

Child Protection System in the NT
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To The Board of Inquiry,

As Child and Family Health nurses, we are primarily concerned with the health and wellbeing of children and their families in the 0-4 year age group. The main focus of the Child and Family health stream is "to engage families with children to promote healthy physical, emotional and social outcomes and to develop a partnership with families and support them in ensuring their children have the opportunity to grow." (*DHF, Child and Family Health, clinical Practice manual, Nov 2008*)

On a practical level, the Child and Family Health nurse (or child health nurse - CHN) endeavours to make contact and visit with the family of a child before the child is 10-14 days old, to offer support, education and health assessment. Further visits in the home or clinic setting are offered at key ages of 4 weeks, 6-8 weeks, 4 months, 6-8 months, 12 months, 18 months, 2-2.5 years and 4 years of age. More frequent visits are also arranged according to the individual family needs.

The Child and Family Health nurses at Palmerston Community Care Centre (PCCC) have been working with Family and Children's Services (FACS) to foster good relationships and communication to assist with early identification and support for families at risk and continuity and coordination of care for families. We have discussed at length the factors we believe detract from the effectiveness of FACS and also issues which we believe will improve the system. We have attempted to categorise our points into the 5 terms of reference for the Inquiry, although several points actually fit into more than one category.

Please find our suggestions as follows:

1. ***“The functioning of the current child protection system including the roles and responsibilities of the NT Families and Children and other service providers involved in child protection.”***

- One of the most basic points is the ability for child health nurses (CHN's) to have **the ability to see whether a child is a client of FACS (and vice versa) on the computerised NT health system (CCIS)**. This would instantly enable communication between the two agencies and promote better collaboration to ensure the health of the child and prevent “doubling up” on referrals to community programs etc. It would also reduce time wasted “ringing around” for information.
- **CHN's would like to be included in interdisciplinary meetings** held to discuss continuation of care for a child and his/her family. This will enable CHN's to identify the legal carer of the child (which is not always apparent when a family is seen) and also again encourage communication and collaboration and reduce duplication of referrals.
- **After making a notification, the CHN would like to receive a follow-up from FACS to advise whether a case will proceed or not.**
- **The development of a “high risk” register** which identifies children at high risk (due to domestic violence, past or current child protection cases etc) to be shared with maternity and paediatric wards throughout the NT and updated regularly by FACS. This would assist with early identification of children at risk and may assist in locating families and children who have been difficult to find.
- **Closer liaison with current Aboriginal Health Worker's (AHW's)** to assist in continuity of care, location of clients and better knowledge of family groups. Particularly helpful with transient or remote clients.
- **The development of a web page (or similar) on DHF intranet and public site**, which provides contact and service details of all current Government and non-government organisations which are resources for the support of families and children (eg: Good Beginnings, Danila Dilba, PND counsellors, etc). This web page would need to be updated on at least a quarterly basis for it to be effective.

2. ***“Specific approaches to address the needs of the 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”***

- **The development of information brochures or an advertising campaign** to outline FACS services, roles and responsibilities to distribute to families. This would help reduce the stigma about FACS and possibly enhance compliance and relationship building.
- **Development of a “checklist” or flowchart** to assist other clinical staff as to when a FACS notification should be made, including any interim referral pathways.

- **Development of another child protection agency to address all the “low-risk” notifications** that are not being dealt with currently, due to lack of staff and time. FACS could refer their “less urgent” cases to this interim agency to work with the family to identify issues and implement appropriate services to assist the family to manage their problems effectively and prevent escalation.
3. ***“Support systems and operational procedures for all workers engaged in child protection, in particular staff retention and training”***
- **Consistent and appropriate training for intake staff to ensure that notifications are taken in a timely and courteous manner.** Some anecdotal evidence to explain this point includes: staff member making a notification on a Friday afternoon at 4.00pm was told that it was an inappropriate time to make a notification and that she should call back ; staff member made to feel that her concerns were frivolous.
 - **Education for health staff working with children about the role of FACS** to promote collaboration within the department.
 - **Education for FACS staff about the role of Child and Family Health nurses and Aboriginal Health Workers** to promote collaboration, continuity and consistency of care for families and children, and to assist intake staff when taking notifications.
 - **Family partnerships training encouraged for FACS and DHF clinical staff** to encourage use of the same model which will assist with consistency of care.
 - **Regular clinical supervision for FACS staff** in recognition of the content and stress of their roles, to enable debriefing and support.
 - **Mentorship program with senior members of FACS staff** to promote a supportive work environment for new or junior members of FACS staff
4. ***“Quality, sustainability and strategic direction of out of home care programs including support systems for foster parents, carers and families”***
- **CHN’s would like to receive notification of changes to a child’s circumstances** – ie: when they are being placed in foster care, returning to their family, changing foster family. This assists in coordination of the health care of the child by facilitating the transfer of the child’s case to the correct area/case manager and prevents children from “falling through the cracks”. It also facilitates support of the family by the new case manager.
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”.***
- **Clear and transparent communication within Department of Health and Families (DHF)** to ensure clarity and encourage collaboration between departments.

- **Review of “Better Access to Mental Health Care” initiative in the NT** as the financial “gap” that exists is often prohibitive to clients. This might include government incentives for providers to bulk bill services.
- **Increased budget for child protection** to allow for employment of AHW’s within FACS, retention support and training of staff

Thank you for receiving our submission. Child and Family Health nurses are committed to the continuing health and wellbeing of families and children and recognise the need for collaboration between agencies to ensure the most appropriate service provision for the clients. As health professionals dealing with young children and their families, we believe that our contribution to this inquiry is based on experience and is in the interest of improving the system to benefit families.

As a collective, we are happy for this submission to be public knowledge.

Regards;

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