

INQUIRY INTO THE CHILD PROTECTION SYSTEM IN THE NORTHERN TERRITORY

Submission from: Paediatric Department, Royal Darwin Hospital (RDH)

Date: 5th March 2010

TERMS OF REFERENCE

1. The functioning of the current child protection system including the roles and responsibilities of Northern Territory Families and Children's Services and other service providers.

The Acute care sector (RDH) is keen to improve its ability to detect and respond to suspected Inflicted Injury of children. This primarily involves the Paediatric Department, the Emergency Department and the Surgical Department. After recent discussions, the Paediatric Department agrees to provide Paediatric Consultant supervision of all requests from NTFC Child Protection Services for assessment of injury in the outpatient setting. (This will be the rostered 5B Paediatric Consultant). It is recommended that RDH adopts the proforma from the Royal Children's Hospital, Melbourne, for documenting and assessing suspected Inflicted Injury.

There has been previous discussion regarding the use of an Injury Proforma Chart (Adelaide Women's & Children's Hospital, Professor Terence Donald) during the initial assessment of *any* injury in a child, as an aid to determining mechanism of injury and assessing the need for further investigation regarding the possibility of inflicted injury or neglect. It was agreed by the Paediatric Department in 2007 that there was neither the Child Protection Services nor Police capacity to respond to the potential number of referrals that may result. The Paediatric Department is of the belief that this initiative is important and hence we are enthusiastic to review this issue with the Emergency Department, keeping in mind the potential increase in workload for our own department. Professor Terence Donald provides a tertiary level of Forensic Paediatric care at the Women's and Children's Hospital for children from the NT and has offered to support further Paediatric staff development.

The value of a system which identifies children who are already clients of NTFC Child Protection Services upon presentation to health services has been raised. It is generally agreed that this would help in the assessment of children in the acute health care setting, but the best way of identifying these children and their level of involvement with NTFC is unclear.

NTFC Child Protection Services.

The hard work and dedication of NTFC child protection staff is recognised. There has been concern that the NTFC response to children referred by health staff as being at high risk of child Abuse has at times not been adequate. These are obviously difficult situations e.g. child abuse not substantiated therefore NTFC Child Protection Services do not have statutory powers to intervene. However in such situations, health care staff would recommend a high level of case monitoring and family support, and this has not occurred. There have also been situations where child abuse *has* been considered likely by health care staff but not agreed upon by Child Protective Services staff, which again has resulted in inadequate action to ensure the best outcomes for these children.

These situations raise the issue of suboptimal interagency communication and will be discussed below.

2. Specific approaches to address the needs of Territory children in the child protection system, including the delivery of child protection services in regional and remote areas as part of the development of *A Working Future*

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 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.

3. Support systems and operational procedures for all workers engaged in child protection, in particular staff retention and training

Child protection workers need to be highly skilled and experienced, usually professionally trained in social work or psychology. Therefore it is desirable that workers recruited to these positions must have several years of practical experience. It is not appropriate to expect first year graduates to assume the responsibilities of these highly important and difficult positions. The high level of stress experienced by child care workers is also well recognised in the acute care setting. Greater financial remuneration with incentives for longer periods of service, plus ensuring adequate logistical and psychological support is needed. The system has clearly suffered from high staff turnover and inadequately supervised junior staff.

4. Quality, sustainability and strategic directions of Out of Home Care programs including support systems for foster parents, carers and families

Again, greater financial remuneration is needed for those families already providing foster care and as an incentive to recruit new families. A greater level of case management is needed to address the specific needs of each family providing Out of Home Care including families providing intra-familial Out of Home care.

The general and mental health needs of children in Out of Home Care should be addressed in each individual case. Continuity of care is very important. The Royal Australian College of Physicians Paediatrics and Child Health Division has produced a specific document addressing the health needs of children in Out of Home Care which may be of benefit to child protection workers. Health of Children in "Out-of-Home" Care Dec 2008

<http://www.racp.edu.au/index.cfm?objectid=B562CD8A-C9C6-3791-0E70D87795BC5B3F>

Consideration should be given to an off-site supported transitional care facility as an alternative to hospital care for children with complex care needs who have remained in hospital unnecessarily for several months because their families have been unable to provide care and foster care has been difficult to obtain.

5. The interaction between government departments and agencies involved in child protection, care and safety and non-government organisations and other groups involved in the protection, care and safety of children.

The interaction between acute care staff, NTFC Child Protection Services and police has been suboptimal with regard to children who are patients at RDH. The process of notification of children at risk of harm to NTFC has recently been reviewed and clarified. The agreement to place an NTFC child protection worker at RDH is seen as a positive move forward. It is important to ensure that the role of this worker is well defined. We suggest that the position involves coordination of case conferencing between NTFC Child Protection Services, acute care staff and police for specific families and monthly meetings to discuss broader issue and assistance in providing strategies other than notification for families in need of support rather than investigation.

A more formal process such as the further development of an interagency Memorandum of Understanding may be useful in improving communication, clarifying roles and responsibilities and time frames for action for health, NTFC and police involved in child protection services.