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Co-Chairs of the Inquiry into the Child Protection System in the Northern Territory 2010

I write this from the perspective of 25 years within the Department of Health and Families, in a range of positions in and associated with the NT Child Protection System. I have been a caseworker, a senior caseworker, acting Manager on many occasions, adoptions & placement support (with foster parents) and managing the CP training unit, as well as several positions within Health House developing family support and parenting policies. Ten years was devoted to endeavouring to establish a prevention focus within the CP system.

Currently the NT Child Protection (CP) system has very few positive working relationships with key stakeholders in the safety, protection and well-being of children. It is the absence of these formal and even informal relationships within government and non-government sectors that creates such a difficult role for CP operational staff. They have virtually no partners or colleagues to rely on to support the work they do with the children and the families in abusive circumstances.

It is the analysis of this isolation of CP from other relevant and critically important agencies that I hope to provide a means of indentifying strategies and processes to change this. CP needs to learn ways of working in respectful and effective relationships with Foster Parents, family support services and key agencies within government such as social workers at the hospitals, SARC and the CP After House service.

INTAKE
The establishment of the intake system was based on creating a higher level of professional assessment rather than a range of offices across the NT undertaking their own system of assessment of risk. It was designed to have the most experienced staff at the P2 level to ensure this higher standard was achieved. My understanding of only 4 months ago is that there was only one P2 on the team with new P1 workers filling each of the other positions. This defeats the purpose of the centralised Intake system. It requires a high level of skill to make good assessments and establish positive working relationships with key reporting agencies and the range of individuals who report their concerns.

It is the skill of the reporter to identify increasing risk over time, the range of risk factors associated with the different types of harm and so on, rather than the skill of the Intake worker to encourage the reporter to share what they have heard, what they know and to explore patterns of behaviour. The effort and skills seems to rest with the reporter.

FOSTER CARE

Foster parents I have spoken to over the years have consistently spoken about how disrespectfully caseworkers treat them. They describe a lack of respect toward the foster parents concerns, knowledge of the child's social, emotion and physical growth and their commitment to the children in their care.

There is an obvious power imbalance. Caseworkers have the final say. What is required is for caseworkers to be provided with regular means of addressing this power differential and to recognise it's danger if left unbalanced. This should be (but currently isn't) addressed regularly in training, in supervision sessions and by the Management of the CP operational systems whenever concerns about behaviour are raised.

People who complain about the behaviour and attitudes of CP staff (such as Foster Parents, parents and the range of professionals and para-professionals on behalf of their clients), are regarded as the problem. The issue is rarely recognised as an opportunity to explore more effective ways to engage positively with others.

FAMILY WAY PLACEMENTS

Families in Indigenous Communities, who take on the caring role for children whose parents cannot provide safe consistent care, are provided minimal emotional and financial support, recognition or parenting support. This places more pressure on families in Communities who are trying to care for their own children and the children of others.

There needs to be a system of practical and regular support for families who take on this critically important caring role.

NON-GOVERNMENT ORGANISATIONS (FAMILY SUPPORT SECTOR)

The NT has a very small, poorly funded and limited NGO sector compared to the increasing complexity of at risk and abusive families. There are limited training opportunities for staff in the NGO sector to expand their capacity to work with at risk and abusive families. An example is the high level of training and professional development provided to staff of a Qld organisation delivering a service to NT Families: Parentline, compared to what is available to NT family support staff.

NGO services are rarely available in remote, Aboriginal communities. Family support services to communities are coordinated only within each service. There can be 6 or more family support services visiting a small community at one time that are unaware of the roles of the others. This means already limited services are wasting valuable resources and creating confusion in vulnerable families.

Most non-government family support services operate in isolation to the CP system. I am aware of very few current and working MOU's that exist with CP. This often means that the NGO sector is not even aware of how we all work together for the protection of children. Using the Prilleltensky model ('eyeball of prevention'), you can clearly see that most of the larger agencies operate at the opposite end of the continuum to CP. Parents and families need to 1. Find a relevant agency for their needs. 2. Make an appointment at the NGO 3. Access child care for the appointment time 4. Travel (and be on time) to the agency. Many of the families accessing the CP system do not have this capacity and so, have even fewer supports at a time of needing increasingly sophisticated interventions.

What is the value of investigating families, determining risk and being unable to provide any services to reduce this risk? This means an increasing likelihood of children being removed in the absence of any available therapeutic of support service to reduce the risk and increase the protective factors.

Mandatory Reporting (MR) training that is available to the NGO sector and to remote Communities is inconsistent and insufficient. It merely describes the CP role and fails to

explore the shared responsibility of child safety. NAPCAN provides significantly more MR Shared Responsibility training than the Department, and this is insufficient and limited. This function has to be expanded to increase the capacity of agencies and CP learning how to work in partnership.

Mandatory reporting has to further explore a model of how universal, targeting and crisis services fit together. It has to be make available continuously to counteract the turn-over of NGP staff.

OPEN AND TRANSPARENT RELATIONSHIPS

There are positions already within the CP system who can take on responsibility for the development of formal and informal relationships with key stakeholders. There is senior operational staff (ie CP Office Managers and P4 positions), already in place but who do not have either the skills, capacity or directive to take on this critically important role. This could be the ideal place for NGO's and Social Worker staff within the Government, to resolve conflict and establish open and transparent working relationships.

The failure of this particular point of contact in the past has been when concerns have been raised by the Ministers Office or by senior policy staff. There has consistently been support at the highest for the need to the CP system to be more responsive, professional and respectful in it's dealings with families and fellow colleagues.

The difficulty has been translating the need for change between policy at Health House and practice in operational Child Protection Officers. Concerns raised at the policy level are often met with scorn or dismissed by operational management and staff. This is a serious difficulty and requires some deliberation to change.

I believe it would be valuable to undertake a review of key stakeholders, to explore the current working relationship with CP and to invite a critique of what is and isn't working well, and to identify possible solutions. It is this open communication along with a commitment to make these relationships effective, that may address the current community perceptions of CP as alien and unresponsive. The key stakeholders include:

- hospital social workers
- paediatricians
- foster parents
- teachers
- community nurses
- remote health nursing services
- family support services
- early childhood services
- SARC & Mos Plus
- After House Child Protection Services
- Indigenous Health Services

I look forward to talking with the Co-chairs of the Inquiry about this report and hope to work toward a more cohesive and respectful relationship with child protection, where the needs of children and their families are met with a professional and effective system.

Regards

Lesley Taylor