It originally operated as a part of SARC but is now a stand-alone service.

NTFC Therapeutic Services Team

The Therapeutic Services team provides direct specialist therapeutic interventions with children and young people who are ongoing clients of the NTFC and have been severely traumatised due to abuse and/or neglect. The program accepts internal NTFC referrals only and the clients referred must be showing signs of complex or developmental trauma. Therapeutic Services works with family members and/ or carers, and the broader community to provide information, support and therapeutic interventions designed to improve their understanding of the child, contextualise their behavioural and/ or emotional responses, and enhance their ability to respond to the needs of the child in an appropriate and healing manner. The team has clinicians in Darwin and Alice Springs. Services are also provided to Katherine through a remote visiting service.

Coordination

Coordinating functions in the Northern Territory Child Protection System are undertaken at a regional and Northern Territory-wide level through various Memoranda of Understanding and interagency forums.

Memoranda of Understanding (MOUs) have been established between a number of agencies to improve cross-agency case management and coordination – for example, between the police and NTFC with CAT. Additionally, MOUs have been established at a national level to enhance information sharing between NTFC and agencies such as Centrelink and Medicare.

The Interdepartmental Child Protection Policy and Planning Working Group (ICPPPWG) is chaired by NTFC with the goal of further developing a whole-of-government approach to child abuse, including the development of protocols for information sharing and action. The ICPPPWG is a sub-group of the Community Safety Working Group (statutory agency directors) which reports to the Social Responsibility Subcommittee of Executive Coordination (statutory agency chief executives).

Data on statutory child protection services in the Northern Territory

The following section contains data provided by NTFC in response to requests from the Inquiry to provide statistical data on the functions of the child protection system carried out by NTFC (these are further explored in detail in later chapters). These data include the 2009-2010 financial year and the Department warns that the most recent data are not the officially finalised figures. The data include those that are routinely supplied to the Australian Institute of Health and Welfare as part of the national reporting requirements as well as information specifically requested by the Inquiry.
Data on intake and investigation in the Northern Territory

Notification and substantiation trends

Data on notifications, investigations and substantiations over several years are provided in Table 5.1.

Table 5.1. Details of child protection activities for the years 2003-4 to 2009-10

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<th>Total Proceed to investigation</th>
<th>To be investigated but investigation not commenced</th>
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<th>Total finalised investigations</th>
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<td>17</td>
<td>2001</td>
<td>569</td>
<td>597</td>
<td>835</td>
</tr>
<tr>
<td>2008-09</td>
<td>6189</td>
<td>3370</td>
<td>2819</td>
<td>158</td>
<td>101</td>
<td>2560</td>
<td>651</td>
<td>945</td>
<td>964</td>
</tr>
<tr>
<td>2009-10</td>
<td>6584</td>
<td>2904</td>
<td>3680</td>
<td>606</td>
<td>522</td>
<td>2552</td>
<td>339</td>
<td>1031</td>
<td>1182</td>
</tr>
</tbody>
</table>

Figure 5.3 demonstrates the significant increase in notifications over time – notifications have more than tripled since the 2003-04 financial year. After a significant increase (69 percent) in notifications from 2007-8 to 2008-9, there now appears to be a slowing of the rate of increase (with an increase of 6.9% in notifications over the past year).

Across Australia, the number of notifications to child protection departments increased by 6.9 percent in the 2008-09 year, rising from 317,526 in 2007–08 to 339,454 in 2008–09. Of all the states and territories, the Northern Territory had the largest reported increase of 69 percent. Factors that may have contributed to the increase include the staged implementation of the *Care and Protection of Children Act 2007* and an amendment to the *Domestic and Family Violence Act 2007* in February 2009. The new legislation provides for mandatory reporting of serious physical harm in domestic relationships; and increased community awareness of child protection mandatory reporting requirements. However, as described later in this chapter, this is not reflected in an increased proportion of notifications regarding emotional abuse which would be expected if more reports were made regarding children witnessing or experiencing family violence.
The proportion of notifications that have resulted in an investigation has increased over three-fold yet the total number of substantiations appears to have changed little across the years 2003-04 to 2009-10. The increase in notifications and investigations, yet relatively stable rate of substantiations, is highlighted by Figure 5.3. In 2008-09, the Northern Territory had the highest rate per 1,000 children who were subject to a substantiation - 12.9 per 1,000 children compared to 6.9 per 1,000 Australia wide.
The decrease in the proportion of notifications resulting in a substantiation (Figure 5.4) emphasises the increasingly difficult job of finding ‘the needle in a haystack’ of notifications. The falling notification-to-substantiation ratio demonstrates the inefficiency of intake processes, with an increased workload yielding relatively fewer matters of substance. Recommendations regarding the restructure of intake services in Chapters 8 and 12 address this concern.

The number of individual children notified to NTFC (rather than the total number of notifications (see Figure 5.5 and Table 5.2) has also increased significantly over time. The increase in 2008-09 was 43.8 percent compared to an increase in the past year of 9.4 percent. The number of child protection notifications is greater than the number of children who were the subject of a notification. This is because some children are the subject of more than one notification.

**Figure 5.5: Notifications to NTFC by number and by number of individual children**

Of concern is the significant increase in the number of children involved in a notification who had already been the subject of a notification in that same year. Since 2003-04 the rate had been slowly increasing from 14 percent to 18 percent, but the rate almost doubled to 30 percent in the 2008-09 year and has remained high in 2009-10 year (28 percent). There are parallel findings in the data on investigations and substantiations (Tables 5.2 and 5.3) which indicate that a lot of repeat work is being undertaken by investigative workers. This is further evidence of a failing system.
Table 5.2: Total Child Protection Investigations per year and the total number of individual children subject to investigation

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Count of investigations</td>
<td>1244</td>
<td>1337</td>
<td>1364</td>
<td>1731</td>
<td>2018</td>
<td>2661</td>
<td>3074</td>
</tr>
<tr>
<td>No. individual children</td>
<td>1133</td>
<td>1221</td>
<td>1241</td>
<td>1557</td>
<td>1821</td>
<td>2151</td>
<td>2376</td>
</tr>
<tr>
<td>Number of investigations that involved children already subject to investigation same year</td>
<td>111</td>
<td>116</td>
<td>123</td>
<td>174</td>
<td>197</td>
<td>510</td>
<td>689</td>
</tr>
<tr>
<td>Percentage of investigations involving children who had already been subject of an investigation in year</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>10%</td>
<td>10%</td>
<td>19%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Table 5.3: Total Substantiations per year and the total number of individual children subject to substantiation

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Count of Substantiations</td>
<td>622</td>
<td>598</td>
<td>650</td>
<td>748</td>
<td>835</td>
<td>964</td>
<td>1182</td>
</tr>
<tr>
<td>No. Individual Children</td>
<td>578</td>
<td>565</td>
<td>600</td>
<td>688</td>
<td>784</td>
<td>838</td>
<td>994</td>
</tr>
<tr>
<td>No. of substantiations that involved children already subject to substantiation same year</td>
<td>44</td>
<td>33</td>
<td>50</td>
<td>60</td>
<td>51</td>
<td>126</td>
<td>188</td>
</tr>
<tr>
<td>Percentage of substantiations involving children who had already been subject of a substantiation in year</td>
<td>7%</td>
<td>6%</td>
<td>8%</td>
<td>8%</td>
<td>6%</td>
<td>13%</td>
<td>16%</td>
</tr>
</tbody>
</table>

The trends outlined in the previous two tables are of concern and have significant workload implications. It is unclear why so many children with substantiated abuse are again substantiated as being abused within a year but the implication is that the previous statutory intervention failed to provide a satisfactory level of protection for the children involved. Notifiers are clearly concerned that children are remaining at risk despite previous investigations and substantiations.

A recommendation relating to the review of cases that have been re-notified and re-substantiated can be found in Chapter 13.
Types of harm

Figure 5.6: Type of harm recorded for notified cases

The data presented in Figure 5.6 indicate that neglect is the most common form of harm involved in notifications, remaining the largest harm-type category. The percentage of notifications involving sexual exploitation has increased from 12 percent in 2003-04 to 22 percent in 2009-10. The percentage of physical abuse notifications has dropped from 33 percent in 2003-04 to 21 percent in 2009-10. These changes are likely to reflect changes in attitudes and reporting trends rather than the actual prevalence patterns of the different forms of abuse.

Data provided by the Australian Institute of Health and Welfare (AIHW) indicate that, apart from Western Australia (WA) and the Northern Territory, emotional abuse usually accounts for the largest proportion of abuse substantiations resulting from notifications.163

In the Northern Territory in the 2009-10 financial year, 41 percent of substantiations were for neglect as against 16 percent for emotional abuse. The data for neglect in WA are similar to those from the Northern Territory – 41 percent of substantiations – and probably reflect the higher number of Aboriginal families living in disadvantaged circumstances.

Gender pattern

Table 5.4: Substantiations per year by Sex of Child

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>329</td>
<td>296</td>
<td>328</td>
<td>405</td>
<td>467</td>
<td>511</td>
<td>624</td>
</tr>
<tr>
<td>Male</td>
<td>293</td>
<td>302</td>
<td>322</td>
<td>343</td>
<td>368</td>
<td>453</td>
<td>557</td>
</tr>
<tr>
<td>Sum</td>
<td>622</td>
<td>598</td>
<td>650</td>
<td>748</td>
<td>835</td>
<td>964</td>
<td>1182</td>
</tr>
</tbody>
</table>

* Note in 2009-10 there was one substantiation of a report about a child for which gender was not known

Gender patterns revealed in the notification and substantiation data (Table 5.4) suggest consistently that slightly more females than males are the subject of a substantiation.

**Age patterns**

**Figure 5.7: Notifications per year by age of child on date of notification**

![Notifications by age of child](image1)

**Figure 5.8: Substantiations per year by age of child on date of notification**

![Substantiations by age of child](image2)

There have been some shifts in the age patterns of children subject to notifications and substantiations in the Northern Territory (Figures 5.7 and 5.8). Whereas there was a slight decrease in the notification of young children (0-4 years) in 2009-10, there has been an increase in the other age categories. The pattern for substantiations does not demonstrate a corresponding increase for the age group 15-17.
Regional sources of notifications and substantiations

Figure 5.9: Notifications per region by year (based on work unit allocated for action)

Table 5.5: Substantiations per year by Region (based on work unit allocated for action)

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs</td>
<td>195</td>
<td>189</td>
<td>98</td>
<td>169</td>
<td>132</td>
<td>238</td>
<td>387</td>
</tr>
<tr>
<td>Barkly</td>
<td>49</td>
<td>40</td>
<td>77</td>
<td>82</td>
<td>115</td>
<td>58</td>
<td>144</td>
</tr>
<tr>
<td>Darwin/Top-End</td>
<td>238</td>
<td>242</td>
<td>351</td>
<td>348</td>
<td>372</td>
<td>411</td>
<td>382</td>
</tr>
<tr>
<td>Katherine</td>
<td>140</td>
<td>127</td>
<td>124</td>
<td>149</td>
<td>216</td>
<td>257</td>
<td>269</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>622</strong></td>
<td><strong>598</strong></td>
<td><strong>650</strong></td>
<td><strong>748</strong></td>
<td><strong>835</strong></td>
<td><strong>964</strong></td>
<td><strong>1182</strong></td>
</tr>
</tbody>
</table>

Until the last few years there have been only minor changes in the percentages of notifications from the various Northern Territory regions (Figure 5.9 and Table 5.5). As might be expected, around half of all notifications are processed by a Darwin Top End office whilst around 25 percent are processed by the Alice Springs office.

Of some note may be the data that indicate that although around 50 percent of the notifications are from the Darwin/Top End region, only 32 percent of the substantiations are from this region. On the other hand, the Barkly region accounts for only 4.9 percent of the notifications but 12 percent of substantiations.
Report categories

Table 5.6: Number of notifications by reporter category

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anonymous</td>
<td>55</td>
<td>39</td>
<td>33</td>
<td>57</td>
<td>75</td>
<td>156</td>
<td>217</td>
</tr>
<tr>
<td>Child Care Personnel</td>
<td>13</td>
<td>18</td>
<td>17</td>
<td>11</td>
<td>27</td>
<td>43</td>
<td>45</td>
</tr>
<tr>
<td>Departmental Officer</td>
<td>68</td>
<td>102</td>
<td>77</td>
<td>164</td>
<td>240</td>
<td>382</td>
<td>553</td>
</tr>
<tr>
<td>Friend/Neighbour</td>
<td>172</td>
<td>185</td>
<td>266</td>
<td>201</td>
<td>188</td>
<td>209</td>
<td>255</td>
</tr>
<tr>
<td>Hospital/Health Centre</td>
<td>244</td>
<td>261</td>
<td>271</td>
<td>378</td>
<td>491</td>
<td>790</td>
<td>1030</td>
</tr>
<tr>
<td>Medical Practitioner</td>
<td>57</td>
<td>42</td>
<td>48</td>
<td>42</td>
<td>92</td>
<td>134</td>
<td>147</td>
</tr>
<tr>
<td>Non-Government Organisation</td>
<td>171</td>
<td>138</td>
<td>195</td>
<td>131</td>
<td>137</td>
<td>425</td>
<td>405</td>
</tr>
<tr>
<td>Not Stated</td>
<td>1</td>
<td>8</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>65</td>
<td>79</td>
<td>112</td>
<td>111</td>
<td>142</td>
<td>375</td>
<td>318</td>
</tr>
<tr>
<td>Other Health Personnel</td>
<td>28</td>
<td>35</td>
<td>42</td>
<td>23</td>
<td>68</td>
<td>128</td>
<td>188</td>
</tr>
<tr>
<td>Other Relative</td>
<td>229</td>
<td>233</td>
<td>257</td>
<td>252</td>
<td>287</td>
<td>567</td>
<td>452</td>
</tr>
<tr>
<td>Parent/Guardian</td>
<td>148</td>
<td>245</td>
<td>232</td>
<td>277</td>
<td>263</td>
<td>452</td>
<td>351</td>
</tr>
<tr>
<td>Police</td>
<td>476</td>
<td>402</td>
<td>883</td>
<td>948</td>
<td>1177</td>
<td>1505</td>
<td>1534</td>
</tr>
<tr>
<td>School Personnel</td>
<td>158</td>
<td>214</td>
<td>269</td>
<td>300</td>
<td>371</td>
<td>849</td>
<td>966</td>
</tr>
<tr>
<td>Sibling</td>
<td>7</td>
<td>6</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Social Worker</td>
<td>55</td>
<td>108</td>
<td>136</td>
<td>73</td>
<td>95</td>
<td>148</td>
<td>104</td>
</tr>
<tr>
<td>Subject Child</td>
<td>6</td>
<td>13</td>
<td>20</td>
<td>10</td>
<td>6</td>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>1953</td>
<td>2128</td>
<td>2864</td>
<td>2985</td>
<td>3668</td>
<td>6189</td>
<td>6584</td>
</tr>
</tbody>
</table>

Table 5.6 provides a breakdown of the categories of reporter making a notification. It can be seen that the largest categories are the police, health professionals, education staff, Departmental officers, and relatives other than the child’s parent or guardian. Health professionals and the police each account for around 20 percent of the total.

Children on care and protection orders 2008-09

In 2008-09 there was an overall increase of 8.5 percent of children on care and protection orders across Australia compared to 2007-08 (see Table 5.7). In the Northern Territory children on care and protection orders increased from 520 to 577 children – an increase of 9.5 percent. The rate of children on care and protection orders in the Northern Territory was the highest across Australia in 2008-09 with 9.2 per 1,000 children compared to the national average of 7.0 per 1,000 children.
Table 5.7: Number of children on care and protection orders, state and territories, 30 June 2005 to 30 June 2009\textsuperscript{164}

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Aust</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>8,620</td>
<td>4,668</td>
<td>5,857</td>
<td>1,783</td>
<td>1,553</td>
<td>716</td>
<td>464</td>
<td>414</td>
<td>24,075</td>
</tr>
<tr>
<td>2006</td>
<td>9,213</td>
<td>5,011</td>
<td>6,446</td>
<td>2,046</td>
<td>1,671</td>
<td>833</td>
<td>558</td>
<td>437</td>
<td>26,215</td>
</tr>
<tr>
<td>2007</td>
<td>10,639</td>
<td>5,492</td>
<td>6,391</td>
<td>2,629</td>
<td>1,881</td>
<td>897</td>
<td>574</td>
<td>451</td>
<td>28,954</td>
</tr>
<tr>
<td>2008</td>
<td>12,086</td>
<td>6,239</td>
<td>7,040</td>
<td>3,094</td>
<td>2,197</td>
<td>914</td>
<td>552</td>
<td>520</td>
<td>32,642</td>
</tr>
<tr>
<td>2009</td>
<td>13,491</td>
<td>6,100</td>
<td>7,942</td>
<td>3,337</td>
<td>2,361</td>
<td>991</td>
<td>610</td>
<td>577</td>
<td>35,409</td>
</tr>
</tbody>
</table>

Children in out of home care 2008-09

Nationally there were 34,069 children in out-of-home care in 2008-09 (see Table 5.8). The number of children in out-of-home care in the Northern Territory increased by 17.4 percent, from 398 in 2007-08 to 482 in 2008-09. Throughout Australia, children in out-of-home care increased by 9.3 percent. The annual rate of children in out-of-home care in the Northern Territory was 7.7 per 1,000 – the second highest rate in Australia behind New South Wales at 9.4 per 1,000 children (see Table 5.9).

Table 5.8: Number of children in out of home care (0-17 years), states and territories, 30 June 2005 to 30 June 2009\textsuperscript{165}

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Aust</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>9,230</td>
<td>4,408</td>
<td>5,657</td>
<td>1,829</td>
<td>1,329</td>
<td>576</td>
<td>342</td>
<td>324</td>
<td>23,695</td>
</tr>
<tr>
<td>2006</td>
<td>9,896</td>
<td>4,794</td>
<td>5,876</td>
<td>1,968</td>
<td>1,497</td>
<td>683</td>
<td>388</td>
<td>352</td>
<td>25,454</td>
</tr>
<tr>
<td>2007</td>
<td>11,843</td>
<td>5,052</td>
<td>5,972</td>
<td>2,371</td>
<td>1,678</td>
<td>667</td>
<td>399</td>
<td>397</td>
<td>28,379</td>
</tr>
<tr>
<td>2008</td>
<td>13,566</td>
<td>5,056</td>
<td>6,670</td>
<td>2,546</td>
<td>1,841</td>
<td>664</td>
<td>425</td>
<td>398</td>
<td>31,166</td>
</tr>
<tr>
<td>2009</td>
<td>15,211</td>
<td>5,283</td>
<td>7,093</td>
<td>2,682</td>
<td>2,016</td>
<td>808</td>
<td>494</td>
<td>482</td>
<td>34,069</td>
</tr>
</tbody>
</table>

Table 5.9: Annual rates per 1,000 of children in out of home care (0-17 years), states and territories, 30 June 2005 to 30 June 2009\textsuperscript{166}

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Aust</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>5.8</td>
<td>3.8</td>
<td>5.8</td>
<td>3.8</td>
<td>3.9</td>
<td>4.9</td>
<td>4.5</td>
<td>5.5</td>
<td>4.9</td>
</tr>
<tr>
<td>2006</td>
<td>6.2</td>
<td>4.1</td>
<td>6.0</td>
<td>4.0</td>
<td>4.3</td>
<td>5.8</td>
<td>5.1</td>
<td>5.9</td>
<td>5.3</td>
</tr>
<tr>
<td>2007</td>
<td>7.3</td>
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<td>4.8</td>
<td>5.7</td>
<td>5.2</td>
<td>6.4</td>
<td>5.8</td>
</tr>
<tr>
<td>2008</td>
<td>8.4</td>
<td>4.2</td>
<td>6.4</td>
<td>4.9</td>
<td>5.2</td>
<td>5.6</td>
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<tr>
<td>2009</td>
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<td>5.1</td>
<td>5.7</td>
<td>6.8</td>
<td>6.3</td>
<td>7.7</td>
<td>6.7</td>
</tr>
</tbody>
</table>

\textsuperscript{164} ibid.
\textsuperscript{165} ibid.
\textsuperscript{166} ibid.
Aboriginal and Torres Strait Islander Children

Intake data relating to Aboriginal status

Figure 5.10: Notifications by year by Indigenous status of child

There is an increase in notifications to NTFC of both Aboriginal and non-Aboriginal children over time, with a greater increase for Aboriginal children (see Figure 5.10).

With the percentage of notifications of Aboriginal children running at 77 percent, the 4,718 individual children notified in 2009-10 represent around 3,633 Aboriginal children. 90 percent of the notified children are in the 0-14 age group. Population data from the Australian Bureau of Statistics indicate that there are 22,540 Aboriginal children aged 0-14 years in the Northern Territory. This being the case, 3,270 notified Aboriginal children (being 90 percent of the estimated 3,633 Aboriginal children aged 0-17 who were notified) represent 14.5 percent of the entire Aboriginal child population (0-14 years) having been the subject of a notification in a one year period. That is, one of every seven Aboriginal children in the Northern Territory appears to have been subject to a notification to NTFC in 2009-10. The actual number of substantiations are far less than this (see Table 5.10).

Table 5.10: Substantiations by Indigenous status of child by year

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<tr>
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<tr>
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<td>670</td>
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<td>143</td>
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<td>158</td>
<td>163</td>
<td>185</td>
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<td>7</td>
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<td>13</td>
<td>8</td>
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<td>650</td>
<td>748</td>
<td>835</td>
<td>964</td>
<td>1182</td>
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</table>

Looking at actual substantiations, the data reveal a small but continuing trend of an increasing number of Aboriginal children being the subject of substantiation. Currently almost 84% of the substantiations involve Aboriginal children.

**Types of harm by Aboriginal status**

Data on the types of harm experienced by Aboriginal and non-Aboriginal children are provided in the following figures and tables.

**Figure 5.11 Northern Territory Numbers of Substantiations by Harm Category and Aboriginal Status 2008-09**

![Graph of substantiations by harm category and Aboriginal status]

Source NTFC

**Figure 5.12 Northern Territory population rates of substantiation by harm category and Aboriginal status, 2008-09**

![Graph of population rates of substantiation by harm category and Aboriginal status]

Source NTFC

*Rates based on population data from Chondur and Guthridge 2006; ABS 2007.*
It can be seen that Aboriginal children are over-represented in all forms of substantiated harm. Focusing on the population rates of substantiation, it can be seen that substantiation rates for neglect are over 12 times those for non-aboriginal clients.

Although Aboriginal children experienced a much higher rate of child neglect substantiations than non-aboriginal children in the Northern Territory, overall the types of maltreatment experienced by Aboriginal children and non-Aboriginal children are relatively similar. In sharp contrast to media images of maltreatment in Aboriginal and Torres Strait Islander communities, child sexual abuse was the least frequently substantiated maltreatment type for Aboriginal and Torres Strait Islander children in the Northern Territory and across Australia. However, this is again likely to be an under-estimation of the actual incidence of child sexual abuse (see Box 1).

The maltreatment type most frequently substantiated in relation to Aboriginal children was child neglect. Neglect generally refers to the failure — usually by the parent — to provide for a child’s basic needs, including failure to provide adequate food, shelter, clothing, supervision, hygiene or medical attention. The high rate of neglect is consistent with the disadvantaged socio-economic conditions prevalent in many Aboriginal communities, such as overcrowding, unemployment and a lack of services.168

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168 See Chapter 6.
Box 1: Child sexual abuse in Aboriginal and Torres Strait Islander communities

It is estimated that less than 30 percent of all sexual assaults on children are reported and that the reporting rate is even lower for Aboriginal and Torres Strait Islander children.\(^ {169}\) Inquiries into child sexual abuse in Western Australia, New South Wales and the Northern Territory have concluded that the sexual abuse of Aboriginal children was common, widespread and grossly under-reported.\(^ {170}\) Robertson (2000) estimated that up to 88 percent of all rapes in Aboriginal and Torres Strait Islander communities go unreported.\(^ {171}\)

In contrast to the low rates of sexual abuse substantiated by child protection services, police data on reported victims of sexual assault show that Aboriginal and Torres Strait Islander children are at greater risk than other children of being sexually abused.\(^ {172}\)

Health data regarding sexually transmitted infections, which have been associated with child sexual abuse, showed that over twice the number of Aboriginal and Torres Strait Islander children were diagnosed with an STI compared with non-Aboriginal children.\(^ {173}\)

Recorded victim statistics suggest that girls are more likely to be a victim of sexual abuse than boys.\(^ {174}\) However, inquiries in the Northern Territory and New South Wales present evidence to suggest that there is widespread sexual abuse of boys in some communities.\(^ {175}\)

Despite the low rates of child sexual abuse substantiated by child protection services, there is sufficient evidence to suggest that Aboriginal and Torres Strait Islander boys and girls are at greater risk of being sexually abused than other children. However, it is important to keep in mind that there are significant variations between Aboriginal and Torres Strait Islander communities. Patterns of sexual assault will vary in relation to community location and factors such as substance use and family and community dynamics.\(^ {176}\)


\(^{170}\) S Gordon et al., 2002, Putting the picture together: Inquiry into response by government agencies to complaints of family violence and child abuse in Aboriginal communities, Department of Premier and Cabinet Western Australia, Perth; NSW Aboriginal Child Sexual Assault Taskforce, 2006, Breaking the silence: Creating the future. Addressing child sexual assault in Aboriginal communities in NSW, Attorney General’s Department NSW, Sydney; Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, Ampe Akelyernemane Meke Mekarle “Little Children are Sacred”.

\(^{171}\) B Robertson, 2000, The Aboriginal and Torres Strait Islander Women’s Task Force on Violence Report, Queensland Department of Aboriginal and Torres Strait Islander Policy and Development, Brisbane, Australia.


\(^{173}\) ibid.

\(^{174}\) ibid.

\(^{175}\) NSW Aboriginal Child Sexual Assault Taskforce, Breaking the silence: Creating the future; Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, Ampe Akelyernemane Meke Mekarle “Little Children are Sacred”.

\(^{176}\) NSW Aboriginal Child Sexual Assault Taskforce, Breaking the silence: Creating the future.
Child protection activity by Aboriginal status

Figure 5.13: Rates of Substantiations by Aboriginal Status, Northern Territory and Australia

Overall, substantiation rates for the Northern Territory Aboriginal population are somewhat lower than the average for Aboriginal people in Australia. Data published by the AIHW for 2008-09 reveal that the substantiation rate for Aboriginal children in the Northern Territory (24/1,000 children) is significantly lower than that for Aboriginal children in NSW (56.8/1,000) and the national average (37.7/1,000). Only in WA are comparable substantiation rates lower (18.7/1,000) but these data need to be considered in the context of the very low overall substantiation rates for WA (2.9/1,000 versus 6.9/1,000 as the Australian average) and probably reflect significant changes to the intake process that took place in that state some years ago.

The apparent inconsistency between the Northern Territory having the lowest rates of child protection activity for Aboriginal children and the highest overall rate of children subject to a substantiation, is explained by the relatively large Aboriginal population in the Northern Territory (32 percent of the population versus less than 4 percent in every other jurisdiction) and the disproportionate level of disadvantage in that community.
Table 5.11: Rates of child protection activity per 1000 children by Indigenous status, Northern Territory and Australia, 2008-09

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<thead>
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</thead>
<tbody>
<tr>
<td>Substantiations</td>
<td>37.7</td>
<td>5.0</td>
<td>7.5:1</td>
<td>24.1</td>
<td>3.9</td>
<td>6.1:1</td>
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<tr>
<td>Protection orders</td>
<td>43.8</td>
<td>5.2</td>
<td>8.4:1</td>
<td>15.8</td>
<td>4.1</td>
<td>3.8:1</td>
</tr>
<tr>
<td>Out of home care</td>
<td>44.8</td>
<td>4.9</td>
<td>9.2:1</td>
<td>13.2</td>
<td>3.4</td>
<td>3.9:1</td>
</tr>
</tbody>
</table>

Data in Table 5.11 from the AIHW on the overall rates of child protection activity by Aboriginal status indicate that the Aboriginal population in the Northern Territory has lower rates for substantiations, protection orders and numbers in out-of-home care than their counterparts in other jurisdictions. In addition, the Aboriginal – non Aboriginal ratios for each of the indicators are smaller indicating smaller differences between the populations compared with other jurisdictions. With respect to out-of-home care, more than three times as many Aboriginal children per 1,000 are in care in other jurisdictions than is the case in the Northern Territory.

As discussed in the Children’s Commissioner’s Annual report for 2008-09, it is likely that the relatively low rates of substantiations, protection orders and out-of-home care reflect a problem of under-reporting in the Northern Territory or what has been referred to as ‘hidden or ignored child abuse and neglect’.

There are vast differences in the recorded child protection statistics across Australia. It is important to note that the data that are recorded are only concerned with reported cases of child abuse and neglect and therefore the incidence of child abuse and neglect is likely to be much higher. As child protection data records the activity of child protection departments, not the incidence of child abuse and neglect in the community, differences across Australian states and territories may be a result of systems differences in how legislation defines who is in need of statutory intervention and policies/practice in each jurisdiction.

The placement of Aboriginal children in out of home care

The Aboriginal Child Placement Principle is discussed throughout this report. The principle states the preferred order of placement for an Aboriginal or Torres Strait Islander child who has been removed from their birth family. The preferred order is for the child to be placed with:

- With extended family, but if this is not possible
- With others in the same community, but if this is not possible

178 ibid.
179 AIHW uses the term ‘Indigenous’ rather than ‘Aboriginal’.
• With other Aboriginal people, but if this is not possible
• With non-Aboriginal people, but with plans for how the child will maintain links to Aboriginal culture.

Children placed in one of the three preferred options are sometimes described as having been placed in accordance with the principle. This is an inaccurate interpretation as the principle itself accepts that it is in the interests of some children to be placed with non-Aboriginal carers, although the proportion of these children who have cultural care plans is unknown. However, the percentage of Aboriginal children placed with Aboriginal carers does provide a practice benchmark. The percentage of Aboriginal children placed with Aboriginal carers varied substantially across jurisdictions (see Table 5.12). In Australia in 2008–09, 72.6 percent of Aboriginal children were placed with Aboriginal carers. Some of the reasons for the low percentage of such placements in the Northern Territory are explored in other chapters.182

Table 5.12: Placements of Aboriginal children with Aboriginal care providers, numbers and percentages 183

<table>
<thead>
<tr>
<th></th>
<th>Total Placements</th>
<th>Placement with Aboriginal carer</th>
<th>Non-Aboriginal placement</th>
<th>% placements with Aboriginal carers</th>
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<tbody>
<tr>
<td>Australia</td>
<td>10,461*</td>
<td>7,600</td>
<td>2,861</td>
<td>73</td>
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<tr>
<td>NSW</td>
<td>4,963</td>
<td>4,169</td>
<td>794</td>
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<td>QLD</td>
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<td>WA</td>
<td>1,192</td>
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<tr>
<td>VIC</td>
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<tr>
<td>TAS</td>
<td>130</td>
<td>36</td>
<td>94</td>
<td>28</td>
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</tbody>
</table>

* A small number of children are placed with externally arranged foster care who are also their relatives are not included.184

183 ibid.
184 The application of the ACPP is discussed in Chapter 4.
Chart 1: NT Families and Children Organisational Chart

DEPARTMENT OF HEALTH AND FAMILIES

NT Families & Children (NTFC)

Executive Support

NGO Services Development Unit

Care & Protection Services Senior Director

Child Protection Services Director

Alternative Care Director

Home Based Care Services

Residential Care Coordination Unit

Therapeutic Services

Alternative Care Central Australia

Darwin Services

Top End Services

Central Australia Services

Remote Aboriginal Family & Community Program

Quality Unit

Operational Policy

Workforce Development

Central Australia Policy

Complaints

NT Families & Children Executive Director

Youth Services Director

Youth Justice Support Unit

Office of Youth Affairs

Darwin Family Support Centre

Alice Springs Family Support Centre

Family & Individual Support Services Director

Office of Women’s Policy

Remote Family Violence Team

Domestic Family Violence Team

Family Support Team

Sexual Assault Services

Mobile Outreach Service (MOS) Plus

Homelessness Unit

Strategic Policy & Performance Director

Policy & Legislation Unit

Planning, Research & Evaluation Unit

Performance, Data & Reporting Unit

Business Services Director

Budgets & Finance

Recruitment & Workforce Support Unit

Facilities

Divisional Support