CHAPTER 8
THE STATUTORY INTERVENTION PROCESS
PART 2 – INTERVENTIONS FOR PROTECTED CHILDREN AND YOUNG PEOPLE
CHAPTER 8

The statutory intervention process, Part 2 – Interventions for protected children and young people

The previous chapter focused on the intake and investigation role of Northern Territory Families and Children (NTFC), and the Northern Territory Police, following the receipt of child protection reports and notifications. This chapter reviews key aspects of the statutory intervention process after a child protection report has been outcomed by Central Intake (CI) and/or investigated.

Differential response

In its description of the statutory intervention process, the Department of Health and Families (DHF) submission noted that, where a child protection report is substantiated following an investigation – step 6 – child protection workers need to decide whether the child in question needs to be removed from their parents to ensure their safety or whether their safety needs can be met in other ways. Intervention to remove a child or to provide other services to involuntary clients usually involves an application to the Family Matters jurisdiction of the Local Court.

As described in Chapters 3 and 6, in recent years there has been a new policy emphasis around the country on the development of non-legal options for intervening to ensure the safety of children. Various so-called ‘differential response’ options have been explored including the provision of support services and the use of family decision-making models.

One of the consistent implications from the evidence presented to the Inquiry was the need for something other than the statutory response for families in need of support, that is, a differential response. Currently, the child protection system is the gateway to provision of services for vulnerable children and their families. However, in line with criticisms of many child protection systems across English speaking developed countries, there are growing concerns about the stigmatising nature of contact with a statutory system, and the need for alternate entry points to family services so that families who are best helped without statutory intervention are diverted to alternatives. As identified in Chapter 7, for those families who do come in contact with the system, but for whom the risk to children is low, there should also be a differential response. This is consistent with calls for a population or public health approach, with enhancements to both the universal and secondary service systems, and targeted support for a smaller statutory system focusing only on high-risk cases that would result in significant harm. This is a key issue identified by numerous authorities as the necessary basis for enhancing systems for protection children in Australia.

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552 See Chapter 3.
The broad issue of access to adequate support to promote safety and intervene early is also one of six supporting outcomes identified in the National Framework for Protecting Australia’s Children and has been a prominent feature in recent Australian Inquiry reports into child protection.\textsuperscript{554}

Workload pressures on statutory child protection workers to reach a timely decision as to whether or not to substantiate a child protection investigation can have serious consequences, as the absence of an alternate avenue for working with a family outside of an investigation means that an ‘unsubstantiated’ translates into ‘no service’.\textsuperscript{555} In overloaded systems, particularly where there is inadequate or incomplete evidence on which to base the decision, workers will feel the pressure to not substantiate the report.\textsuperscript{556} Again, without a differential response, families are left unsupported, with the likelihood that the risks increase over time. This is supported by the data on re–referrals, that is re–notifications and re–substantiations, not only from the Northern Territory,\textsuperscript{557} but also in other jurisdictions in Australia.\textsuperscript{558}

**Referrals**

As identified in Chapter 7, one of the most important reasons for implementing a robust differential response for families is the number of cases of children coming to the attention of the Department who are not removed from the care of their parents, but who are then subsequently re-notified. Within the same year, the current figure is 28 percent.\textsuperscript{559} The Department is unable to provide data on the proportion of children who, in any year, had been the subject of a referral in previous years or, for whom a sibling had been referred. Given the current figure is 28 percent within the same counting period, the unknown figure is likely to represent a significant proportion of those who were referred prior to the current counting period, with the exception of infants. Therefore, the current figure is likely to be a significant underestimation of the level of ‘churn’ in the system – that is, children who are coming back again and again to the attention of the Department because a notifier has ongoing concerns about their safety and wellbeing. It is quite possible that, at some time in their life, somewhere in the order of more than half of the children notified to the Department have already had a notification about them, or a sibling. This is strong evidence of system failure and is itself an argument for creating an alternative response.

The continuing and widening gap between the number of notifications and subsequent substantiations, also highlights the need for a differential response.\textsuperscript{560} If only 50 percent of notifications are investigated, and 18 percent substantiated, this suggests that there is a very significant service need that might be met by support orientated services.

Re-referrals are a clear indicator of the level of unmet need within the service system.

\begin{itemize}
\item \textsuperscript{554} Council of Australian Governments, *Protecting children is everyone’s business*; Wood, *Special Commission of Inquiry into child protection services in NSW*.
\item \textsuperscript{555} Submission: NTFC Therapeutic Services; see also Chapter 7.
\item \textsuperscript{556} Submission: Jay Tolhurst.
\item \textsuperscript{557} Supplied by the Department to the Inquiry; see also Chapter 5 of this Report.
\item \textsuperscript{558} Wood, *Special Commission of Inquiry into child protection services in NSW*; Bromfield et al., ‘Cumulative harm and chronic child maltreatment’.
\item \textsuperscript{559} This data can be found in Chapter 5.
\item \textsuperscript{560} See Chapter 7 for more detail.
\end{itemize}
They can reflect the perceptions of notifiers that sufficient action has not been taken and, that by making multiple notifications, they hope to trigger an investigation and prompt action to address the concerns.

Without a robust differential response for child concern and family support cases, not only is there ‘re-cycling’ in the statutory child protection system, there are also pressures on other parts of the health and welfare system, such as hospitals:

Many children have been discharged from hospital, only to be readmitted again a short time later due to poor health, poor parenting and poor outcomes.  

What would a robust differential response for Family Support cases look like?

To be effective, a differential response needs to prioritise what are known to be the key areas of need and vulnerability for children and families. The risk factors for significant harms to children are well known and were explored in detail in Chapter 6. They include the social determinants of health and wellbeing, such as inadequate or crowded housing, education status, financial insecurity, and also the parent characteristics of substance misuse, mental illness, inter-partner violence, physical health problems and intellectual disabilities. The need to focus attention on addressing these parental/family characteristics is supported by qualitative research on Aboriginal young people in out-of-home care, who express the view that they want help provided to their families so that they can return home.

According to evidence presented to the Inquiry, the lack of strong provisions for working with a family outside of an investigation is a basic flaw in the current legislation. It is difficult to gauge the degree to which this is a function of the legislation per se, the practice culture, or the level of resourcing for family support services, or a combination of all three. For example, one submission alleged that:

NTFC have refused requests for family support from [hospital] social workers, even when the family have requested social work to pursue this line of intervention and support.

However, as identified in Chapter 7, for a differential response pathway to work effectively, there needs to be appropriate training and risk assessment tools to identify low risk cases which are suitable for a therapeutic, rather than a forensic response.

Without an appropriate differential response option that provides for appropriate early intervention to support families in need, the severity of cases escalates, and because of the risk of cumulative harm, the child is more likely to be removed from the care of their family. For example, one submission states:

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561 Submission: Susan Mansfield.
564 Submission: NTFC Therapeutic Services.
One consequence of the marginalisation of child neglect (‘child concern’) is that child neglect referrals tend to get accepted only when the situation is entrenched and not easily responsive to intervention. This problem is compounded by the lack of a secondary service system, and according to a number of workers increases the likelihood that the only intervention is removal of the child.566

Across the submissions, there is a general theme that the system is focused on assessing ‘harm’, rather than ‘need’. A refocused system could more effectively protect children if the focus was on the level of need that children have, and the capacity of the family to respond to the child’s needs were they to be provided with appropriate supports.

The development of an effective differential response relates closely to the issue of having an appropriate threshold for statutory intervention.567

A differential response model which diverts families out of the child protection system by providing appropriate supports, is the most effective way of addressing the rising demand for statutory services, in particular, the backlog of unallocated cases. To be successful, this would involve massive and sustained investment in family support services – both at the universal level, for example, parenting education classes, day care etc – but particularly targeted services for vulnerable families.568

To be effective, action is required at all service levels and in a range of different service systems, including shifts in organisational cultures and practices.569 It is unrealistic to expect that the level of demand for family support can be met within the current system, or with the current resources.570 A very consistent theme across submissions to the Inquiry is the absence of capacity within the Department to provide effective family support services. Because of this, few workers identify cases as requiring a family support response, believing that the response will be inadequate or non-existent.571

**Lack of response for families in need**

A number of witnesses and submissions described what they saw as inadequate support from the Department. Words like ‘unresponsive’ or ‘inadequate’ were typical.572 Examples were provided of case closures, despite information being provided to the Department of ongoing high-level risks to the safety and wellbeing of children, such as continued alcohol abuse and ongoing violence by a father towards his wife and child, leading to hospitalisation.573

There are two levels at which family support is alleged to be inadequate. One is where, through the lack of a robust differential intake model, family support cases are not diverted out of the statutory system, and instead receive a statutory response or no

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566 Submission: Nettie Flaherty.
567 See Chapter 7.
568 This is fully described in the recommendations in Chapter 6.
570 Submission: NTFC Therapeutic Services.
571 Submission: NTFC Therapeutic Services.
572 Submission: Paediatric Department, Royal Darwin Hospital; Submission: NTFC Therapeutic Services; Submission: Gerri Grady.
573 Submission: Tangentyere Council.
response at all, rather than a primarily therapeutic response. The other is where families themselves identify needs and seek support and are then told that the issues do not require child protection intervention. This leaves parents feeling that they have to reach crisis point before appropriate assistance can be made available.\textsuperscript{574}

The difference between a child and their family’s needs and the statutory authority’s approach being one of an assessment of risk is at the heart of the problem. It is dangerous to allow children at ‘low risk’, and who can best be responded to therapeutically with a family support response, to get swept up into an acute tertiary system or to receive no response. A differential response for family support cases focuses on such cases, including those that are re-referrals, which have become a major component of the workload of the statutory system in the Northern Territory.

Further details on the need for differential responses and on specific models can be found in the recommendations of the Wood Inquiry report, recent revisions to the Victorian child protection system with the introduction of Child FIRST, and system reviews such as ‘Inverting the Pyramid’.\textsuperscript{575}

### Requirements for change

The following are the key change elements that are required to establish a differential response:

- Implement a report/notification response pathway such that reports not requiring a forensic investigation, that is, cases assessed as ‘low risk’, receive a less intrusive, therapeutic response by a family support service, independently or in conjunction with the Department
- Amend the Child Protection (CP) legislation to provide a clear avenue for working with a family outside of an investigation
- Increase resourcing, training, and support for NGOs to provide family support services
- Develop a clear conceptual framework for a model of family diversion that can be embedded in legislation, interagency collaboration protocols, risk assessment and case-management practice.\textsuperscript{576}

As described in earlier chapters, the Department has taken the first steps in establishing what they term a Differential Response Framework (DRF) with the commencement of the Targeted Family Support Program operated by the Central Australian Aboriginal Congress in Alice Springs. Funding for the roll-out was provided in the Northern Territory Government budget process but a recent expansion of the program to allow for referrals outside of statutory child protection, is Commonwealth funded through the Alice Springs Transformation Plan. A preliminary evaluation has been conducted by Charles Darwin University, however, more evaluative information is needed for the future roll-out of such services across the Territory.

\textsuperscript{574} Submission: Parent.


\textsuperscript{576} For a description of the model being proposed for the Northern Territory see Chapter 12.
Case-management

From the discussion of intake and investigation procedures, it is clear that there are difficulties getting into the ‘system’ and receiving a service. Issues such as prioritisation of physical and sexual harm over neglect, and the high substantiation threshold serve to limit the number of children in the system. But once a child is in the system – once a case is investigated and harm is substantiated – what case management is provided apart from monitoring? People giving evidence to the Inquiry were critical of the case-management practices and lack of support for families.

Several submissions maintain that case management provided by Departmental staff is problematic. For example in their submission, Tangentyere Council observed that:

> It appears that effective case management does not occur. The issues experienced by Tangentyere staff are inadequate co-operation, collaboration, and communication on numerous occasions.

In some cases it is alleged that deep-seated attitudes and beliefs affect this aspect of statutory intervention. For example:

> a Senior worker told me: I should return a child to parents because, ‘they are never going to do anything (to change) anyway’. The child was in care due to serious neglect and abuse. - ‘Don’t remove a child from community because it will cause you extra work’. - ‘Don’t remove a child because family will get payback’. In one case a child was exposed to ongoing sexual abuse. The family were not prepared to protect the child stating that ‘she asked for it’. In another case the child was seriously neglected and suffering severe Failure to Thrive (at hospitalisation level) and other health problems such as ongoing cases of scabies.577

Permanency and stability planning

Tilbury and Osborn explain:

> Permanency planning is the process of making long-term care arrangements for children with families that can offer lifetime relationships and a sense of belonging.578

In the Inquiry’s view, the issue of stability and permanency planning should be a core feature of work with all children in the child protection system, whether they are removed from their families or remain in the care of their parents. There were no specific issues with regards to stability and permanency planning raised in submissions however there were numerous examples in the practice of NTFC, it was one of the stand-out concerns expressed in the meetings with young people in care who asked why it was that they were moved from placement to placement so often. The problem of instability in care was also brought up repeatedly in the foster care forums.

577 Submission: Senior NTFC worker.
The need for effective permanency and stability planning is an important aspect of case management recognised nationally and internationally and given prominence in the professional literature. There is only one reference in the DHF submission to permanent home-based care arrangements. No mention is made of reunification services or other forms of stability planning.

In the last 20 years there has been a renewed focus on this area of practice due in part to the increasing number of children in care, a foster care system under pressure and placement instability and ‘drift’ in care. The underlying rationale of permanency planning is that children who are not protected or cared for adequately by family should be cared for temporarily by other carers until their own family can resume the role as primary carers. If returning home is not possible then a permanent arrangement should be found sooner rather than later.

The issue of stability planning and its importance is mentioned in the NTFC Manual but it is included along with a host of other case work requirements and is not given the prominence that it has in most other jurisdictions. In a system overwhelmed by child protection reports and the need to investigate urgent matters, general imperatives around the need to undertake case planning tend to be given a low priority. Stability and permanency planning including the issue of reunification must be considered from the start of a placement and included in case planning documentation.

Although there were no direct calls for a reunification strategy in submissions, there was a great deal of reference to the impacts of a failure to undertake timely case planning, including planning for permanence/stability and reunification of children with their birth parents if this is indicated. For example, a number of foster carers described the emotional devastation of having infants and children in long-term placements being removed at short-notice to be placed again with their birth families. In several such cases there appeared to have been no formal case planning to prepare the children, the foster families or the birth parents.

In one particular case reported to the Inquiry, a child was removed from a long-term carer and returned to a remote community at short notice and then hospitalised within a week because of serious health concerns. The carer was asked to resume their caring role. The result of this lack of planning can be an experience of traumatic loss for both the children and the carers which might be characterised as ‘systems abuse’. As one carer pointed out:

A baby’s attachment (cannot) be smoothly transferred onto another caregiver... they may be well settled in their out of home placement, then removed to be reunified with parents who may only maintain change for a short amount of time. Thus they are likely to be removed once again. Thus they are being traumatised by their parents and the state.


580 Tilbury & Osmond, ‘Permanency planning in foster care: A research review and guidelines for practitioners’.

581 Submission: Confidential, Roger and Kathleen Wileman, Confidential, Carers at Northern Territory Inquiry forum-Alice Springs.

582 Submission: Confidential.
Discussing permanent placements for children is a contentious issue because of the enormity of the decisions to remove parents’ rights to care for their own child and the fact that much of the available research does not directly explore the practice of permanency planning. Instead it looks at the related issue of inadequate placement options which prevent permanent plans being successfully implemented.\footnote{Osborn & Bromfield, \textit{Outcomes for children and young people in care}.}

There are additional considerations of permanency planning in developing policies for Aboriginal children in out of home care. Concern that poor cultural identity formation is linked to poor emotional wellbeing and mental health problems in later life means that in all aspects of permanency planning, family and Aboriginal community members should be involved. This is required particularly if children are being placed with non-Aboriginal care givers.\footnote{Tilbury & Osmond, ‘Permanency planning in foster care: A research review and guidelines for practitioners’.}

As mentioned, permanency planning is a relatively recent development and not all jurisdictions have legislated for this aspect of service planning and delivery. Generally, where it is not in legislation then policy frameworks often provide guidance with respect to permanency planning.\footnote{Holzer & A Lamont, 2009, \textit{Australian child protection legislation}, Resource Sheet 9, National Child Protection Clearinghouse, Australian Institute of Family Studies, Melbourne.} Some Australian jurisdictions have incorporated permanency planning into their legislation. For example, the \textit{Children, Youth and Families Act 2005} (Victoria) recognises that the age of the child is related to their different needs for attachment. The timeframes require a permanency decision to be made no later than 12 months after a child has come into care if the child is less than two years old, within 18 months if the child is between two and six years old and within two years if the child or young person is seven years or older. The \textit{Act} has a provision that requires a report from an Aboriginal agency if an Aboriginal child is to be placed with non-Aboriginal carers before an order can be made.\footnote{Children, Youth and Families Act 2005 (Victoria) Section 4.10.}

In Western Australia the \textit{Children and Community Services Act 2004} and \textit{Adoption Act 1994} allow for a number of placement arrangements to be considered for a child in the care of the CEO. One such arrangement is a new provision allowing the CEO to apply for a special guardianship order, as well as a carer who has had the continuous care of the child for two years or more. Under a protection order (special guardianship), parental responsibility for the child, until they reach 18 years of age, will be transferred to the special guardian and the child will no longer be in the care of the CEO. The special guardian has all the duties, powers, responsibilities and authority which, by law, parents have in relation to their own children.\footnote{Department of Child Protection, 2010, \textit{Permanency planning policy}. Government of Western Australia, Perth, http://www.community.wa.gov.au/NR/rdonlyres/3EEF08F1-30CA-45E0-9B79-714E6C0648DB/0/PermanencyPlanningPolicy.pdf.} Similar to the Victorian legislation there is recognition of the different attachment needs of children of varying ages and timeframe are set in respect of these. The best interests of the child are prioritised when there are differences between the child’s needs and the time it might takes for the parents to resolve their problems.\footnote{Ford, 2007, \textit{Review Report}, In \textit{Review of the Department of Community Development}, http://www.community.wa.gov.au/NR/rdonlyres/96699E41-3DE1-4907-A1C9-B21B0C4647CD/0/DCDRPTFordReview2007.pdf.}
The idea of providing stability for children by means of a permanent placement is not incorporated into Northern Territory legislation although it is outlined in policy. It is apparent to the Inquiry that the policy is not implemented in practice. Reasons for this are unclear but it could be due to the uncertainty of workers who are unsure about applying such a significant policy without a legislative base; or, the fact that there are no guidelines to assist in implementation; or, that due to high staff turnover case plan goals and strategies are not always carried out. Regardless of the reason, NTFC needs to engage in community consultation to develop a policy on permanency and stability planning and consider whether any legislative changes are required (see Chapter 10 for more detail). Consultation should occur widely with attention to Aboriginal communities and agencies.

Reunification with a child’s birth family is one possible outcome of permanency/stability planning and must be a core feature of casework with families to maximise the likelihood of children returning home.

Given the over representation of Aboriginal children in the protection system within the Northern Territory there needs to be particular emphasis on stronger compliance with the intent of the Aboriginal Child Placement Principle. There are many that believe that permanency planning has major implications for Aboriginal children and some that question the priority given to permanency planning.

SNAICC, the national body representing Aboriginal children and families, believes that strengthening permanency planning policies is not an appropriate or adequate way to improve stability and security in foster care for Aboriginal and Torres Strait Islander children. SNAICC proposes five elements as an approach to achieve stable and culturally strong out of home care for Aboriginal children:

- Moving towards total Aboriginal and Torres Strait Islander control of child and family welfare services for Aboriginal and Torres Strait Islander people including child protection services and out of home care service delivery and case management
- Properly implementing the Aboriginal Child Placement Principle and more effectively recruiting, training and supporting Aboriginal and Torres Strait Islander foster carers and kinship carers
- Developing national standards for Aboriginal and Torres Strait Islander children that reflect cultural and spiritual needs
- Enabling Aboriginal and Torres Strait Islander children in out of home care to maintain and build family connections, and
- Developing healing and family support services for Aboriginal and Torres Strait Islander families to prevent child abuse, neglect and removal and to bring removed children home.  

Given these considerations it is important that consultation be held with Aboriginal people in the Northern Territory.

A more detailed discussion of family reunification and permanency planning practice and policy can be found in Chapters 9 and 10.

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Recommendation 8.1
That Northern Territory Families and Children engages in a community consultation process to develop a formal policy on permanency and stability planning and consider whether any legislative changes are required.

Urgency: Within 18 months

Ongoing risk management

Even where abuse or neglect is substantiated, NTFC does not always seek to remove children from their families but to work with the families to reduce the risk to their children. Generally this is facilitated through obtaining a supervision order. In such cases ongoing risk management is a critical issue given that the child has been deemed to be at some risk. Where the staffing resources of the agency are as stretched as the data indicate with a large backlog of new cases to be investigated, there is always a possibility that ongoing risk management processes may not be given the attention they require.

NTFC does not appear to have structured processes in place to ensure that effective monitoring of such cases is undertaken in a timely manner. The NTFC Policy and Procedures Manual indicates that ‘Caseworkers involved in protecting children should be continually assessing the risk to the child’ and draws attention to the ‘Risk Assessment Tool’ which leads to a risk classification outcome (see Chapter 7). It indicates that such risk assessments should always be undertaken at ‘critical decision-making points’ defined as prior to a child being removed, prior to them returning home or closing cases (11.10.2). However, there do not appear to be the means to ensure that workers actually undertake such assessments during the course of an open case and no data is routinely collected or reported.

It might be noted that the issue of arbitrary case closures without formal risk assessments was specifically brought up in the submissions. Some submissions raise the issue of premature case closures where there were unresolved protective concerns – identifying resource management and inadequate capacity as the driver for early or inappropriate case closures: that is, denial of services was decided on the grounds of lack of capacity, rather than the absence of clinical need. That submission recommends that, in such cases NTFC management should acknowledge that protective concerns may still exist, in order to protect individual workers from responsibility for any harm to children that may occur subsequent to case closure. This is particularly so for cases which are not investigated according to the appropriate procedures, such as sighting the child, interviewing the family, and so on. The Inquiry was told that case workers feel under pressure to close cases without undertaking adequate risk assessments and that inadequate case closure strategies are sometimes put in place to address a build up of case backlogs.

The need for a specific review of the risk management sections of the NTFC Policy and Procedures Manual was one of the recommendations from the High Risk Audit (Recommendation 7). The response of NTFC dated November 2009 states that:

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590 Submission: Jay Tolhurst.
591 ibid.
FACS has reviewed risk assessment sections of the Policy and Practice Manual and developed a new care plan template. Training was provided to staff with implementation of the new legislation.\textsuperscript{592}

In the absence of the collection of data on this issue or a reporting framework regarding ongoing risk management, the impact of the earlier recommendations regarding risk management practice will be unable to be assessed.

Notwithstanding the need for effective risk management in cases where risk has been identified, several submissions made reference to the fact that an over-riding risk management focus does not always meet the needs of children. For example, a focus on risk-management can hide cases of vulnerability where children/families have ongoing needs, such as where children have disabilities, or parental alcohol misuse is chronic, but the children are assessed as not being at risk. One submission by a teacher discussed the number of notifications that were made in a particular case by school staff concerned about a family with multiple children with disabilities:

School staff have consistently tried to meet the needs of these children through food, health and hygiene programs and by working with the family. It is not sustainable and it does not address the issue of what will happen once the children leave Primary School.

As identified in Chapter 7, some submissions describe instances where risk-management processes had broken down, and unsafe decisions were alleged to have been made on the basis of factors such as (a) extra workload created by removing a child who comes from a bush community; and (b) the risk of payback for the family if the child is removed.\textsuperscript{593} In these instances, the witnesses alleged serious risks to the child, such as exposure to ongoing sexual abuse in one case, and health problems such as scabies and severe failure-to-thrive, requiring hospitalisation, in another.

\textbf{Recommendation 8.2}

That Northern Territory Families and Children reviews its policy relating to the ongoing risk management of open cases (as initially recommended in the High Risk Audit – recommendation 7) in the light of the new Structured Decision-Making risk assessment instruments that are being introduced, with a view ensuring that regular assessments are undertaken, the results recorded, and appropriate action taken.

\textbf{Urgency: Within 18 months}

\textsuperscript{592} Northern Territory Department of Health and Community Services, \textit{Northern Territory Community Services high risk audit: Executive summary & recommendations}.

\textsuperscript{593} Submission: Senior NTFC worker.
Aboriginal Family Group Conferencing

Since approximately 75 percent of statutory notifications relate to Aboriginal and Torres Strait Islander children, culturally appropriate decision-making processes and intervention options must be central to the work of NTFC.

Submissions to the Inquiry include instances where Aboriginal families were willing to be engaged in the decision-making process and believed that they were able to offer solutions that were culturally safe, as well as ensuring the physical safety of the child. Yet, despite their willingness, they were not consulted and were aggrieved that decisions were made to remove children from the kinship group and community.\(^{594}\)

A key message from the personal experiences described in one submission is the failure of the system to engage with the family, on either the maternal or paternal side, and explore with all the family members how the child could be kept safe, cared for and supported.\(^{595}\) Family input into decision-making, where it does occur in child protection, is often limited to the initial placement decision. Involving family in all decisions regarding children deemed to be at risk may prevent the need for children to be brought into care.

As outlined by Higgins,\(^{596}\) family decision-making models have grown out of the New Zealand experience based on Maori and Pacific Islander understandings of family and the responsibility that this wider group can take for ensuring the safety and wellbeing of children and young people.\(^{597}\) They are based on principles of collective responsibility, mutual obligations and shared interest since, it is the wider family that is most likely to be the people that have the greatest investment in the wellbeing of the child and who have to ‘live with’ the decisions that are made. This approach is also consistent with the National Framework for Protecting Australia’s Children\(^{598}\) and the focus on strengths-based practice in NTFC.\(^{599}\)

One of the fundamental principles on which family group decision-making models are based is the belief that if they are brought together and given appropriate information, families are capable of making responsible decisions about a child who is at risk of abuse or neglect.\(^{600}\) This is consistent with the principles of community development and Aboriginal community control.

In a family group conference model, considerable preparation time is spent identifying extended family members and other significant people in the child’s life who can play a role in identifying strategies to address concerns about the child. In the meeting, the information sharing phase includes child protection workers and other professionals

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\(^{594}\) Submission: Danila Dilba.

\(^{595}\) ibid.

\(^{596}\) Higgins, Community development approaches to safety and well-being of Indigenous children.


\(^{598}\) Council of Australian Governments, Protecting children is everyone’s business.


sharing information about the protective concerns with the family group. The family is then given space (private family time) to ‘confer’ on their own about what needs to happen to keep a child safe. In his comprehensive review of family group conferencing on both sides of the Tasman, Harris noted a particular innovative practice in Victoria, with the development of an Aboriginal-specific family decision-making model, which he sees as a way of empowering Aboriginal families and communities.  

According to Ban:

The family group conference is a meeting held by extended family members following a crisis regarding a child of that kin network. Professional service providers involved with child protection also attend to inform the family network of their legal mandate, assessments and potential resources to resolve the issue at hand... The intention of this process is to transfer the power and authority of decision making for children into the hands of the people who have a life-long connection with them and who have to live with the outcome of the decisions made.

Ban identified that family group conferences are a way of meeting the objectives of the Aboriginal Child Placement Principle. When children who are at risk of harm in the care of their parent(s) need to be removed, the principle stipulates the priority of placing the child with extended family, the child’s community, or, finally, another Aboriginal person. The problem with implementation of the principle is that for non-Aboriginal agencies (or in fact, anyone without detailed local knowledge of community and kin), it is difficult to know who may be appropriate and available to take responsibility for the care of the child. Family group conferences provide a mechanism for addressing this issue.

Based on a number of international evaluation studies, Harris concluded that family group conferences ‘lead to greater feelings of empowerment by families, are usually able to produce a plan that is acceptable, mobilise greater informal and formal support for families, and would seem to increase the safety of children and other family members where violence is a concern’. However, the implementation of plans formed as an outcome of the conference is a critical feature of their effectiveness, and plans are often not implemented fully.

Appropriate models need to be considered for both court-ordered decisions, and protective decisions outside of the children’s court context. Appendix 8.1 contains details of a range of family-decision making and mediation models that have been used in a range of contexts. Chapter 10 also discusses mediation. The rollout of such programs in the Northern Territory needs to be accompanied by rigorous monitoring and evaluation processes to gauge the effectiveness and success of the program. Evaluations could encompass trials, and the comparison of different modes, such as Aboriginal healing circles in New South Wales, and different models for court and non-court based contexts.

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601 Harris, ‘Family group conferencing in Australia 15 years on’.
602 Ban, ‘Aboriginal child placement principle and family group conferences’.
603 See Chapter 4.
604 Harris, ‘Family group conferencing in Australia 15 years on’.
605 For an overview of how it is used in other states, see ibid.
The NTFC Strategic Projects Submission details a best-practice model for the Northern Territory that has been developed over the past two years, but, inadequate funding prevents its effective implementation.\(^{607}\) It is understood that some funding has recently been received as part of the Alice Springs Transformation Plan for a 30-month roll-out of this service in the Alice Springs region.\(^{608}\) Menzies School of Health Research are working with NTFC on the development of an evaluation for the Alice Springs model which will inform future roll-out.

**Recommendation 8.3**

That an Aboriginal Family Group Conferencing model and/or other culturally appropriate decision-making models be developed and progressively implemented to cover all key service regions of the Northern Territory; that the programs are formally evaluated; and that they are funded (in time) as part of the normal budget process.

Urgency: Within 18 months

**Quality control**

A number of written submissions, as well as experiences recounted during the hearings, drew attention to the need for casework practice quality control measures. A number of related practice issues are covered here.

**Culturally appropriate decisions and practice standards**

One critical aspect of practice in the Northern Territory is the degree to which decisions and actions can be demonstrated to be culturally appropriate. In the submissions there were a number of references to examples of practice that might be considered culturally inappropriate or where apparently sound practices were labelled by others as being inappropriate.\(^{609}\) This suggests the need for better articulated guidelines that clearly address the issue of how to operationalise a definition of cultural appropriateness for workers’ actions and to examine how this fits with legislative responsibilities and other clearly articulated Departmental policies. Addressing this issue of cultural competence, the submission by Danila Dilba argues:

> The inquiry should recommend that a set of practice standards be developed to ensure a level of consistency and quality of service from child protection. These standards must go to the detail as discussed in this story and should be developed collaboratively with input from a range of stakeholders including Aboriginal agencies, Out-of-Home Care service providers, Departmental staff and the Northern Territory Children’s Commissioner. They should also encompass the standards of practice required to implement the Aboriginal Child Placement Principle.

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608 See Chapter 10 for further discussion relating to Aboriginal Family decision-making.

609 Submission: Senior NTFC worker.
Another submission observed that good practice principles may get blamed as a result of poor decision-making:

At times the Aboriginal child placement principles get blamed for poor placements, when the real culprit is poor decision making.610

Cutting corners
Allegations were made that, under pressure from an inappropriately high workload, workers cut corners in order to finish the case at hand so that other investigations already overdue for attention do not need to wait any longer for a response. This was seen as ‘a failure of the NTFC Quality Assurance (QA) system’ to ensure that investigations are completed in a procedurally compliant manner.611 It is plausible that this sort of corner cutting arises when capacity is stretched, when structures and staff to reinforce methodical QA across the system are lacking.612 Workload factors may lead to other aspects of casework practice being problematic. For example, according to the submission by Tangentyere Council:

The lack of case plans is particularly noticeable around safety plans in times of crisis. It at times appears that safety plans are non-existent.

Child not sighted during investigations
There were allegations that workers may not actually see children as part of their child protection assessments.613 This issue is compounded by remoteness. For example, one submission claims that NTFC was reluctant to fly workers out to remote locations to do investigations and, that sometimes, police were used to remove children prior to an investigation being conducted.614 Others report that investigation cases were closed without any investigative work actually being done.

The Tolhurst submission noted that ‘The decision to close without investigation might be seen as rationing decision affecting cases with unresolved CP concerns’. Tolhurst goes on to maintain:

If it were possible to responsibly conclude that a child’s situation is free of concerns without these family interviews etc, surely they would not be included as part of the required investigative procedures in the first place. The fact that they are included in policy, and that similar requirements always appear in the operational policy of comparable jurisdictions elsewhere, is testament to the fact that selected other agency inquiries cannot substitute for a proper defensible investigative process which includes face-to-face contact with key affected family members, most especially the child him/herself.
While one confidential submission recognised that the current requirement for sighting a child who is the subject of a notification within a specified timeframe was unrealistic, the author identified some possible alternatives that allow for more responsive actions to notifications by allowing for immediate assessment and timely action if and when required:

For example where a child is from a remote community, there are community clinics and schools who could take responsibility for preliminary and immediate assessments, (i.e. is the child at school? What is the health record? Have there been any recent changes to this child’s environment?).

**Poor use of interagency options**

Submissions also identified the poor use of interagency links to ensure more comprehensive assessment, drawing on the knowledge and assistance of other agencies working in the community. Poor coordination and interagency relations are discussed in Chapter 11, with a model for interagency collaboration.

**Court orders and legal matters**

Legal matters are dealt with in depth in Chapter 10 but a few such matters relating to the statutory process are noted here. Issues relating to children’s court orders, including temporary protection orders, were not addressed in the written submissions in detail although there were allegations in the hearings of inappropriate coercion being used to obtain voluntary orders.

A witness alleges that in relation to a child with serious injuries requiring hospitalisation the only protective strategy available to the child’s mother was for her to initiate Family Court proceedings to ensure the long-term safety of her child.

In oral submissions, further complaints were made that Departmental workers may refer concerned family members to the Family Court to resolve matters that were clearly of a protective nature. For example, where a grandmother has assumed care of a grandchild because of concerns about his/her safety, it has been alleged that the Department routinely refers such concerned relatives to the Family Matters Court in order to validate the arrangement rather than dealing with the matter as a kinship placement. The Children’s Commissioner has also referred to such practices.

The Family Court had to implement a particular model of case management to address the unique issues caused by intersecting jurisdictional responsibilities in relation to the safety of children in matters coming before the court. Even though the Magellan case management process has improved the case flow issues and the provision of appropriate information for the court, in light of the information in submissions, a number of gaps remain.

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615 Hearing: Witness 44.
616 This matter is addressed in Chapter 10.
617 Submission: Confidential.
618 Children’s Commissioner Northern Territory, Report in respect of Baby BM.
620 Submission: Confidential.
Child protection practice in remote communities

A consistent theme across submissions was the lack of staff in remote communities and the reliance, despite poor resourcing, on fly-in/fly-out models of investigation and intervention.

Witnesses argue that the fly in – fly out approach of NTFC places pressure on non-government organisation (NGO) staff in remote communities. The model fails to capitalise on local knowledge that could contribute to better intake decisions. The implications are that this results in a lack of family support, because of this culture of service delivery, where the workers do not know the child. This perspective is strongly supported by an inter-agency child safety service that had formed in Maningrida, a remote community, in response to serious child abuse concerns. This committee, which includes workers from the local night patrol, school, clinic, and police, has been providing a collaborative, joint case management approach to working with vulnerable children and families. They had concerns about the limited inter-agency vision of NTFC but have established a positive working relationship with the NTFC officer for their community (see more in Chapter 11).

One submission argues that local workers need to be drawn from a range of disciplines – social work, psychology, education, early childhood, and cultural advisors – to live in the community in order to understand its issues, and provide better options for how to address identified concerns.

Engagement of communities on every level is critical to the success of both investigation and intervention. This engagement can only come about through gaining the confidence of a community, which can only come about through local involvement, spending time, and building relationships with elders, parents, children, and other members of local communities. Proactive work from police, particularly in those communities where child safety and wellbeing are identified as being at highest risk due to factors such as breakdown of positive community authority, overcrowding, youth wandering the streets at night, alcohol, drugs and gambling, is an important part of both prevention and early intervention work.

However, there are mixed views about the role of non-NTFC staff in remote communities. A number of submissions referred positively to the capacity for existing professionals in remote communities, such as community clinic and school staff, who could take responsibility for conducting preliminary assessments, addressing questions such as the child’s school attendance, health record, and other aspects of the child’s environment. Others criticise NTFC’s understanding of remote communities, and the ‘over reliance on non-Aboriginal staff working in these communities to provide a range of tasks that would otherwise be the responsibility of NTFC’.

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622 Hearing: Witness 44.
624 Submission: Northern Territory Police.
625 Ibid.
626 Submission: Confidential.
627 Submission: NPY Women’s Council (NPYWC).
Child protection assessments and investigations are often based upon the opinion of one or two ‘whitefellas’ in the community that may or may not have a proper knowledge of these particular children and young people, leading to ill informed and subjective decisions.

In order to overcome the lack of Aboriginal NTFC staff, particularly in remote communities, one submission noted that Aboriginal Health Workers (AHWs) are a key resource as cultural brokers. However, some submissions identified that even when these workers are enthusiastic about assisting NTFC staff, their capacity to do this is subject to the ‘good will’ of the primary health clinic manager, for example:

Many clinic managers are unhelpful at best, and hostile at worst, towards child protection workers, and refuse to release AHW staff to assist.

It is particularly problematic when NTFC staff, who fly in at significant expense, find that AHWs may not be available, for example, when a health issue unexpectedly arises. The author of this submission, an NTFC worker, further states that it is unacceptable to have staff with the legislative responsibility to provide statutory welfare services being reliant on individual relationships with broader health staff such as clinic managers:

Of course building relationships is crucial, particularly in remote communities, however NTFC staff should [not] have to be totally reliant on them as such relationships are frequently reliant on the clinic staff’s attitude and perception of NTFC roles.

On another practice issue, the Save the Children submission claims that, in remote communities, there was a greater likelihood that the Department will leave child in the care of kin, rather than implement a statutory intervention. This places considerable responsibility on family, often without support or the financial resources provided for other foster carers. More detail on these ‘Family Way’ placements is included in Chapter 9.

**Service responses for at-risk and protected young people**

As identified in Chapter 6, a number of submissions and hearings focused on the unmet needs of young people. One graphically draws attention to the failures of the current response system:

Currently young people in need of care and protection are seriously neglected and actively placed at risk by the system...for young people at serious risk – substance abusing, being sexually exploited, actively recruiting other young people into sexual exploitation, experiencing violence and homelessness – the system has failed.

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628 Submission: Nettie Flaherty.
629 Submission: Nettie Flaherty; See also, Submission: NTFC worker.
630 Submission: NTFC worker.
631 Recommendation about the work of NTFC, other statutory agencies and NGOs in remote communities are made in Chapter 11.
632 Submission: Jane Vadiveloo.
There are particular youth-related problems in the remote communities and some of the town camps in the Northern Territory. The Inquiry heard from many community members and service providers who draw attention to the large numbers of children and young people wandering the streets of remote communities at night, refusing to heed the direction of their parents, abusing substances, and engaging in sexual activities. In one community, members referred to the ‘wandering boys’, a group of troubled, substance-affected young people who were not welcome to stay in the community but who appeared to have banded together for mutual support.

The issue of service responses for adolescents is a vexing one for child protection systems in all jurisdictions but it is particularly challenging in the Northern Territory given the levels of disadvantage, demographics, workforce problems and the lack of support services. NTFC has a Youth Services Branch which focuses on youth-related policy and includes initiatives such as the Youth Justice Strategy, a component of which is the establishment of Family Support Centres which implement the Family Responsibility Orders in the Youth Justice Act 2006. The focus of the present discussion is on protected young people and services that assist or should assist them. Youth-related themes are raised in a number of sections of this Report but they are explored more directly here.

The need for early intervention

The need for NTFC to engage in early intervention services for young people was strongly emphasised in a number of submissions to the Inquiry. Early intervention and inclusive case planning to enhance protective factors when children enter the protection and care system were identified as a strategy to strengthen those children as they enter adolescence. The inconsistent support that was seen as being offered by NTFC to children and young people was believed responsible for negative impacts on clients, particularly those with repeated or extended periods of child protection involvement.

Lack of responsiveness

A number of submissions contain complaints about what they allege to be the non-responsiveness of NTFC to reports involving adolescents in need and about the lack of a willingness to collaborate with external youth services. Many examples were provided of crisis events involving teenagers that were reported through CI but were not accepted for investigation on various grounds. Chapter 5 demonstrates an increasing number of notifications to NTFC for adolescents, but a static number of substantiations. In one case a reporter noted that the young person in question was a protected child but still no assistance was provided because ‘the case was about to be closed’.

The Inquiry also heard from a number of parents who had sought assistance in managing the behaviours of their teenage children who were placing themselves at risk, but who received no effective help. One parent reported the following about their interactions with NTFC:

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633 Submission: Confidential NGO.
634 Submission: Confidential NGO.
My concerns with the manner in which my issues have been handled are as follows:

I have continually sought assistance to no avail...Even though FACS became aware that...were intermittently attending school and in the end...was not even enrolled in school - there were no concerns or assistance provided to liaise with the school for assistance or with my child...The care in which...are now placed has been organised my myself and they have had limited follow up or assistance by FACS...That it had to reach a crisis point before FACS was forced to provide some assistance.635

The Inquiry also heard from a number of service providers and other interested members of the public who express frustration at the lack of responsiveness they received from NTFC when they approached the agency for help with troubled teenagers.

It must be noted that NTFC cannot be expected to have the answers to the complex problems of many young people that vex so many in the broader community and provide severe challenges for teachers, mental health professionals, the police and others. In some cases the expectations placed on the Department appear to be unrealistic, however, there is an expectation that there will be an appropriate response to the needs of young people that are clearly within the remit of the statutory department in terms of their age and risk status.

**Inappropriate service responses**

Some submissions draw attention to inadequate responses to the needs of vulnerable and protected youth. For example, one submission noted that Departmental workers sometimes used cash handouts and McDonalds’ vouchers as a means of controlling the behaviours of young people in their care. Of more concern was the use of inappropriate and potentially dangerous service responses, as outlined in the following:

NTFC repeatedly place young people in motels with 24 hour carers to supervise them. There is no active education; assessment, counselling, or life skills support occurring. I have witnessed young people sitting day in, day out, for weeks on end in both motels and ‘treatment’ programs, doing nothing but listening to their ipod, texting or reading magazines.636

The Inquiry heard from a number of other witnesses who drew attention to the use of motels to accommodate children and young people in crisis and the employment of carers from fee-for-service providers to look after them. Such responses may be necessary to manage crises and meet the immediate accommodation needs of some young people and similar crisis responses are used by child protection departments in most jurisdictions. However, there are many risks in the use of essentially untrained carers in unstructured situations.

Clearly there is a need for programmatic responses to the needs of vulnerable children and young people rather than a reliance on hastily contrived arrangements. The Department has not been able to provide data on the number of such placements that have been made, the number of protected young people involved, or the costs of such placements.

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635 Submission: Confidential.
636 Submission: Jane Vadiveloo.
The Inquiry heard from a few carers who had taken on challenging young people at the request of the Department with very limited financial and respite support. In one case a single foster carer was operating what might be described as a residential program in her own home, looking after a group of young people with high needs, most of whom had youth justice records. Residential programs around the country often operate with as few as three or four teenaged young people and staffing compliments of up to eight workers on rotating 8–12 hour shifts. A single foster carer cannot be expected to safely operate a program for multiple teenagers with high needs without significant youth worker and administrative support, respite, and adequate, stable financial compensation. Such programs around the country often cost in excess of $350,000 to operate and using a single foster carer to provide such a service without significant support is both unethical and dangerous.

Another witness stated that the Department sometimes sent young people with substance abuse problems to willing but untrained traditional owners in the absence of treatment services.

NTFC left (high needs young people under care orders) in the care of the traditional owners from the area they came from with the expectation the traditional owners would work with them to deal with the substance abuse issues but without the training and support to do this.  

Shortage of service options

The dire shortage of service options for young people in the care of the Minister was raised in numerous submissions and hearings. The DHF submission itself noted that there were particular concerns around the lack of specialist therapeutic services, accommodation, mental health services, sexual health, and suicide awareness strategies. A range of NGOs drew attention to the pressing need for services including case management, therapeutic options for young people with sexual behaviour problems, crisis youth and family accommodation and long-term, safe accommodation.

With respect to the need for mental health services for young people, a number of witnesses and submissions point out that much more needs to be done. One paediatrician observes:

There are very limited opportunities for older remote children to access a school counsellor. There are also only very patchy access to youth and mental health services particularly for adolescents.

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637  Hearing: Witness 33.
638  Submission: Confidential; Submission: Jane Vadiveloo; Hearing: Witness 42.
639  Submission: Association of Northern Territory School Educational Leaders (ANTSEL); Submission: NTCOSS.
640  Submission: Tangentyere Council; Hearing: Confidential Witness.
641  Submission: Dr Clare MacVicar.
Another call for services ran as follows:

> We need many more drop in centres and free afterschool activities for these disengaged youth. There is a real need for a significant increase in youth worker numbers. More specifically, we should be looking at training programs for youth workers who originated from difficult circumstances and have succeeded, especially amongst the indigenous population. They would act as much needed role models.\(^{642}\)

This submission and others also noted that many young people in the 15-18 age group were particularly poorly serviced at present.\(^{643}\)

### Partially funded specialist services

Some service providers drew attention to the very significant demand for their services from NTFC and the low level of financial support that had been provided by the Northern Territory Government. For example, Bushmob, a residential substance abuse program in Central Australia, noted that they were one of the very few service options available in the region for 12-25 year-olds but could not expand to meet the strong demand, including that from NTFC for young people in its care. They report that they are directly funded to operate five beds for the whole region but that their average occupancy in 2008 was eight per night. Moreover, to date they have been unsuccessful in gaining funding to move their program from an unsuitable location that is unsettling to the young people and compromises their ability to deal with substance misuse. Thus far, partial funding for the program has been received from the Volatile Substance Abuse program and the Alcohol and Other Drugs Program but not directly from NTFC.

A very similar funding situation was outlined by the Council for Aboriginal Alcohol Program Services (CAAPS) who run a residential substance abuse program for young people in Darwin yet do not receive sufficient funding to staff the program in the critical evening and week-end hours. The CAAPS program was also established through the NTGs Volatile Substance Abuse program with very limited funding for a growing number of clients who are in the care of the CEO.

There are many other specialist services that help to address the needs of vulnerable young people including those referred by NTFC. These include the Balanu Foundation, founded and operated by an Aboriginal youth worker with very little funding from government, the Mount Theo program operated out of Yuendumu, and the Brahminy Group of programs. Without sound financial support such programs cannot be sustained or developed to meet the needs of an increasing number of youth at risk including those who are formally under the protection of the CEO. The development of programs that engage successfully with Aboriginal youth and can demonstrate positive outcomes must surely be a government funding priority.

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642 Submission: Patricia Shadforth.
643 Submission: Residential School.
**Life education needs of young people**

The Sunrise Health Service submission highlighted the many needs of young people they serve and in particular, the broader education needs of young people in their region. Sunrise points to the need for education around sexual health and recommends programs that provide training around being positive parents. Others highlighted the need for young people to develop skills in dealing with violent partners. Some of these strategies were described briefly in Chapter 6.

**Young people in regional offices**

In the course of the Inquiry, NTFC staff members drew attention to the increasing number of young people who come to the regional offices seeking support and to the lack of options they have to deal with the young people. Some staff observe that such young people can disrupt normal office activity and that two regional offices have had to employ youth workers to respond to the immediate needs of young people and prevent office disturbances. Such initiatives are reported to have helped workers deal with youth-related incidents but they are not the result of a strategic planning process and are not an officially reported activity of the Department.

**Positive youth-related initiatives**

In addition to hearing about the work of a number of specialist intervention programs for children and young people and visiting some of these, the Inquiry heard about a number of other positive initiatives that are planned or underway. For example, the Department of Education has a commitment to addressing the needs of disconnected youth and a number of initiatives are being developed. In their submission they state:

> The Department will coordinate Alternative Education Programs (AEP) in the provincial centres in a coordinated effort to re-engage disconnected youth. The focus will be on providing a variety of pathways designed to reconnect young people. AEP focus on re-engaging students in education, training, and employment. The Department will do this by working in partnership with key government agencies and other service providers.

The Alice Springs Youth Action Plan is an impressive initiative that involves Northern Territory Government agencies, the NGO sector, local government and other interested parties coming together to develop a response plan to the very significant needs of adolescents in the Alice Springs region. This plan relies on a major financial investment by government – $3.467 million for the period 2010–11. However, the plan is based on extensive local consultation, clear strategic planning processes, collaborative action, and operational staff from both the government and NGO sectors, with built-in accountability and review mechanisms. The key elements of the plan include the following:

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644 Submission: NTFC worker.

• The establishment of a Youth Policy and Strategy committee representing the key stakeholders and chaired by the Executive Director of NTFC, along with a ‘youth policy and strategy accord’ to drive the process
• The coordination of service responses (both government and NGOs) to at-risk young people based around a service hub (a former school)
• An after-hours response for young people in crisis involving the creation of crisis accommodation options, the clarification of police powers, and development of a data collection system
• Case management and casework follow-up provided for clients
• A focus on engagement with schools and alternative education options
• The provision of structured recreation activities after-hours and during holiday periods.

The operational staff will include a Youth Services coordinator (already appointed) and a site coordinator for the service hub in addition to the various service providers.

The initiative is still in its development phase but it offers a great deal of promise in addressing the needs of at-risk young people in the region by facilitating the coordination and integration of the many existing services for youth in the region and developing service options that have not been available in the past.

Other key youth-related initiatives of NTFC

There are four other innovative NTFC initiatives that provide specialist services for young people under the care of the CEO. The Therapeutic Services Team was recently established to provide ‘specialist therapeutic interventions with children and young people who are ongoing clients of the NTFC and have been severely traumatised due to abuse and neglect’ 646. Using a variety of therapeutic approaches based around neurodevelopmental research, the individually-focused service commenced in Darwin in 2008 and in Alice Springs in late 2009 with outreach to other centres.

The Mobile Outreach Service (MOS, now MOS Plus) is operated by NTFC and funded by the Commonwealth Government through the Office for Aboriginal and Torres Strait Islander Health (OATSIH). As described in Chapter 5, MOS was initially a part of the Sexual Assault Referral Centres that were expanded following the release of the ‘Little Children are Sacred’ Report and originally offered trauma-based support and counselling to children affected by sexual abuse.

The newer MOS Plus comprises a project manager, two regional managers, counsellors, Aboriginal therapeutic resource officers, a principal practice advisor, two problem sexual behaviour specialists, and administrative staff. It will shortly be offering a Forensic Medical Examination Service with a remote community service option. The service is based in Darwin, Alice Springs and Tennant Creek but the service focus is on remote communities and their associated outstations. MOS Plus services are not targeted at children in the care of the CEO but do provide a service option for some protected children, particularly for those children in remote communities who have no other options available. The service

646 Information provided to the Inquiry by NTFC.
provides a mix of therapeutically-orientated services such as counselling, education, training and family support. The focus is now on a range of traumatic experiences resulting from abuse and neglect, not only those associated with sexual abuse.

The Specialist Care Program is an initiative of NTFC to provide a range of flexible care options for hard-to-place young people. The program has been operating for some years and has developed a range of care options ranging from small group programs to individual programs designed for young people with particularly high needs. It has adopted a therapeutic care approach based around the Therapeutic Crisis Intervention model developed by Cornell University in the US. To this end a key focus is on the development of positive supportive, trusting relationships between staff and residents.

The Youth At Risk Team in Alice Springs was set up to address the needs of a group of disengaged young people (in excess of 30), many of whom were substance abusers and were the subject of orders under the Volatile Substance Abuse Act. Although officially in the care if the CEO, many of these young people are poorly connected with parents, schools and other community programs and are mobile, moving freely around the Alice Springs region with ‘a tendency not to stay in places nominated by the Department’647. They often have mental and physical health issues and may engage in high-risk and illegal behaviours. Workers in this program require a great deal of persistence in attempting to engage with and provide case management for sometimes reluctant and resistant young people.

**Youth services strategy**

There is a pressing need for the development of a comprehensive youth services strategy within the protective services of NTFC. Such a strategy is needed to provide a strategic framework for responding to the many needs of protected young people that have been identified in the course of this Inquiry and in numerous investigations over time. The High Risk Audit undertaken in 2007 specifically identified the need for the then FACS to develop a youth services plan to address a range of needs and cover a range of service domains:

- This plan should cover the development of identification, assessment and case management protocols as well as educational, recreational, and therapeutic and accommodation options for the focal young people. It should involve plans for resourcing, recruiting, training, supervising and supporting those who work with troubled youth and for the phased development of specialised intervention services. It should also address the need for cross-Program and NGO collaboration.648 (Recommendation 2)

Despite the development of a number of services that provide some support for young people — as outlined above and including planning for a small secure unit, and a Shared Client Case Management Framework for both adults and children — a youth strategy for protected young people was never developed or implemented. Broader youth strategies, such as the Alice Springs Youth Action Plan, set a context for specific services for protected children but the needs of protected young people need to be addressed in their own right.

647 From information provided by the Department.
648 Northern Territory Department of Health and Community Services, *Northern Territory Community Services high risk audit: Executive summary & recommendations.*
The Inquiry sees a pressing need for the development of a Protected Young Persons’ Strategy, or Plan, that is focused on the particular needs of young people in the care of the CEO. Such a strategy should address the elements outlined in recommendation 2 of the High Needs Audit. It should also incorporate recent developments, such as planning around a ‘secure welfare’ unit, new residential care options in Alice Springs, specialised therapeutic services, and initiatives around planning and support for young people leaving care. The strategy should provide for liaison and collaboration with the broader youth services sector and prioritise areas of need – for example, substance abuse services – around which NGO services could be funded to provide or to increase the capacity to respond to referrals.

As part of a comprehensive approach to the needs of young people, the Inquiry also supports the call in the DHF submission for a new ‘adolescent/youth at risk’ intake category within CI which can trigger an assessment and referral to appropriate services and supports. One witness observed:

I believe there needs to be a child protection model and a youth protection model - a very specific youth protection model - and youth Intakes are treated and assessed differently, because the risk factors are very different.649

A report in this category may or may not trigger the delivery of a statutory intervention but when a statutory intervention is indicated, specialist case work staff should be available to conduct investigations, case planning and case management. Where a statutory intervention is not indicated consideration should be given to referring the case to an appropriate youth support service in the NGO sector. Given the increasing demand on NTFC from young people the establishment of specific adolescent support teams in Darwin and Alice Springs involving caseworkers and youth workers, should be actively considered.

**Recommendation 8.4**

That Northern Territory Families and Children develops and implements a comprehensive response plan (as detailed in Chapter 8) around the needs of protected young people who come to its attention as recommended in this Report and in the High Risk Audit, including the creation of a new ‘youth at risk’ outcome category for Central Intake.

Urgency: Within 18 months

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649  Hearing: Witness 32.