INTAKE

Decentralized intake system

- When each office managed their own intakes some of the problems included:
- Duty Intake workers were usually rostered on for 5 days at a time
- When it was their turn, they still had to manage their own case work as well. There was no one to take over their work while they were rostered on.
- It has been proven that for best practice the optimum number of case files per worker is 13 - 15 cases. Most workers have anywhere between 25 and 40.
- Duty Intake workers often had to accept on top of their current case load, all intakes as they come in.
- Duty Intake workers avoiding phone calls.
- Duty intake workers were often off sick when they were rostered on. This caused hostility between workers as others not rostered on have to fill the void.
- In some cases personalities drove how the Intakes were triaged. ( )

This type of concern leads to inconsistent triaging. Our concern is that the Triaging of Intake can be driven by personalities or how the T/Leader or Manager is feeling on the day (we are not all perfect).
- Inexperienced workers (those who had only been employed for less than 3 months were sitting on the intake roster because there was no one else). This caused problems because the workers did not know what questions to ask and therefore not get a clear picture of what the concerns were.

Current Intake system

- BURNOUT is already a huge problem and NTFC are already struggling to keep staff.
- The reality is that INTAKE is such an important job that it should consist of the most experienced staff who know the right questions to ask and can identify what is and is not Child Protection and how seriously it should be treated (triage).
- The INTAKE team cannot recruit the more experienced staff so have no choice but to get lesser experienced staff. This puts added pressure on the few Senior staff to make decisions based on the info that the less experienced staff obtain.
- Intake workers are constantly abused verbally by other professionals as they make notifications. Intake workers are constantly denigrated as if they are personally responsible for the abuse that is being reported.
- The general public are frustrated that the Intake team in Darwin is impartial and treats each notification based on the content of the notification rather than on the personal knowledge of the notifier or the personality of the person making the notification. Because the public are aware that the Intake worker is a faceless entity on the other end of a phone they believe the content of the notification will not be considered seriously and if the information provided results in no action being taken, then their suspicions are confirmed.
- Intake workers hear tragic stories after tragic stories. There is no end to it. How would you feel if you were hearing such sad stories day in day out for months at a time. - Burnout. Staff need to be rotated or given time out.
ONCALL/AFTER HOURS
similar problems as above but local on-call staff were much busier with no gate-
keeping when each office owned its own Intakes.
this meant that less experienced workers were often reluctant to call their Senior
workers because they want to believe they can show initiative and cope on their
own. they take risks.

NTFC Barkly's opinion/Ideas

• More money should be spent on community development, early intervention
  and prevention rather than at the punitive end of the Child Protection scale.
• NTFC is a monster that will keep growing and we will never be big enough.
• Does it not make sense that we stop trying to focus on building bigger but
  rather we direct the funds to parenting training, feeding programs, child
  education, travelling road shows to schools that show the effects of drugs,
  alcohol, petrol sniffing, underage sex, the residual effects of exposure to DV
  and the like.
• NTFC to have its own mobile team that travelled to visit children under the
  care of the CEO living interstate and thereby meeting our obligation to sight
  each child every month. Most NTFC staff cannot afford the time to do this
  and therefore we are in breach of our own ACT.
• NTFC to have its own travelling road show that targets bush communities
  and trains remote area foster carers who currently receive very little or no
  training at all.

Centralized Intake should be limited to the 2 larger cities for a number of reasons:

• in the smaller offices staff are few and often hard to recruit
• clients and other professionals will approach NTFC staff after hours or at staff
  homes to make notifications.
• Staff get no down time – particularly the Indigenous staff who are approached
  because of their connections.
• The police will phone staff at home (This was the practice for years in
  Tennant prior to the centralised intake system).

It would be interesting to see exactly how long it takes for an intake to be completed
from the initial phone call to the moment it is forwarded to the individual office. My
guess is that it can take up to 4 hours or longer for some notifications to be totally
processed depending on the amount of info being gathered. Has anyone ever
looked at this.
most people believe it is simply a matter of typing the incoming info into the
computer system and forwarding to the respective offices for follow-up. Not so.
The Intake team require a team just to cope with the NOT TO PROCEED LIST which
can be hundreds of intakes just waiting to be added to the Computer system. They
get left until last due to triage.
Each NTFC office should have a community Liaison officer to work specifically with
NGO's and the public.
Each large office should have a Youth Team and each smaller office should have a
male and female Youth Worker.
Each office should employ their own interpreters.
NTFC is a very hard organisation to recruit to. Attractive packages should be offered
to "difficult offices" such as the Katherine Office.
Rental assistance and a return flight to any city should be offered to all NTFC staff.
The main reason people leave NTFC apart from the ridiculous work load is the cost
of rent and the isolation.
Some financial assistance should also be offered to people who own their own home. They should not be penalised for owning their own home. (all of this might appear pie in the sky, but consider the amount of money per year spent on recruitment and retention). Surely it is better to treat the retaining staff well than to keep recruiting to short time contracts.

Rotate staff to give all offices a chance to understand the complexities of the Intake process.

NTFC recruited to live on Remote Communities - covering several communities to work along side Aboriginal Community Workers.

Is anyone considering why the public want to decentralize the intake process.
Presumably the most common response would be to add a local face to the intake process.

- The fact is that most intakes come in by phone with very little face to face contact.

another reason might be to add a local flavour to the process. (We live in the same town/area therefore you know what I am talking about).
Or the public like to use face to face aggressive tactics to force an NTFC response regardless of the nature of the notification.

- Medical staff are particularly good at this and even more so with relatively new or inexperienced NTFC staff.

It is easy to give the public what they want with no consideration for what might be right or for the consequences of what damage it might do to the NTFC staff because lets face it, who really cares about NTFC staff. We collectively are a monster who remove children and because we are a monster organisation, we individually do not suffer emotionally for the work we do.
Sometimes we need to consider what is in the best interests of the public rather than what the public demands.

Some day I wish someone in NTFC would take stock of the incredible degree of accountability with which we are forced to comply. The amount of paperwork is incredible for each and every child, and rightly so. We are dealing with the most vulnerable and often the most damaged portion of the population. It is not surprising therefore that it is also the most emotionally charged for all concerned. BUT... the flip side is that NTFC staff are now so caught up in justifying our actions on paper that we spend more time sitting at a computer than we do with our clients and their families. Is it any wonder that we do not know that hypothetically a Foster Carer is abusing their charge or that we are unaware that a child has moved to another community, or that a child placed with her relatives in one community is wondering the streets begging for food and covered with sores and placing herself at considerable risk. Why don't we know? Surely this should be our core business. What is wrong with this picture.