

The NT Gov is required to set benchmarks of care for children within the NT– this needs to be maintained and reinforced by NTFC.

The question needs to be asked whether the expectations of care and outcomes for aboriginal children are set too low.

Low expectations = minimal outcomes or hope for effective change

#### 1- Intake and assessment

- Options for local families to report concerns in person to a local office
- Access and availability of interpreters, particularly for family meetings and interventions/removals (key languages in Central Australia: Luritja, Arrente and Walpiri). Historically access to interpreters has been difficult (particularly at short notice), alternative ways of improving access need to be explored.
- The intake system valuing health services referring children – of neglect or no medical f/u concerns – when all other options have been exhausted.
- NTFC giving serious consideration to reports being made by clinicians who have concerns for children not receiving adequate health care (refusal or unwillingness to present child for BLA *rheumatic heart treatment*, iron treatment etc – long-term harm resulting from non-compliance, growth monitoring *for children with significant growth concerns*). Currently the department appears reluctant to respond to such cases.

#### Accumulative harm:

- Are basic standards of care being met for children across the territory given NTFC are struggling to respond to a large number of children who are at high risk? A high threshold of risk is the result of a system which has too few resources to address the need for children a risk and being neglected.
- Neglect appears too hard to define for NTFC and other departments. Basic measures to determine whether neglect is an issue can be used. Access to education, healthcare and assessing hygiene and growth standards could be considered during NTFC investigations.
- Utilising existing data to measure neglect. Often key services can provide this information to NTFC.
- NTFC needs to consult with specialist health staff (within existing services) to assist in determining whether harm, compromised development or growth is likely to occur as a result of ongoing neglect – or poor health care f/u.
- Involved service and health providers need to be consulted during such investigations – (information regarding families can be shared saving NTFC time and resources).

#### 2 – Out-of-home care services

- Care plans need to be established for all children entering foster or family care placements – enabling for baselines to be established, health monitoring and review plans activated, medical needs met, referral pathways explored, social and emotional needs identified.
- NTFC to appoint teams to review cases in CP and Out of Home care team. (former FACS mechanism) – a review team made up of specialists across the relevant fields: health, social, cultural, (ie Pediatrician, Psych, SW, Police) to independently assess cases – whether they be ongoing matters, due for closure

or placement exploration. Health, developmental, psychological/attachment, educational and cultural issues are explored. Care plans can be assessed through an ongoing review process and checked for compliance.

- Re: child placement principle: NTFC should ensure essentials needs are met within all child placements including family and remote placements. Living environments should not be overlooked in assessments – the question needs to be asked whether the care provided will meet the benchmarks set for all children in NT or elsewhere in Australia as per the “UN convention on the rights of the child”.
- Is reunification in the child’s best interests? Will a child’s development or attachment to a carer be compromised by removal or change of placement? These questions need to be considered by the department when children who are in long-term care from a young age are then pulled from a placement and moved back to family at an important phase in their development. The research suggests that separation after prolonged placement (from early age) in it self causes irreversible harm – other states in Australia and around the world have legislation ensuring such changes cannot occur. Canada, in recognition of the importance of child-carer attachment allows for children to be adopted if they are in care for 2 years or more.

### 3. Family support and wellbeing services

- Parenting, Health/hygiene/child development and nutrition programs for families where reunification is likely.
- Residential treatment facilities for families to address the above mentioned issues, in addition to up skilling on essential parenting skills; establishing routines etc.
- Residential programs supporting Children with physical or cognitive disabilities or mental health issues and their carers and families.
- Respite options for elderly carers in the community (given grandparents taking role as primary caregivers).

### 4. Case management and service provision for young people:

- Dependency models are currently in place within NTFC – for families and young people – NTFC Youth team use Kmart and McDonald’s vouchers to interact and engage with their clientele – this practice is unprofessional and ultimately harmful, creating dependence on the NTFC service while undermining family roles and responsibilities. NTFC should prioritise and promote familial responsibilities and independence in this field.
- 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 behaviors (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.