CHAPTER 6
ENHANCING THE SERVICE SYSTEM TO SUPPORT FAMILIES IN THE NORTHERN TERRITORY
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The contemporary challenge facing child protection systems in Australia...is sufficiently resourcing flexible preventive and early intervention services so as to reduce the numbers of children and young people who require the state to step in and keep them safe.

This chapter outlines the key service components for the promotion of wellbeing and prevention of child abuse and neglect that would be incorporated in an integrated approach to the protection of children in the Northern Territory. The Inquiry is aware that while some services exist for vulnerable and at-risk children, families and communities in the Northern Territory, these services do not cover the entire breadth of the Territory, nor are they integrated across the continuum from universal to tertiary supports. Quality improvements in universal services — health care, maternal and child health care, education and child care — and major investment in the development and expansion of secondary and tertiary support within the system, will need to be made in the Northern Territory.

These investments will be the foundation of a comprehensive system of care for child safety and wellbeing by developing a system that is child centred, family focused, with the family as the primary client. It must begin from an understanding of what is needed for the optimal development of children, as well as the causes and consequences of child abuse and neglect.

In this chapter, we use an ecological developmental approach to explore the known risk and protective factors for child safety and wellbeing as identified in submissions to the Inquiry and in research. The mechanisms by which these risk factors impact on caregiving and other aspects of children’s environments will be described, as will universal and targeted strategies for supporting communities, families and children in promoting their safety and wellbeing.

The causes and consequences of child abuse and neglect

In the Northern Territory, an effective system for protecting children and promoting their wellbeing would draw upon an understanding of why child maltreatment occurs, the effects it is likely to have and what can be done to prevent, or ameliorate harm to children. It would also recognise the factors that promote wellbeing and resilience, as enhancing these will be crucial to the promotion of child wellbeing. These understandings would drive the planning of community based supports and services that can identify targets and strategies for prevention, assist with identifying family needs and risks and harms for children, and offer the most effective therapeutic and treatment options. This is most

185 See Chapter 3.
186 Chapter 5 and Appendix 6.1 illustrate this in detail.
important if intergenerational cycles of abuse and neglect are to be broken.

While not raised extensively in submissions to the Inquiry, the multiple causes and consequences of child abuse and neglect are well known. This section describes those that are common to all child maltreatment and those that are related to specific subtypes of child abuse and neglect (physical abuse, emotional abuse, neglect and child sexual abuse).

To some extent the causes and consequences of abuse and neglect in the Northern Territory are assumed to be similar to those in other parts of Australia and the world, but the unique socio-political, historical, diversity of population and geographical context of the Northern Territory means that more needs to be known about the effective promotion of wellbeing and the prevention of and response to maltreatment in the Northern Territory. Any investment strategy for secondary and tertiary supports for children, families and communities in the Northern Territory should be based on an analysis of existing data (such as information in different administrative databases and population-based surveys such as the Australian Early Development Index) to gain a better understanding of the drivers and outcomes of child protection involvement for children in the Northern Territory. This analysis should seek to gain an understanding of the specific needs of Aboriginal people given their over representation in child protection systems. While there may be limitations to data quality that should not hinder attempts to gain a better understanding of what is happening for children in the Northern Territory.

Child Wellbeing and the Child Protection in the Northern Territory is a complex area for both research and analysis purposes. Sunrise asserts that we cannot look at improvements to the Northern Territory Child Protection system, without adopting a holistic view of all those elements that might have some influence on a child’s development. 

**Protective and risk factors**

The physical, cultural, social and biological environments of children shape their development. Risk factors and protective factors can be conceptualised as being at opposite ends of a continuum. For example, while physical safety, supportive relationships and positive social norms might be protective factors for child wellbeing, dangerous and stressful environments, relationships which involve conflict and violence, and community norms supporting harsh or neglectful parenting are risk factors for child abuse and neglect. Risk and protective factors for child abuse and neglect provide a number of targets for prevention and early intervention in the Northern Territory. Because these factors are also associated with other outcomes – for example, children’s readiness for school, children’s social and emotional wellbeing, adolescent risk behaviour – targeting these as the focus of intervention efforts are likely to have impacts on many aspects of child and family functioning.

Factors which protect against child maltreatment include: positive child characteristics and behaviours – for example, child warmth and affection, ‘easy’ temperament – strength in culture including strong connections and strong identity; positive family belief

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187 Submission: Sunrise Health Service Aboriginal Corporation.
188 For example, the Olds home visiting model, M O’Connell et al., 2009, Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities, The National Academics Press, Washington, D.C.
systems – for example, making meaning of adversity, positive outlook, transcendence and spirituality – flexible and connected family organisational patterns; clear family communication that is open to emotional sharing and which promotes collaborative problem solving; positive marital (relationship) quality; and access to social and emotional resources such as supportive social networks and good housing.\textsuperscript{189}

Risk factors for child abuse and neglect have been categorised as:

- **Economic factors** – poverty, unemployment, overcrowded or unstable housing
- **Social factors** – racism, discrimination, social isolation and exclusion
- **Community factors** – dangerous, disadvantaged or socially excluded communities, communities who have lost many community members
- **Parental factors** – mental health, substance abuse, family/domestic violence, learning difficulties, parental anger, strong beliefs in corporal punishment, trans-generational trauma and its impact on parenting and lower levels of empathy
- **Child characteristics** – low birth weight, special needs, difficult temperament, behavioural problems
- **Family characteristics** – poor relationships, large number of children, single or early parenthood
- **Ecological factors, environmental toxins** – violence, gambling, pervasiveness of unresolved grief, loss and trauma
- **Previous experiences of abuse or neglect** – for parents or children.\textsuperscript{190}

**Community risk factors**

The issue of child protection in the Northern Territory could be seen as one of inequity and of social injustice. The high rates of neglect and exposure to physical violence are, to a large extent, by-products of poverty and extreme disadvantage.\textsuperscript{191} A number of submissions to the Inquiry identified these issues as prevalent throughout the Northern Territory.

The poor standard of housing for Aboriginal peoples is a known contributor to their health problems, particularly the high rate of infectious diseases among children. Lack of attention to detail in house design, careless or sub standard construction and no cyclical maintenance make houses unsafe, affect health and waste valuable resources.\textsuperscript{192}

Neighbourhood disadvantage has been characterised as the absence of settings that provide opportunities for healthy child development, such as the absence of libraries and other settings for learning, social and recreational activities such as parks, child care, quality schools, health care services and employment opportunities. In a number of communities visited by the Inquiry, these indicators would be viewed as unrealistic, given the levels of poverty and disadvantage witnessed. Income security, stable and secure


\textsuperscript{190} Adapted from Higgins, *Community development approaches to safety and well-being of Indigenous children*; Johnson & Ketring, ‘The therapy alliance: A moderator in therapy outcome for families dealing with child abuse and neglect’.


\textsuperscript{192} Submission: Sunrise Health Service Aboriginal Corporation.

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housing in safe neighbourhoods, accessible and affordable health care, food security, and opportunities for social care are a fundamental basis for a preventive approach to child protection in the Northern Territory. As a result of such high levels of disadvantage, there is limited access to services and supports which enhance parenting.

Communities influence child development through their impact on the norms, values and beliefs of the residents. Negative social norms contribute to problem behaviours and parenting stress, whereas positive social norms in disadvantaged communities can act as deterrents to antisocial, violent or neglectful behaviour. In the Northern Territory, social disadvantage is impacting on the safety of children in communities. Children of very young ages have been found on the streets late at night in contexts of high community and family violence, in part due to feeling unsafe in their homes.

Community disadvantage is also linked to health problems in children and families. The Inquiry heard of chronic health problems of children with untreated sores, boils and other skin infections along with not being given medication and missing appointments, sleep deprivation, and major hygiene concerns resulting from no bathing, for weeks, and no clean clothes. Limited facilities for food storage and cooking, and overcrowding impacts on the ability to purchase and prepare foods that need storage and require cooking. There were also reports of a lack of adequate, affordable and nutritious food, in particular for babies and toddlers. There are also very high levels of hearing loss due to Otitis media in Aboriginal children, which increases children’s vulnerability to neglect and abuse.

Young children are the poorest members of society and are more likely to be poor today than they were 25 years ago. Growing up in poverty greatly increases the probability that a child will be exposed to environments and experiences that impose significant burdens on his or her well-being, thereby shifting the odds toward more adverse developmental outcomes. Poverty during the early childhood period may be more damaging than poverty experienced in later ages, particularly with respect to eventual academic attainment. The dual risk of poverty experienced simultaneously in the family and in the surrounding neighborhood, which affects minority children to a much greater extent than other children, increases young children’s vulnerability to adverse consequences.

Poverty is associated with overcrowding, frequent mobility, poor schools, limited health care, unsafe and stressful environments, poor nutrition and poor community infrastructure. While poverty is not the focus of the Inquiry, the incredible importance of social policies which address social disadvantage and poverty cannot be understated. In the Northern Territory, social policies which address social disadvantage and poverty cannot be understated.

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194 O’Connell et al., Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities.
195 Submissions: NTFC worker, Save the Children, Elspeth Hurse, NTCOSS and Confidential.
196 Submission: Confidential.
197 Submission: Sunrise Health Service Aboriginal Corporation.
198 Submissions: Elspeth Hurse, NTFC worker, NTFC worker, NTCOSS, Save the Children, Sunrise Health Service Aboriginal Corporation and Tangentyere Council.
199 Submission: Dr Damien Howard and Jody Saxton Barney.
201 See Chapter 4.
Territory context, approximately two thirds of households with 0-14 year old Aboriginal children needed more rooms, approximately one third lived in houses with major structural problems and one third had facilities that weren’t available or working.202

There are often no lockable rooms in housing and the overcrowding results in people, particularly children, being exposed to violence with no respite.203 Almost one third of households with Aboriginal children had run out of money for living expenses in previous year.204 Other prevention efforts will be like trying to stem the tide of a tidal wave if poverty, inequity and social disadvantage are not addressed; emphasising the futility of other efforts in the absence of strategies to address the social determinants of health and wellbeing.205

Parental risk factors

Risk factors such as family violence, gambling, substance misuse, mental illness, disability, learning difficulties and early pregnancy are frequently interrelated and in the Northern Territory these are commonly found within a broader context of disadvantage – for example, unemployment, poor educational opportunities, homelessness, crime, community violence, victimisation and lack of social capital.

For parents of Aboriginal children, the chance of exposure to multiple life stresses and cumulative risk is far greater than for parents of non-Aboriginal children. It is estimated that in Western Australia, more than one in five Aboriginal children live in families in which 7-14 life stress events have occurred in a 12 month period, and that the average number of life stress events experienced by carers of Aboriginal children is more than three times that experienced by carers of non-Aboriginal children — 3.9 compared with 1.2 life stressors, respectively.206 The Inquiry heard that this includes the ongoing exposure of children, young people and their families to a great deal of loss and grief in their communities.

One other thing to consider is this community has between 20 and 30 deaths a year. If you put that into your own home town or city area, if you had all your extended family living together in one place and you were dealing with that number of deaths - this community is going through a constant cycle of grief; we have had two funerals this week. When we are looking at why the community behaves in the way it does, why the priorities are as they are, or are not as they should be, I think we need to consider grief as a really big factor. I often try to put it into my own family situation and think how I would cope if I was dealing with 20 or 30 deaths of close relatives or slightly extended family every year. I do not think I would have health and education as a priority. It is something to have in the background. I do not think we recognise that enough.207

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203 Submission: Save the Children.
204 Australian Bureau of Statistics, ‘National Aboriginal and Torres Strait Islander Social Survey, 2008 ’.
205 O’Connell et al., Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities.
206 S Silburn et al., 2006, The Western Australian Aboriginal child health survey: Strengthening the capacity of Aboriginal children, families and communities, Curtin University of Technology and Telethon Institute for Child Health Research, Perth.
207 Hearing: Witness 59.
The Inquiry also heard of the trauma experienced by parents and their children in the Northern Territory. This includes:

Limited understanding of the negative effects of trauma on attachment, most obviously, children’s removal from the community. This includes poor appreciation and acknowledgement of how trauma and removal negatively affects both the children and other family and community members.

The effects of colonisation and the impact of past policies and practices on Aboriginal people are well known. The ongoing pervasiveness of loss and grief within the Aboriginal community, and its impact on the young, is often taken for granted and yet it creates an environment where a high degree of trauma is the norm.

The importance of trauma informed theoretical frameworks and their active application are known and have been espoused by the Aboriginal community as a key approach to promote healing within the Aboriginal community. Trauma informed approaches are now widely accepted across Australia in the child and family welfare sector based on evidence based knowledge of the impact of abuse, disassociation, relationship disruption and dislocation.

Parental substance abuse is associated with children having a greater likelihood of abuse and neglect and poorer trajectories within the child protection system. Child abuse and neglect is more likely to be renotified and children more likely to enter care when a parent has a substance use problem. The Inquiry was told of the excessive and endemic use of substances across the Northern Territory. The same could be said for the practice of gambling. Submissions highlighted the negative impact of substance use on the developing foetus, on the ability of the parents to parent, supervise, care for and protect their children, and learn to care for and protect their children.

The Inquiry heard about children arriving at school having witnessed assaults and violence, coming from overcrowded houses where, despite restrictions on alcohol consumption, the drinking in homes was keeping the children awake and anxious about their own and other’s safety.

At several of the community meetings, the Inquiry heard of the difficulties in parenting experienced by young parents, and the burden that fell to grandparents when young people did not take responsibility for their children. There are higher rates of teen

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208 Submissions: CAAFLUAC, Tangentyere Council and Jane Vadiveloo.
209 Submission: Confidential.
210 Submission: Congress and NAAJA.
211 Submission: Roger and Kathleen Wileman.
213 Submissions: AMSANT, Central Australian Aboriginal Congress, Dr Clare MacVicar, NTFC worker, NTCOSS and NT Police.
214 Submissions: NTFC Darwin Remote Office, Dr Clare MacVicar and NT Police.
215 Submission: Central Australian Aboriginal Congress.
216 Submissions: Confidential, Confidential, The Forster Foundation for Drug Rehabilitation Inc. (Banyan House), Jacqueline Hingston, Save the Children and Patricia Shadforth.
217 Submission: Confidential.
218 Submission: Confidential.
pregnancy in the Northern Territory than in other parts of Australia: in 2008, the rate of babies per 1000 women aged 15-19 years was 52.2 in the Northern Territory compared with the national rate of 17.3. Early pregnancy can be considered a risk factor as young parents may be relatively inexperienced in care-giving – although many young people in the Northern Territory may have been care-givers for their own siblings or extended family members – and young people are simultaneously navigating adolescence and parenthood. Young parenthood can potentially interrupt or prevent engagement in education and employment, which are protective factors for child wellbeing.

Young people may also be in less stable relationships and rather than childrearing becoming a shared activity, a sole parent or grandparent may be left with the bulk of parenting responsibilities. This places a great deal of strain on carers. Protective factors for child wellbeing include delaying pregnancy until after adolescence and spacing between births. There are also difficulties due to current housing situation and of the service systems capacity to work one on one with young vulnerable or at risk mothers/parents in their home environment on their parenting if they are living with others with a range of complex issues.

**Child-related factors**

Certain stages of child development are associated with increased rates of reports of child abuse and neglect. In the Northern Territory, the highest rate of substantiations of child abuse and neglect are for infants less than one year old – a rate of 31.6 per 1000 children compared with rates of 16.4 and lower for other age groups. Infants are highly dependent and bringing home a new baby can increase stress in the family, with parents having difficulties coping with the demands of parenting a baby. While it is important to provide supports for families early in the life of children, research from South Australia cautions against solely focusing child protection efforts in the early years. The cumulative percentage of children notified to child protection services in South Australia increased steadily each year until the age of 16 in a cohort of children and young people born in 1991. This emphasises the need to provide support across the life-course for children, young people and their families as each developmental stage presents new challenges.

The Inquiry was also made aware of children who may be in the care of several relatives or community members because of parental incarceration or death and who are receiving less than optimal care and nurturing because they don’t fully belong to the households in which they are living. The vulnerable groups of children are described in more detail in Chapter 7 in the section on Drifting Children.

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220 ibid.


Lack of connection to culture and an inability for children and young people to participate in ceremonies and rituals together with a lack of access to cultural practices, beliefs and values are additional risk factors for Aboriginal children and young people and have significant impact on achieving a successful transition to adolescence.

Another area of concern regarding children’s wellbeing relates to children with complex medical needs and children with disabilities. The issues raised to the Inquiry included the extent to which children’s complex health and medical needs create unusual demands and add stress to families’ lives; and a perceived lack of understanding of and support for children’s disabilities and medical needs, in particular the higher potential for children with disabilities and complex medical needs experiencing child maltreatment. Also, children who have been exposed to harmful behaviours by their parents – for example, excessive alcohol consumption in pregnancy – are likely to be born with higher care needs.

The impacts of risk and protective factors on parenting

The critical element in parenting is adaptability – that is, being able to meet the child's needs at any one point in time. Adaptability requires being able to pick up and accurately interpret a child or young person’s signals, responsiveness to be able to continually change and adjust parenting in response to children’s behaviour and, flexibility in having a broad range of parenting responses to choose from. Aspects of adaptability are gained through direct experience – parents learn to parent in the moment as well as from experiences of looking after other children which provides a chance to gain skills and insights into parenting – interactions with others, and opportunities to learn from modelling – being exposed to a wide range of parenting behaviours gives parents choice in their responses and the chance to see them in action, being able to talk to others can identify different strategies that may be appropriate in different situations – and from a range of other information sources, for example, books and the internet provide advice and examples that may suit the parent and child in their context. Parenting adaptability can be supported by protective factors and compromised by the risk factors described in the previous section.

Parents who are overly stressed, inexperienced, ill-informed, pre-occupied or isolated may provide care giving that is characterised by a lack of nurturing, unpredictability, fear and threat. This may result from failure to develop adaptability in parenting because of lack of exposure to and supports for effective models of nurturance and care or, because highly stressful and chaotic environments interfere with a parent’s ability to be perceptive, responsive and flexible in their approach.

Risk factors are thought to influence care giving in five core domains. These are thought to be common across all maltreatment types, such as physical abuse, neglect, emotional abuse and, to a lesser extent, child sexual abuse:

224 Submissions: Rosalie Howard and Residential School.
225 Submissions: Rosalie Howard and Tangentyere Council.
226 For more detail on parenting adaptability and parenting as a learning process, see Appendix B of the Parenting Information Project Main Report, Centre for Community Child Health, 2004, Parenting information project - Volume one: Main report, Commonwealth of Australia, Canberra.
227 ibid.
228 Also known as perceptiveness or attunement.
230 Centre for Community Child Health, Parenting information project - Volume one: Main report.
• social cognitive processing, for example, attributing hostile intent to children’s behaviour, unreasonable expectations of children given their developmental stage, expectations of comfort and care from children rather than parents, and having a low sense of parental efficacy and control

• impulse control, for example, reacting to children’s behaviour without adequate reflection on the purposes and potential consequences of the response; coupled with parental anger this may result in escalation of physical discipline to abuse

• parenting skills, for example, limited repertoire in the day to day care, discipline and monitoring of children; may include harsh or coercive techniques or overly permissive responses to children

• social skills, for example, limited and poor communication with others, inability to read social cues, insensitivity to the needs of others

• stress management, for example, elevated levels of emotional arousal in response to stressful situations and ineffective coping strategies.231

Obviously, the more chaotic or fragile the family’s environment, the more difficult it will be to raise children to be happy and healthy members of society. In very disadvantaged communities, the impacts of severe and pervasive risk factors at community levels are associated with the normalisation of risk to children, for example, sexualised problem behaviours between children, chronic neglect. Environments in which substance use and where gambling is prevalent will also impact on parental vigilance and supervision of children, can involve many strangers in the home, and can impact children’s health and wellbeing through children’s access to drugs, alcohol and drug paraphernalia.

In high poverty environments, parents may be unable to provide the basic necessities for children and poor overcrowded housing conditions can lead to increased care-giver stress and provide opportunities for child maltreatment that may not occur in other living situations, for example, children may be more likely to witness sexual acts or family violence among adults.

Children’s early development depends on the health and well-being of their parents. Yet the daily experiences of a significant number of young children are burdened by untreated mental health problems in their families, recurrent exposure to family violence, and the psychological fallout of living in a demoralised and violent neighborhood. Circumstances characterised by multiple, interrelated, and cumulative risk factors impose particularly heavy developmental burdens during early childhood and are the most likely to incur substantial costs to both the individual and society in the future.232

Parents who themselves have a history of trauma and abuse may find it difficult to provide care and affection for their children. This may be because they have not experienced warm and responsive care giving and have not developed a broad repertoire of parenting skills making them unable to respond flexibly to their children’s needs, and also because their own trauma history is being re-experienced in their care−giving role.233 Similarly,

231 Johnson & Ketring, ‘The therapy alliance: A moderator in therapy outcome for families dealing with child abuse and neglect’.

232 National Research Council and Institute of Medicine, From Neurons to Neighborhoods, p.7.

parental mental health problems and unresolved grief and loss may mean that parents are not as emotionally available to their children as they may otherwise be, and disordered attributions and cognitions will influence parents’ responses to their children. All of these factors may make it difficult for parents to acquire and implement effective parenting skills and to deal with stress and stressful situations.

The impact of child maltreatment on children and young people

Child maltreatment and chaotic, impoverished care-giving are some of the most potent predictors of poor mental health and wellbeing. Barth et al have shown that poor developmental outcomes have been found, both for children who have substantiated child abuse and neglect reports and children for whom a report is made but abuse or neglect is not substantiated. This highlights the importance of services and supports for children in need, as well as for children at risk.

Virtually every aspect of early human development, from the brain’s evolving circuitry to the child’s capacity for empathy, is affected by the environments and experiences that are encountered in a cumulative fashion, beginning early in the prenatal period and extending throughout the early childhood years. The science of early development is also clear about the specific importance of parenting and of regular care-giving relationships more generally.

The impact of trauma, violence and neglect on the developing child affects every dimension of a child’s functioning – emotion regulation, behaviour, responses to stress, and interactions with others – and can lead to developmental delays which persist after the abuse and neglect. Children have different adaptive styles for responding to threats in their environment. Some children may display a hyperarousal response, characterised by defiance, resistance, aggression, hypervigilance, anxiety or panic whereas others will show a dissociative response including withdrawal from the outer world, appearing detached and numb. These responses, while adaptive in chaotic and unpredictable situations, are not suited to other environments, such as school or in the playground.

Relationships characterised by predictability, safety, security and warmth allow children to explore the world around them, meet new challenges and tolerate infrequent stressors. Children who are loved and have responsive care as a result of secure attachments with their caregivers are more likely to approach others with positive expectations and to be receptive to guidance and control. In contrast, children who are subjected to chronic

234 ibid.
235 Johnson & Ketting, ‘The therapy alliance: A moderator in therapy outcome for families dealing with child abuse and neglect’.
236 O’Connell et al., Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities.
237 R Barth et al., 2008, Developmental status and early intervention service needs of maltreated children, US Department of Health and Human Services, Office of the Assistance Secretary for Planning and Evaluation, Washington, DC.
238 National Research Council and Institute of Medicine, From Neurons to Neighborhoods, p.6.
239 Barth et al., Developmental status and early intervention service needs of maltreated children; Jordan & Sketchley, ‘A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants’.
240 National Scientific Council on the Developing Child, 2005, Excessive stress disrupts the architecture of the developing brain, Brandeis University, Waltham, MA.
maltreatment can still develop strong attachment to a primary caregiver even when that person subjects them to abuse or neglect but the attachment pattern, rather than being secure, is characterised by anxious, insecure or disorganised attachment. These children in high stress environments with insecure or disorganised attachments have higher levels of stress hormone production.

Understanding how early experiences influence the developing brain and thereby influence the development of emotional and behavioural functioning highlights avenues for early intervention. Childhood maltreatment and exposure to toxic levels of stress associated with being in chaotic, uncontrollable circumstances can impair the connection of brain circuits, in some cases, leading to the development of a smaller brain which can, in turn lead to over reactivity to stressful experiences. Similarly, severe environmental deprivation, such as chronic neglect and the resultant under stimulation of children, impedes neural development and subsequently impairs cognition, emotional functioning, physical growth and attention.

Excessive production of stress hormones, such as cortisol, can also suppress the body’s immune response which leaves the individual vulnerable to a number of health problems. Research has shown an association between child abuse and chronic adult health conditions including heart disease, diabetes, arthritis, bronchitis/emphysema and more recently, cancer. Sustained excessive cortisol is said to impact on learning and memory capacity.

The physical effects of maltreatment can also include physical health problems as a result of malnourishment and medical neglect, and brain damage and fractures from physical abuse including shaken baby syndrome. Child sexual abuse can result in sexually transmitted infections and pregnancy, either as a result of the abuse or from higher rates of sexual activity after the abuse. Child abuse and neglect also have far reaching cognitive and psychosocial effects including trauma and post traumatic stress disorder, learning and developmental problems including poor transition to school and early drop out, externalising behaviour problems including antisocial and risk taking behaviours including substance use, and criminal activity – particularly in cases of physical abuse, sexual abuse and witnessing domestic violence – and internalising behaviour problems and associated depression and anxiety – particularly in the case of neglect. Children

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242 O’Connell et al., Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities.

243 ‘Toxic stress’ refers to strong, frequent or prolonged activation of the body’s stress management system. Stressful situations that are chronic, uncontrollable, and/or experienced without the child having access to support from caregiving adults tend to provoke these types of toxic stress responses National Scientific Council on the Developing Child, Excessive stress disrupts the architecture of the developing brain, p.1.

244 O’Connell et al., Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities.


247 Middlebrooks & Audage, The effects of childhood stress on health across the lifespan.


and young people who have experienced abuse may experience homelessness as a direct result of parents having to flee family violence, or later in life as children leave out of home care or as adult survivors of abuse encounter difficulties in life.\textsuperscript{250}

In extreme circumstances, child abuse and neglect can directly result in death, as well as placing young people at what has been estimated as double the risk of attempted suicide.\textsuperscript{251} Victims of child sexual abuse, in particular, have been estimated to be at 18 times greater risk of suicide and, 49 times greater risk of fatal drug overdose than the general population.\textsuperscript{252}

The prevention of child abuse and neglect and effective responses to it will have far-reaching downstream effects, for example, improved school retention, better mental health, reduced suicidality, improved future parenting, reduced drug and alcohol abuse, and better physical health. Early deprivation experiences can lead to long term impairments in social and emotional functioning, but this can be ameliorated if the child receives attentive and nurturing parenting while still young.\textsuperscript{253}

\section*{Service components}

It is important that a comprehensive system for protecting children and young people in the Northern Territory focuses on comprehensive and coordinated efforts which simultaneously include elements directed at communities, families and children. The Inquiry recognises that individualised programs while effective for individual children and families, at least in the short term, cannot be expected to overpower poverty and disadvantage in shaping a child’s developmental outcome. Prevention programs for individuals and families are most beneficial when they are coordinated with explicit attempts to enhance competence, connections to others and contributions to community.\textsuperscript{254} In a coordinated system of care for children and their families, services are integrated with ‘no wrong door’ for children and their families, that is, services and supports can be accessed through health care settings, schools, and community based organisations.\textsuperscript{255}

A comprehensive approach for promoting children’s safety and wellbeing incorporates three areas of focus: the communities and neighbourhoods in which people live and which may confer high risk for abuse or neglect; the family environments in which children are raised including the parenting they experience and the quality of parent-child relationships, and other situations such as family violence, parental mental health and substance abuse which may directly or indirectly affect children; and of course, the children themselves.

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\item \textsuperscript{250} Lamont, \textit{The effects of child abuse and neglect for children and adolescents}.
\item \textsuperscript{251} ibid.
\item \textsuperscript{252} M Cutajar et al., 2010, ‘Suicide and fatal drug overdose in child sexual abuse victims: a historical cohort study’, \textit{Medical Journal of Australia}, vol. 192, pp.184–87.
\item \textsuperscript{254} O’Connell et al., \textit{Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities}.
\item \textsuperscript{255} ibid.
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As we describe in Chapter 3 (and illustrate in Figure 6.1), prevention and response efforts are usually categorised into four different types:

- wellbeing promotion and universal/primary prevention which address the population at large
- selective prevention which targets groups or individuals with elevated risk to prevent problems from developing and where families need more assistance to provide them with appropriate referrals and supports
- indicated prevention which target individuals with early symptoms or behaviours
- treatment and maintenance designed to prevention the recurrence of harm or disability from harms already incurred.256

There are limitations to the categorisation of prevention and response strategies as there is likely to be overlap in the categories and the services and supports provided in each. What is most important here is not how the services and supports are labelled, but that child abuse and neglect can be prevented and responded to effectively, including cost-effectively.257 The latter two types of activities to prevent and respond to child abuse and neglect are discussed in more detail in subsequent chapters of this report.

Prevention programs – broad programs and programs targeted to those ‘at risk’ – should be recognised as a continuum from prevention to tertiary services, rather than mutually exclusive entities.258

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256 ibid.
258 Submission: Save the Children.
A variety of parenting support services and interventions are required across the care and protection continuum, with a focus on universal and early intervention services, particularly at the community level and targeted services to support specific populations or individuals ‘at risk’. The range and mix of services needed to support children, young people and families requires analysis and research into the challenges and issues facing children and families and to identify which interventions are effective. This information will then inform the development and implementation of effective responses and guide the appropriate allocation of resources.\(^{260}\)

Preventive efforts may work in a number of ways:

- by altering the experience of the risk factor, for example, supporting coping strategies
- altering exposure to the risk factor, for example, decreasing financial stress and preventing community violence
- averting negative chain reactions, for example, breaking the cycle of insecure or disorganised attachment and children’s poor development
- strengthening protective factors, for example, promoting self efficacy and parenting skill, building social capital, and


\(^{260}\) Submission: DHF.
• by providing turning points, for example, changing the total context and providing new opportunities for development.\textsuperscript{261}

In some cases, prevention and response efforts may target a specific type of abuse – for example, treatment services for children who have been sexually abused; feeding programs and home safety for children at risk of physical neglect – or they may target prominent risk and protective factors common to many types of abuse – for example, parent-child attachment, community safety, knowledge of child development, parental drug and alcohol use, parental mental illness, poverty, domestic violence.

The model presented in Figure 6.1 has been constructed around the prevention and response to all forms of abuse and neglect and therefore addresses the factors common across the different types of abuse and neglect.\textsuperscript{262}

From crisis intervention to improved, universal prevention services as part of comprehensive primary health care and beyond...It has been clearly demonstrated that in the early childhood area there are programs that work better for people who are lower down the social hierarchy and have less and less, or even no impact as you get to the top. That is, for people who are poor, socially marginalised, have little control over their lives early childhood programs such as the Old’s nurse led intensive home visitation, the Perry Pre-school program and the Chicago parenting program can make a big difference whereas for parents who are well off and with good levels of control over their lives these programs hardly have any effect. They therefore help to reverse the very social gradient that is the root cause of much preventable ill health in any population. These are also the types of services that will prevent the need for child protection services and promote healthy and safe family environments for children to grow up in. These services are very different to the vast bulk of health services which are more effective and give better outcomes to people who are already at the top of the social hierarchy. There needs to be a much greater investment in family support and early intervention services, as part of comprehensive primary health care in particular, that leaves child protection only dealing with the ‘pointy end’ of the spectrum.\textsuperscript{263}

The following sections of this chapter use a developmental ecological lens to identify services and supports for children and young people that range from primary prevention, through to supports for children in families in which abuse has occurred.\textsuperscript{264} Possible interventions include prenatal care, and engagement of children and young people with education and child care, home visiting initiatives in the early years, parenting skills training and parent-child attachment based programs, community development and healing strategies and programs to address parental risk factors — for example,

\begin{itemize}
  \item \textsuperscript{261} O’Connell et al., Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities.
  \item \textsuperscript{262} Smallbone et al., Preventing Child Sexual Abuse: Evidence, policy and practice, present an excellent summary of prevention strategies specifically for child sexual abuse.
  \item \textsuperscript{263} Submission: Central Australian Aboriginal Congress.
  \item \textsuperscript{264} Therapeutic services for children are covered in a later chapter. See also Appendices 6.1 and 6.2 for details of programs and services that are operating in communities around the Northern Territory and in Australia and overseas.
\end{itemize}
bereavement, parental mental illness, parental drug and alcohol — which share the goals of improving family functioning and creating nurturing environments.\textsuperscript{265}

Although there is overlap, different goals and approaches which are considered targets for intervention and support include:

- parenting and family focused approaches - ensuring families are strong and connected and free from substance abuse, mental illness and violence, high quality accessible, family-centred treatment services for substance abuse and mental illness (support to families to strengthen parenting capacity including information and skills and providing respite; social networks and services attuned to child development and connected to specialty care; intensive family support services; building strong attachment through improved parent-child relationships and communication; addressing parental mental health, safety and wellbeing through providing child-sensitive adult-focused services)

- community focused approaches— ensuring communities and neighbourhoods are safe, stable and supportive and that vulnerable communities have a capacity to respond (for example, promoting strong community norms about the wellbeing of children and young people, helping communities to function well and support families within them, provide opportunities for participation and the development of social supports, services and supports target populations in communities with concentrated risk factors)

- child focused approaches - ensuring children and youth are nurtured, safe and engaged (early detection of and response to health, mental health and developmental concerns; high quality child care and schools support social and cognitive development; opportunities for youth to engage in civic and community life).\textsuperscript{266}

\textbf{Universal supports and services}

\textbf{Evidence-based social policies which recognise and support children and families}

It is imperative that public policies align with what is known about the prevention of abuse and neglect and support the programs and practices that can promote wellbeing for children and families. For example, parental leave policies support parents to be with their children in the early months of life without fear of financial stress. Policies which discourage excessive alcohol consumption, particularly around children (e.g. ‘alcohol and children don’t mix’ campaigns) have the potential to reduce alcohol-related harms to children.

That the ‘Northern Territory Government develop a Child impact Analysis for all major policy and practice proposals across Government’ was Recommendation 4 of the Little Children are Sacred report.\textsuperscript{267} Similarly, the current Inquiry was told of the need for

\textsuperscript{265} Hawkins et al, 2005, in O’Connell et al., Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities; E Montalvo, 2008, “If you had $5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?”, in Preventing Child Abuse and Neglect in the United States, ed. R Shaw & MR Kilburn, RAND Child Policy: Santa Monica, CA.

\textsuperscript{266} Adapted from L Schorr & V Marchand, 2007, Pathway to the prevention of child abuse and neglect, Project on Effective Interventions, Pathways Mapping Initiative.

\textsuperscript{267} Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, 2007, Ampe Akelyernemane Meke Mekarle “Little Children are Sacred”, report prepared by P Anderson & R Wild, Northern Territory Government, Darwin, p.22.
Evidence-based social policies which align with the needs of families and children in the Northern Territory. Evidence-based social policies can support parenting and child wellbeing – for example, parental leave policies, ensuring the quality of and accessibility to early childcare environments, child friendly communities, child impact statements, alcohol management plans – by reducing stress on families and supporting the rights and development of children.\textsuperscript{268} The need for policies and preventive strategies developed through community consultation, research and reflection rather than ‘policy development by press release’ was highlighted.\textsuperscript{269}

Policy development should be driven by family needs, ensuring healthy pregnancy, social inclusion, access to support for Indigenous and other disadvantaged children and families, and including those from culturally and linguistically diverse backgrounds.\textsuperscript{270}

**A Healthy and Safe Start to Life**

High quality antenatal care provided within Primary Health Care is essential and will enable risk factors such as alcohol consumption, family violence and mental health issues to be addressed during the pregnancy. Child surveillance as part of child and maternal health programs enables children at risk to be detected early. Childhood surveillance will contribute to preventing abuse only if Aboriginal Controlled Health Services are resourced to provide effective and assertive case management to children detected as being at risk.\textsuperscript{271}

Submissions to the Inquiry highlighted the importance of high quality pre- and post-natal care and maternal child health services. Pregnancy and infancy are optimal times for the engagement of parents with supports and services because during this period, parents, and parents to be, may be keen to implement behaviour change, as well as it being a crucial in terms of the developing child.\textsuperscript{272} During this time, engagement may focus on the need for healthy pregnancy, breastfeeding, screening and referral for mental health problems, and promoting attachment.

Services may not be equally available or equally accessed by those who need them most and there needs to be the identification of, and outreach for, families with greater needs – for example, perinatal screening for depression, drug and alcohol use and family violence can identify families who will need more supports.

As in other states and territories, high quality primary health care services, for example, maternal and child health services and Aboriginal community controlled services which serve whole populations, are a platform from which to identify families who may need extra supports. In the Northern Territory, there are opportunities to engage women and their partners during pregnancy and provide a lifelong continuum of support for children and their families.

\textsuperscript{268} J Li et al., 2008, ‘Modernity’s paradox and the structural determinants of child health and well-being’, *Health Sociology Review*, vol. 17, pp.64-77.
\textsuperscript{270} Li et al., ‘Modernity’s paradox and the structural determinants of child health and well-being’.
\textsuperscript{271} Submission: AMSANT.
\textsuperscript{272} Jordan & Sketchley, ‘A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants’.
Education and learning opportunities for children and young people

Provision of free high quality child care to families in high risk environments or where there is significant family dysfunction will mitigate effects of neglect on brain development and behaviour. Free child care should be provided in regional centres to families identified as requiring support by family support services. Child care and kindergarten services in remote communities should also be provided throughout the NT.

High quality, developmentally informed early child care and education is a key component of positive development in children, particularly children from disadvantaged backgrounds. These services are frequently under-utilised by children at risk and are potentially powerful in building resilience and enriching experiences for children as well as providing respite for parents. High quality preschool environments for 3-4 year old children which include components for parents are effective at reducing child maltreatment and have shown to be cost-effective in a range of settings. High quality child care and learning environments are characterised by high staff-child ratios, well trained staff with contemporary understanding of child development, and adequate resources to facilitate learning and emotional development for children.

The Inquiry recognises the difficulties in universal service provision to children and families over vast geographic distances, but this does not mean that standards of care should be compromised. Every attempt should be made by the Northern Territory Government so that early childhood education and care services meet the National Quality Standard for Early Childhood Education and Care and School Age Care.

The integrated Children and Family Centres which are being constructed in five locations across the Northern Territory will also provide an opportunity for universal, high quality early childhood education, health and family services to be linked to more targeted supports for vulnerable and at risk families. Every avenue should be explored to see how these integrated centres can link with additional services and supports for these families. The Inquiry would like to have the integrated centres have a stronger focus on parenting programs, intensive family support with a particular focus on families of at risk and vulnerable children and young people.

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273 National Research Council and Institute of Medicine, *From Neurons to Neighborhoods*.
274 Submission: AMSANT.
275 Jordan & Sketchley, ‘A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants’.
276 Lee et al., *Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington*.
277 Li et al., ‘Modernity’s paradox and the structural determinants of child health and well-being’.
Recommendation 6.1

That the planning processes around the development of integrated children and family centres in remote areas specifically address the service delivery needs of vulnerable and at-risk children and families and promote collaborative practice amongst government and non-government service providers relating to these target groups.

Urgency: Immediate to less than 6 months

The Inquiry also heard that school attendance and school retention are continuing problems in the Northern Territory. According to Save the Children:

- Many children do not attend school from communities for complex reasons that incorporate the following:
  - Lack of routine within the family home
  - Parents don’t value the education system
  - Parents have had poor experiences of the education system themselves
  - The system of education is difficult for Aboriginal families to negotiate and is frightening
  - Schools don’t have appropriate cultural awareness
  - Poverty, lack of ability to provide lunch and other appropriate equipment, shame due to family circumstances
  - Learning within Aboriginal culture is undertaken in vastly different ways to the broader community and there is often a mismatch for children when they encounter broader systems
  - Complex family and community environments that include family and community violence
  - Low literacy and numeracy skills amongst families and children increasing shame and inability to participate in the broader society.279

The importance of a successful transition to school and the transition from schooling to university, further training or employment will secure the futures of young people in the Northern Territory.

The Inquiry heard of the Birth To Jobs initiative of the Department of Education and Training which recognises that the preparation for education and learning begins at birth. Significant efforts still need to be made to enhance the transition to school and the retention of students in schooling in the Northern Territory. This includes the development of a process whereby children can be attracted to the education system and view it as a safe and positive experience.280 Similar to the SEAM (Improving School Enrolment and Attendance through Welfare Reform Measure) initiative which is being trialled in six locations in the Northern Territory and which links school non-attendance to supports and ultimately income management, one submission detailed:

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279 Submission: Save the Children.
280 Submission: DET and Patricia Shadforth.
as a last resort...non criminal consequences... are applied to parents who do not send their children to school where it is clear that quality schools are available with adequate teacher numbers and class sizes for their children to attend. Such powers would only be used after the whole range of targeted family support and alcohol treatment services where needed, have been tried and failed due to lack of engagement...This should be done in a manner that rewards improved school attendance with a reduction in these measures over time...This should be introduced as a well evaluated trial over 2 years and only kept in place if there is evidence for its effectiveness. 281

A number of Aboriginal parents and grandparents in communities spoke to the Inquiry of their difficulties in getting children to school. Some believed with the introduction of the Northern Territory Emergency Response and its focus on abuse of children that any form of discipline would mean that children would be removed. The Inquiry believes that it is important that parenting education on appropriate discipline and boundary setting be delivered in communities.

Community education and awareness

The ‘Little Children are Sacred’ report made recommendations for community engagement and education regarding mandatory reporting, parenting education and support, the roles of Aboriginal men and women, personal safety and sexual health and the value of schooling.282 Despite significant efforts made by a range of initiatives in this area, before and since the report — for example, NAPCAN, Safe Kids, Strong Futures, Keep Them Safe NT, MOS Plus, AEDI community sessions, Child Abuse Taskforce, community engagement and awareness — the current Inquiry received a number of submissions that suggested there is still a perceived need for community education strategies.

A number of submissions spoke of the poor understanding in the community regarding the role and responsibilities that everyone has in relation to children’s’ safety and wellbeing.283

People need to understand that people trying to protect the next generation by disclosing are pulling the community back together not ripping them apart.284

Developing community education and awareness was seen as key to engaging with communities in child protection and abuse prevention activities and promoting children’s safety and wellbeing.285 This includes, where necessary, developing people’s understanding of issues relating to matters such as acceptable parenting practices, child abuse and neglect, the role of child protection, other services and communities in child abuse prevention and response, and mandatory reporting requirements.286 Submissions indicated that such education should include ‘both-ways’ listening and understanding,

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281 Submission: Central Australian Aboriginal Congress.
282 Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, Ampe Akelyernemane Meke Mekarle “Little Children are Sacred”.
283 Submission: CAAILUAC and NTFC Darwin Remote Office.
285 Submission: CAAILUAC.
286 Submission: NTFC Darwin Remote Office.

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and providing training for local people in this work. For example, at the Yirrkala information session, one participant described this mutual education process and the importance of working together - ‘You’ve got a toolbox and I’ve got a toolbox – let’s share’.

I think the community need to work in with this also – the Indigenous community. There are programs and things which are set up around town. That is another thing; that should be working also, all these programs - sexual education programs, all types of programs. That is where the breakdown is too. These programs are put in place to actually help people better their lives, but whether they are working or not is another thing. So, that is a bit of a problem too, but it is all about community and working together to identify the problems.

Of key importance for the promotion of child safety and wellbeing, is increasing access of the community to contemporary knowledge and understandings around child development and the importance of the early years for subsequent child health, learning and behaviour. For Aboriginal communities it is important that contemporary knowledge and understandings build on Aboriginal child rearing practices and see these as a positive key element.

Community education should include the key principles of brain development and the impacts of traumatic experiences on children and young people, child development including social and emotional development, and positive care−giving. Social marketing is one approach used to communicate information to populations to change behaviour regarding a social issue (see Box 6-1).

However work needs to be done to engage Aboriginal communities as current mechanisms of social marketing exclude Aboriginal people.

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287 Submission: Rosalie Howard.
289 Silburn & Walker, Community Learning for Parenthood.
Box 6-1 Social Marketing

At a universal level, work in the fields of social marketing and health promotion holds promise regarding the use of mass media and other population-based strategies in promoting healthful behaviours over harmful practices. Social marketing is the application of marketing techniques to social problems and includes mass media strategies (e.g., television, radio, newspapers, the internet, posters, information kits and brochures) and localised messages and activities (such as community education) to change the behaviour of community members. Social marketing starts with identifying the needs, wants, values and perceptions of the target group - market research is essential to designing, pre-testing and evaluating intervention programs. It recognises that there will need to be different strategies for different target groups and utilises marketing techniques to encourage the adoption of new behaviours. These behaviours might include reporting child abuse and neglect, supporting the development of children through play and healthy parenting practices, child safety, nutrition and education, providing support to families and children in the neighbourhood, encouraging help seeking for parenting concerns, etc.

It is important to recognise what social marketing may and may not be able to achieve. There is evidence that social marketing approaches are limited in their ability to achieve behaviour change for complex or entrenched behaviours, but are more likely to succeed in raising awareness of an issue, changing attitudes and social norms, modelling appropriate and inappropriate behaviour, increasing the awareness of the target audience with respect to their own behaviour and encouraging people to take simple actions or seek help for a problem. Media prevention needs to provide information about the problem, what can be done to change it and about prevention. Because complex behaviour change requires direct contact with individuals and different strategies than awareness raising or attitudinal change, social marketing approaches cannot be used in isolation but must be part of a suite of integrated activities. It is also important to recognise that increasing public awareness leads to increased demands for responses from services. Services must be established before an awareness campaign is run that might encourage disclosure or prompt people to seek help. It is imperative that community education strategies must be linked to resources for assessment and service provision. Raising people’s awareness of an issue can be counter-productive if supports are not available for them to access.

Social marketing has included providing general information and education about parenting, child health and development — Northern Territory Parentline, and the Raising Children Network website, the NAPCAN Children See, Children Do campaign — as well as education strategies about specific topics including soothing infants, alcohol in pregnancy, preventing shaken baby syndrome, getting support for family violence and encouraging breastfeeding.

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293 Saunders & Goddard, ‘The role of mass media in facilitating community education and child abuse prevention strategies’.

294 ibid.
The Inquiry recognises the need for current community education efforts to be evaluated and to be more coordinated and targeted to the needs of communities, as well as being a platform from which community and external supports can be activated. For example, community education activities might identify the need for community healing or parenting skills approaches which could be provided from a system of care and protection for children and their families. While this is likely to be done informally at present, a more structured community-focused approach could more effectively target these resources.

**Supporting men in their parenting roles**

Many people I went to...said they are designed mainly to help the woman because they are the one stuck with the kids. I said: ‘Is there any support for single dads?’ and they said there was none.\(^{295}\)

The Inquiry has heard of the humiliation and marginalisation of men in communities prescribed under the Northern Territory Emergency Response, who felt they were seen by the outside world as paedophiles and child abusers. The palpable hurt of these men who saw the outside world as believing they were harming their children, when their role has been one of protectors, teachers and nurturers was evident.\(^{296}\)

The Inquiry received a number of submissions regarding the importance of supporting men in their care-giving roles with children. Effectively supporting fathers in the lives of their children provides children with role models and helps parents to share responsibility, knowledge and tasks in parenting.\(^{297}\)

In a focus on healing what we need to do is work with the men as well. We need to heal the men. If we only look at the one (women) that holds it together it doesn’t work.\(^{298}\)

There are a number of reasons why men may be marginalised in family support and child welfare services, including the design of services – services which operate only during business hours may miss opportunities to connect with fathers, services may not have male staff, negative images of men may be the only images of fathers seen in service delivery, for example, posters about reporting domestic violence and the perceived relevance and suitability of services and supports for men – the very name of maternal and child health services and mothers and babies groups indicates to men that they are not part of the target group of the services, even though they may wish to be key supports for their partners and children. Men may also perceive that it is not part of their role or they are fearful about being involved with the nurture and care of their children – and, in some cases men may be seen as posing a risk (real or perceived) to their children and partners.\(^{299}\)


296 Tennant Creek public forum.

297 Montalvo, ‘If you had $5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?’.\(^{297}\)


'Such a focus reinforces the view of the mother as solely responsible for the care, protection and nurture of the child … [and]… effectively cuts fathers out of the picture. Fathers who are abusive or neglectful are not required to take responsibility for their actions in the way that mothers are and caring fathers are neither recognised nor supported.' 

Caring and supported fathers can play a significant role in the wellbeing of their children, even if they are not living in the same household.

Supporting men through groups in the community and targeted programs where needed is essential given the critical role of men in the lives of children. The inquiry supports the development and expansion of programs which engage men in their roles as fathers, uncles and grandfather or as fathers to be can identify and respond to the unique challenges men face in parenting and the ‘particular shame that men are socialised to feel when they struggle to provide for their family’. This should include opportunities for fathers to bond and play with their children, and to make their experiences with their children positive. Engaging men during and after pregnancy in the safe and positive care of their partners and their children is especially important for building attachment to the baby and is protective against many forms of child abuse and neglect. Therapeutic support is also needed for men who have been violent in their relationships with their partners and children. Such behaviour change programs could be provided either through men’s Safe Places or other community settings including primary health care. The Inquiry notes a number of resources for supporting fathers and men in their parenting roles.

**Community development and capacity building**

Capacity building is defined in numerous ways in the peer-reviewed literature. In broad terms, ‘A capacity building approach to development involves identifying... appropriate vehicles through which to strengthen [the] ability to overcome the causes of exclusion and suffering.’ Verity describes an intrinsic feature of most descriptions of community development and capacity building being the notion of community participation, and also writes in her review:

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300 Daniel & Taylor, ‘The role of fathers in cases of child neglect’, p.264.
301 ibid.
303 Montalvo, ‘If you had $5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?’, p.31.
304 See Appendix 6.2.
Other notions also feature in definitions and these, in varying ways, might touch upon leadership, social realms, individual drives and actions, organisational and system change, and community building processes. Some authors explicitly relate community capacity to social capital literature and concepts. A range of values and ideas on social issues, power, resources and change, in turn, inform meanings given to these concepts.306

Regardless of the favoured definition and conceptual framework for community development and capacity building, there appears to be broad agreement that some mechanism of enabling is required to assist remote communities in the Northern Territory to improve the safety and wellbeing for their children.

The Inquiry has discussed the opportunities to offer courses and training on remote communities leading to certificated child care qualifications. This will not only lead to employment opportunities for those attaining the qualification, but will also result in a higher level of informal child care and parenting by those undertaking such training. The Northern Territory has a number of organisations already delivering innovative training programs, and this is one for consideration.

**Non Government Organisations (NGOs)**

NGOs are an important part of the service delivery sector currently underutilised. There are several NGOs in the Northern Territory operating on remote communities on a fly-in, fly-out basis which does not suit their usual way of doing business. They can do more than they do currently, but need resources, encouragement and some degree of coordination so that each can contribute most effectively. NGOs can tap into resources and expertise from a wider base of experience than government, are generally more responsive, and some have considerably greater expertise in capacity building, a knowledge and skill base desperately needed.

Chapter 4 discusses the importance of establishing an Aboriginal controlled NGO sector in the Northern Territory’s child safety and wellbeing arena. This is urgent, as their contribution particularly for children in urban areas is needed as soon as possible.

NGOs have a role in child safety and wellbeing across the Northern Territory as service providers, members of child safety and wellbeing teams, and as advocates. It is likely they can play a capacity building role in remote communities with greater agility than can government agencies.

NGOs in other regions are used to operating with a focus on building the capacity of local community members to replace, in time, the role of non-local. In remote Northern Territory communities such an approach would be useful.

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Secondary and tertiary targeted services and supports for children, families and communities

There needs to be an increase in the scope of targeted support services to at risk populations including vulnerable children, young people and families who are likely to be characterised by:

- multiple risk factors and long term chronic needs, meaning that children are at high risk of developmental deficits
- children, young people and families at high risk of long term involvement in specialist secondary services such as alcohol and drugs, mental health, family violence and homelessness services, and Child Protection
- cycles of disadvantage and poverty resulting in chronic neglect and cumulative harm
- single/definable risk factors that need an individualised, specialised response to ameliorate their circumstances
- single/definable risk factors that may need specialised one-off, short term, or episodic assistance to prevent or minimise the escalation of risk.

In this section, more targeted supports and services are explored. The Inquiry notes that while these efforts are more targeted many can be delivered from universal platforms of service, with greater intensity for disadvantaged families and children (proportionate universalism). Also, due to the significant social disadvantage experienced by many in the Northern Territory, many of these services and supports will also be ‘universal’ in the sense that they are applied to an entire subgroup of the population (e.g., the Olds’ Nurse Partnership home visiting program in Alice Springs which is available to all women pregnant with an Aboriginal child who present before 28 weeks gestation) or are designed for everyone in an entire community, for example, community development and community healing programs. It is important that families are engaged with services as and when they need them; there are potential high social and economic costs if problems worsen because families feel they cannot or should not access support.

from a human rights perspective, all children have the right to experience the conditions for optimal health, growth and development, and society has an obligation to ensure that parents have the necessary resources to raise children.

Assertive outreach will be needed from universal services to engage families who have multiple and complex needs. These families will be less likely to approach services for assistance because of previous negative experiences, social isolation or a fear that their children may be removed. Rather than thinking of clients as ‘hard to reach’,

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307 Submission: Central Australian Aboriginal Congress.
310 Centre for Community Child Health, 2010, Engaging Marginalised and Vulnerable Families, Policy Brief 18, Centre for Community Child Health, Melbourne.
some services can be conceptualised as ‘hard to reach out’. The Inquiry noted several examples in the Northern Territory of universal services such as schools and child care centres running playgroups for vulnerable families in remote areas such as Mutitjulu and Ramingining, which were doing exceptional work.

**Parenting and family support approaches**

The lack of appropriate family support mechanisms for families is now critical in the Territory. We know that family support is essential to building strong families, preventing child protection issues and assisting families to build their own responses to issues that impair the safety of their children. Save the Children’s research report on Family Support for marginalised families ‘No Empty Promises’ 2008 emphasised the following:

‘There are many reasons that families refrain from working with a professional in the community. However, FSW’s rarely found a person who lacked motivation for change or in denial, negative responses were seen in the context of fear for families. When a relationship is respectfully established fear could be sidelined and even drug use and violence is openly discussed. The development of a relationship became the crucial factor that determined the engagement in conversations or actions that made a difference to them and their children.’

The Inquiry heard of the gap that exists in many areas of the Northern Territory in the family and parenting support sector. In many cases there was seen to be no services or supports available between universal services, such as health clinics and schools, and child protection services. Where services and supports did exist there was a sense that they were driven by the needs of the service or the funding body rather than the needs of families, or where they were meeting a need in the community they were limited by the absence of adequate or long-term funding.

The Inquiry strongly recommends that family support services be focused on achieving change for their clients – changes in their client’s behaviour and changes in their client’s circumstances. This involves the identification of family goals and strategies which are based on outcomes, as well as the service being accountable for achieving those outcomes for families and children.

Any Family Support or Parenting Services that are established in remote communities need to be able to actively reach out and assist families to connect with them. Ideally local people in the community need to be involved in identifying their own parenting needs and provide their own ideas for how these needs can be effectively met.

312 Submission: Save the Children.
313 See later in this chapter about service fragmentation.
314 Submission: NTFC Darwin Remote Office.
Studies have shown vulnerable families may often regard services as not being timely, not being informative, not respecting the parent’s expertise and as addressing the needs of the service rather than the needs of the family. Barriers to families engaging with services include structural barriers, such as access, affordability, availability and relevance of services, family level barriers, including lack of transport, homelessness, family stress and relational barriers, such as insensitive or judgemental behaviour from staff, lack of cultural competence, a focus on deficits rather than strengths and for families a fear of or misperception of services or poor previous experiences.

Key service characteristics of family-centred support services which successfully deliver services to families include a focus on factors such as:

- The quality of the relationship between the parent and the service provider, including flexibility, respectfulness and honesty
- Achieving positive change for the family and recognising, enhancing and utilising the assets and strengths of families and communities
- Establishing shared decision making and implementing strategies to eliminate barriers to people participating in policy, program and service development
- Cultural competence
- Non-stigmatising environments and programs including a local base and programs which are responsive to local needs
- Minimising practical or structural barriers to services
- Providing practical supports such as respite and crisis care
- Mobilising formal and informal sources of supports
- Providing crisis help prior to other intervention aims
- Assertive outreach to families
- Various entry points to the system – ‘no wrong door’ including warm referrals in which practitioners contact referral agencies on behalf of their clients
- Strong links between different services, particularly as families with complex needs are likely to be involved with more than one service
- Flexibility in service design
- Clarity of roles and responsibilities
- Using a care team approach
- Providing wrap around services
- The use of critical elements of evidence-based programs and practices.

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316 Centre for Community Child Health, Engaging Marginalised and Vulnerable Families.
Parenting support interventions in the field of child welfare operate under three assumptions: that, first, intervening with parents will improve parenting skills and capacities (e.g., by reducing stress and increasing efficacy), second, certain child outcomes will be improved, and, third, it can reduce the future risk of maltreatment. Some models of intervention may focus more on the mass delivery of information about parenting and child development (universal programs), whereas other programs become progressively more targeted as the needs and complexities of families increase — selected and indicated programs. In the former category are parenting information and education initiatives and community education strategies discussed earlier. More targeted interventions include home visiting strategies, parent skills training, attachment based child and family supports, and intensive family support programs such as family preservation services.

### Home visiting strategies

Increase home visiting services – family support services, especially home visiting services, have been particularly noted for their success in identifying families ‘at risk’ of maltreatment prior to the concerns reaching a level that would require protective intervention ... It is important to recognise that similar outcomes have not been demonstrated when other variants of home visiting have been evaluated which emphasises the need to carefully adhere to evidence-based interventions.

The Inquiry heard of the success of family home visiting initiatives in Alice Springs, and other areas of Australia. For families who are considered vulnerable (e.g., first time parents, parents living in areas of high socio-economic disadvantage), some targeted home visiting services have been shown to be effective at enhancing parenting and child development, and in some cases in reducing child abuse and neglect, for example, the Olds’ Nurse Family Partnership and Project SafeCare. Although caution should be added that only some models, particularly those with specific components which address the key risk and protective factors and mechanisms involved in abuse and neglect have demonstrated such positive results and a benefit to cost ratio of at least 3:1, compared with other home visiting models in the order of 0.5:1.

Key components of effective home visiting programs have been identified. These include:

- early intervention
- intensive services over a sustained period
- development of a therapeutic relationship between the home visitor and parent
- careful observation of the home situation
- focus on parenting skills
- information about child development

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318 Johnson & Ketting, ‘The therapy alliance: A moderator in therapy outcome for families dealing with child abuse and neglect’.
319 Submission: DHF.
321 Lee et al., Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington.


- child-centred services focusing on the needs of the child
- provision of ‘concrete’ services (e.g., health care, accommodation, health and developmental checks for children)
- case management
- inclusion of fathers in services
- ongoing review of family needs to determine frequency and intensity of services.\(^{322}\)

Home-visiting services which recognise the expertise that parents, including young parents, bring to their parenting roles are particularly good at engaging Aboriginal mothers.\(^{323}\)

In relation to maternal health and well being Indigenous people have a strong body of knowledge that is passed through the whole of life. It is uncommon for there not to be a pregnant woman, new born child or infant in a family. Children through to adult hood are afforded a rich learning ground from parents and grandparents. It is part of the social economy that all family members including children are part of the nurturing and care of a baby. By the time an Indigenous person is bearing a child, they have many years of experience in caring for and watching babies being cared for. Unlike many Western families who utilise child care services, family provides much of the care and support.\(^{324}\)

Because of the number of risk factors experienced by families in which child abuse is likely to occur, they are unlikely to engage with or benefit from interventions which will benefit families with fewer risk factors unless strategies such as active outreach, preparation and potentially one on one therapy are involved.\(^{325}\) Incorporating cognitive elements in standard home visiting programs may enhance the prevention of child abuse and neglect.\(^{326}\)

**Parenting skills training and enhancing parent-child interaction**

An excellent suggestion from the mother interviewed for this story was that having completed parenting programs she would have liked the opportunity to put what she had learnt into practice with some in-home support. The type of respite that she felt would have helped her and her son would have been someone to spend time with her in their home to model and show her how she could manage his behaviour better and keep her own emotions in check. As with all forms of learning if the learner does not put what they have been taught into practice soon after having completed classes what’s been learnt is quickly forgotten. This isn’t a function of someone’s culture or life circumstances it is a feature of the human brain and how the new things we learn have to be put into practice in order to be retained. In her case a short-term in-home support intervention may have prevented the need for a long-term child protection intervention.\(^{327}\)

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\(^{322}\) Thomas et al., ‘Maltreatment incidence, impact and existing models of prevention’; O’Connell et al., *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities.*

\(^{323}\) L Sivak et al., 2008, *A pilot exploration of a family home visiting program for families of Aboriginal and Torres Strait Islander Children*, Report and recommendations: Perspectives of parents and Aboriginal children and organisational consideration, University of South Australia, Adelaide.

\(^{324}\) Submission: Jane Vadiveloo.

\(^{325}\) O’Connell et al., *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*; Chaffin & Friedrich, ‘Evidence-based treatments in child abuse and neglect’.

\(^{326}\) See also intensive support services later in this chapter.

\(^{327}\) Submission: Danila Dilba.
Submissions to the Inquiry raised concerns that there is a need for support in gaining parenting skills in families across the Territory. Examples of this include:

The extent to which parents and other family members report struggling to manage children's behaviour and boundaries, including restricting the degree to which children wander around late at night. This includes very young children in some communities.

The notion that children are ‘growing themselves up’ or, predominantly being reared by grandparents.

Parents and carers experiencing extreme stress and this is negatively affecting their capacity to provide for children’s wellbeing.

Lack of specialist parenting supports, skills and education that are required to care for children with disabilities.

Preventive positive parenting programs should be coordinated with and embedded within larger communitywide, multilevel prevention initiatives. Rather than being small targeted programs scattered around communities, individual programs should be integrated in sustainable, collaborative, coordinated, community-centred systems of care to prioritise limited resources and leverage impact.

Parent skills training and particularly programs that have a parent-child interaction component are more effective at improving children’s behaviour and socio-emotional outcomes than is parent education alone. Effective parenting programs typically include opportunities for parents to practice new skills with their children, a focus on parental consistency and emotional communication skills, as well as positive parent-child interactions. Programs may be delivered in centre-based environments or in the home and they may be group-based or delivered to individuals.

Many parenting programs share common elements. Parenting skills training to prevent child maltreatment typically focuses on building protective factors such as:

- Developing and practicing positive discipline techniques, such as, using praise and rewards to reinforce desirable behaviour and replacing criticism and physical punishment with mild and consistent negative consequences for undesirable behaviour such as timeout and brief loss of privileges.

328 Submission: DHF.
329 Submissions: Central Australian Aboriginal Congress, Dr Clare MacVicar, NTFC worker and Jacqueline Hingston.
330 Submission: NTFC worker.
331 Submissions: Central Australian Aboriginal Congress and Jacqueline Hingston.
332 Submission: Central Australian Aboriginal Congress.
333 Submissions: Rosalie Howard, Residential School and NAAJA.
- Learning age-appropriate child development skills and milestones including understanding the reasons for children’s behaviour and making appropriate attributions about it
- Promoting positive play and interaction – for example, storytelling – between parents and children
- Locating and accessing community services and supports
- Developing parental control, self esteem and self-efficacy.\textsuperscript{337}

In the Northern Territory, parenting programs could be delivered from the universal platform through maternal child health and from primary health care settings with active outreach, as primary health workers are highly valued by communities and seen by patients as caring and knowledgeable; and through early childhood services such as playgroups, child care and early year providers to engage young parents. This would also help to normalise parenting problems and help seeking for parenting problems, and reduce stigma.\textsuperscript{338} The Inquiry is aware that a number of staff across a range of different agencies undertake training through the World Health Organisation/UNICEF Care for Development program which gives families age-appropriate play and communication activities to stimulate the psychosocial development of young children and promotes sensitive and responsive care–giving.\textsuperscript{339}

Once you start looking into that family all those children need some level of support, all those children have grown up in a household that has been struggling, where there has been probably way, way back some very firm, maybe harsh is a better word to use, traditional punishment that has then moved on to a situation where mum – and this is very common – where mum and dad have no idea how to discipline the kids. Mum and dad are now apart and so those children - because mum and dad do not know how to discipline children, the role modelling is not there. These children are growing up – they are now teenagers - so they are behaving in a way that is totally unacceptable and antisocial. It is not only those two particular children, but the whole family is one big whirlwind of family violence, aggression, inappropriate behaviour.\textsuperscript{340}

While many families may benefit from parenting skills training, more intensive interventions or targeted approaches using alternative methods may be required for specific groups of parents including those with additional needs, limited parenting experience, or where there are multiple complexities. For example, with first-time parents, parents of adolescents, families from refugee backgrounds, adolescent parents, fathers, grandparents – especially given the number of grandparents, aunties and uncles who are primary carers for their children – foster and kinship carers (who currently receive very little training in managing children’s behaviour), parents with a physical,
sensory, learning or mental health difficulty and parents with substance abuse issues.\footnote{Silburn & Walker, Community Learning for Parenthood.}


The Inquiry recognises the potential harms that the use of unadapted mainstream parenting programs might have for specific population groups including parents who have had their children removed from their care. Such parents won’t necessarily have the chance to practice the skills that are being taught, they may have very distorted attributions and beliefs about their own behaviour and that of their children, may feel stigmatised in a mainstream group setting and are dealing with grief and loss about the removal of their child and potentially other unresolved grief and trauma in their lives.

Specific approaches targeted for this population, such as trauma and attachment-focused family interventions for parents who do not have their children with them, and which address the cognitive aspects of parenting and provide support for issues such as mental health problems, family violence, drug and alcohol use are needed.\footnote{Salveron et al., ‘Supporting parents whose children are in out of home care’.}

**Trauma and attachment-focused programs for caregivers and children**

The intergenerational hurt and trauma in many communities was described to the Inquiry. Caregivers who themselves have a history of abuse and neglect in their childhood or who have unresolved losses in their life are more likely to demonstrate neglectful or frightening parenting behaviours. What would otherwise be the child’s source of security is either non-responsive or is actually perceived as a source of alarm and threat, and insecure, avoidant or disorganised attachments result.\footnote{Lyons-Ruth & Jacobvitz, ‘Attachment disorganization: Unresolved loss, relational violence, and lapses in behavioral and attentional strategies.’.} For these reasons addressing parental histories of trauma and loss and the internal working models of parents are particularly important components of attachment-based interventions.\footnote{J Amos et al., 2007, ‘Parent and Child Therapy (PACT) in action: An application of an attachment based intervention for a 6 year old with a dual diagnosis’, Australian and New Zealand Journal of Family Therapy.}

Some parenting approaches such as those described earlier may not be appropriate, at least in the short term, for families in which there have already been severe disruptions to attachment and where parents have significantly disordered social cognitions about their child’s behaviour. More intensive, attachment- and trauma-based interventions for parents and children might be more appropriate in the first instance, with families joining group-based programs after they develop confidence in one on one parenting situations. These approaches have been found to be very cost-effective, with returns on investment in the order of almost 6:1 for skills training such as Parent-Child Interaction Therapy.\footnote{Lee et al., Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington.}
Because parent-child attachment may be severely disrupted as a result of poor care-giving, approaches which specifically focus on repairing and strengthening the attachment relationship demonstrate potential for long lasting effects. In these programs it is the relationship between caregiver and child that is the focus of the intervention, not the individual parent or child. Promising programs are emerging in work with infants, toddlers and school aged children. Infant-parent psychotherapies for example treat disturbances in parent-infant relationships as the ‘manifestations in the present of unresolved conflicts that one or both of the baby’s parents have with important figures from their own childhood. [For these parents] the current baby is not perceived as a baby in their own right.’

These programs could be incorporated as part of therapeutic interventions for children and families, such as those delivered by MOS Plus and targeted and intensive family support services across the Northern Territory, if additional funding was provided and staff were given the capacity to do so.

**Intensive family support**

There are a large number of children seen by the Paediatric Department as hospital inpatients and outpatients, who suffer from malnutrition, inadequate schooling, inadequate housing, exposure to violence and exposure to alcohol and substance abuse. The majority of these children reside in remote Indigenous communities and these factors are often well recognised and assessed by remote and acute care health workers. Unfortunately, we have limited services to engage to assist these families. Under the current legislation we are mandated to report these children to [Northern Territory Families and Children (NTFC)] Child Protection Services when they are considered to be at risk of substantial harm due to this social adversity.

In most cases NTFC further investigate the risk of harm, and it would seem they are also very limited in the support they can offer these families. Often, many of these families do not need further investigation but rather direct family support, education and monitoring. Non-government organisations may be better at providing this service with a view to also providing longer term community development and building individual and community capacity. Child Protection Services would then be able to focus more on children at greater risk. The need for community based Family Support services with good local engagement is crucial in this setting.

In the Northern Territory, multi-component programs which include practical supports such as feeding malnourished children, improving home safety and parents’ ability to respond to health concerns, and providing respite for parents will need to be combined with parenting skills and attachment-focused therapies to address child neglect, failure to thrive and in

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349 Submission: Paediatric Department, Royal Darwin Hospital.
preventing stress, family breakdown and supporting the reunification of families.\textsuperscript{350} This will need to include active case management for families as they may have multiple problems to be addressed by a range of service providers where these are available.

An immediate program response to Failure to Thrive cases in remote locations that stops victimising the children who are subjected to starvation. This could simply be a foreign aid (Red Cross, Oxfam, etc) type feeding program that does nothing more than deliver essential food to starving children whilst other programs address the underlying issues of poor parenting, poverty, overcrowding, violence, drug abuse, alcoholism, gambling, etc, etc.\textsuperscript{351}

The Inquiry believes that targeted family support services which are focused on achieving change for clients should be made available across the Northern Territory for vulnerable children and their families and, that a referral from child protection services should not be a requirement of entry to these programs – parents and other professionals should be able to refer to the programs (see Chapters 7, 8 and 9 for more details on families involved with the child protection system). These targeted supports should also include elements which address issues of drug and alcohol misuse, family violence and the social and emotional wellbeing of family members in their delivery.

These people have been drinking for the last 10 years, so what we need to look at is family support. These parents love their kids; they just do not look after them well enough. This is a battle we have every single day when we go there... The kids should be there if the parents can get some support because, lost in the child protection system, nobody would love them. At home their families actually love them, and the kids belong. I see that all the time. If the kids I am thinking of are taken away and put somewhere else - they have disabilities, they have incredible behaviour. It takes an awful lot to accept someone, and that essence would be missing. If, on the other hand, there were support systems in place for families to get off the grog, to keep their house, be able to have reasonable housing and reasonable cleanliness, it would go much further. We do much in the school. We provide shame-free shower, and we provide food, we provide clothing, we teach the kids life skills.\textsuperscript{352}

As part of intensive support for families, submissions to the Inquiry from across the Northern Territory called for the development, resurrection and/or expansion of residential supports for families in different circumstances including young parents and families wanting to escape alcohol and violence.

Many of the children my family have taken care of have been babies of young mothers. I believe very strongly that these mothers need to be taught to parent, as they will have more children. I believe instead of putting these babies into foster care it is important to give the mother a choice of keeping her baby and committing herself to a couple of months in a home environment for young mothers . The aim of the home is to equip and teach mothers how to care for their infant via information as well as ‘hands on’ mother to mother care.\textsuperscript{353}


\textsuperscript{351} Submission: NTFC Darwin Remote Office.

\textsuperscript{352} Hearing: Witness 42.

\textsuperscript{353} Submission: Renee Allison.
A recurring theme is the removal of children from Indigenous mothers who are homeless, such as long grassing in Darwin, and who experience family violence and alcohol misuse. Often these mothers are very caring and protective of their children and have the children’s best interests at heart. A more compassionate approach in some (but not all) cases would be to establish a program such as those in NZ that house a mother and her children in an NTFC house living with a family support worker for 3-6 months. During this time, the family would develop a routine involving school, regular meals etc, and the parent would be assisted to engage in work or training and learn life skills such as budgeting and basic home hygiene etc. While this might seem costly, it is vastly less expensive in both financial and human terms than keeping children in care to age 18 and depriving them of normal, healthy family life.354

**Recommendation 6.2**

That the Northern Territory Government explores with the Commonwealth the (trial) development (or expansion of) existing infrastructure in remote areas (e.g. women’s safe houses, day care centres, health clinics) to provide on-community therapeutic residential options for mothers and small children where the latter have been identified as being at risk of removal into foster care because of ‘failure-to-thrive’, neglect, or otherwise inadequate parenting. The trial of such options would need to include the development of a therapeutic intervention model and staffing/supervision options.

Urgency: Within 2-3 years

**Family preservation programs**

Another situation; for example, you refer a family in crisis who are attempting to problem solve a situation to NTFC (before the family dynamics deteriorate to a point where it is unsafe for the child to reside in the home) and nothing happens until the family are in complete crisis and the police have been involved and the family have told the child to leave the home...There appears to be little to no framework for active case-management to enforce preventative strategies- to put concrete policies in place that support case-managers to manage referrals so that situations for families who are trying their best to cope are supported. I have seen a young person end up in care where the situation could likely have been avoided with early intervention.355

For some families in the Northern Territory, targeted attempts at family support may be ineffective and families will reach a crisis point, in other circumstances, a family may not come to the attention of services (particularly child protection services) until there is a crisis and the child is at imminent risk of being removed from their home. Intensive family preservation services – typically short-term intensive in-home crisis intervention for families at imminent risk of children being placed in care – have key components which offer a combination of concrete and clinical supports and services and referral when necessary. These include:

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354 Submission: NTFC Darwin Remote Office.
355 Submission: Hannah Moran.
• Enhancing parent-child interactions through parent skills training
• Providing vulnerable families with tangible supports for parenting and childcare, for example, housing, transport, help with bills, food and clothing
• Addressing the factors that place children at risk.

I saw some incredibly good work on one of the town camps. A family that I have known for a long time, with children who I have felt sorry for, but really could not see any way they could be helped. The father of that family approached me and said the children had been taken while they were on a remote community, could I please ring the FACS worker whose name he gave me. Several days later, when I rang the FACS worker, they explained really clearly what they were doing. They, basically, took the children for an incredibly short amount of time. They then put the entire family up in a hostel and systematically addressed the issues that had been concerning them. The family is now spending much more time than they used on the remote community they always said they lived on, and there has been a dramatic turnaround in that family.

Family preservation services have shown limited evidence in their effectiveness (and no evidence with families in which child sexual abuse has occurred), with the exception of the original Homebuilders model and its derivatives which have demonstrated benefits in terms of preventing entry into out of home care and subsequent maltreatment. The Homebuilders model includes the following components:

• 24 hours a day, 7 days a week intake and the same availability of caseworkers for clients and to their supervisors
• Contact with the family within 24 hours of the crisis
• Small caseload size for workers (2-3 families at a time)
• Single therapist with a back up team
• Organisational support and extensive training
• Flexible service delivery, in timing and type of service
• Service duration of four to six weeks
• Accountability – outcomes are tracked
• Skills-based approach to service delivery
• Provision of concrete services and advocacy
• Interactive assessment and goal setting
• Intensive service delivery.

356 Higgins, Community development approaches to safety and well-being of Indigenous children; L Tully, 2008, Family preservation services: Literature review, Centre for Parenting and Research, Service System Development, Ashfield, NSW.
357 Hearing: Witness 53.
358 Tully, Family preservation services: Literature review.
359 ibid., p.iii, 6.
The Inquiry believes intensive family preservation services should be made more broadly available across the Northern Territory. While their low caseloads and high availability can make them an expensive intervention, research has shown a benefits to cost ratio of approximately 2.5:1.\(^{360}\)

**Inclusion of parenting roles and children in adult-focused services and adult-focused supports in children’s services**

Aboriginal Community Controlled Health Services are ideally placed to provide family-centred care for patients with AOD and mental health problems as part of Comprehensive Primary Health Care. This service would provide screening and early intervention as part of adult health checks, as well as prevention and community development activities, thus contributing to primary prevention of child abuse and neglect.\(^{361}\)

The Inquiry has heard of the need to enhance the capacity of parenting support services and children’s services to engage with families with multiple and complex needs, and for adult-focused services – drug and alcohol, mental health, family violence, homelessness – to be able to work with children and to incorporate the parenting role into treatment and support services.\(^{362}\) Services such as family-based residential drug and alcohol treatment services (which exist in some parts of the Northern Territory), could be expanded, or the links between these programs and child protection and family support services formalised and strengthened.\(^{363}\)

This will include building the capacity of workers within those services to address the needs of their clients as parents and family members as well as building links between services, for example, between Safe Houses and child protection and family support services, and incorporating them into a system of care for protecting children and supporting their families.\(^{364}\)

Specific training and education initiatives for adult workers to understand the developmental needs of children and young people and in parent- and family-focused service delivery will need to be provided.\(^{365}\) Family violence and homelessness services are in an excellent position to incorporate assessments of children’s and parent’s needs, when children arrive at the service with their parents.

In the Northern Territory this might include making Safe Places for women able to detect and respond to trauma issues for children; improving the family-friendliness of drug and alcohol services by providing family-focused therapies and child-friendly spaces; incorporating parents into children’s services and being able to provide referrals for parents from these services.\(^{366}\)

\(^{360}\) Lee et al., *Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington.*

\(^{361}\) Submission: AMSANT.

\(^{362}\) Submissions: DHF, The Forster Foundation for Drug Rehabilitation (Banyan House) and Patricia Shadforth.

\(^{363}\) Submission: The Forster Foundation for Drug Rehabilitation (Banyan House).


\(^{365}\) Jordan & Sketchley, ‘A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants’.

\(^{366}\) Dawe et al., ‘Improving outcomes for children living in families with parental substance misuse: What do we know and what should we do?’.
Social and emotional well being services including Parents Under Pressure, Positive Parenting and other evidence based service models. These services should also include accessible, ambulatory alcohol rehabilitation services based on case management, psychotherapy including CBT (and other forms of therapy, such as narrative therapy where CBT cannot be used), social and cultural support and pharmacotherapies. These services need to available as part of all primary health care services.\textsuperscript{367}

**Targeted action in communities: Community activation and development**

As Deborah Daro points out, ‘child abuse is indeed a public issue which means the problem and its solution are not simply a matter of parents doing a better job but rather creating a context in which ‘doing better’ is easier’.\textsuperscript{368} Intervention efforts have tended to focus on the individual child, parent or family rather than the broader network of factors that influence child maltreatment.\textsuperscript{369} ‘Not only do parents in distressed communities lack resources that parents in other communities may take for granted but parents in weaker communities simply have a harder job to do.’\textsuperscript{370}

Help and healing flow in many ways and it is important to recognise that this is not necessarily, and in fact it may be unlikely to be, through formal channels. Parents and caregivers will often seek support from other family members and friends before seeking professional help\textsuperscript{371}. It is necessary to boost and support informal networks of support whilst also making professional help widely available to those in need.\textsuperscript{372}

The review of risk and protective factors for child abuse and neglect and the strategies included in a public health approach highlight the potential of community-based strategies to impact on child safety and wellbeing at a population level.\textsuperscript{373} However, community-based efforts have often been limited to pilot projects without sustained funding or concerted efforts to implement them in more than one site. Initiated by voluntary agencies or individual teams, they have often fallen victim to changes in public policy or staff resistance.\textsuperscript{374} They can also be expensive.\textsuperscript{375}

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\textsuperscript{367} Submission: Central Australian Aboriginal Congress.

\textsuperscript{368} Daro, ‘If you had $5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?’, p.13.


\textsuperscript{371} Centre for Community Child Health, *Parenting information project - Volume one: Main report*.


\textsuperscript{373} M Carrasco, 2008, ‘If you had $5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?’, in *Preventing Child Abuse and Neglect in the United States*, ed. R Shaw & MR Kilburn, RAND Child Policy: Santa Monica, CA; G Jack, 2004, ‘Child protection at the community level’, *Child Abuse Review*, vol. 13, pp.368-83; McDonell & Melton, ‘Toward a science of community intervention’.

\textsuperscript{374} Jack & Gill, ‘The role of communities in safeguarding children and young people’.

\textsuperscript{375} Daro & Dodge, ‘Creating community responsibility for child protection: Possibilities and challenges’.
In impoverished environments characterised by social disconnection – boredom, alienation, loneliness, low self esteem, intolerance of others, and a lack of motivation may be seen – ‘isolation is contagious’. Residing in a community of high unemployment, high crime rates, poor transport facilities, and poor access to services, and where interactions are with others who are struggling to cope, can lead to poor outcomes. Because of factors such as increased mobility, family privacy, family breakdown families are no longer receiving as much support from others in their care-giving roles.

A system of care for protecting children should be provided by a continuum of community-based services employing a mix of professionals and trained community leaders who can identify families in need and connect them with services and supports to meet those needs. ‘Seemingly barren neighbourhoods with few points of assistance may actually have a myriad of resources under the surface that can be identified by community and peer leaders’. For this reason community engagement and community development approaches are essential in protecting children in their own environments.

Addressing Indigenous disadvantage is critical to addressing the factors that put Aboriginal and Torres Strait Islander children at-risk of abuse and neglect. Child abuse and neglect can be prevented by addressing disadvantage (for example, overcrowded and inadequate housing); recognising and promoting family, community and cultural strengths that protect children; and developing community-wide strategies to address specific risk factors where they occur in high concentration, such as alcohol misuse.

Community-focused strategies which address the needs of families at risk are drawn from the fields of crime prevention, community development and mental health and wellbeing. These include:

- Creating safe, attractive physical environments including parks, playgrounds, streets and buildings
- Subsidising programs and providing transport to encourage children and young people to participate in sport and recreational activities
- Developing comprehensive community based initiatives that connect residents in communal activities
- Providing opportunities...to learn advocacy and leadership skills that could be applied towards community development initiatives
- Inclusion and participation in social programs such as early childhood education and childcare, employment, housing, community and neighbourhood development
- Population-based parenting support and early childhood development programs
- Policy and strategy to protect and improve the safety of women and children.

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377 ibid.
378 Montalvo, ‘If you had $5 million to spend each year for the next five years to prevent child abuse and neglect in the United States, how would you spend it?’, p.29.
379 Submission: DHF
The causes and that way to me seemed to be that there was a generation, or generations, of children that had been raised in absolute poverty, lack of services, lack of engagement in appropriate services, services that had little understanding of how to work with people, services that had little capacity to be able to work out a way to engage with people that would have a meaningful outcome for people, services that maybe worked with an individual, but did not actually consider the wider cultural issues of the family and so did not work with the whole family, and as well as that, work within the whole community. So, therefore, there is no sustainable change because they are small piecemeal types of approaches. There was a den of violence, huge violence that children were growing up in. There was a lack of parents on the ground through incarceration, through death, through a number of factors that had really destroyed the strength of families, and so you had children in that community who were in families that were literally self-referring to the agencies in town. There were very greatly skewed children marching across the valley over to the FACS office and knocking on the door and saying: ‘We are starving, we want food, we want you to come and help us’. Parents crying out for help but we had this uncoordinated approach by services, which is really the origin of how that community centre started.381

Communities in which more targeted action is needed could be identified on the basis of a number of factors, and targeted community-based strategies can then be accompanied by more family-focused and individual-focused strategies for families with potential or existing problems. Communities could be identified on the basis of community level of exposures to factors such as poverty, including unemployment, high levels of grief and loss, community violence, poor developmental progress of children382 and based on community needs which are identified through the sort of community education and awareness strategies outlined above, together with other mapping processes, such as baseline mapping taking place in Remote Service Delivery locations, including the Northern Territory Growth Towns. Community engagement and activation could then be used to identify strategies to address child health, nutrition, safety and nurture with families in these communities.

In the health promotion field, community activation activities have been used to address major health concerns. Community activation emphasises the involvement and coordination of major community institutions to mobilise community leadership and resources for health promotion and improve public awareness.383

Community activation includes organised efforts to increase community awareness and consensus about health and social problems, coordinated planning of prevention and environmental change programs, inter-organisational allocation of resources, and citizen involvement including the formation of coalitions for action. Community leaders, citizen representatives and service providers are all involved in planning, and the focus is on key community organisations that can offer access and support to target groups including social and religious groups, community-based health organisations, local businesses, local government, and other key organisations such as child welfare, family support, police, health, and education agencies. The focus is on integrating public and private

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381 Hearing: Witness 53.
382 See the Australian Early Development Index.
systems for protecting children,\textsuperscript{384} including maintaining and strengthening culture.

It is important to recognise strengths in communities and adopt proactive rather than deficit perspectives and approaches.\textsuperscript{385}

Community-focused strategies such as community development recognise the importance of community-based organisations and groups such as, sporting clubs, women’s and men’s groups, music groups, art collectives, and local small businesses. While they are not a service \textit{per se}, the potential of community groups to make an impact on the life of an individual, family or community is potentially huge, for example, through giving a sense of identity and belonging, attachment to significant others, leadership and purpose.

Community activation and development strategies help to identify people who can be involved in the lives of children as advocates, mentors and role models, thereby increasing the ability and possibility for informal supports and strategies for parents. These strategies also recognise the skills, abilities and training that people in many communities already have. Community activation builds the capacity of community members to offer assistance to families (bonding), for families to link with local resources – bridges to participation in services and community – and to encourage community members to become advocates for change within their community and within broader political systems – links to civic participation.\textsuperscript{386}

A community development approach is required to develop new Aboriginal programs and agencies with non-Indigenous services providing resources, support, assistance, and mentoring where required. By working in this way non-Indigenous services will benefit by being able to appropriately access and learn from Indigenous expertise in child rearing, community development, advocacy, family support and family resilience. By working in this way non-Indigenous agencies will for the first time in post-colonial Australian history be able to say that they are working on child welfare as Aboriginal people want them to.\textsuperscript{387}

**Community healing**

History of trauma through; dispossession of land, language and culture; stealing of children; death as a result of violence and ill health and grief; racism and exclusion - these traumas are pervasive and underpin all issues related to child protection. The cycle of grief, loss and trauma is relentless. Addressing grief and trauma is fundamental to the child protection system.\textsuperscript{388}


\textsuperscript{385} Submission: Sunrise Health Service Aboriginal Corporation.


\textsuperscript{387} Submission: Danila Dilba.

\textsuperscript{388} Submission: Jane Vadiveloo.
The factors that cause, and result from, family violence and child abuse such as alcohol and substance misuse, poor housing, past history and trauma must be addressed. This includes recognising the importance of spirituality, ritual and ceremony, and having Aboriginal people recognised (and paid) as the experts in the use of cultural practices to drive healing and child protection – to ensure sustainability, stability and pride in tradition and culture.\footnote{Submission: Save the Children.}

The Inquiry believes the pervasive grief, loss and trauma experienced by many Aboriginal people in communities across the Northern Territory is one of the priorities to be addressed in the prevention of intergenerational cycles of trauma and abuse. As for children, the experience of emotional trauma for adults and their ongoing trauma histories impairs all facets of their life, both publicly and privately. For this reason, there needs to be community-based and individualised approaches to healing for adults and children. For other work to be possible, healing needs to take place. Healing trauma will provide space for generating positive stories about families and communities to build positive identity and self esteem.

The Inquiry heard that promoting community wellness should include:

- recognising and supporting counselling / healing services\footnote{Submissions: CAAFLUAC and Sunrise Health Service Aboriginal Corporation.} in particular in relation to men gaining better understanding their roles and positively engaging with family and community\footnote{Submission: Sunrise Health Service Aboriginal Corporation.}
- Re-asserting cultural norms, rebuilding proud traditions and community structures and regaining respect in Aboriginal communities.\footnote{Submission: Sunrise Health Service Aboriginal Corporation.}

There is nil or very limited access to cross culturally appropriate early assistance and support, and counselling / healing services outside Alice Springs. A lack of money and transport often prevent attendance at services located in Alice Springs.\footnote{Submission: CAAFLUAC.}

Building hope and optimism in communities is a key feature of healing communities. Effective healing strategies are necessary to overcome the lack of confidence, hope or optimism in disenfranchised communities (entrenched social exclusion and isolation; negative previous experiences); and the lack of trust or confidence in services and systems.

Informal and formal healing work is taking place in Aboriginal communities across Australia and to a limited extent in the Northern Territory, but this needs to be better supported. The Aboriginal and Torres Strait Islander Healing Foundation could play a role in establishing community healing centres and therapeutic communities in the Northern Territory as part of the community activation approach described above.\footnote{L Bowen et al., 2004, ‘Engaging community residents to prevent violence’, \textit{Journal of Interpersonal Violence}, vol. 19, no. 3, pp.356-67.}

Healing approaches led by Aboriginal mental health professionals and leaders in other states and territories are also likely to have relevance for the Northern Territory. For example, Judy Atkinson’s healing models from Gnibi College at Southern Cross University...
and Darrell Henry’s work in Western Australia as well as the Family Wellbeing model from South Australia. These models look to the assets in communities and involve women and men strong in their law and culture in the healing process, including employing Aboriginal community members as natural helpers and service providers who mediate with mainstream professional services in the community.

Social and emotional wellbeing and support for mental health of children and young people

During 2009, 1772 online and telephone contacts from the Northern Territory were made to the Kids’ Helpline and 286 online or telephone counselling sessions were provided. These included sessions about interpersonal relationships; mental and emotional wellbeing – including suicidality; bullying; or child abuse. Where Aboriginality was recorded, only 15 percent of callers were identified as Aboriginal. Forty-nine of the counselling sessions included a report of suicidality or self-injurious behaviour. A quarter of the children receiving counselling from Kid’s Helpline were receiving ongoing counselling or intensive support with a case management plan. The other 75 percent represented either new clients or those receiving intermittent support.

Early intervention models - targeting young children who are at a vulnerable age. There is an inherent lack of support services working with children 5-12 yrs (bar TFSS) who have often been out of the school system for significant periods, or initiating at-risk behaviours (substance use, criminal activity, supervision etc). Current models focus on older children 12 onwards who have likely established their behaviours in their earlier years. Interventions are more likely to be successful if an intervention occurs at an early stage when the warning signals become evident.

Provide a range of programs and services to support individuals with mental health issues as well as support for their family. Develop and implement a mental health service for children and adolescents, particularly for children and young people in remote communities.

In the Northern Territory, mental health services and supports for children and young people are provided through a range of service providers, although a coordinated and comprehensive infant, child and adolescent mental health strategy is lacking. The importance of infant mental health services in promoting development and wellbeing – including those which target the infant’s symptoms, emotional development, and the infant-parent relationship has been recognised in other Australian states and territories and can be promoted through early home visiting programs as described above.

Developing children’s sense of self esteem, social skills, and self-regulatory and problem-solving behaviour might be both protective and therapeutic in experiences of child

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397 Submission: Confidential.

398 Submission: DHF.

399 See Chapter 8.

400 Jordan & Sketchley, ‘A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants’.
abuse and neglect.\textsuperscript{401} For children who have been abused, the development of positive 
relationships with others and positive views of self — for example, high self-esteem including 
making internal attributions for positive events — are both affected by poor care-giving 
experiences, but are also predictive of children’s functioning after abuse or neglect.\textsuperscript{402}

Youth services and programs for vulnerable teenagers need to be available to 
enable young people to be case managed and access a range of treatment services 
and programs.\textsuperscript{403}

A strong sense of culture and identity are protective for young people. Providing 
leadership development activities for young people that includes identifying their roles 
and responsibilities within their communities can enhance self-esteem and emotional 
wellbeing. For example, programs are being run in the juvenile justice system in South 
Australia to encourage young Aboriginal men to understand their role as providers and 
protectors in their communities as well as encouraging them to make steps towards 
achieving their goals, whilst receiving help and support around unresolved trauma.\textsuperscript{404}

Most Aboriginal young people today do not have a living history of the times 
of resistance and Aboriginal self determination. Many do not understand their 
own immediate histories. For many they have only ever experienced trauma 
and poverty, and do not have a context for why this is happening. They are 
treated differently, they experience racism and they understand once they hit 
adolescence that life will be challenging. Children and young people need to 
be taught their own history, understand why things are they way they are and 
how things can be different....A child protection system that is focusing on early 
intervention and support can integrate this through schools, youth services, 
counselling and treatment programs and related services.\textsuperscript{405}

A need was identified for approaches which encourage children and young people to 
form respectful relationships with their peers and others in their communities and which 
provide sex education. The Inquiry is aware of the Northern Territory Department of 
Education and Training’s program funded under the Commonwealth Government’s 
Respectful Relationships program and is being implemented in 40 targeted schools, and 
also aware of the NAPCAN LOVE BiTES program. The evaluation of this program will 
be crucial in determining the successfulness of whole-of-school and community-based 
learning about respectful relationships.

In addition to providing core education services in Aboriginal communities, 
there is a need to include compulsory sexual health and protective behaviour 
education in schools. While the Department of Education and Training in the NT 
is in the process of introducing a protective behaviours curriculum in 40 schools, 
not all schools are being targeted. In addition, ongoing training will be an issue 
that needs to be sustained through local community engagement.\textsuperscript{406}

\begin{footnotes}
\item[401] Haskett et al., ‘Diversity in adjustment of maltreated children: Factors associated with resilient functioning’.
\item[402] ibid.
\item[403] Submission: Central Australian Aboriginal Congress.
\item[405] Submission: Jane Vadiveloo.
\item[406] Submission: DHF.
\end{footnotes}
they should have a belief in their right to a safe environment and a safe life. A lot of the girls who are being victimised do not have that belief in their right - and that is the key. They do not have that belief in their own right to their own safe environment. They do not see it as their right.407

These strategies may also be key in delaying pregnancy. A multi-component approach which includes elements to encourage postponing sex, using contraception and addressing poverty, lack of opportunity, family disorganisation, social isolation and boredom/hopelessness is required.408

Features of current service provision in the Northern Territory

A system for protecting children is not just about waiting until problems occur. Child abuse and neglect can be prevented and can be responded to effectively. The Inquiry believes there are many actions that can be taken now to address the high degree of service fragmentation (including an assessment and plan for coordination of existing strategies to prevent and respond to child abuse and neglect in the Northern Territory), community-driven service design (including identification of appropriate service and funding models using knowledge from here and elsewhere) and workforce development.409

Service Fragmentation

Rather than develop a best practice model of service to address need, by bringing NGOs and Government together to formulate an effective system, the system has developed reactively. The ongoing pattern appears to be public and media attention on particular cases, followed by politicians calling together a meeting of service providers, followed by money put on the table, following by funding of a variety of services across a variety of NGOs, with poor coordination or strategic development. In a desperate need to fill gaps in substance misuse services for young people, or protective placement options, the Government has funded services that are not providing best practice and are failing to deliver for children and young people. The options available are not addressing need.410

The Northern Territory child and family services sector is characterised by much activity in some areas and almost none in others (see Appendix 6.1 as an attempt to map some of the service activity for children and families in the Northern Territory). Short-term funding agreements and service strategies which are not locally driven, together with competitive tendering have led to a situation where services may be competing for clients rather than coordinating their activities and providing holistic support for families that is driven by family needs and goals. Children and families are likely to either be overwhelmed or fall through the gaps of a fragmented system. The Inquiry has heard that fragmented service delivery has led to duplication, service gaps, confusion of roles, conflicting service mandates and different service requirements and target groups.

409 See Chapter 12 for more on this.
410 Submission: Jane Vadiveloo.
Different agencies have been funded to provide similar services in the same location rather than providing complementary services along a continuum of care to meet the needs of families and communities. There has been no coordinated planning strategy and short timelines for implementation have meant that structures may have been built without thought for the content of these buildings and services.

There appears to be limited knowledge across both broader NT and Australian government departments about services that are being provided. This results in some communities being over serviced and some receiving no services. 411

Compartmentalised service provision also means that many families must relate to 3 or 4 services to have their needs met, creating complex relationships for service providers and confusion and intrusion for families. The lack of holistic models of service delivery means that many families must wait interminable periods of time for access to any number of services and staff are at the behest of other services referral criteria and waiting lists to ensure that clients are enabled to have their needs addressed. This leads to staff burn out and frustration and families often giving up on pursuing services due to the long wait and problems becoming more entrenched. 412

Protecting children and promoting their wellbeing involves the will and actions of families, communities, service providers and governments. Successful prevention is interdisciplinary; it includes strategies at multiple levels of intervention and from different agencies and professionals. 413 In the Northern Territory, there has been an over-reliance on child protection services to provide services and supports to families, when they have not had the capacity to do so, nor is it their core function. In the Northern Territory, there are many stakeholders who could be brought together for the promotion of safety and wellbeing of our children. This includes:

- children, young people and their families and carers
- community members and local community-controlled organisations including, land councils, Aboriginal medical services, and legal groups
- Local community organisations, for example, service clubs, sporting clubs, special interest groups
- Northern Territory Government service providers, such as, child protection, health, education, housing and, justice
- the Shires
- the Commonwealth Government
- non government and community based agencies with an established presence in different parts of the Territory and those who have more recently responded to service delivery opportunities in the Northern Territory and are wanting to establish a presence here
- research and education-based organisations

411 Submission: Catholic Care NT.
412 Submission: Save the Children.
413 O’Connell et al., Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities.
• for-profit and commercial agencies
• philanthropic providers.

In recent years, in response to media exposure of certain cases, a knee jerk reaction to funding family support services had occurred. The process has been poorly planned, has failed to assess the strengths and gaps in the community and has relied on Government bureaucrats dictating service approaches. In recent years services with no local knowledge and no sector experience have been funded. In the past 6 years there has been a huge increase in the number of NGOs receiving funding for family support type of services. This has led to the youth sector becoming more fractured and less easy to coordinate.  

The Inquiry has heard how currently, access to services and supports for families in need is primarily via statutory child protection services which are designed for responding to children who are at risk of significant harm: for example, Targeted Family Support Services initially required the referral to come from a child protection office via intake who record the voluntary involvement of families. This means help may be delayed for families and there is a further burden on already overwhelmed intake services which take and forward the concern. As is now happening in case of the Alice Springs Targeted Family Support Service, support services for families and children need to be established or further developed so that they can take appropriate referrals directly from families and from other non-statutory agencies.

The mother in this case reached out to the Department when she was struggling to cope with her [child’s] behaviour. Rather than being rewarded for seeking help she was told that as she was no longer a child protection client the Department could do nothing to assist her .... The outcome of this approach is that issues are left until children are harmed before the Department gets involved. This is exactly what happened in this case. Later in the court hearings in relation to the Department seeking orders the mother’s earlier involvement with the Department was used as part of the case against her. A better approach that would prevent some children from being harmed, remove the need for a formal child protection response, take pressure off the Department’s child protection staff and take demand of the OOHC system would be to provide support earlier. Had [assistance] been provided as the mother requested there is a strong possibility that the situation could have been stabilised. Instead of providing short to medium term respite care for her [child] the Department now has to provide long-term full time OOHC for her [child]. It has had to dedicate resources to court processes when it could have dedicated resources to the in-home support she requested.

Despite efforts to link on the ground, each initiative may be treated as a separate program without consideration of how it meets community needs or fits with existing services. More recently efforts have been made to reduce service fragmentation and coordinate service delivery with interagency and inter-departmental groups in Darwin, Alice

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414 Submission: Tangentyere Council.
415 Submission: Non-Government organisation.
Springs, Tennant Creek and other regions. While there are still limitations on the roles of these coordinating bodies, these structures and systems, along with the involvement of community representatives, could be harnessed for the implementation of the new system for protecting the Northern Territory’s children.

The Inquiry understands that the Early Childhood Plan being auspiced by a Northern Territory cross-government steering committee will produce a framework for the early years which will reinforce the vital importance of early childhood development and help to reduce service fragmentation.

There needs to be a clear plan and process to engage with communities about the service delivery of child protection services to communities.

Strategies to Aboriginal communities need to be long term, highly supported and use a partnership approach. A variety of options will allow for success and learning and will not put pressure on a particular model or approach.  

**Principles**

In addition to the principles described in Chapter 1, the Inquiry recommends the following principles for a system for protecting the Northern Territory’s children and young people and supporting their families and communities:

1. Service development based on a robust consultation and engagement process with all key stakeholders including communities, statutory workers, non-government organisations, the three levels of government, and academic/research institutions

2. That family services are explicitly orientated towards achieving behaviour change with goal setting processes, clearly articulated outcomes, and accountability measures

3. Services be compatible with existing policy frameworks (such as Working Future, the Early Childhood Framework, the National Child Protection Framework and the various National Partnerships), and consultation processes around service delivery in remote areas and town camps

4. Services built on capacity and commitment to work collaboratively with other NGO and statutory services such as NTFC, Department of Local Government Housing and Regional Services, and the Department of Health and Families. Responsibility for and investment in interventions for promoting child safety and wellbeing are shared by multiple service systems

5. Active involvement and participation of Aboriginal people in all aspects of service development and delivery according to accepted self-determination and empowerment principles

6. Whilst some pilot or trial programs will need to be introduced in order to develop evidence and benchmarks, it is essential that long term, sustainable services are developed rather than relying on short-term pilot initiatives

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416 Submission: Catholic Care NT.

417 Submissions: NTFC Darwin Remote Office and Sunrise Health Service Aboriginal Corporation.
7. High priority on provision of a range of services to address a range of needs in order to avoid fragmentation

8. Focus on services that are geared to building the capacity of communities to assume responsibility for service delivery over time

9. Capacity to deliver services in a range of settings, in particular, remote communities, rural, town camps and homelands

10. Every grant to include an evaluation component.

**Analysis of the existing service system**

The Inquiry believes an analysis of existing infrastructure and services is necessary to identify effective models and effective practice approaches to be used in the Northern Territory.

Important too is the need to develop capacity for new service providers and for current service providers to take on new roles, extend their service provision or be freed up from other responsibilities to return to their original mandates. This will include expanding the role of universal health services – government and community controlled – and education in responding to the needs of vulnerable children and families and providing family support and therapeutic services. This will also involve ensuring those universal platform services are of high quality, otherwise there is the potential of doing more harm to children. For example, with low quality child care, the outcomes for children are likely to be much worse for children compared with high quality child care.\(^{418}\)

This might also include re-configuring or expanding the roles of specific workers to include broader involvement in child abuse prevention and response. For example, the role of remote Aboriginal child and family workers could be expanded in selective and indicated prevention efforts as well as in the statutory response to child abuse and neglect; similarly, adult-focused and child-focused services could expand their roles in responding to whole families rather than just the adults or children who are their clients.

Historically, their role has changed over time. There was a time where there were family support cases, and family support workers worked with the families. There was actually a family support team - I am going back a few years now. Then, there was a restructure and those family support workers were absorbed pretty much into the family intervention team, with the intention that you continued working along those lines. Of course, what actually happened was the child protection stuff took over and the family support workers’ role largely became around transporting kids, assisting with access visits, supervising access visits - a number of roles around that stuff. The actual capacity for family support workers to work with families around particular issues and that sort of thing - there is just no capacity for them to do that anymore because of the sheer volume of kids coming into care, and the needs of providing access visits.\(^{419}\)

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\(^{419}\) Hearing: Witness 38.
Service development

The Inquiry recommends the development or expansion of a suite of service options including intensive maternal and child support, therapeutic services for children, youth and families, counselling and support services for children and youth, substance abuse treatment, parenting skills development, intensive family preservation, targeted family support, and community development and healing (around issues such as sexual abuse, alcohol abuse, neglect, domestic violence and gambling). Appendix 6.2 has some examples of promising, proven and untested programs with these different focus areas.

While the tide is turning in Australia more towards evidence-informed policy and practice it is important to note that the ‘it seemed like a good idea at the time’ attitude which has prevailed in child welfare has not been successful – there is limited learning from the few pockets of success as they tend to be personality or person driven. Child abuse prevention programs, rather than being based on evidence, have to some extent been based on advocacy, theory, weaker program evaluation designs, fashion, guesswork, and hope.420 Some initiatives have been taken to scale on the presumption that the model makes sense despite there being no evidence for their effectiveness. Later evidence has shown them not to work and in some cases to be harmful.421

There is a very rich knowledge base of previous efforts in supporting families and children in the Northern Territory that can’t afford to be lost. At one of the public forums it was suggested that we need to go ‘back to the future’ to discover what seemed to work and what didn’t. This collective mind mapping exercise (similar to the Pathways mapping efforts in the US) would involve the sharing of community, practitioner, policy and organisational knowledge together with research (see Box 6-2 for initiatives that may support these mapping and planning initiatives).

Consultation with communities to be serviced

It is essential that communities are engaged on service delivery issues and actively involved in consultations. Community members engaged should include men and women, and young and older people. Community engagement is required for ownership of service delivery issues, dissemination of information, to consider alternate service delivery means, to identify service delivery gaps, and to effect positive change.422

420  Chaffin & Friedrich, ‘Evidence-based treatments in child abuse and neglect’.
421  Examples from the United States include the DARE program, Scared Straight and juvenile bootcamps, ibid.
422  Submission: CAAFLUAC.
Box 6-2 Initiatives to support community-based child abuse prevention and response

Communities That Care

Communities That Care is a model which includes a process for communities, through community prevention boards to select and trial interventions that have demonstrated effectiveness/promise (in this case in reducing adolescent risk behaviours) in other sites. The theory of change for this initiative suggests it will be at least five years until outcomes of interest show change (risk factors which are the focus of interventions are expected show change within a two to five year period).423

The Pathways Mapping Initiative

The Pathways assemble a wealth of findings from research, practice, theory, and policy about what it takes to improve the lives of children, youth and families, particularly those living in tough neighborhoods. By laying out a comprehensive, coherent array of actions, the Pathway informs efforts to improve community conditions within supportive policy and funding contexts.

The Pathways framework does not promote a single formula or program. Rather, the emphasis is on acting strategically across disciplines, systems, and jurisdictions to achieve one or more of the following results:

1. More children ready for school and succeeding at third grade
2. More young people who make a successful transition to young adulthood
3. Fewer children abused or neglected

The Pathways provide a starting point to guide choices made by community coalitions, services providers, researchers, funders, and policymakers to achieve desired outcomes for children, youth, and families. They lay out the actions that contribute to achieving the outcomes, along with examples, research-based rationale and evidence, ingredients of effectiveness, and indicators of progress. They offer guidance to communities which, in combination with local wisdom, provide a structure for planning and acting strategically.424

The Inquiry suggests that place-based strategies include adaptation of existing interventions in response to community-specific cultural characteristics (contextualised approaches), preventive interventions based on research principles in response to community concerns, and approaches that have been developed in the community and which show promise.425 There needs to be room for innovation and community driven approaches, and to offer families and communities something which has been based on experience, logic and evidence.

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424 Schorr & Marchand, Pathway to the prevention of child abuse and neglect.

425 O’Connell et al., Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities.
Funding

Given the high costs of treatment and the relatively lower cost of prevention, if prevention efforts result in even modest decreases in the incidence of child abuse and neglect they will have demonstrated their cost-effectiveness. A significant investment will be required to provide adequate primary, secondary and tertiary supports for children and families to be able to anticipate and respond to parenting difficulties and to promote optimal childrearing environments. These investments are considered in relation to the costs of providing child protection out of home care services if prevention efforts are not made. Currently, the Northern Territory spends approximately one twentieth of the amount on intensive family support services as it does on child protection services ($717,000 compared with $15,254,000, respectively) and this proportion is smaller even still when compared with expenditure on out of home care ($717,000 on intensive family support compared with $34,813,000 for out of home care services).

While the investment in intensive family support services in 2008-2009 did grow by 50 percent over the previous year, it is clear that a much greater investment needs to be made in support services for families if children are to be given the opportunity to remain in the safe care of their families.

Financing the system of care requires funds to cover a broad array of services and supports; financing to promote individualised, flexible service delivery; financing for evidence-based and promising practices over sustainable periods of time; and financing of early intervention and early childhood services. There will be a need to invest in service capacity development including the development of the Aboriginal child welfare sector, and the non-government sector in terms of providing preventive and therapeutic responses. This should include an exploration of blended or braided funding models (sharing costs across portfolios) as the benefits of preventive efforts are likely to be realised by a number of government portfolios including health, education, justice and social welfare.

Economic modelling can identify where the largest potential return on investment will come with different ranges of services. Key to responsive services is providing families and services with choices about what types of intervention can be funded with the flexible funding. For example, respite care, family and peer support, supported employment, brokerage funds, therapeutic foster care, one to one personal care, skills training, intensive in home services, transportation, housing, utilities, clothing, food, summer camps, and home repairs.

Also strategies are needed to fund staff to participate in individualised service planning.

428 B Stroul, 2008, ‘Financing to support a broad array of services and supports’, paper presented at the A System of Care for Children’s Mental Health: Expanding the Research Base, Tampa, FL.
429 As described in Chapter 4.
431 See, Lee et al., Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington, and Professor Leonie Segal’s work in South Australia.
through membership of decision making teams.\textsuperscript{432} Financing and or incentives can be used to promote the use of evidence based and promising practice or to develop the evidence base, such as through evaluation, as well as financing development, training and fidelity monitoring (see Chapters 13 and 14).

\begin{boxedtext}
\textbf{Does the NTG significantly underspend on Child and Family Services?}

In their submission (and oral evidence) to the Inquiry, the Northern Territory Council of Social Services (NTCOSS) claimed that the Northern Territory Government significantly underspends its share of GST revenue in a number of program areas including Child and Family Services. This allegation echoes similar claims that have been made in the national media over the past few years.

NTCOSS state that in 2007-08 the assessment of need by the Commonwealth Grants Commission (CGC) for this program area was $216.840 million whereas the actual spend was $71.963 million or 33\% of the total – this pattern has been occurring for years. They go on to point out in the 2007-08 year the assessment for sport and recreation was $46.456 million yet the actual expenditure was $72.294 million – an apparent overspend of 70\%.

In response to a request from the Inquiry, the Northern Territory Treasury (NTT) along with the Department of Health and Families (DHF) responded to explain the apparent discrepancy. They note that the CGC calculates each assessment based on the notion of Horizontal Fiscal Equalisation (HFE) a principle that ‘aims to ensure that states and territories have equal fiscal capacity to provide services’ and quoted the following from the most recent CGC report:

\begin{quote}
State governments should receive funding from the pool of good and services tax revenue such that...each would have the fiscal capacity to provide services and associated infrastructure at the same standard...
\end{quote}

It appears then, that the CGC calculates the assessments around need in specific service areas (such as Child and Family Services), but the NTT/DHF submission asserts that there are differences between the CGC and the various jurisdictions in the way service areas are defined thus making inferences from aggregated data problematic. They state, for example, that the costs of the joint police/NTFC Child Abuse Taskforce are captured in several different CGC categories.

Most tellingly, the NTT/DHF submission points out that the CGC itself has stated that the grants formula ‘does not contain any expected or target, or ideal of expenditure by State, program, location or intended service recipient with the recommended distribution of the GST pool...The states have discretion as to how they use their share of the pool’.

The Inquiry accepts that the Territory has the legal right to spend its GST revenue as it sees fit, however, it remains the case that the CGC assessment is clearly based on a formula designed to bring about some form of parity with the average service level in other jurisdictions and that it takes into account factors such as geographical isolation and economic disadvantage. This being the case, there is a strong moral imperative for the NTG to significantly increase its expenditure in the area of Child and Family Services.
\end{boxedtext}

\textsuperscript{432} See Chapter 12.
Recommendation 6.3

That the Northern Territory Government makes a very significant and sustained new investment in the development (and expansion) of a suite of secondary prevention, tertiary prevention, therapeutic and reunification services for vulnerable and at-risk children, families and communities. The majority of these services should be provided by the non-government sector and administered through an enhanced Northern Territory Families and Children grants program. The investment in such services should involve new rather than redirected funding and within a five year period, should match or exceed the combined Northern Territory Families and Children expenditure in statutory child protection and out-of-home care.

This investment program should be based on an analysis of:

- The reasons that children are coming into contact with the child protection system in the Northern Territory
- The regional/community indicators of disadvantage and vulnerability based on Australian Early Development Index results, school attendance rates, sources of notifications, reports of family violence, etc
- Service models that may be relevant to the unique cultural, demographic and geographic realities of the Northern Territory
- Successful Aboriginal-specific programs and services within the Northern Territory and interstate to inform the service development process
- Workforce and training needs in both the statutory and NGO sectors

The development of these services should also be underpinned by the principles outlined in Chapter 6.

The suite of service options should include intensive maternal and child support, therapeutic services for children, youth and families, substance abuse treatment, parenting skills development, intensive family preservation, targeted family support, and community development and healing (around issues such as sexual abuse, alcohol abuse, neglect, domestic violence and gambling).

Urgency: Within 18 months

Recommendation 6.4

That the Northern Territory Government seeks the cooperation of the Commonwealth in undertaking a strategic review of child and family wellbeing services in the Northern Territory. The review should inform the development and implementation of a joint strategic plan around service planning and funding in order to overcome fragmentation, inefficiencies and duplication and to target services where they are most needed.

Urgency: Within 18 months
Recommendation 6.5

That the Northern Territory Government undertakes a review of the Northern Territory Families and Children grants program and secretariat with a view to ensuring that the provision of service grants aligns with the goals and strategic priorities of Northern Territory Families and Children, that funding grants are determined by way of a transparent process, that all grants include robust quality assurance and accountability measures, that there is a commitment to progressively implementing a three-year funding cycle, and that the grants section is adequately resourced to administer a substantially enhanced program.

Urgency: Within 18 months

Conclusion

This chapter has provided a broad overview of the key service components of an integrated approach to the promotion of wellbeing, prevention of child abuse and neglect and the protection of children. The core elements of approaches to tertiary prevention and child protection are addressed in detail in later chapters, along with specific recommendations on these elements of the system for protecting children.