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BACKGROUND

I commenced with NTFC in 1987 and have worked in this program area in various positions (all operational) throughout the years with the exception of 1995 to 1999 when I was Executive Officer Adult Guardianship.

I have therefore worked at the forefront of Child Protection Services (CPS) for the better part of 20 years and during that time I have seen many changes in the demands placed upon service delivery in this area in the NT.

Currently, and for some time now, NTFC has failed to meet its statutory and policy requirements, however, this failure in no way reflects on the people who work in this area as, generally speaking, the dedication, commitment, drive and self-sacrificing attitude of workers is to be commended and respected. At the core of Child Protection Services is a group of workers who generally have high ideals, strong motivation to effect change and a passion for working with and improving the lives of children in distress.

THE CPS WORK ENVIRONMENT

The workers in the area of Child Protection Services do their jobs to the best of their capacity, working long hours and rarely being paid overtime. Workers accrue significant amounts (100 plus hours) of flex time, and taking this time off always means an increase in pressure on co-workers and Team Leaders.

These workers do their jobs with little or no recognition of their efforts and, almost without exception, any comments that are made are critical, negative and derogatory and often accompanied by complaints to the Minister, Ombudsman and Children's Commissioner, sometimes to all three from the same complainant for the same issue. An added frustration being that in order to respond to complaints Case Managers (CMs), Team Leaders (TLs) and Managers must be taken away from their core business of child protection investigations and Out of Home Care (OOHC) case management.

The pressure of carrying workloads that exceed workers' capacity is relentless and as a consequence the service provided is more often than not a crisis-driven response. Apart from workers carrying excessive caseloads, the Office as a whole is subject to continuous demands that exceed its capacity to respond. The approach therefore is constantly one of 'risk management'.

For many years now the NT Child Protection Services has been seriously under-resourced despite ever increasing numbers of notifications, a dramatic and frightening increase in:

- the complexity and intensity of cases
- alcohol and substance in parents
- violence and aggression in parents
- mental illness and intellectual incapacity in parents
- the emotional and psychological damage to children

There has been a substantial increase in the numbers of children coming into care yet there are not enough Carers to look after these children and there are no provisions at all for the unmanageable, risk-taking youth engaging in criminal activities.

In addition, there is further under-resourcing in the supports necessary to carry out the functions of the service provision such vehicles and mobile phones.

There is insufficient Office space and not enough interview / access rooms. For example, at Palmerston Office there are approximately 120 open and active child protection cases and 130 children in out of home care. The Office deals with hundreds of children, parents, carers and a large number of associated professional persons. Given that there are only two interviews / access rooms, the situation is a logistical nightmare. At times contact visits between children and parents are held outside the Office in the street.

An additional dimension that workers must contend with is the issues around 'safety'. DHF has a 'zero tolerance' policy with regard to aggressive clients. RDH workers have the support of security personnel to ensure worker safety. Health House has a strictly screened admission system that ensures security and safety for staff.

The workers at this, and other Child Protection Services Offices, are threatened, abused, yelled and screamed at, spat at, are subject to threats of violence to themselves and directed at 'blowing up the Office', have things thrown at them, have cigarette lighters flicked in their faces and have experienced the Office reception area being smashed up or some other form of aggression or violence on almost a daily basis yet there appears to be no real concern from anywhere in the Department that this is unacceptable.

For the most part the persons responsible for this behaviour suffer mental illness, intellectual disability, have a history of drug use, are often the perpetrators of domestic violence and have criminal histories of assault and/or other violence. Given these factors, their behaviour therefore has the additional element of being unpredictable. Admin staff, Case Managers, Team Leaders and Managers are given no real training in how to cope with and deal with this level of violence and aggression.

HUMAN RESOURCES, RECRUITMENT AND RETENTION

CPS Offices continue to be under-resourced despite every effort to employ and retain staff. Offices are under-resourced with regard to position numbers and even if more positions were allocated there remains on-going difficulty with recruitment and ultimately for those who are recruited, retention is a concern. This has been the situation for many years and nothing has changed other than nowadays the , resourcing problem is more severe and critical than ever before.

Whilst I am aware that we are not competitive with our interstate counterparts with regard to offering attractive salary packages and incentives to either recruit people or reward and retain those that we have, I am also inclined to believe there are not, and never will be, sufficient appropriate professional staff available to fill positions with any consistency and continuity whether we recruit locally, interstate or overseas.

With this in mind, I believe that we need to change our approach to case management to recognise the ever-increasing number of tasks and activities the professional Case Managers (CMs) are required to undertake and acknowledge that non-professional support persons can assist in this regard.

Current New Initiatives

a) Support Workers to Assist Case Managers

At Palmerston Office we have been trialling a new approach to the structure of the OOHc Team and to case management with considerable success since approximately September 2009. Simply, each professional CM is allocated a non-professional support person who is currently employed at the AO3 level. The benefits of this approach are many and are detailed at Attachment "A".

Whilst I am impressed with the extent to which this new approach is working, I have taken my thinking a little further to extend this approach to suggest that the professional CMs should be assigned 2 support workers - 1 at the AO4 level who will assist with the casework tasks as appropriate, and 1 at the AO3 level to continue duties around transporting children to appointments, school, accesses etc. Three factors in this approach stand out as significant for me:

- CMs could carry larger caseloads
- CMs are often recruited from interstate and as such are difficult to retain whereas the support staff tend to be local persons and are inclined to remain for lengthy periods of time
- when CMs do move on there will be two persons remaining in the Office who have a full working knowledge of the client, parents, carers, and most importantly, the case history

b) Youth Workers

Increasing notifications about youth and youth in care are consuming the scarce resources in the CPS Offices. Currently a number of Offices are trialling Youth Workers. Whilst currently I am unable to comment on other Offices, at Palmerston Office this measure is having success. Youth Workers attached to the OOHc Team are managing to engage some of the 'high-risk' youth and are achieving some positive outcomes. I believe this initiative should be expanded in the OOHc Team

and extended to the Family Intervention (FI) Team with a view to working intensively with youth to prevent them coming into care.

c) Child Concern Teams

A further initiative being trialled is the development of 'Child Concern' Teams with a view to dealing specifically with the lower priority Child Concern notifications in conjunction with community organisations and services - along the lines of the Differential Response Model but operating at the Office level in the local community.

ADDITIONAL COMMENTS

I am aware that consideration may be given to the structure of NT CPS and that this may include thresholds for accepting notifications and models such as the Differential Response approach. One comment I would like to make in this regard is that making alterations to the system at this level focuses on the lower priority child concern notifications.

Whilst these notifications are an issue and of priority in the sense that a large number of these cases remain unallocated and uninvestigated for many months, restructuring to address this situation will not alleviate the pressure currently experienced at what I will call, the 'pointy' end of child protection.

The points that I am attempting to make here are that,

- based on my knowledge and awareness of the types of situations that constitute child in danger (CID) and child at risk (CAR) notifications and the factors causing children to be taken into care, I do not believe that it is likely that the numbers we currently deal with will subside
- currently CPS Offices often are barely able to deal with only CID and CAR notifications and case manage children in Out of Home Care (OOHC) and at times, due to under-resourcing, cannot even do that
- measures taken to approach the lower priority notifications (I believe) will not assist in modifying the overwhelming workload and the current crisis-driven, risk-managing approach (of necessity) being taken

Thank you for taking the time to read my comments. There is a great deal more that I would like to add and I would be available to comment further in person if required or requested.