

# Children's Commissioner Northern Territory Annual Report 2011-2012



Office of the Children's Commissioner

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The Honourable Robyn Lambley MLA  
Minister for Children and Families  
Parliament House  
DARWIN NT 0801

Dear Minister

In accordance with Part 5.1, section 278(1)(a) of the *Care and Protection of Children Act*, I am pleased to provide you with the Annual Report of the Northern Territory Children's Commissioner.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'H Bath', written over a light blue rectangular background.

Dr Howard Bath  
Children's Commissioner  
31 October 2012

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## Abbreviations

### A

ABS	Australian Bureau of Statistics
ACCAs	Aboriginal Child Care Agencies
ACCG	Australian Children's Commissioners and Guardians
Act	<i>Care and Protection of Children Act 2007</i>
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
AMSANT	Aboriginal Medical Services Alliance Northern Territory
AMP	Alcohol Management Plans
AOD	Alcohol and other Drugs (NTG)
APONT	Aboriginal Peak Organisations Northern Territory
ARW	Aboriginal Resource Workers (DCF)

### B

Board of Inquiry	Inquiry into the Protection of Aboriginal Children from Sexual Abuse
BOI	Board of Inquiry into Child Protection in the NT, 2010

### C

CAT	Child Abuse Taskforce
CCSWT	Community Child Safety Wellbeing Team
CDRPC	Child Deaths Review and Prevention Committee (NTG)
CE	Chief Executive
CEPO	Community Engagement Police Officers
CFI	Child Forensic Interview
CIT	Centralised Intake Team
COAG	Council of Australian Governments

Commissioner	Children's Commissioner Northern Territory
CPEMRC	Child Protection External Monitoring and Reporting Committee
CTG or Closing the Gap	Closing the Gap of Indigenous Disadvantage: A Generational Plan of Action (NTG)
CSWDN	Child Safety and Wellbeing Directors' Network (DCF)

## D

DCF	Department of Children and Families (NTG)
DCM	Department of Chief Minister (NTG)
DET	Department of Education and Training (NTG)
DoH	Department of Health (NTG)
DoJ	Department of Justice (NTG)

## F

FACS	Family and Children's Services (NTG)
FAFT	Families as First Teachers (DET)
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
FASD	Foetal Alcohol Spectrum Disorder
FISS	Family and Individual Support Services (DCF)
FTE	Full Time Equivalent

## G

GBM	Government Business Manager
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## I

ICPPPWG	Interdepartmental Child Protection Policy and Planning Working Group (DCF)
IEO	Indigenous Engagement Officer
IFVOP	Indigenous Family Violence Offender Program (DCF)

## L

LC	Licensing Commission (NTG)
LCSR	The <i>Ampe Akeryememane Meke Mekarle</i> <i>Little Children are Sacred</i> report
LIPS	Local Implementation Plans
LRG	Local Reference Group

## M

Manual	DCF Policy and Procedures Manual
MLA	Member of the Legislative Assembly (NTG)
MOS Plus	Mobile Outreach Service Plus, DCF
MOU	Memorandum of Understanding

## N

NAPCAN	National Association for the Prevention of Child Abuse
NIRA	National Indigenous Reform Agenda
NT	Northern Territory
NTCS	Northern Territory Correctional Services (NTG)
NTER	Northern Territory Emergency Response
NTFC	Northern Territory Families and Children (NTG)
NTG	Northern Territory Government

## O

OATSIH	Office of Aboriginal, Torres Strait Islander Health (Dept of Health and Ageing, Australian Government)
OCC	Office of the Children's Commissioner
OOHC	Out of Home Care (DCF)

## P

POC	Place of Care
PHC	Primary Health Care

## R

RAFCW	Remote Aboriginal Family and Community Workers
Reporting Year	The period from 1 July 2011 to 30 June 2012
ROC	Remote Operations Centre
RSD	Remote Service Delivery

## S

SAF,T	Strong Aboriginal Families, Together
SARC	Sexual Assault Referral Centre (DCF)
SMART	Substance Misuse Assessment and Referral for Treatment
SNAICC	Secretariat of National Aboriginal and Islander Child Care
SOTP	Sex Offender Treatment Program

## T

TST	Therapeutic Services Teams (DCF)
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## Explanatory Notes

1. The Act Part 1.4, section 13 provides the following definition for the term Aboriginal:
  - a) a descendant of the Aboriginal people of Australia; or
  - b) a descendant of the Indigenous inhabitants of the Torres Strait Islands.

Therefore, and in accordance with the legislative definition, a decision was made to use the terms Aboriginal and non-Aboriginal throughout this report except when quoting a document (e.g. *Little Children are Sacred* Report or *Closing the Gap*) that specifically uses the term Indigenous.

2. On 1 January 2011, the Department of Children and Families (DCF) was established following the findings of the Board of Inquiry into Child Protection in the NT. Prior to this, Northern Territory Families and Children (NTFC) was a division within the Department of Health and Families. The Department of Health and Families was split and renamed the Department of Health (DoH) to reflect the changes in administrative responsibilities of that agency.
3. During this restructure responsibility for the administrative and corporate support for the Children's Commissioner was transferred to the Department of Justice (DoJ).

## Foreword

I am pleased to present my fifth Annual Report as the Children's Commissioner of the Northern Territory. This report has been prepared pursuant to section 278(1)(a) of the *Care and Protection of Children Act 2007* (the Act).

It has been an exciting and challenging twelve months following significant amendments to the legislative framework under which I operate. This includes an expansion in the scope of my complaint management responsibilities from 'protected children' to 'vulnerable children', encompassing children in the child protection system, disability services, mental health, youth justice, and those under volatile substance abuse orders. The year also saw the first investigations under my new 'own initiative' function.

Chapter 1 of this report provides a general overview of the staffing of the office and reviews the highlights, activities and major achievements of the year.

In Chapter 2, I have again provided a review of some of the actions by Government relating to the implementation of recommendations from the *Ampe Akelyernemane Meke Mekarle Little Children are Sacred* report. In Chapter 3, I provide key program data and discuss the manner in which the child protection provisions of the Act are administered by the Department of Children and Families. I also provide findings of two compliance reviews I conducted relating to care plans and children in out-of-home care being contacted by their case managers. Chapter 4 provides service data and other details the complaints management function.

My office continues to provide the administrative and secretariat support to the Northern Territory Child Deaths Review and Prevention Committee. A separate report on the activities of the Committee for the year 2011-12 has been prepared for the Minister and will be made available on the Commissioner's website after it has been tabled in the Legislative Assembly.

Being a small office, my staff is always willing to take on additional tasks and responsibilities, to ensure that all the requirements and goals of the office are met. They do this with good grace and with a high level of professionalism and diligence. I would once again like to take the opportunity to thank them for this commitment. I would also again like to thank the officers from the Department of Children and Families and the Department of Justice for their preparedness to work together towards the goal of ensuring the wellbeing of vulnerable children in the Territory.

A handwritten signature in dark ink, appearing to read 'H Bath', with a stylized flourish underneath.

Dr Howard Bath  
Children's Commissioner  
31 October 2012

## Executive Summary

The Northern Territory (NT) Children's Commissioner is a statutory position established under provisions of the Care and Protection of Children Act. The Office of the Children's Commissioner (OCC) opened on 1 June 2008, with the first Children's Commissioner, Dr Howard Bath, taking the Oath of Office on 4 July 2008.

The Commissioner's original mandate was to ensure the wellbeing of protected children and represent their best interests. In that capacity, the Commissioner monitored relevant government commitments and legislative implementation, reviewed child protection operational data, received complaints related to services for protected children and conducted independent investigations when required.

On 18 April 2011, legislation was passed extending the Commissioner's complaint management responsibilities from 'protected children' to 'vulnerable children', which includes children in the child protection system, disability services, mental health, youth justice, and volatile substance abuse programs as well as cases where the child or their family members are seeking 'child related' services such as social services. The amendments, which commenced on 1 July 2011, also conferred an 'own initiative' investigative power, expanded the Commissioner's power to obtain relevant documents and information, and gave the Commissioner the capacity to deal with submissions relating to the implementation of recommendations of the Board of Inquiry into the Child Protection System of the Northern Territory (BOI), where they relate to the Commissioner's role of ensuring the wellbeing of vulnerable children.

## Activities of the Office of the Children's Commissioner

Chapter 1 details the Office's activities in 2011-12, which included secretariat and research support to the NT Child Deaths Review and Prevention Committee (CDRPC). The OCC responded to 119 complaint-related approaches in 2011-12 and conducted a record number of investigations related to child protection and youth justice. Research into child and youth suicide was commissioned by the CDRPC and undertaken by the Menzies School of Health Research. This research formed the basis of a report provided to the Minister and tabled in the Legislative Assembly. A substantial number of submissions were developed jointly with other Australian Children's Commissioners and Guardians relating to national policy issues that affect NT children. Local, national and international presentations ensured a high profile for the OCC's work in addressing the issues of vulnerable children in the NT whilst both the Commissioner and his staff maintained a regular contact schedule with young



people in care settings. The OCC also undertook a full review of its complaint and administrative policies and procedures.

## **Monitoring of Government decisions arising from the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse**

Chapter 2 sets out findings from a five-year review of progress implementing government decisions arising from the recommendations contained in the 2007 Little Children are Sacred report. As well as monitoring policy initiatives and operational activities, in 2011-12 the Commissioner reviewed progress towards meeting Northern Territory Closing the Gap targets related to safety, including rates of child sexual abuse and neglect, as well as alcohol consumption rates and patterns. Mixed results were found both in meeting targets and in implementing government decisions arising from the Little Children are Sacred report recommendations. The Commissioner noted that more recent developments such as the Board of Inquiry into the Child Protection System and the Stronger Futures framework, together with other shifts in policy development, now drive government priorities. In 2012-13 the Commissioner will be seeking to develop a refined monitoring framework and strategy that reflects both the Northern Territory Government's evolving policy context and the OCC's broader set of responsibilities.

## **Monitoring the Administration of the Care and Protection of Children Act**

Chapter 3 contains findings from the Commissioner's annual review of data provided by the Department of Children and Families (DCF) on aspects of child protection notifications, investigations, substantiations, out-of-home care, and case closures. To supplement this statistical data and better explore how the provisions of the Act are reflected in current child protection practice, the OCC conducted two reviews of compliance with the Act in 2012, focusing on care plans and caseworker contact with children.

In 2011-12 the DCF moved to a regional structure and implemented several initiatives. Notifications and the number of children in out-of-home care climbed significantly. Aboriginal children continued to be over-represented in all categories of substantiated harm/exploitation, with 'neglect' the most common and fastest growing category. There were a number of positive developments revealed in the statistical review, including more timely responses, more foster carers, and a reduction in unallocated cases. However, some areas of these data were concerning, including

the lack of information on services outsourced to non-government organisations and details of children abused while in care. The relatively high proportion of notifications screened out and not investigated was also concerning, particularly as 80% of notifications came from professionals such as police, school and health personnel. The low rate of child sexual exploitation substantiations was a concern; these comprised only 3 per cent of all substantiations. Of particular note is the very low placement rate for Aboriginal children in the context of a high rate of substantiations. The Commissioner will be discussing these findings with DCF personnel.

The practice reviews conducted by OCC investigators in 2012 produced largely positive, although mixed results. All caseworkers are to be in contact with children in care at least once every four weeks. This occurred in 74 per cent of cases. Compared to last year, there was a strong improvement in the number of care plans developed and in completing many aspects of them, but there were also areas where there was little improvement from the previous year or where results were worse than in 2011-12. Cultural care plans, planning for children in care aged 15 and above to move to independent living, and the consultation and communication processes of care plans, require the greatest improvement. Again, the Commissioner is discussing these findings with DCF personnel.

## Complaint Management

Chapter 4 sets out findings from the Commissioner's role in receiving and investigating complaints relating to services provided to vulnerable children. In 2011-12, the Commissioner received 119 approaches which resulted in 95 specific complaints being investigated relating to 41 children. In addition, 11 formal referrals were made to other complaint entities involving 23 children. As of 30 June 2012, 52 complaint investigations were yet to be finalised. Of the 43 investigations that have been finalised and findings made, 29 complaints were upheld, 6 were partially upheld, and 8 were not upheld. Recommendations emerging from the investigations included greater compliance in areas such as development and implementation of care plans and better oversight of the application of policies and procedures in making decisions about vulnerable children's welfare. In addition, a number of critical gaps were identified in current policies and guidelines, which need to be addressed. The Commissioner is consulting with DCF personnel on these.

In summary, 2011-12 was a year of significant change, offering new opportunities and challenges both within the OCC and the broader range of services intended to address the needs of 'vulnerable' children. Although considerable work remains, there were marked improvements in a number of areas of government service provision for vulnerable children.

## CHAPTER 1

### The Office of the Children's Commissioner

This chapter sets out the Commissioner's roles and gives highlights of work in 2011-12, a year in which the Office of the Commissioner (the OCC or the Office) undertook a statutory compliance review and assessed progress towards achieving the 'Little Children are Sacred' report commitments, with the focus on the commitments which required further action from previous years. The OCC has also investigated complaints relating to the Commissioner's expanded role for vulnerable children. There has also been an OCC staff restructure as a result of these new functions.

The Northern Territory Children's Commissioner (Commissioner) is an independent statutory position established under provisions contained in the *Care and Protection of Children Act* (the Act). The position brought the Northern Territory in line with other Australian jurisdictions, and has been a key element in a number of child protection reforms in the NT aimed at ensuring the wellbeing of children and particularly those children at risk of harm and exploitation.

### Roles and Functions of the Children's Commissioner

The Children's Commissioner, promotes the interests of 'vulnerable' children and represents their interests in government and in the community.

The Commissioner has responsibility for four core functions contained in the Act:

- investigating complaints about services provided to 'vulnerable' children including those in the child protection system, disability services, mental health, youth justice, and volatile substance abuse programs. It includes cases where the child or their family members are seeking 'child related' services such as social services. This includes an 'own-initiative' investigative capacity.
- monitoring the implementation of any Government decision arising from the 'Inquiry into the Protection of Aboriginal Children from Sexual Abuse';

- Receiving submissions about recommendations arising from the Board of Inquiry into the Child Protection System of the Northern Territory (BOI);
- monitoring the operations and administration of the Care and Protection of Children Act insofar as it relates to vulnerable children (i.e. Chapter 2 of the Act); and

The Commissioner also conducts a number of other tasks and responsibilities relating to his functions.

These include:

- providing information and advice to Government and the Minister in matters pertaining to vulnerable children;
- conducting a range of education and research activities relating to child protection and wellbeing issues;
- responding to issues involving national policy related to child protection and child wellbeing, either independently or in collaboration with Children's Commissioners, Guardians and Ombudsmen from other Australian jurisdictions; and
- convening the Child Deaths Review and Prevention Committee (CDRPC), which aims to reduce and prevent child deaths in the NT. The OCC provides secretariat, administrative and research support to the CDRPC

## Commencement of the Commissioner's New Functions

On 18 April 2011, legislation was passed to amend the Act, increasing the power and functions of the Children's Commissioner. The new legislation extended the Commissioner's complaint management responsibilities from 'protected children' to 'vulnerable children', which can include children in the child protection system, disability services, mental health, youth justice, and volatile substance abuse programs in addition to cases where the child or their family members are seeking 'child related' services such as social services.

The amendments also conferred an 'own initiative' investigative power and gave the Commissioner the capacity to deal with submissions relating to the implementation of recommendations of the BOI, insofar as they relate to the Commissioner's role of ensuring the wellbeing of vulnerable children. Finally, the amendments expanded the Commissioner's power to obtain documents and information relevant to any of the Commissioner's functions. These amendments commenced on 1 July 2011.

As part of these new changes a communications strategy was developed and implemented to educate the Commissioner's relevant key stakeholders and the general community about these changes and the Commissioner's role generally.

## Commissioner's Independence

The Act specifies that the Commissioner is not subject to direction from any entity in relation to the way in which the Commissioner undertakes the performance of his/her functions and how investigations are prioritised except where legislation stipulates otherwise. An example of an exception is where the Minister for Child Protection requests a report pertaining to any of the Commissioner's functions.

For administrative purposes, the Commissioner is situated with the Department of Justice (DoJ).

## Office of the Children's Commissioner

The OCC has been in operation for four years. Dr. Howard Bath has been the NT Children's Commissioner since its creation and recently has been re-appointed to this position for a further five year period commencing on 24 June 2012. The Office received a funding increase which was accompanied by the expanded statutory functions and the expected workload increase. Currently, the Office has a staffing level of 8.5 Full Time Equivalent (FTE) positions: the Children's Commissioner, the Senior Manager Policy and Investigations, two Senior Investigation Officers, a Senior Indigenous Investigation Officer, a Senior Policy Officer, a Research Officer, a 0.5 FTE Business Manager and an Administrative Officer. The Research Officer's function is largely to support the CDRPC.

As part of this restructure, the Office also conducted a review of all office policies including governance, human resources, financial processes and administration. The Office has also complied with recommendation 138 of the BOI's report by employing an Indigenous person with a focus on investigating 'vulnerable' children, who are Indigenous.

## Organisation Chart



## Highlights and Achievements 2011-12

The last twelve months have been busy, particularly with substantial changes to the role of the Children's Commissioner. Key activities, events and achievements from July 2011 to June 2012 are summarised below.

### Monitoring Functions

The OCC continued to monitor the implementation of Government responses to the *'Little Children are Sacred Report'*. The OCC has monitored the 55 government responses that were identified in the preceding years with a particular focus on the 18 government responses that were only partially achieved last year.

This reporting year, the OCC continued to analyse Department of Children and Families (DCF) operational data, looking at trends over time and in some cases comparing NT statistics to those for Australia as a whole. In addition, to determine levels of compliance with the Act and with child protection policies, the OCC reviews specific practice areas. In 2011-12 a review was conducted regarding care plans for children in care. Due to Coronial recommendations and DCF policy imperatives, the review also looked for evidence that the children had been sighted in their placements in the past month and past two months. Findings are set out in Chapter 3.

## **Achievement**

In 2011-12, the Office continued its monitoring activities, including a review of statutory compliance with care plans and further examining the 'face to face' contact with children in care as well as monitoring 55 'Little Children are Sacred Report' commitments, particularly focussing on commitments that were only partially achieved last year.

## **Complaints Function**

In 2011-12, the Office undertook investigations into 32 cases involving 95 separate complaints concerning 41 vulnerable children. This equates to more than double the workload experienced from the previous year. A further 11 cases involving 23 children were referred to DCF for internal investigation. The recommendations that resulted not only related to case specific issues but also to system improvements. Details are set out in Chapter 4.

## **Achievement**

OCC responded to 119 approaches in 2011-2012, and after conducting several complex investigations, made recommendations that led to improved services to vulnerable children. The Commissioner has investigated complaints relating to some of the new areas of jurisdiction such as youth justice.

## **Secretariat Responsibilities for the NT CDRPC**

In 2011-2012, the OCC continued its secretariat and research support to the NT Child Deaths Review and Prevention Committee (CDRPC). Tasks included the collection of data relating to still-births and child deaths, maintaining a child deaths register, providing research support to the NT suicide research project, and a range of administrative tasks. A report on CDRPC outcomes can be found on the OCC website.

## Achievement

A highlight was the publishing of the report on Child and Youth Suicide in the NT, which was commissioned by the CDRPC and conducted by the Menzies School of Health Research. This was completed at around the same time a parliamentary inquiry on suicide was convening.

## Involvement in NT and National Policy and Reform Agendas

### *National Policy and Reform*

The Northern Territory Children's Commissioner partners with the National Australian Children's Commissioners and Guardians (ACCG) group which collaborates to provide joint submissions relating to national policy issues affecting children. The Commissioner does not get involved in every issue raised with the ACCG. A determination will be made about whether the issue is relevant to the wellbeing of children in the NT and in particular vulnerable children. A brief synopsis is provided below of some of the submissions the Commissioner was involved with this reporting year:

Topic	Date	Summary
Comment on the Commonwealth Guidelines for the Classification of Computer Games	July 2011	The ACCG provided comment on the draft guidelines and gave support to them as far as they relate to not classifying games that depict any child sexual abuse or any other exploitative or offensive depictions of children under 18 years. However, it noted that there should be clarification on depictions of sexual violence within the classifications. The ACCG also noted that the impact of portraying domestic and family violence in these games should be considered when classifying the games.



Topic	Date	Summary
<p>Compulsory participation plans and support for teenage parents – targeted locations</p>	<p>August 2011</p>	<p>The Australian Government has begun a trial in ten locations for compulsory participation plans and support for teenage parents. The aim of the program is to encourage teenage parents to undertake education programs from the time their child is of six months of age. Participants who do not meet the requirements of the initiative could have their welfare payments suspended. Individuals will have their circumstances assessed by Centrelink to determine the extent of their participation in educational programs.</p> <p>The ACCG while supportive of programs to better equip young mothers to enter the workforce, sought clarification around some of the detail of the initiative. This included whether other government programs designed to assist young parents to enter the work force will be rolled out at the same time as this initiative; whether the measures in place to ensure the wellbeing of children including the child parent are not in jeopardy; and how this trial would modify the current rights of teenage parents accessing the Parenting Payment.</p>

Topic	Date	Summary
<p>Response to the Charter on the Rights of Children and Young People in Healthcare Services</p>	<p>August 2011</p>	<p>The ACCG provided a submission to the Association for the Wellbeing of Children in Healthcare which is developing the Charter on Rights of Children and Young People in Healthcare Services. The ACCG are strongly supportive of the Charter, particularly as it recognises disadvantaged children and young people such as those who are Indigenous, have disabilities, are in out-of-home care or are refugees. It is also aligned with the United Nations Convention on the Rights of the Child (UN CROC).</p> <p>The ACCG provided some suggestions around the use of the term "parent" within the body of the charter to acknowledge the broader category of carer not just the biological parent, even though the definition within the charter articulates this broader category. It also suggested a child and young person's version of the Charter to communicate the charter more efficiently to that target audience and not setting a specific age for when children can provide legal medical consent.</p>
<p>Australian Government Detention of Indonesian Children in Australian Adult Prisons</p>	<p>January 2012</p>	<p>The ACCG raised the issue of foreign nationals who claim to be children being detained in adult prisons. Children who are placed in adult prisons can be damaged in a number of ways and the services to accommodate the child's developmental needs are not available in those adult prisons. Where there is any doubt about a person's age, the ACCG recommended that they should be placed in community detention under supervision or appropriate custodial detention.</p> <p>To establish the age of the person a multi-faceted approach should take place rather than relying on wrist x-rays to estimate the age of a person.</p>

Topic	Date	Summary
Free calls to Kids Helpline from Mobile Phones	March 2012	<p>A joint submission was provided to the Australian Government to highlight the fact that some phone carriers were charging mobile phone call rates for children contacting the national Kids Helpline, which provides a counselling service for children and young people. This issue is particularly relevant to the NT as a major portion of contacts from regional and remote areas in Australia are from mobile phones and the children living in these areas have less access to mental health services. Counselling sessions can be quite lengthy and the call cost on a mobile phone for that call can be expensive.</p>
Submission to the Standing Committee on Social Policy and Legal Affairs - Inquiry into Foetal Alcohol Spectrum Disorder (FASD)	March 2012	<p>An Australian Government inquiry into this issue commenced in November 2011 and submissions were sought on all relevant key stakeholders including the ACCG and individual members of that group.</p> <p>The key points of the ACCG submission were:</p> <ul style="list-style-type: none"> <li>• That a national strategy for the prevention, identification and management of FASD be developed to facilitate a co-ordinated and comprehensive approach.</li> <li>• Prevention strategies should include culturally appropriate community awareness regarding the misuse of alcohol and targeted prevention services for women who are considered at-risk of consumption during pregnancy.</li> <li>• The diagnostic process and treatment of FASD is complex and multi-disciplinary and would require additional support to support current child health services.</li> <li>• The treatment of children who have been diagnosed with FASD and support of their families and carers is important. Therefore, FASD should be recognised as a disability to facilitate access to services for these children and families.</li> </ul>

Topic	Date	Summary
Submission to the Senate Standing Committee on Legal and Constitutional Affairs - Inquiry into the Australian Human Rights Commissioner Amendment (National Children's Commissioner) Bill 2012	June 2012	<p>The ACCG supports the establishment of a rights based National Children's Commissioner (NCC) which is to be situated in the Australian Human Rights Commission (AHRC). Of particular note it is hoped that the NCC will address rights issues at a national level and that their statutory functions will be broad enough to deal with a variety of policy issues.</p> <p>It was also noted that there should be also be statutorily entrenched guiding principles that underpin the NCC functions including that the best interests of children are paramount. Furthermore, children in immigration detention and unaccompanied refugee minors should be included as examples of children who are at risk or vulnerable within the explanatory memorandum.</p>
National Framework for Protecting Australia's Children	June 2012	<p>The ACCG has previously provided submissions to the Australian Government regarding this framework. Further to those submissions the group also highlighted the need to research and have an evaluative focus on the key areas of the framework such as the family support programs, educational outcomes of children in care and the transition from care process.</p>

The Commissioner also attended two ACCG meetings in November 2011 and May 2012. These matters along with many other policy topics relating to children and young people were discussed at both meetings. Communniques regarding these meetings can be accessed on our website [www.childrenscommissioner.nt.gov.au](http://www.childrenscommissioner.nt.gov.au).

## **NT Policy and Reform**

The Commissioner is regularly asked to comment on policy matters that affect children and young people in the NT. This can span a variety of different topics such as child protection, child's rights, youth justice or disability. Examples of this in 2011-12 were commenting on proposed legislation relating to the secure care facility for children, major child protection reform, and youth justice parole. There are also other policy issues that the Commissioner will initiate, such as the issue of protecting the identity of children in the Youth Justice System. A media release was created for this issue and can be found at the following website <http://www.childrenscommissioner.nt.gov.au/publications.html>. The Commissioner had a journal article published about the social disadvantage status of Indigenous children in the NT titled '*Intervening*' in the Northern Territory<sup>1</sup>.

### **Achievement**

Provided input to numerous submissions on policy issues, which affect both children in the NT and Australia as a whole and highlighted the social issues faced by Indigenous NT children.

## **Involvement in Consultations, Forums and Workshops and Advisory Bodies**

The Commissioner has been invited to attend Child Protection External Monitoring and Reporting Committee (CPEMRC) meetings as an observer. The CPEMRC is the body tasked to oversee the implementation of the child protection BOI reforms. Whilst the Commissioner has no formal involvement with this body it still provides a platform where the Commissioner can be informed of changing child protection policies and the status of those BOI recommendations. The Commissioner has also been invited to observe the recently established Child Safety and Wellbeing Directors Network (CSWDN) which plays a role in the reform of the child protection system following the recommendations from the BOI.

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<sup>1</sup> Bath, H (Summer 2011). '*Intervening*' in the Northern Territory. *Developing Practice: The Child, Youth and Family Work Journal*, No. 30, p.26-39.

## Achievement

In 2011-12, the Office continued to take opportunities to ensure that children's interests remain central to Territory and national policy developments and decision-making.

## Presentations

The Commissioner presented at a number of conferences, seminars and training forums across the Territory, nationally and in one case, internationally.

In particular, the Commissioner has conducted presentations and training to a number of non-government organisations including the National Association for the Prevention of Child Abuse (NAPCAN), the Secretariat of National Aboriginal and Islander Child Care (SNAICC), Aboriginal Peak Organisations Northern Territory (APONT), Relationships Australia, Anglicare, Stronger Aboriginal Families, Together (SAF,T), other government bodies and the Northern Territory Magistrates. These presentations covered a number of different topics such as the changes to the role of the Commissioner, child protection matters, child safety and wellbeing, childhood trauma, Foetal Alcohol Spectrum Disorder (FASD) and the key outcomes of the BOI.

## Achievement

By providing numerous presentations to various non-government and government bodies, the Commissioner is able to raise awareness about issues affecting vulnerable children in the Northern Territory.

## Engagement with Children and Young People in Care

The *As Eye See It Exhibit*, which was conducted in conjunction with the CREATE foundation and the Salvation Army – Westcare. It involved working with children and young people currently or formerly in care to create a collection of black and white photos depicting important aspects of their lives, with a short explanation of the significance of each photo. This exhibit toured the NT and went to a majority of the public libraries. The Commissioner and/or his staff also attended numerous events

hosted by CREATE for children in care. The OCC have also held a number of education sessions to children who were in youth detention.

## **Achievement**

The NT tour of the exhibits sponsored by OCC has enabled young people currently or formerly in care to tell their own story to the wider public, building community understanding of the issues of young people in care. Building relationships with NGO's such as CREATE provides the children and sometimes their carers with an avenue of communication and an opportunity for the Commissioner to consult with his key stakeholders.

## CHAPTER 2

### Monitoring the Implementation of Government Decisions Arising from the Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse

The Children's Commissioner is responsible for monitoring the implementation of Northern Territory Government (NTG) decisions arising from the 2007 Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse (*Little Children are Sacred* report) recommendations. This year there was a focus on the responses which had been only partially achieved from previous years.

Over the period that the Commissioner has monitored most of these responses there has been some progress towards either meeting or substantially delivering on these commitments. Examples are the increased resourcing and expansion of child protection services in the NT; the formation of the Child Abuse Taskforce (CAT); expanded services by the Sexual Assault Referral Centre (SARC); some alternatives to statutory intervention for at risk children; the formation of a separate child protection government agency; and increased safety measures such as the night patrols.

However, some of the commitments require further action. High among these is the need for a comprehensive community education strategy about the impact, laws and community standards in relation to sexual abuse as well as the effects of alcohol abuse, safe drinking levels and alternatives to alcohol consumption. Other commitments that still need to be addressed include the delivery of comprehensive treatment programs for adult and juvenile sexual offenders - both in prison and community based services - and diversification of the Central Intake Team (CIT).

It is important to note that in this reporting year there has been steady progress on the development of Community Safety Plans in some of the remote communities of the NT. It is hoped that programs supporting this process will retain funding to continue this important task. The establishment of the Strong Aboriginal Families, Together (SAF,T) peak body for Aboriginal child and family services should be commended. It is expected that the proposed Aboriginal Child Care Agencies (ACCAs) in both Darwin and Alice Springs will be operating soon. Even though some of these developments can be attributed to the Board of Inquiry into the Child Protection System in the NT (BOI) they were also commitments arising from the *Little Children are Sacred* report.

This year the Commissioner also examined the Northern Territory Closing the Gap (CTG) five-year targets around the issue of safety. The targets were indicators of the rate of sexual and neglect abuse of children and the rate and patterns of alcohol consumption. There were mixed results in achieving these targets.



Two primary objectives in relation to the role and functions of the Children's Commissioner are contained in Chapter 5 Part 1 of the *Care and Protection of Children Act* (the Act), namely to:

1. ensure the wellbeing of vulnerable children; and
2. monitor any government decision arising from the *Little Children are Sacred* report.

A brief description of the *Little Children are Sacred* report, the decisions arising from it and the Commissioner's monitoring role are set out below, followed by the report on progress in 2011-12.

## **The Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse**

On 8 August 2006, the Honourable Clare Martin MLA, then the Northern Territory Chief Minister, commissioned a Board of Inquiry, after a number of Territory and national media reports highlighted an apparent prevalence of sexual abuse among Aboriginal children in the Northern Territory (NT).

The Board of Inquiry consisted of Mr Rex Wild QC and Ms Patricia Anderson, with the support of a research secretariat and a reference group comprised of interstate and Territory experts in the field of child abuse.

The task of the Board of Inquiry was to:

- examine the extent, nature and factors contributing to sexual abuse of Aboriginal children, with a particular focus of unreported incidents of such abuse;
- identify barriers and issues associated with the provision of effective responses to, and protection against, sexual abuse for Aboriginal children;
- consider practices, procedures and resources of NT Government agencies with direct responsibilities in this area (DCF and NT Police) and consider how all tiers of government and non-government agencies might contribute to a more effective protection and response network; and
- consider how the NT Government can help support communities to effectively prevent and tackle child abuse (Wild & Anderson 2007, p. 4).

The *Ampe Akeryernemane Meke Mekarle* "Little Children are Sacred" report was presented to the NT Chief Minister on 30 April 2007 and released to the public on 15 June 2007.

The authors of the *Little Children are Sacred* report determined that:

*“sexual abuse of Aboriginal children is common, widespread and grossly under-reported... the problems that we...have encountered are so fundamental that nothing short of a massive reform effort, coupled with a long-term injection of funds, can hope to turn them around”*  
(Wild & Anderson, 2007, pp.16-17).

The report contained 97 recommendations, ranging from changes within the child protection system to broader issues, such as tackling the alcohol and violence problems that often contribute to child abuse and neglect, and finding more collaborative ways of working on issues, particularly involving Aboriginal communities in finding solutions.

## **Responses to the Little Children are Sacred Report.**

Since 30 April 2007, both the Territory and Australian Governments have acted to address the issues and recommendations in the *Little Children are Sacred* report.

Below is a brief timeline which shows the major government policy responses and initiatives at all levels to the report. The developing policy environment for NT Aboriginal affairs and child protection at the different levels of government has had an effect on the Office of the Children's Commissioner being able to consistently monitor the initial Northern Territory Government responses.



## **Northern Territory Emergency Response (NTER)**

On 21 June 2007, the Australian Government, citing the first recommendation of the *Little Children are Sacred* report that Aboriginal child sexual abuse in the Northern Territory be designated as an issue of urgent national significance by both the Australian and Northern Territory Governments, initiated the Northern Territory Emergency Response (NTER). The objective of the NTER was to “oversight the response and deal with child neglect and family violence [not sexual abuse] in remote Aboriginal communities in the Northern Territory” (FaHCSIA, 2008a, p. 2).

The focus of NTER was to protect children in 73 Aboriginal communities, community living areas and town camps. NTER measures related to law and order, the support of families, welfare and employment reforms, child and family health, education, housing and land reform.

In May 2009, the Federal Minister for Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), the Honourable Jenny Macklin MP, announced that the Australian Government was formally extending core measures of the NTER, although the form of these measures might be amended through consultation (FaHCSIA, 2009). The resulting *Stronger Futures in the Northern Territory* discussion paper was released in June 2011, with feedback sessions and community meetings scheduled to take place until mid-August of 2011.

In July 2009 the Closing the Gap in the Northern Territory National Partnerships Agreement was signed, replacing the Northern Territory Emergency Response National Partnerships Agreement.

## **Northern Territory Closing the Gap (CTG)**

On 20 August 2007, the NT Chief Minister released the policy document entitled *Closing the Gap of Indigenous Disadvantage: A Generational Plan of Action (Closing the Gap, or CTG)*, a broad action plan for addressing Indigenous disadvantage. This policy initiative was strongly influenced by the findings of the *Little Children are Sacred* report, but had been in development for a considerable period and did not limit itself to the report's priorities and recommendations. Referring to the *Little Children are Sacred* report and its recommendations, the Closing the Gap document observes:

*“A clear and main message from the Inquiry report is that a long term commitment to overcoming Indigenous disadvantage is needed to address the underlying social and environmental factors contributing to child sexual abuse” (Wild & Anderson, 2007, p.1).*

The Closing the Gap document listed each of the 97 recommendations arising from the *Little Children are Sacred* report, along with the formal response of the Northern Territory Government. Although most of the report's recommendations were accepted, a few were rejected and in some cases alternative responses were proposed. However, Closing the Gap documented commitments to address almost every recommendation and it is progress towards implementing these commitments that the Commissioner monitors.

## **Alignment of NT Closing the Gap Targets with COAG Closing the Gap Targets**

In April 2009, the NT Chief Minister, the Honourable Paul Henderson MLA, announced that the specific targets and outputs developed for the Closing the Gap initiative would be aligned with those of the COAG Closing the Gap program and indicators (COAG, 2009a). Although there was a commitment to retaining all of the original commitments announced in August 2007, these were to be packaged differently and reported using the COAG framework. In short, the Northern Territory Closing the Gap strategy would no longer exist in its original form as a separate framework for the delivery of services to Aboriginal people.

As noted at the beginning of this report, the Northern Territory Closing the Gap plan was being developed before publication of the *Little Children are Sacred* report, but the report had a significant influence on the detail and scope of the strategy. Indeed, the report's recommendations, along with Northern Territory Government responses, were a central feature of the *Closing the Gap* documentation and the driving concern was the vulnerability of Aboriginal children.

With the alignment of targets and outputs with the Federal Closing the Gap framework, specific child protection concerns risked becoming subsumed into the broader picture of Aboriginal disadvantage. As previously noted, six specific targets have been developed in the COAG Closing the Gap framework:

1. close the life expectancy gap within a generation
2. halve the gap in mortality rates for children under five within a decade
3. halve the gap for Indigenous students in reading, writing and numeracy within a decade
4. ensure all Indigenous four year olds in remote communities have access to quality early childhood education within five years
5. halve the gap for Indigenous students in year 12 attainment or equivalent attainment rates by 2020
6. halve the gap in employment outcomes between Indigenous and non-Indigenous Australian within a decade (COAG, 2009a)

All of these, if achieved, should have a positive impact on child abuse and neglect rates over time but **none are specific to the issue of protecting children nor are any of the accompanying performance indicators**. Of the seven 'building blocks' deemed to be necessary if the key targets are to be achieved, one is entitled Safe Communities and asserts that "*Indigenous people (men, women and children) need to be safe from violence, abuse and neglect*" (COAG, 2009a). Safety is therefore mentioned but child safety is subsumed into this broader community safety category and no specific indicators are provided through the National Partnership Agreement on Remote Service Delivery (2009).

The continuing NTER program does help to keep some focus on the protection of Aboriginal children in the NT, but although it is fast becoming a joint Northern Territory-Australian Government enterprise in the operational sense, the impetus and funding comes largely from the latter. Another COAG initiative, the National Framework for Protecting Australia's Children (COAG, 2009b) includes one "Supporting Outcome" entitled "*Child sexual abuse and exploitation is prevented and survivors receive adequate support*". Welcome as this is, the change indicators provided in the documentation are limited and not specific to the protection of Aboriginal children in the NT.

Child sexual abuse was front and centre of the Northern Territory Closing the Gap plan but it is lost in the detail of the COAG Closing the Gap framework. The framework and focus for Aboriginal policy in the Northern Territory Government is now the Working Future plan announced by the Chief Minister on 20 May 2009 and is based on the transformation of 20 Aboriginal communities into 'growth towns'. Again, the issue of child sexual abuse and the protection of vulnerable children is at risk of being lost in the focus on infrastructure and economic development.

## **Extension of the NTER**

In May 2009, the Federal Minister for Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), the Honourable Jenny Macklin MP, announced that the Australian Government was formally extending core measures of the Northern Territory Emergency Response (NTER) until 2012 although the form of these measures may be amended through consultation (FaHCSIA, 2009). Many of the NTER initiatives overlap with those outlined in Closing the Gap and it is increasingly the case that the Northern Territory Government is assuming operational responsibility for measures even where the Australian Government is the primary funding body. As such shared initiatives involve a number of associated reporting and accountability mechanisms, and a decision was taken that the Commissioner's monitoring for the 2008-09 year would focus on those government decisions that were primarily funded by the Northern Territory Government and that continued in 2009-10 and 2010-11. For this reason, some measures (such as alcohol restrictions and extra

police resourcing) were not reviewed in that report. However, alcohol policy is a focus in the current report.

As noted, some of the recommendations of the *Little Children are Sacred* report are designed to directly protect potential victims of child abuse and promote the wellbeing of children who have been abused while others are directed at improving the circumstances of Aboriginal people more broadly. Important as these broader contextual issues are in terms of the longer-term reduction of abuse, in setting priorities for the monitoring task it was further determined that the monitoring would focus on recommendations likely to lead to a direct reduction in levels of abuse or that have a direct impact on the wellbeing of victims.

## **The Board of Inquiry into the Child Protection System in the Northern Territory**

Both the Northern Territory Emergency Response (NTER) and Closing the Gap addressed many areas outside the child protection system, from income management to job creation. However, a number of serious incidents revealed the need for further reform with an emphasis on the child protection system.

In December 2009, the NT Chief Minister, the Honourable Paul Henderson MLA announced a broad-ranging Inquiry into the Child Protection System in the NT (BOI) under the *Inquiries Act*. The BOI was to review the child protection system and make recommendations to strengthen and improve the system to enable it to meet the needs of NT children. The BOI report was tabled in October 2010. It included 147 recommendations, some requiring substantive reforms.

The BOI noted that child protection systems are designed to identify and address cases where a small number of “dangerous parents” inflict harm on children. It indicated that these systems cannot cope with the overwhelming demand and that what is required is a strong family support network capable of responding to deep-seated issues at a community level. The report called for significant new investment in child and family support and in therapeutic services over five years, involving both government and non-government agencies working collaboratively.

The BOI recommended developing a ‘dual pathway’ intake and assessment process, creating Community Child Safety and Wellbeing (CCSWT) teams for the 20 Growth Towns, developing Aboriginal-operated and controlled child safety and wellbeing services in Darwin and Alice Springs, and building the capacity of children and family centres in remote areas to include secondary and tertiary services. Out-of-home care received special attention, with recommendations for a comprehensive review of residential care as well as better recognition and support for foster carers and urgently addressing capacity problems within the out-of-home care system.

The BOI recommended the development of a comprehensive workforce strategy, with an emphasis on worker development and retention, including a commitment to “growing our own” and increasing the Aboriginal workforce. Better partnerships and collaborative mechanisms were proposed, from stronger partnerships with local tertiary education institutions to improvements in cross-agency communication and working arrangements.

Considerable action since taken to address the findings and recommendations of the BOI has included a new Department of Children and Families being set up in January 2011, new coordinating structures, and additional resources invested in the NT child protection system.

## **Stronger Futures in the Northern Territory**

In October 2011, the Australian Government released its consultation report on the views of Aboriginal Territorians, who mostly live in remote parts of the NT or town camps, on how to address the disadvantage faced by Aboriginal people in the Territory.

The 2011 Stronger Futures strategy is a 10-year plan aimed at replacing the Northern Territory Emergency Response (NTER). From its consultation, the Australian Government has identified eight priorities for the new strategy. These are:

- school attendance and educational achievement
- economic development and employment
- tackling alcohol abuse
- community safety
- health
- food security
- housing
- governance.

Not all of these priorities require legislative change. Most were matched by funding commitments so programs could be rolled out for those respective areas. However, a few areas such as alcohol abuse, food security and land reform did require legislation to be passed. On 28 June 2012, the *Stronger Futures in the Northern Territory Act 2012 (Cth)* was passed through both Houses of the Australian Parliament. That, as well as a few minor amending Acts and those funding commitments, comprises the Stronger Futures strategy.



Even though the general themes of disadvantage remain, the redirection of priorities under this strategy certainly impacts on the Office of the Children's Commissioner's ability to monitor the original Northern Territory Government responses to the *Little Children are Sacred* report recommendations as some may be less relevant under the new priorities.

## The Commissioner's Monitoring Role

The Commissioner's role is to monitor the implementation of any government decision arising from the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse.

The Office of the Children's Commissioner (OCC) has a limited investigative capacity and does not have the personnel to do a full assessment of all government decisions arising from the Inquiry. Legal advice received on the scope of the monitoring requirement confirmed that the Commissioner has discretion with respect to what decisions are monitored, as the Act refers to the monitoring of 'any' rather than 'all' government decisions.

The causes of child abuse and neglect are many and varied, ranging from the individual choices of the perpetrators to broader social conditions that set the context for abuse to occur.

The OCC's monitoring activities focus on Northern Territory Government responses to the recommendations from the *Little Children are Sacred* report that are to directly protect potential victims of child sexual abuse and other maltreatment and promote the wellbeing of children who have been abused.

## Monitoring the Recommendations of the *Little Children are Sacred* report

This 2011-12 Annual Report documents progress towards addressing 55 commitments to most of the *Little Children are Sacred* report recommendations.

As in previous years, this year's annual report provides an update on the progress of Northern Territory Government agencies' commitments to meet the responses contained in the Northern Territory's Closing the Gap of Indigenous Disadvantage: a Generational Plan of Action. The monitoring report is presented in a similar manner to that used in last year's report. Tables contain the original recommendation from the *Little Children are Sacred* report, along with the Northern Territory Government response, which often differs from those recommendations. Progress towards each

commitment is reviewed. This year the Northern Territory Government has provided a whole-of-government report on the responses to the commitments. Therefore, this year that response and an Office of the Children's Commissioner summary commenting on the response, have been inserted into this report.

The categories have remained the same as last year, with the following used:

- fully achieved
- substantially achieved
- partially achieved
- not achieved.

A commitment is judged to have been 'fully achieved' if all essential aspects have been put into operation.

A commitment is judged to have been 'substantially achieved' if the most essential aspects have been put into operation, even if some aspects appear unlikely to be achieved.

A commitment is judged to have been 'partially achieved' if some steps have been taken but little progress has been made, and it appears unlikely that the commitment will be substantially achieved.

A commitment is judged to have been 'not achieved' only if there has been little or no sign of progress on specific commitments made by the NT government and no plans are apparent to try to meet the commitment in the foreseeable future.

## Limitations

A number of limitations must be noted.

First, it is important to be clear that the Commissioner does not have a mandate to monitor progress of the *Little Children are Sacred* report recommendations. Instead, the Commissioner monitors government actions arising as result of report and, as previously stated, these may differ significantly from the original recommendations.

It is also important to note that, in many cases, the government commitments refer to developing policies and planning, initiating or improving child protection mechanisms although the report may note that this type of commitment is 'achieved'. This is not intended to be a comment on the degree to which these new policies and mechanisms are currently embodied in child protection practice.

Finally, due in large part to time and resource limitations, most of the information in this report is based on self-reporting from government departments. Much of the information used in the compilation of this report was provided by the Northern Territory Government, which compiled a whole-of-government update report on Northern Territory responses to the *Little Children are Sacred* report. Information has also been taken from agency reports and other relevant public documents.

Later sections of this report contain findings of an OCC review relating to aspects of the child protection system and findings from investigations into specific cases where complaints were received. These sections allow OCC staff to report on selected aspects of how Northern Territory Government commitments are reflected in current practice, although time and resource limitations restrict opportunities for such investigation.

## Findings on Closing the Gap Government Responses

In this reporting year the Northern Territory Government provided a whole of government update report on Closing the Gap responses to the *Little Children are Sacred* report. A large portion of the responses, particularly relating to child protection and safety, have been rolled into the Board of Inquiry recommendations and have been considered to be effectively closed under the Closing the Gap commitments. This year the focus has been to analyse the developments of the Northern Territory Government responses that were considered to be only partially and/or not achieved last year. There has been some progress in a number of those areas, however, only two of those commitments were considered to have changed from being unmet to partially met. A further partially met response was deemed to be substantially met as well. With the other responses, there were no developments sufficient to change their previous designation.

Out of the 55 commitments that have been monitored, 19 have remained fully achieved, 18 substantially achieved, 16 partially achieved and two remain not achieved. Most, but not all, of the summarised material deals with recommendations which were fully achieved before the start of this reporting period. Those wishing to see full discussion on these points from the previous reports can access them at <http://childrenscommissioner.nt.gov.au/publications.html>.

Commentary on the assessment of Northern Territory Government responses for those that have been fully achieved and substantially achieved are located under their respective recommendations in which those are:

## **Fully Achieved**

### ***Recommendation 8***

SAFE\_NT began processing Working With Children Clearances on 1 September 2010.

### ***Recommendation 9***

The Office of the Children's Commissioner (OCC) was established and continues to operate.

### ***Recommendation 10***

A Child Deaths Review and Prevention Committee (CDRPC) has been established. Although no provisions allow the Northern Territory Government to ask the Commissioner to evaluate review processes of serious child abuse cases or to provide advice on any necessary improvements, the Board of Inquiry covered these topics fully.

### ***Recommendation 11***

The expanded Sexual Assault Referral Centres (SARC) in cooperation with the Mobile Outreach Services travel to remote areas of the NT to respond to the needs of children, their families and communities by providing therapeutic services, information and education in regard to child sexual assault and its prevention, including extra-familial abuse. Mobile Outreach Services (MOS) were originally operated by SARC to provide therapeutic counselling, information and education to children in remote communities and town camps, with a focus on sexual abuse issues. In 2010-11, MOS Plus offered a similar service, but it operates independently from SARC, as it now provides counselling, information and education in remote communities and town camps relating to all forms of abuse and neglect, rather than focusing only on sexual abuse.

### ***Recommendation 12***

A separate Department of Children and Families (DCF) was established on 1 January 2011.

## ***Recommendation 13***

There has been significant new investment in different aspects of the child protection system and ongoing reform of the system.

## ***Recommendation 14***

Family and Individual Support Services (FISS) was established as a branch within the Department of Children and Families to provide leadership on policy and service development in the areas of parenting and family support, family violence and women's policy. In 2011-12 the branch will no longer exist due to regionalisation, but parenting and family support and family violence will still be program areas addressed within the restructured DCF.

## ***Recommendation 15***

A Differential Response Framework was implemented in 2008 to introduce alternative responses to vulnerable children and families, and Targeted Family Support Services operate in Darwin, Alice Springs, Tennant Creek and Katherine. The service model is being updated to reflect more of the "dual pathways" approach recommended by the Board of Inquiry (BOI) in October 2010.

The 2006 Child Protection Workforce Strategy has been implemented, including the introduction of a Market Allowance for operational positions and an overseas recruiting program in the United Kingdom, Canada and nationally.

## ***Recommendation 21***

Sexual Assault Referral Centres (SARC) operating in Darwin, Alice Springs, Katherine and Tennant Creek provide crisis support and therapy to victims of sexual abuse. MOS and/or MOS Plus (see Recommendation 11 for details) have to date worked in at least 80 NT communities.

## ***Recommendation 22***

SARC uses a model that involves counselling and medical services working with police, child protection and primary health care service providers to ensure an effective response that reduces trauma to child victims, with regular meetings and joint training to maximise understanding of agency roles and specific issues. Police soft interview suites for children who have experienced trauma have been built within SARC offices in Darwin and Alice Springs to enhance the integrated response.

## ***Recommendation 23***

An Out-of-Home Care Strategy has been developed to address growing demand within the system. This strategy includes the recruitment of foster carers who reflect the cultural diversity of the NT community. The BOI made several recommendations relating to out-of-home care, including a full review of residential care. It is likely that more work will be done on this in future. Improved victim support is reported to be provided through a Therapeutic Services Team (TST) which provides counselling support services to children and families. Victim, family and community support could potentially be offered through the Safe Places established in remote communities, nine for men and 11 for women.

## ***Recommendation 24***

SARC has conducted training on sexual health and materials are available for primary health care providers. The Department of Health (DoH) Remote Health Atlas covers mandatory reporting obligations. Also, according to a Closing the Gap monitoring report issued by FaHCSIA, as of the 31 December 2010, more than 800 remote health and community services workers have taken part in more than 50 workshops and information sessions to increase their capacity to respond to child abuse and related trauma, including mandatory reporting obligations.

## ***Recommendation 25***

Sexual Assault Referral Centres (SARC) and MOS (see Recommendation 11 above) address this recommendation.

## ***Recommendation 26***

A Memorandum of Understanding (MOU) on Combined Investigation Response between DCF and Police was signed off in April 2010. Multi-agency responses to child abuse and family violence are in development and ongoing, as they were identified as a key area of reform by the Board of Inquiry.

## ***Recommendation 27***

The Child Abuse Taskforce (CAT) has been formalised and expanded, with 47 positions allocated to it from NT Police, the Australian Federal Police and child protection. CAT North operates from Darwin and CAT South from Alice Springs. CAT has the capacity to travel to any community as needed by air or road transport.

## ***Recommendation 31***

Child Forensic Interviewing (CFI) courses have been run twice a year with 14 participants in each course. DCF is allocated two positions on each course, with NT Police making up the other 12. All DCF and NT Police members of the CAT who conduct interviews with victims of child sexual assault must have completed the course and a number of other Police (both NT Police and Australian Federal Police) have been trained, enhancing police capacity to conduct child forensic interviews in remote regions.

## ***Recommendation 35***

The *Bail Act* was amended in 2007 to direct the court to take into consideration the protection and welfare of the child.

## ***Recommendation 87***

The NT Department of Justice (DoJ) has run a widespread education campaign in many remote communities on the meaning of classifications for film and television and harm that pornography poses to children. Partnerships were formed with the National Association for the Prevention of Child Abuse and Neglect (NAPCAN), the Commonwealth Attorney-General's Department, and the Australian Institute of Criminology, which has reviewed and commended the structure of the program.

## ***Recommendation 90***

A total of \$1.25 million has been allocated to gambling-related initiatives under the Northern Territory Closing the Gap plan. Part of this funding was provided to a non-government service to support its Indigenous Education Program that is designed to provide intervention, information, education and training services. A number of research projects have been commissioned that relate to Aboriginal gambling problems and the effects of gambling on children's health.

## **Substantially Achieved**

### ***Recommendation 1***

The NTG has aligned its Closing the Gap (CTG) targets with the Australian Government's Closing the Gap framework as part of the Council of Australian Governments (COAG) National Indigenous Reform Agenda (NIRA). Although this will secure a long-term plan for change, the focus on child protection and safety has been subsumed into other targets.

### ***Recommendation 5***

An MOU was drafted between the Department of Health (DoH), Department of Education and Training (DET) and NT Police to improve cross-agency information sharing and national MOUs were developed to enhance information sharing between the Department of Children and Families (DCF) and agencies such as Centrelink and Medicare. An Interdepartmental Child Protection Policy and Planning Working Group (since replaced by another coordination group) was established to support a whole-of-government approach to child abuse, including protocols for information sharing and action. However, the BOI stated:

*"The Inquiry has not seen evidence of any 'finalised and implemented cross-agency agreement with protocols between the Department of Health and Community Services, NT Police, Department of Employment, Education and Training and Department of Justice to improve cross-agency case management and coordination around child abuse response and prevention'". (BOI, 2010, p.422)*

### ***Recommendation 7***

The Inter-Agency Child Protection Policy and Planning Working Group (ICPPPWG) was established to provide the Northern Territory Government with greater capacity to co-ordinate responses on issues of child protection. It has since been replaced by the Child Safety and Wellbeing Directors' Network (CSWDN).

### ***Recommendation 16***

DCF and the NT Police operate the joint Child Abuse Taskforce (CAT), charged with the investigation of allegations of multiple and complex cases of child sexual assault. It is unclear whether specific protocols have been developed "to support increased liaison with family or clan groups" as indicated in the Northern Territory Government commitment, but a team of three Aboriginal Resource Workers (ARWs) has been appointed to work alongside the CAT workers in order to "initiate community development strategies aimed at raising the level of safety for children on those communities".



## **Recommendation 17**

National MOUs have been developed to enhance information sharing between DCF and Commonwealth agencies such as Centrelink and Medicare and MOUs have been developed between DCF and NT Police relating to information sharing in sexual abuse cases. Although legislative change has not occurred to remove impediments preventing other agencies sharing information relating to child sexual abuse, an inter-agency Child Protection Policy and Planning Working Group (ICPPPWG) comprised of senior officers representing the Department of Education and Training (DET), the Department of Housing, Local Government and Regional Services (DHLGRS), Department of Justice (DoJ), Office of the Children's Commissioner, NT Police, Department of the Chief Minister (DCM) and Menzies School of Health Research was set up and operated briefly. As previously mentioned this has been replaced by the CSWDN.

An information sharing framework was passed in the Legislative Assembly on 16 February 2012 and is set to start on 1 July 2012. This piece of legislation will make it easier for government departments to share information with non-government organisations to improve service delivery relating to the care and wellbeing of children.

## **Recommendation 18**

It appears there has been no formal review of information sharing structures between child protection providers and notifiers, but the Act allows for some level of feedback to notifiers. The DCF *Care and Protection Policy and Procedures Manual* provides guidelines for child protection workers on providing feedback to notifiers, and changes to the electronic client information system should enhance internal processes aimed at providing such feedback. For a while, DCF located a child protection worker at Royal Darwin Hospital to provide advice and feedback to medical practitioners and health professionals in relation to notifications and matters relating to child protection. The BOI has made recommendations on providing feedback to notifiers and implementation of the recommendations is expected to improve the situation.

## ***Recommendation 19***

The allocated number of child protection positions has grown substantially. DCF has implemented strategies aimed at recruitment, retention and professional development, including a Market Allowance, a Capability Framework aimed at assisting with specific knowledge, skills and behavioural based competencies, and a supervision framework to assist team leaders and managers with leadership, mentoring and managing performance. However, as noted by the BOI, the ability to attract – and even more so to retain – a skilled, stable child protection workforce, including local and Aboriginal workers, continues to be a challenge.

## ***Recommendation 41***

The inter-agency collaboration of a whole-of-government strategic plan for early childhood services is in the final stages of completion. DET, which is the lead agency for establishing Integrated Family Services, has appointed child and family leaders in a number of communities throughout the Northern Territory.

As at 30 June 2012, the Australian and Northern Territory Government funded Families as First Teachers (FAFT) Aboriginal parenting support service has been rolled out to all of the Growth Towns in the NT. A mobile service was also servicing 25 smaller communities, particularly in the central region.

The Office of Aboriginal Torres Strait Islander Health (OATSIH) is supporting a Nurse-Family Partnership Support Service program in Alice Springs, which provides mothers within 100 kilometres of Alice Springs with home-delivered nursing visits and maternity support.

## ***Recommendation 42***

As previously mentioned, DET's Early Childhood Plan is due to be finalised shortly. The Northern Territory Government, through remote and urban health centres and hospitals, provides nurses and community-based child health workers to support child health programs such as the Strong Women Strong Babies Strong Culture program.

## ***Recommendation 45***

The four strategies proposed to address trauma are dealt with in other responses in this document. The responses to recommendations 20 and 25 have been substantially achieved and the responses to recommendations 21 and 27 have been fully achieved.

The discussion below details progress towards achieving the remaining responses in greater detail.

## ***Recommendation 61***

As part of the new Enough is Enough alcohol reform measures, additional programs been rolled out to complement existing initiatives. Examples of these programs are the Banned Drinkers Register (BDR), rehabilitation services, Substance Misuse Assessment and Referral for Treatment (SMART) Court as well as the Alcohol and Other Drugs (AOD) Tribunal.

## ***Recommendation 62***

Alcohol Management Plans (AMPs) has been finalised in 18 communities and a further 25 are under development. There has been an increase in the Alcohol and Other Drugs workforce to support rehabilitation services. Infrastructure works have been carried out in a number of rehabilitation sites including Darwin, Katherine, Tennant Creek and Alice Springs.

## ***Recommendation 63***

As previously mentioned, new alcohol reform measures have been rolled out to complement existing initiatives such as additional licensing inspectors. Examples of these programs are the Banned Drinkers Register, the NT-wide supply restriction for problem drinkers, rehabilitation services, SMART Court as well as the Alcohol and Other Drugs Tribunal.

## ***Recommendation 69***

The Enough is Enough alcohol reforms included additional rehabilitation services throughout the NT. Training and education has begun with the Department of Health, through Remote Health services, as well as with Aboriginal Medical Services Alliance NT (AMSANT) relating to early intervention for the treatment of alcohol abuse.

## ***Recommendation 75, 76, 77***

The Indigenous Family Violent Offender Program (IFVOP) focuses on reducing the individual's level of violent offending through a cognitive/personal responsibility program model. The Northern Territory Government reported that 22 IFVOP's rolled out in 2011-12, with 193 offenders being referred to one of those programs and 120 completing it.

Twenty Safe Places have been established in 15 remote communities, with 12 Women's Safe Places and eight men's Cooling-Off Places (this program is being reviewed). There are also two urban Safe Places auspiced by women's shelters in Alice Springs and Darwin.

The Safe Places work closely with Police, night patrols and clinics as well as providing regular activities and community education programs related to strengthening community safety and families.

## ***Recommendation 78***

The Australian Government announced in 2007 that it would fund night patrols in remote NT Aboriginal communities. Currently, there are funded patrols in 80 communities, most being in the area covered by the Northern Territory Emergency Response (NTER)

It is understood that the Stronger Futures initiative will not negatively affect any of the current arrangements.

## Recommendation 4 - Operational Responsibility – Department of the Chief Minister (DCM)

### Recommendation

That the Government develop a Child Impact Analysis for all major policy and practice proposals across Government.

### NTG Response

The NTG will review current processes to determine how best to incorporate a Child Impact Analysis into the Cabinet Submission process by December 2007.

### NTG Update

In January 2011, the new Department of Children and Families (DCF) was established. This has meant the NT Government policy and practice proposals with child impacts are now subject to scrutiny by an agency dedicated to child safety and wellbeing, bringing increased focus and rigour to the development of such proposals.

The Cabinet Handbook still requires an analysis to each Cabinet proposal in the context of key government strategies such as *Working Future* and specifically directs agencies to highlight key implications in areas such as family and children.

### OCC Summary

As with previous years, the NT Government has indicated that the Cabinet Handbook has been altered to inform agencies that certain key areas must be considered when submitting cabinet submissions. The establishment of the DCF and the alteration of the Cabinet Handbook would certainly assist with the consideration of child impacts on any cabinet proposals if circulated to that department. **However, this does not address the specific recommendation or the NTG Response.**

### Outcome

Partially achieved

## Recommendation 6 - Operational Responsibility – Whole of Government (NTG)

### Recommendation

### NTG Response

That NT Government agencies adopt policies, procedures or guidelines that promote child safety (e.g. reporting child abuse, appropriate recruitment and selection practices of staff and volunteers who work with children, including screening processes wherever appropriate) and further that agencies ensure that compliance with such policies, procedures and guidelines are a requirement of all funding agreements they enter into with non-government organisations.

All agencies will assess their existing policies, procedures and guidelines that impact on child safety and address gaps by December 2007. The Children's Commissioner will have an ongoing role in identifying and highlighting additional gaps.

All agencies will immediately incorporate appropriate clauses to ensure child safety in all new and renewed funding agreements with non-government organisations.

### NTG Update

Closed under **Closing the Gap** – pursued through the BOI recommendations 10, 11, 12, 117 & 118

#### BOI Rec.10

A range of initiatives to address this recommendation are at various stages of implementation, including development of a Strategic Investment Framework that will guide long-term funding decisions and NGO capacity development.

#### BOI Rec.11

Work with the Australian Government and NGOs is underway to examine existing service options and innovative ways to support and enhance the capacity of the local workforce.

#### BOI Rec.12

A new grants management framework is being developed within DCF to reflect the transition of grant making functions to the regions and to ensure that decision making processes adequately and consistently meet best practice grants administration.

#### BOI Rec.117

Initiatives are at varying stages of implementation for dual pathways, Community Child Safety and Wellbeing teams, Child and Family Centres, hospital-based Multi-Agency Assessment and Coordination (MAC) teams; Child Safety Wellbeing Directors' Network (making child safety everyone's business) and the Mandatory

## Recommendation 6 - Operational Responsibility – Whole of Government (NTG)

Reporter Guide - governance mechanism is being established.

BOI Rec.118

Child Safety Wellbeing Directors' Network established and meeting bi-monthly. Annual Plan to underpin collaborative work in the first quarter of 2012.

### OCC Summary

The most relevant recommendation of the BOI is 118 which identifies the need to establish a senior officer's inter-agency group which would, among other things, implement consistent child protection policies as part of their respective agencies' broader policy framework. The BOI also recommended that each departmental representative would be responsible for relevant child safety and wellbeing policy development for their respective departments. The Intergovernmental Child Protection Policy and Planning Working Group (ICPPPWG) had been set up just before the start of the BOI was later replaced with the Child Safety and Wellbeing Directors' Network (CSWDN).

Agencies have been able to identify child protection policies and procedures, though they have tended to be out dated. It is hoped that this network will provide a more collaborative approach to Government's response to child safety and wellbeing issues.

Previously, agencies had not indicated that they will be including child safety clauses in all funding agreements with non-government organisations. The BOI's recommendations relating to NGO capacity building do not address a whole-of-government approach to ensuring that any funding agreements they enter into include appropriate child safety clauses.

### Outcome

Partially achieved – Some components of the NTG Response are still being addressed.

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## Recommendation 20 - Operational Responsibility – Department of Children and Families (DCF)

Recommendation	NTG Response
<p>That there be a more strategic, planned investment in local community workforces through:</p> <ul style="list-style-type: none"> <li>• more Aboriginal personnel (e.g. Aboriginal Community Workers, Aboriginal Health Workers to be trained and located in remote communities and towns for family, support, community development and to act as local brokers. These positions to be provided with continuing and adequate professional support and mentoring, and to be integrated with health and family support programs delivered on a drive in/drive out or fly in/fly out basis as applicable,</li> <li>• establishment and support for a network of community volunteers to work in communities to help make children safe – similar to the Strong Families program where community members are trained in assist in the prevention of domestic and family violence. It is noted that such a network of volunteers will require ongoing management, coordination and regular training.</li> </ul>	<p>As an important element of strengthening the child protection system, the NTG will establish a network of Aboriginal Child Protection and Care Services to:</p> <ul style="list-style-type: none"> <li>• operate in partnership with DCF in responding to families where child abuse and neglect is occurring or there is a high risk of abuse occurring,</li> <li>• provide advice on investigating child abuse and neglect and on caring for children in ways that respect cultural authority.</li> </ul> <p>This initiative includes:</p> <ul style="list-style-type: none"> <li>• two new services in Darwin and Katherine</li> <li>• expansion of existing Alice Springs service training of Aboriginal staff to work in the services.</li> </ul>



## Recommendation 20 - Operational Responsibility – Department of Children and Families (DCF)

### NTG Update

Closed under **Closing the Gap** - pursued through BOI recommendations 119, 120, 121, 122, 123, 124, 125, 126, 128, 129, 130, 131, 132, 133, 134 & 135 that address a range of workforce issues through the development of a strategic workforce planning process.

A specific Aboriginal and Torres Strait Islander Strategic Workforce Plan will be developed concurrently.

The Remote Aboriginal and Family Community Worker (RAFCW) program and Remote 'Safe Places' has been established within the operations of DCF through funding from the Australian Government under the *Northern Territory National Emergency Response Act 2007* (Cth) (NTER) and now the **Stronger Futures** initiative.

### BOI Rec.3

The peak body Strong Aboriginal Families, Together (SAF,T) has been allocated \$1M in 2011-12 to undertake the scoping, consultation and model development work for the Darwin and the Alice Springs Aboriginal Child Care Agencies (ACCAs). ACCAs are to be established in Darwin and Alice Springs

### OCC Summary

The RAFCW program is not auspiced or administered by an Aboriginal non-government organisation but directly run by DCF. As at 30 June 2012, SAF,T had progressed well in developing the model for the two sites. It is expected that each site will include seven Aboriginal workers consisting of practitioners, support and administration. The Darwin site is expected to be operational in the last quarter of 2012 and Alice Springs the first quarter of 2013. This is a positive step towards creating specific child protection services for Aboriginal children.

### Outcome

Subsequently achieved

## Recommendation 30 - Operational Responsibility – Department of Justice (DoJ)

### Recommendation

### NTG Response

That, taking note of the **Evidence of Children Amendment Bill** currently before the NT Parliament, it is recommended that the DoJ conduct a review of all legislation relating to court procedures for vulnerable witnesses and child victims of alleged sexual abuse following the first 12 months' operation of the new legislation. This review is to be conducted within six months of that time and is to include consideration of the recommendation of the Commissioner of Police and Director of Public Prosecutions to the Inquiry.

The DoJ will commission a review of court procedures for vulnerable witnesses and victims of sexual abuse after 12 months of operation of the Evidence of Children Amendment Bill.

### NTG Update

#### Closed under **Closing the Gap**

The Report of the Review of Vulnerable Witness Legislation has been prepared by the Department of Justice and contains nine recommendations for improving vulnerable witness legislation in the Northern Territory. Government is currently considering the report.

### OCC Summary

The objective of the review was to enhance protective mechanisms contained in relevant legislation for vulnerable witnesses and especially child victims of sexual abuse. With the report now finalised it is hoped that the Government will incorporate the recommendations of the report into legislation.

### Outcome

Partially achieved – The Government is yet to implement any of the vulnerable witnesses report's recommendations.

## Recommendation 36 - Operational Responsibility – DoJ

Recommendation	NTG Response
<p>That the Government provide more sex offender rehabilitation programs with adequate resourcing and in particular that:</p> <ul style="list-style-type: none"> <li>• wherever possible the court should structure sentences for sex offenders to provide the opportunity for community-based rehabilitation;</li> <li>• Correctional Services must provide ongoing sex offender rehabilitation programs in jail (irrespective of length of sentence and for persons on remand, including culturally appropriate programs).</li> </ul> <p>Supervision of parolees must be meaningful, and include:</p> <ul style="list-style-type: none"> <li>• attendance at an offender rehabilitation program;</li> <li>• time back in their community;</li> <li>• written reports from the parole officer to the sentencing judge.</li> </ul>	<p>The NTG will provide more rehabilitation support for adult and juvenile sex offenders including:</p> <ul style="list-style-type: none"> <li>• sex offender rehabilitation programs;</li> <li>• programs for offenders who are also sexual abuse victims.</li> </ul> <p>The NTG will also provide an additional 10 Corrections Officers to support offenders while on parole.</p>

## Recommendation 36 - Operational Responsibility – DoJ

### NTG Update

Closed under **Closing the Gap**

Adults: This initiative is being implemented. Sex Offender Treatment Programs (SOTP) in a rolling group format are being run in both major adult facilities: Alice Springs Correctional Centre (ASCC) and Darwin Correctional Centre (DCC).

Juveniles: Juvenile sex offenders in the Don Dale Juvenile Detention Centre are treated individually by a Senior Clinician attached to SOTP. Individual treatment can be delivered by clinicians to juveniles who have offended and who have been victims of sexual abuse.

This initiative has been completed.

Community Probation and Parole Officer (CPPO) positions have been established at both regional and remote offices in remote Aboriginal communities. CPPO locations are Wadeye, Wurrumiyanga (Nguu), Nhulunbuy, Alyangula, Barunga, Timber Creek, Tennant Creek, Hermannsburg and three in Alice Springs..

SOTP Senior Clinicians have developed and deliver training for Community Corrections Officers regarding supervision and management of sex offenders in the community.

### OCC Summary

Community Corrections developed a comprehensive Offender Management Framework in April 2010, which provides direction in relation to the supervision and management of parolees. This policy was reviewed and relaunched in June 2011, with more comprehensive information on the requirements of assessment and supervision of offenders on parole.

Parole Officers consider recommendations from the sentencing court, clinical assessments and an offender's risk and needs assessments when considering appropriate release conditions. Where an offender is identified as requiring a rehabilitation program, referrals and assessments are done as part of the pre-release planning. Attendance at approved placements forms part of the conditions of release, and the parolee's compliance is mandatory. However, there are few community rehabilitation programs available and some exclude offenders convicted of child sexual offences, particularly at residential programs. Where an offender is not offered a place at a community rehabilitation program, greater emphasis is to be placed on their completion of appropriate custodial programs when considering their suitability for release to parole.

Additional risk and needs assessments have been developed to help Parole Officers

## Recommendation 36 - Operational Responsibility – DoJ

focus their offender management on effective and meaningful goals. High risk offenders (sex offenders and serious violent offenders) who are not residing in remote communities are meant to be treated on an individual basis, in the community, by psychologists.

Previously, DoJ had reported that more sexual offenders were being treated under the SOTP, a new group program had been developed for sexual offenders and therapeutic interventions had started for juvenile offenders. SOTPs are being delivered in Darwin and Alice Springs Correctional Centres. These rolling group programs for sentenced offenders allow for offenders to join part-way through a program, rather than having to wait for a new one to start. It is unknown what capacity and levels of expertise are embedded in the Clinical Services unit of DoJ, which delivers the SOTP.

It is positive that additional Community Probation and Patrol Officer positions have been established in remote parts of the NT to support offenders once they re-enter the communities. The training delivered by senior clinicians to these Community Probation and Patrol Officers is commendable though it is not known if this training is adequate for those officers to manage offenders with complex sexualised behaviour problems. For this report there are no specifics on the number of offenders being treated by these programs.

### Outcome

Partially achieved

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## Recommendation 37 - Operational Responsibility – DoJ

### Recommendation

Provide community-based rehabilitation programs for convicted sex offenders as appropriate and those at risk of offending.

### NTG Response

The NTG will provide for more rehabilitation support for adult and juvenile sex offenders, which will include some community-based rehabilitation options.

The DoJ will expand the Elders Visiting Program from four to 12 communities.

### NTG Update

#### Closed under **Closing the Gap**

This initiative started but has not progressed due to insufficient resources in the community.

Sex offenders in the community are treated individually by Senior Clinicians (psychologists) attached to offender programs in the Top End and by Congress psychologists in the Central Region.

### OCC Summary

Previously, the NTG had indicated that a legislative change was needed so adult and juvenile sex offenders could be treated in the community if they were no longer under court orders. However, there was some capacity for correctional clinicians to do preventative treatment for high risk sex offenders when on parole.

Even though some offenders are being treated in the Top End and Central Region, there has been little investment in community-based programs for these offenders.

The Elders Visiting Program remains unchanged, with eight remote communities participating in the program. Elders from these communities visit prisoners in either Darwin and/or Alice Springs.

### Outcome

Partially achieved

## Recommendation 38 - Operational Responsibility – NTG, DCF, DoJ

### Recommendation

That the government will provide youth-specific, culturally appropriate rehabilitation programs for juvenile sex offenders in detention, and for those on parole or subject to community-based orders.

### NTG Response

The DoJ will provide rehabilitation services for juvenile sex offenders.

In addition, the DCF will establish Therapeutic and Behaviour Support Services Teams (Rec. 25) to provide additional support for juvenile offenders with behavioural issues once they are out of the correctional services system.

### NTG Update

#### Closed under **Closing the Gap**

Juveniles: Juvenile sex offenders in the Don Dale Juvenile Detention Centre are treated individually by a Senior Clinician attached to SOTP. Individual treatment can be delivered by clinicians to persons who have offended and who have also been victims of sexual abuse.

This initiative has been completed. Community Probation and Parole Officer (CPPO) positions have been established in both regional offices and remote Aboriginal communities. CPPO locations are Wadeye, Wurrumiyanga, Nhulunbuy, Alyangula, Barunga, Timber Creek, Tennant Creek, Hermannsburg and three in Alice Springs.

Offender Program Senior Clinicians have developed and deliver training for Community Corrections Officers on– supervision and management of sex offenders in the community.

#### LCSR Rec.11

Expansion of Sexual Assault Referral Centres (SARC), in cooperation with the Mobile Outreach Services to remote areas, responds to needs of children, their families and communities by providing therapeutic services, information and education in regard to child sexual assault and its prevention, including extra-familial sexual abuse.

BOI recommendations 32 and 66 continue to address this area.

#### BOI Rec. 32

Develop and implement a comprehensive response plan around the needs of protected young people who come to its attention as recommended in the BOI and in the High Risk Audit, including the creation of a new 'youth at risk' outcome category for Central Intake Team.

## Recommendation 38 - Operational Responsibility – NTG, DCF, DoJ

BOI Rec.66

Development and funding of specific therapeutic options for children and young people with high needs such as therapeutic residential care, secure care, therapeutic foster care and arrange of therapeutic counselling and treatment services.

### OCC Summary

See response to Rec. 25, 36 and 37.

There is no suggestion in the NTG update on this response that juvenile offenders are treated for any sexual behaviour issues once they have left the detention. The BOI recommendations mentioned in the update do not address this issue.

### Outcome

Partially achieved

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## Recommendation 39 - Operational Responsibility – DoJ

### Recommendation

That the government commence meaningful dialogue as soon as possible with Aboriginal communities aimed at developing alternative models of sentencing that incorporate Aboriginal notions of justice and rely less on custodial sentences and more on restoring the wellbeing of victims, offenders, families and communities. Further, where these models can demonstrate probable positive outcomes within the relevant community that are suitable to the needs of victims provide rehabilitation to offenders and promote harmony within the broader community, the Government commit to the ongoing support of such programs and to legislative changes necessary to implement such programs. Any model which is developed may be utilised only with the support of the victim.

### NTG Response

The DoJ will continue to develop and pilot alternative restorative models of sentencing for crimes other than child sexual abuse, in particular expanding the Community Court model to the Territory's largest communities.

### NTG Update

Completed

Community courts have been held in Alyangula, Borroloola, Daly River, Darwin, Galiwinku, Gapuwiyak, Jabiru, Maningrida, Milikapiti, Wurrumiyanga, Nhulunbuy, Numbulwar, Gunbalanya and Wadeye. A review of Community Courts is underway. (Note: Community Court sittings have recently been limited pending resolution of issues regarding the operation of certain provisions of the *Sentencing Act*.)

### OCC Summary

It is encouraging that Community Courts have been held at a number of the larger communities, particularly in the Top End of the NT. However, for these alternative restorative models to be truly effective, a wider roll-out would be needed. **There has been little progress of the Community Court review since the last reporting period.**

### Outcome

Partially achieved

## Recommendation 44 - Operational Responsibility – Department of Health (DoH)

Recommendation	NTG Response
<p>That Primary Health Care (PHC) provider roles in protecting children from harm be strengthened by:</p> <p>providing protocols, tools, training and support, including the development of multi-disciplinary training course for PHC providers: <i>'Child Protection: Principles and Practice for PHC Practitioners'</i>;</p> <p>use of PHC centres as service hubs as part of the integrated health and welfare responses in remote communities.</p>	<p>The DoH will continue to develop and implement protocols, tools, training and support for Primary Health Care providers (PHC) to strengthen the protection of children as part of its community education role.</p> <p>As part of CTG, the NTG has a policy of developing and supporting multi-purpose facilities on remote communities. The suitability of the PHC centres as service hubs will be assessed as part of the appropriate process.</p>

### NTG Update

Closed under **Closing the Gap** - pursued through BOI and alternative DoH initiative

BOI 117

Initiatives at varying stages of implementation for Dual Pathways, Community Child Safety and Wellbeing teams, Child and Family Centres, Hospital based Multi-Agency Assessment and Coordination (MAC) teams; Child Safety Wellbeing Directors' Network established making child safety everyone's business and the Mandatory Reporting Guide - governance mechanism is being established.

DCF support role through BOI recommendation 117.

## Recommendation 44 - Operational Responsibility – Department of Health (DoH)

### OCC Summary

The DoH has undertaken a 12-month project, known as the Child Safety and Wellbeing Project, to update and rationalise all policies, procedures, protocols and guidelines related to Information Sharing and Mandatory Reporting legislation.

All staff will have to do the relevant level of training and refresher courses for their respective responsibilities.

A *Remote Health Atlas* provides governance support and information for Remote Health Branch staff by setting standards, providing guidance, describing processes, and providing other general information. Content is designed to fit within legislation and wider department policy.

Updated Atlas documents which relate to recommendation 44 are: *Mandatory Reporting – Overview; Mandatory Reporting – Children, Information Sheet – Mandatory Reporting Requirements Care And Protection Of Children Act; Sexual Abuse – Under 18s; Healthy Under 5 Kids Program.*

In line with the BOI recommendations, Community Child Safety and Wellbeing teams (CCSWT) are being established to provide support in identifying child and family services required in communities.

### Outcome

Partially achieved - Although a substantial amount has been done to inform DoH staff of their responsibilities, OCC was unable to source information on education programs for other primary health care providers or on the use of PHC centres as service hubs in remote communities.

## Recommendation 57 - Operational Responsibility – DCF, Department of Education and Training (DET)

Recommendation	NTG Response
<p>That the government drives a fundamental shift in family and community attitudes and action on child sexual abuse by:</p> <ol style="list-style-type: none"> <li>1. developing appropriate resource information on sexual abuse and conducting regular media campaigns that explain sexual abuse as described in Rec 94;</li> <li>2. expanding delivery of mandatory reporting training to professionals including school staff;</li> <li>3. high profile Aboriginal men and women to provide positive, proactive leadership on the prevention of sexual abuse and the setting of appropriate community norms for sexual behaviour;</li> <li>4. expansion of parenting education and parenting skills training for young people (the next generation of parents) and those already caring from children;</li> <li>5. engaging in dialogue with communities to discuss the particular education that might be needed in a specific community and how that education can best occur;</li> <li>6. recognising the appropriateness of messages being in language and delivered through a number of mediums;</li> <li>7. ensuring sexual health and personal safety programs are in all schools as part of the curriculum.</li> </ol>	<p>The NTG will implement a number of initiatives that will drive a shift in family and community attitudes on child sexual abuse, including:</p> <ul style="list-style-type: none"> <li>• a widespread and sustained community education campaign on child sexual abuse (Rec. 94);</li> <li>• implementation of a child protection unit to support schools in mandatory reporting and teaching Aboriginal children protective behaviours (Rec 52.);</li> <li>• providing opportunities to discuss child abuse through anti-violence forums (Rec. 59) and the introduction of Aboriginal and Family Violence Support Services in remote communities (Rec. 75);</li> <li>• the development of integrated Early Childhood and Family Services in remote communities (Rec. 42);</li> <li>• continued use of the Aboriginal Interpreter Service to deliver messages to remote communities.</li> </ul>

## Recommendation 57 - Operational Responsibility – DCF, Department of Education and Training (DET)

### NTG Update

Closed under **Closing the Gap** - pursued through BOI

SARC is operating in Darwin, Alice Springs, Katherine and Tennant Creek. The Mobile Outreach Service Plus (MOS Plus) is operating in town camps and remote communities to provide therapeutic counselling, information and education to children who have experienced trauma from a range of child abuse and neglect.

The Family Support Bilateral Agreement with the Australian Government has enabled the establishment of Safe Places in remote communities.

#### BOI Rec.33

A review of Alternative Care is underway.

#### BOI Rec.75

Out-of-home care induction training is being provided to DCF staff.

#### BOI Rec.77

Funding is being provided progressively to non-government organisations for out-of-home care services. Work is underway to develop a strategic framework for continuum of care.

#### BOI Rec.141

A new community visitor model for children and young people in out-of-home care will be provided.

#### BOI Rec.32

Development and implementation of a comprehensive response plan around the needs of protected young people who come to its attention as recommended in the BOI and in the High Risk Audit, including the creation of a new 'youth at risk' outcome category for Central Intake

#### BOI Rec.66

Development and funding of specific therapeutic options for children and young people with high needs such as therapeutic residential care, secure care, therapeutic foster care and arrange of therapeutic counselling and treatment services.

## Recommendation 57 - Operational Responsibility – DCF, Department of Education and Training (DET)

BOI Rec.146

That the NTG develops and implements a comprehensive community education strategy to highlight key messages about child protection and child wellbeing and to accompany the service delivery enhancements contained in the BOI. The strategy should address a range of issues relating to child safety and wellbeing. The strategy should include a review of the various child wellbeing/protection education programs currently in place with a view to preventing fragmentation and duplication. The strategy should include an ongoing impact evaluation component.

This work has been outsourced and a consultant has been contracted by DCF for an initial 24 months to do this work. It is expected that a social marketing campaign will start in 2012, with the first phase of work to include a focus on attracting Aboriginal foster and kinship carers.

### OCC Summary

See summary in Recommendation 94.

There has been no widespread and sustained community education campaign aimed at educating the community about issues relating to sexual abuse, although there have been a number of strategies aimed at addressing components of this response, including:

**Safe Kids, Strong Futures** was a major community education project targeting remote communities and centred on the role of Aboriginal child protection workers. It was funded jointly by DCF and the **Office for Aboriginal and Torres Strait Islander Health (OATSIH)**, but this funding has ceased.

The Department of Education and Training (DET) accepts a shared responsibility for child protection matters in the education system, including school counsellors, wellbeing behaviour officers, and a Child Protection Education Team. With Australian Government funding this team rolled out a child protection curriculum in selected schools entitled Keeping Safe.

The Parenting Resource Centre has been engaged to develop a resource to support Community Child Safety Wellbeing Team (CCSWT) operations. This work is being done in consultation with DET to ensure links between these tools and training and that provided to Child and Family Leaders.

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**Recommendation 57 - Operational Responsibility – DCF, Department of Education and Training (DET)**

Outcome

Partially achieved - The responses by DCF and the other involved agencies appear to be targeted to supporting children and families in remote communities after reported incidents of sexual abuse, but the recommended broader community education campaign (Rec. 94) has not been delivered. Recommendation 146 of the BOI also addresses this issue to a degree.

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## Recommendation 58 - Operational Responsibility – DCF

### Recommendation

### NTG Response

That the government establish an Advice Hotline (perhaps extending the role of the existing 1800 Central Reporting Number) to provide advice to both community members and professional service providers about the options available to them if they are concerned about possible child sexual abuse. The Advice Hotline must be culturally accessible for Aboriginal people and adequately resourced to ensure the advisory service does not affect the timely and appropriate responses to child protection reports.

The DCF has a child protection reporting and advice hotline that already provides advice to people who are concerned about a child. The hotline will be promoted through the community education campaign (Rec. 94). The capacity of the intake team that operates the hotline will be expanded as part of the increased numbers of child protection workers (Rec. 19).

### NTG Update

Closed under **Closing the Gap** - pursued through BOI recommendations 28, 117

#### BOI Rec.28

As the result of a review of the Central Intake Team, a number of significant changes have been made to the service, including moving to 24/7 operations using new call centre technologies. Extensive training was provided to staff.

#### BOI Rec.117

As part of this recommendation a 'dual pathway' process is being developed for the referral and assessment of vulnerable children and families.

### OCC Summary

The NTG indicates that this response will be rolled into those specified BOI recommendations. However, those recommendations do not address the core issue of providing a capacity for advice on child protection matters which is differentiated from the Central Intake Team (CIT) child protection notification assessment function.

In the past, DCF has indicated that it is expanding the CIT, which should improve its capacity to provide advice as well as act a point for notification of child harm.



**Recommendation 58 - Operational Responsibility – DCF**

Outcome

Partially achieved – To ascertain the impact of CIT expansion on its ability to act as an advice hotline, it will be critically important to establish mechanisms to capture all instances where CIT provides this function, differentiated from its intake function.

## Recommendation 59 - Operational Responsibility – DCF, DoH, DoJ

Recommendation	NTG Response
<p>That the government actively support Aboriginal men to engage in discussions about and that address, child sexual abuse and other violence in communities.</p>	<p>The NTG will establish Aboriginal Men's and Women's Anti-Violence Forums in regional centres as an element of the establishment of integrated Aboriginal Family Violence and Support Services in remote communities (Rec. 75). These forums will include:</p> <ul style="list-style-type: none"> <li>• development of eight annual facilitated regional forums in four regions for Aboriginal men and women</li> <li>• an annual meeting with Territory representatives and the Chief Minister and (then) Minister for Children and Family and Community Services;</li> <li>• annual small grants to groups for activities in support of the child sexual abuse prevention agenda.</li> </ul>

### NTG Update

#### Closed under **Closing the Gap**

A series of Aboriginal men's forums funded by Department of Health and Community Services (DHCS) (now known as DoH) and DoJ were run by Charlie King from November 2007 to April 2008. DoJ funded a whole-of-Territory men's forum convened by Mr King in Darwin in May 2008. DCF funded Mr King (via CatholicCare NT) to run an Executive Men's Group from July 2009. Funding ceased in December 2011.

A social marketing campaign to address family violence has been implemented after consultation with Aboriginal men. This campaign, Stop the Hurting, Start the Healing, aired across the NT from April to September 2011.

## Recommendation 59 - Operational Responsibility – DCF, DoH, DoJ

### OCC Summary

Based on the NTG update and previous submissions it is clear that the regional Aboriginal men's forums were discontinued after 2008 and the Executive Men's Group funded by the NTG and auspiced by CatholicCare NT is no longer operational.

DoH has previously reported on the creation of a Men's Health Strategy Unit staffed by the Men's Health Program Leader and the Aboriginal Male Health Advisor. A key focus will be anti-violence and 'Peace at Home' strategies.

As previously noted, health development teams, which provided outreach consultancy and system support services to remote health centre staff, are being restructured to include men's health coordinators with similar roles and functions to the Strong Women Strong Babies Strong Culture coordinators. The program focus will include men's roles and responsibilities within families and communities, reduced tobacco use and alcohol and other substances misuse and reduced family violence.

Mobile Outreach Services provide opportunities for men and women in remote communities to engage in discussions about child abuse. The services were originally operated by SARC and focused on sexual abuse issues. Currently, MOS Plus offers a similar service, but it operates independently and provides counselling, information and education in remote communities and town camps relating to all forms of abuse and neglect, rather than focusing only on sexual abuse.

### Outcome

Partially achieved – The regional forums were intended to be annual events focussing on anti-violence and child sexual abuse issues.

## Recommendation 64 - Operational Responsibility – NTG, DCF, DoJ

### Recommendation

That the government develop a 'best practice' model of a 'community drinking club' and apply that model across the Northern Territory to existing community drinking clubs and any new such clubs that may come into existence. This model should be designed to avoid, as best as possible, both the obvious and insidious effects on the community of alcohol consumption.

### NTG Response

The DoJ will develop a 'best practice' model of a community drinking club by June 2008, including implementation options.

### NTG Update

Closed under **Closing the Gap** - pursued through current tender

Tender for research consultancy on social clubs including best practice model to be released in March 2012.

### OCC Summary

There has been a successful tender application to conduct this research. Currently, the research body is getting approval from communities to participate in the consultation phase of the research. It should be noted that it has taken a long time for the NTG to get to this stage.

It is hoped the research will result in a range of options to implement an appropriate model for these social clubs to minimise the effects of alcohol abuse. Even though it has taken some time it is hoped that a best practice model will be adopted for these clubs.

### Outcome

Partially achieved

## Recommendation 66 - Operational Responsibility – Licensing Commission (LC), DoJ

### Recommendation

That the Licensing Commission be required to call for and consider community and child impact statements, to be prepared by relevant government agencies, when giving consideration to liquor licence applications. Further, that consideration is given to the proposal that licence applicants be required to gather and submit information as to the community impact of their application at the time of making their application.

### NTG Response

The NTG will require the Licensing Commission to consider Community and Child Impact Statements where so advised by NT Police and/or the DoH.

### NTG Update

Completed

This requirement has been complied with in that these agencies are routinely included in the assessment process for any liquor licence application.

### OCC Summary

As previously reported, the NTG states that the Licensing Commission requires applicants to address community impact and public interest issues in their formal application in accordance with sections 3 and 6 of the *Liquor Act*. With every liquor licence application, including one-off events, a written comment is sought from both NT Police, DoH and DCF on any issues relating to community amenity, public interest (including the impact on children) and harm minimisation. Any information/report received is taken into account by the Licensing Commission as part of its decision making process. Should NT Police, DoH and DCF have specific concerns about an application, they are entitled to object and appear as a party at the hearing and cross-examine the applicant.

It is still the case that specific Child Impact Statements are not required when determining the impact of a potential licence. However, it is understood that relevant government agencies consider the impact on children when examining applications.

### Outcome

Partially achieved - A Child Impact Statement differs from general consideration of the impact of decisions on public interest.

## Recommendation 67 - Operational Responsibility – NTG, DCF, DoJ

Recommendation	NTG Response
<p>That the new liquor legislation currently under consideration by Government include the following features:</p> <ol style="list-style-type: none"> <li>a. significantly increase the ability of the Licensing Commission to take into account the social impact of granting a liquor licence</li> <li>b. require the Licensing Commission to give substantial consideration to both the social impact and the economic benefits of granting the licence</li> <li>c. require the Licensing Commission to take into account a wide variety of views when considering whether to grant, or when reviewing, a licence including those:               <ol style="list-style-type: none"> <li>i. of the Police</li> <li>ii. of the Department of Health and Community Services</li> <li>iii. reflected in submission from any community or sector of the community that may be affected by the grant of a licence</li> <li>iv. reflected in community and child impact statements relating to any significant negative impact on children by the grant of a licence</li> </ol> </li> <li>d. make it mandatory for the Police, DCF and DoH to provide input to the Licensing Commission in relation to the granting of and the review of a licence</li> <li>e. significantly increase the ability of the Licensing Commission to review liquor licences at any time on any reasonable grounds with potential reasons for such review to be broader than a breach of the licensee's conditions and to include evidence of any significant negative social impact or significant negative impact on children</li> <li>f. allow the police, DoH, the Department of Justice or any Aboriginal community</li> </ol>	<p>The Northern Territory Government will introduce amendments to the <i>Liquor Act</i> by the end of 2007 which will encompass the social impact of alcohol and minimise community harm, as well as provide flexibility to deal quickly with harm when it arises.</p>

## Recommendation 67 - Operational Responsibility – NTG, DCF, DoJ

- governing body to recommend to the Licensing Commission that it conduct a review of a liquor licence
- g. provide for clear guidelines for reviewing licences, including that the Licensing Commission much consider:
- i. the social impact on the community
  - ii. the impact upon children
  - iii. the effect on the drinking patterns of the community and consequences of those drinking patterns
- h. significantly increase the power of the Licensing Commission to revoke or modify licences following a review.

## NTG Update

### Completed

Amendments to the *Liquor Act* came into effect on 1 July 2010. These include:

- penalties for minors using fake or false ID to gain entry to licensed premises or to purchase alcohol;
- penalties for supplying fake, false or genuine ID to minors knowing they will use it to gain entry into licensed premises or to purchase alcohol;
- a requirement for inspectors, police, licensees and staff to seize fake or false ID when presented by a minor in an attempt to gain entry into licensed premises or to purchase alcohol;
- introduction of designated areas where alcohol related violence has occurred in public spaces;
- ability for police to issue banning notices or courts to issue exclusion orders in relation to designated areas;
- liquor accords included to remove anti-competitive impacts of the *Trades Practices Act (Cth)*;
- penalties for patrons re-entering, or attempting to re-enter licensed premises once they have been removed;
- introduction of a defence to an offence on a restricted area (public or general) where an action is done pursuant to a liquor licence;
- amendments to regulations to allow more offences for which on the spot fines can be issued; and
- power to allow police to directly remove a person from licensed premises.

## Recommendation 67 - Operational Responsibility – NTG, DCF, DoJ

### OCC Summary

The *Liquor Act* identifies persons, organisations or groups who may object to a licence application. The possible objectors are a very wide group and include local government, the Department of Health and NT Police. It is not mandatory for them to do so; to make it mandatory would require comments on every review or granting of a licence and negates the need for “no comment submissions”.

When considering an application for a licence, the Licensing Commission has no obligation to consider the social impact, the impact on children or the drinking rates of that particular community although the Commission certainly has the option to do this.

Proposals that would allow the NT Police, DCF, DoH or DoJ or any Aboriginal community governing body to recommend to the Licensing Commission that it conduct a review of a liquor licence is not being pursued at this point. Similarly, any proposal that would significantly increase the power of the Licensing Commission to revoke or modify licences after a review is not currently under consideration.

The proposed Regulations that were to provide clear criteria for the review of liquor licences have not occurred.

Most of the changes to the *Liquor Act* as specified in the NTG update relate to measures to restrict or reprimand individuals for inappropriate behaviour. They do not address issues where the licensed establishment is creating substantial social harm in the community.

The new Australian Government **Stronger Futures** framework will have a major impact on the administration of alcohol programs and will supersede some of the previous alcohol policy in the NT.

### Outcome

Partially achieved

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## Recommendation 68 - Operational Responsibility – NTG, DCF, DoJ

### Recommendation

That, in consultation with Aboriginal communities, a significant media campaign for Aboriginal communities be designed to promote healthy alternatives to drinking alcohol and to convey information about the negative impact of alcohol with an emphasis on the relationship between excessive consumption and the increased incidence of child abuse and other violence.

### NTG Response

The Northern Territory Government will run a wide-spread education campaign on the negative impacts of alcohol, safe drinking levels, alternatives to alcohol consumption and moving to lower strength alcohol.

### NTG Update

#### Completed:

- a number of localised targeted campaigns run;
- evidence-based research done to inform changing the culture of drinking in the NT and a safe drinking campaign including research on Aboriginal drinking patterns and major literature review and focus groups;
- broad NT wide campaign strategy developed including themes for safe drinking;
- youth-specific campaign on safe drinking in Alice Springs;
- large scale grog running campaign;
- comprehensive campaign around Enough is Enough alcohol reforms; and
- a large number of education tools in 2011-12 targeted at Aboriginal communities addressing safe drinking to support Alcohol Management Plans (AMPs).

## Recommendation 68 - Operational Responsibility – NTG, DCF, DoJ

### OCC Summary

A number of programs and policies have been implemented recently relating to this response. Since the rollout of the Northern Territory Emergency Response (NTER) alcohol reform has been a major component of Government initiatives. The responses have tended to be targeted towards supply control. The recent community awareness campaign regarding the Enough is Enough alcohol reforms have again focused on supply control measures such as the Banned Drinkers Register (BDR) and Banning and Alcohol Treatment Orders (BAT).

Although commendable, supply control should only be one element of reducing alcohol related violence against women and children. The focus should also be redirected to educating the public about those harms and what consequences they can have on the community, families and children as well as providing alternatives to alcohol consumption.

### Outcome

Partially achieved

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## Recommendation 79 - Operational Responsibility – DCF, NT Police

### Recommendation

### NTG Response

That each city, town, region and community, through an appropriate body, develops a local child safety and protection plan to address indicators of high risk in the area of child sexual abuse, prevention of child abuse generally and sexual abuse specifically. Such plans could be incorporated into community plans developed by local Boards established by the new local government shires and monitored through the Shire Plan, or alternatively in remote communities these plans might be prepared by the local community justice group.

The NTG will review the benefit of local child safety and protection plans and, if necessary, develop a model by June 2008 for the development of plans for communities with severe ongoing child safety issues.

### NTG Update

Closed under **Closing the Gap** - pursued through BOI and **Stronger Futures**

BOI Rec.117

Community Child Safety and Wellbeing Teams (CCSWT) – Program Manager recruited and two community-based staff (Wurrumiyanga and Yirrkala) starting in their communities in the first week in December 2011. A further five practitioners have been appointed bringing the total to seven. After induction, these practitioners are expected to be placed in the following communities from May 2012: Papunya, Lajamanu (also servicing Kalkaringi / Daguragu), Maningrida, Gapuwiyak and Borroloola. Further recruitment is planned for March 2012 with the aim of having 10 practitioners in the communities by 30 June 2012.

It is expected that teams will be operational in all 20 Growth Towns by 2014.

### OCC Summary

Like a number of other *Little Children are Sacred* report recommendations, the development of community safety plans encompassing child safety and protection has been shaped by subsequent government policy imperatives both at the Territory and Australian level.

The development of community safety plans was also one of the major recommendations of the NTER Review Board (FaHCSIA, 2008b). The Board recommended that “funding priority be given to enable Aboriginal communities to

## Recommendation 79 - Operational Responsibility – DCF, NT Police

build community integration and ownership of a child and community safety system - to be implemented through community safety plans which link police, child protection, teachers, health staff, government business managers and other key service providers, with relevant community organisations such as night patrols, safe houses and women's groups" (p. 35).

**Even though the NTG update focuses on the BOI recommendation 117, it does not directly relate to the NTG response.** However, there has been some work done in addition to this. As both levels of government have identified the need for safety plans, the Remote Service Delivery National Partnership Agreement (RSD NPA) was established to ensure a single government response to issues such as the safety plans. The Agreement has identified 21 communities, which are generally aligned with the Territory Growth Towns.

In the Territory, Regional Service Delivery consists of the Remote Operations Centre (ROC), Government Business Managers (GBMs) and Indigenous Engagement Officers (IEOs). The main purpose of the RSD Agreement is to develop Local Implementation Plans (LIPS), which are the strategic plans for service delivery, and address the particular needs and actions required in those communities.

The LIPS contain community safety plans that the community will develop and implement. DoJ is the central agency tasked to coordinate the development of these plans, however, the funding for this program ceases on 1 July 2012. There are a number of issues to be considered when developing the plans. Those can generally be placed into three core areas of public and child safety and disaster management. Importantly, that includes child protection and welfare.

The most crucial components for developing the plans are the community derived Local Reference Groups (LRG) and the Community Engagement Police Officers (CEPO) program. The CEPO's are the main facilitators for developing the plans and liaise primarily with the LRGs and report back to DoJ.

The CEPO program is funded by the Australian Government through the Attorney-General's office for two years which ends in the first quarter of 2013. It is hoped that funding for this program will continue as the task of developing and implementing these plans would become extremely difficult.

Currently, the identified communities' plans are at all different stages of completion, which partially relates to the evolution of each community's LRGs. This can partially be attributed to the pro-activeness of these groups, the communities' focus on safety issues, the pre-existence of similar groups in the community and availability of resources.

Two communities have essentially developed their community safety plans through the LRG consultation process and submitted them to DoJ for final approval. Another community has finalised its plan but incorporated it into its Alcohol Management Plan (AMP). DoJ is the responsible NT Agency for the co-ordination of the AMPs though it

## Recommendation 79 - Operational Responsibility – DCF, NT Police

is understood that the Australian Government will take over this role as part of the Stronger Futures initiative. Several other communities are in the final stages of drafting their plans.

It is essential that the programs underpinning the development and implementation of these plans remain intact. It is well-established that basic community safety is an absolute necessity for any community to function. Poor safety can have devastating effects on all other outcomes such as education, health and employment. We know that Aboriginal women in the Territory are up to 80 times more likely to be hospitalised as a result of assault than their non-Aboriginal counter-parts. Furthermore, Territory Aboriginal people are twice as likely to be hospitalised as a result of assault than Australian Aboriginal or Torres Strait Islander people (DoH, 2011). This exposure to violence unfortunately tends to affect the most vulnerable in our communities and especially children. The communities and all levels of government need to work towards ensuring that this saturation of violence and physiological harm is reversed. A failure to address this fundamental issue will be a barrier to making substantial in-roads into other areas of disadvantage.

**It is encouraging to see there has been some action on this NTG response. Though it should be noted that it is five years since the *Little Children are Sacred* report, and the response and delivery of these plans has been painfully slow. It is hoped that if these programs continue we will see a greater number of communities with refined and implemented community safety plans.**

Outcome

Partially Achieved

## Recommendation 94 - Operational Responsibility – DCF

Recommendation	NTG Response
<p>That a public awareness campaign for Aboriginal people be introduced forthwith to build on the goodwill, rapport, and awareness of the problem of child sexual abuse which now exists in Aboriginal communities, and that this campaign;</p> <ul style="list-style-type: none"> <li>include public contact, meetings and dialogue with communities and service providers with the government to be represented by a suitably senior officer or officers;</li> <li>acquaint leaders of communities and as far as possible, all members of those communities with the key elements of mainstream law in relation to such issues as the age of consent, traditional or promised brides, rights of the parties within marriage, individual rights of men, women and children generally, rights of parents and /or guardians to discipline children, and of the recommendations contained in this report and the proposed implementation of it;</li> <li>be conducted with advice being sought from community leaders as to the most effective and culturally appropriate manner in which to convey the messages, utilising local languages wherever possible.</li> </ul>	<p>The NTG will undertake a wide-spread and sustained education campaign across the NT that will provide Territorians with information about the legal position and community standards in relation to child sexual abuse using radio, television, print and discussion forums.</p>

## Recommendation 94 - Operational Responsibility – DCF

### NTG Update

Closed under **Closing the Gap** - pursued through the implementation of BOI recommendation 146.

BOI Rec.146

That the NTG develops and implements a comprehensive community education strategy to highlight key messages about child protection and child wellbeing and to accompany the service delivery enhancements contained in the BOI. The strategy should: address a range of issues relating to child safety and wellbeing. The strategy should include a review of the various child wellbeing/protection education programs currently in place with a view to preventing fragmentation and duplication. The strategy should include an ongoing impact evaluation component.

This work has been outsourced and a consultant has been contracted by DCF for an initial period of 24 months to undertake this work. It is anticipated that marketing will commence in 2012, with the first phase of work to include a focus on attracting Aboriginal foster and kinship carers.

### OCC Summary

This recommendation continues to be unmet despite the fact that the *Little Children are Sacred* report was released five years ago. The intention behind this recommendation was to educate the community about the legal position and community standards in regards to sexual abuse through the use of a widespread and sustained education campaign across the NT. The failure to implement this recommendation means that many members of the community remain unaware what is considered acceptable or unacceptable behaviour. Also, whole-of-community attitudes towards the sexual abuse of children are not being addressed by a widespread and sustained education campaign.

As previously reported there were some minor initiatives such as specific training by the National Association for the Prevention of Child Abuse (NAPCAN) for education around individual's responsibility around the *Care and Protection of Children Act* and the development of an on-line culturally safe learning tool.

Even though there is a communications strategy being developed for child protection and wellbeing it is clear that sexual abuse will not be the main focus. However, it might be one of the components. To date, there has been no campaign to let people know, particularly those in remote communities, the range of behaviours that are and are not acceptable, and what recourse there is for inappropriate behaviours.

**Recommendation 94 - Operational Responsibility – DCF**

Outcome

Not achieved – However, the response is partly subsumed by BOI recommendation 146.

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## Recommendation 95 - Operational Responsibility – DCF

### Recommendation

That the government promote a vigorous campaign to educate and alert the general public to the tragedies and traumas experienced by the victims of sexual assault, particularly children, the means of identifying such cases and the necessity to report such cases.

### NTG Response

The NTG will undertake a wide-spread and sustained campaign across the NT about child sexual abuse (Rec. 94). The campaign will incorporate messages about the experiences of victims of sexual assault.

### NTG Update

Closed under **Closing the Gap** - pursued through BOI recommendation 146

BOI Rec.146

That the NTG develops and implements a comprehensive community education strategy to highlight key messages about child protection and child wellbeing and to accompany the service delivery enhancements contained in the BOI. The strategy should address a range of issues relating to child safety and wellbeing. The strategy should include a review of the various child wellbeing/protection education programs currently in place with a view to preventing fragmentation and duplication. The strategy should include an ongoing impact evaluation component.

This work has been outsourced and a consultant has been contracted by DCF for an initial period of 24 months to undertake this work. It is anticipated that marketing will commence in 2012, with the first phase of work to include a focus on attracting Aboriginal foster and kinship carers.

## Recommendation 95 - Operational Responsibility – DCF

### OCC Summary

Although the BOI recommendation 146 might incorporate some elements relevant to sexual abuse in the education strategy it is clear that it will not be the focus. The main focus for this strategy will be to highlight the NGO and service delivery enhancements which were some of the fundamental improvements the BOI identified.

**This is particularly concerning given that it is now five years since the release of the *Little Children are Sacred* report, and there has been no specific campaign regarding the issue of sexual abuse and the impact it has on the victims, families and communities.**

Some work units in DCF such as SARC respond to specific requests for information regarding the impact of sexual abuse. However, overall this action has not been achieved.

### Outcome

Not achieved

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## Closing the Gap Safety Five Year Targets

As part of the Northern Territory Government's response to the *Little Children are Sacred* report, the Closing the Gap of Indigenous Disadvantage (CTG); Five, 10 and 20 Year targets were set for the seven key areas including safety. This year there has been a focus on the targets relating safety as it is fundamental to being able to reach any other area's targets, especially relating to children. It was noted in the foreword of the *Little Children are Sacred* report that:

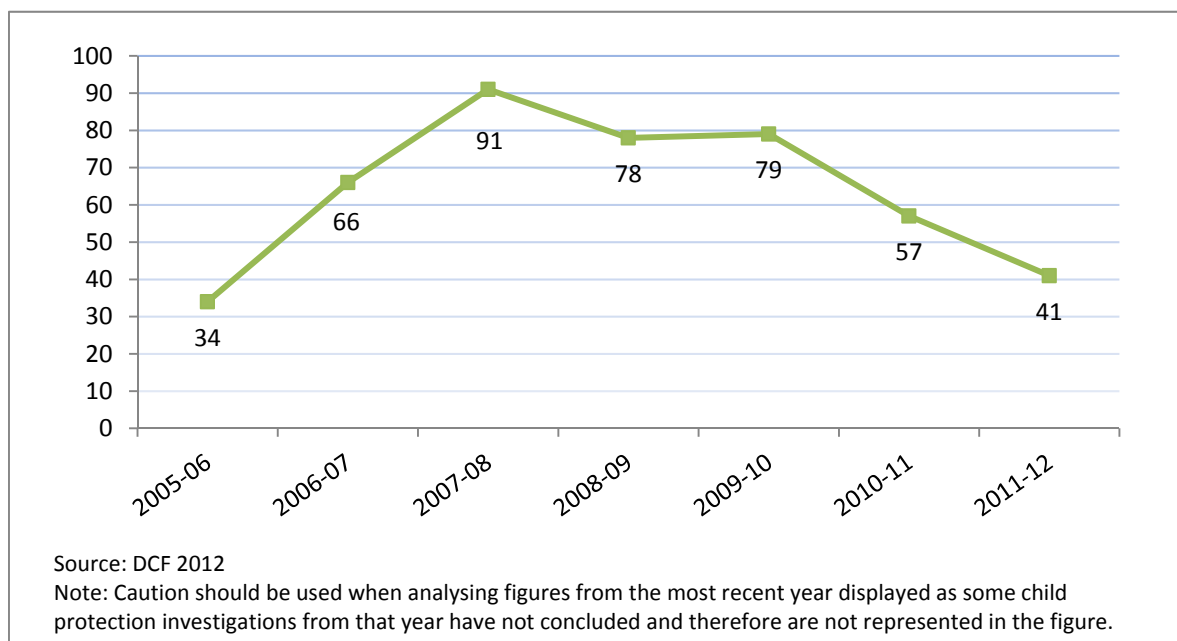
*"It will be impossible to set our communities on a strong path to recovery in terms of sexual abuse of children without dealing with all these basic services and social evils. Even then, the best that can be hoped for is improvement over a 15 year period - effectively, a generation or longer"* (Wild & Anderson, 2007, p.6).

There was never any expectation that the problems that the Northern Territory faces could be solved in a matter of a few years. However, targets have been set at three intervals up to 20 years as a means to reflect on what has been achieved and project where the Territory is heading. It is about five years since these targets were set and therefore, the key safety targets are reviewed here.

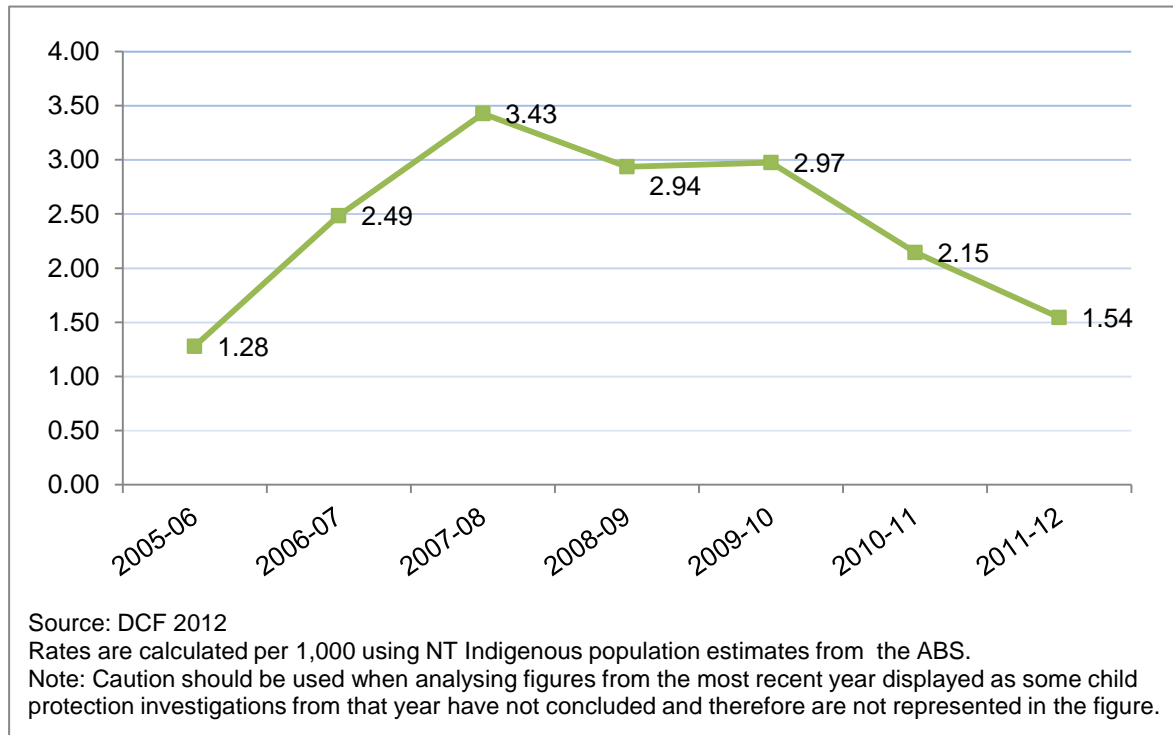
### Child Protection

**Target:** Rate of sexual abuse substantiations for Indigenous children will initially increase from the 2005-06 rate.

**Figure 1: Number of NT Indigenous Sexual Abuse Substantiations, 2005-06 to 2011-12**



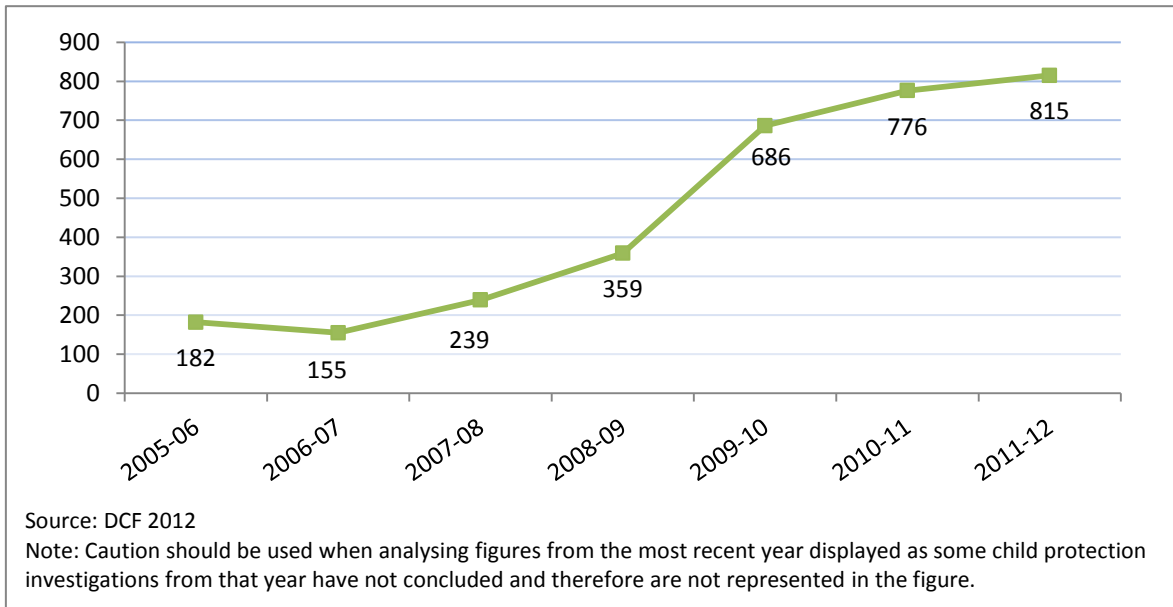
**Figure 2: Rates of NT Indigenous Sexual Abuse Substantiations, 2005-06 to 2011-12**



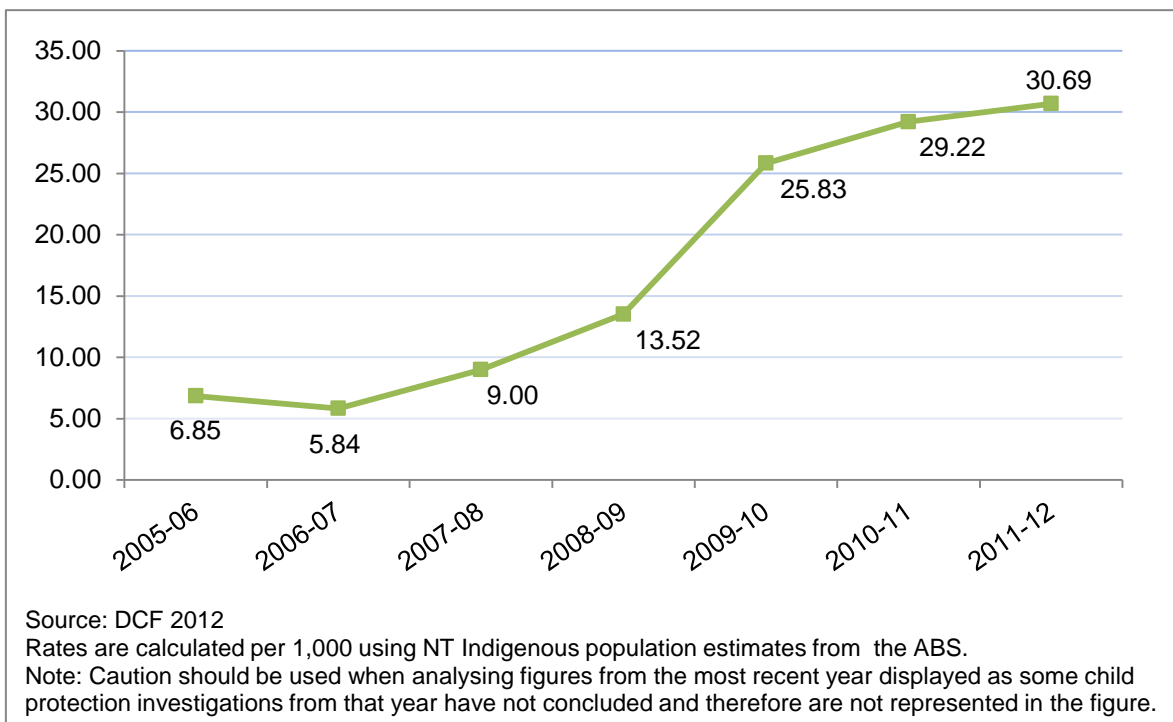
The Closing the Gap target was that sexual abuse substantiations would initially increase from the 2005-06 rates. This occurred and indeed has remained considerably higher than that rate. The possible reasons behind this initial increase are more community awareness around this issue, mandatory reporting of child harm or exploitation and increased law and order resources since the release of the *Little Children are Sacred* report, which provides a greater capacity to report and investigate this type of abuse. For these reasons, it is likely the child protection system is capturing more instances of abuse, rather than this being an indication of more abuse occurring. However, the most recent years' data suggests that the rate is decreasing. The 10-year Closing the Gap target suggests that these rates will be lower or equal to the 2011-12 rates.

**Target:** Rate of neglect substantiations for Indigenous children will initially increase from the 2005-06 rate and then level out.

**Figure 3: Number of NT Indigenous Neglect Substantiations, 2005-06 to 2011-2012**



**Figure 4: Rates of NT Indigenous Neglect Substantiations, 2005-06 to 2011-12**



The Closing the Gap target was that neglect substantiations would initially increase and then level out. This has not been experienced. Indeed, after a slight decrease,

this rate seems to be increasing exponentially and remains a concern as it does not look to be levelling out. This sharp increase can probably be attributed to the system becoming more effective rather than neglect actually increasing. Interestingly, the NT has the highest percentage (49%) of neglect substantiations out of its total abuse/neglect substantiations in Australia. Conversely, it has the lowest percentage (5%) of sexual abuse substantiations out of its total abuse/neglect substantiations in Australia (AIHW, 2012, p.8). These high numbers probably reflect social and environmental conditions experienced by children in many remote communities.

## Alcohol

**Target:** Per capita alcohol consumption rate will decline by 15%.

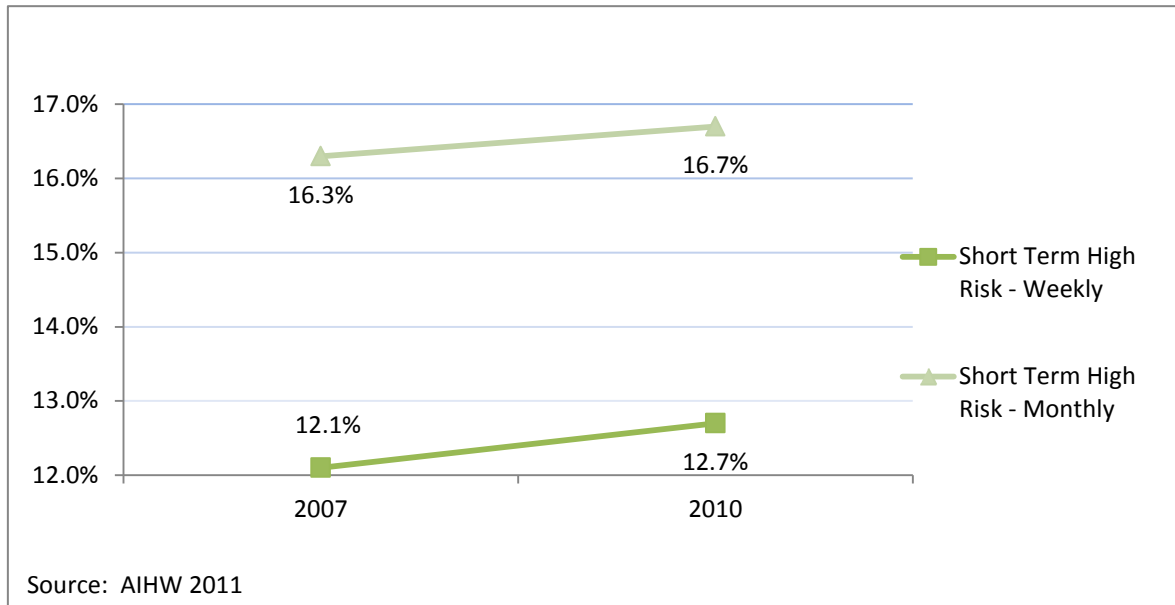
**Figure 5: NT Estimated Per Capita Consumption (Litre), 2006 to 2011**



The Closing the Gap plan estimated that over the five year period from 2007, alcohol consumption would decrease by 15% in the Northern Territory. What we have seen is a 9.4% decrease which, while it does not satisfy the 15% target set, is certainly headed in the right direction. Alcohol abuse is one of the major drivers of increased violence and social disharmony. Any reduction in the consumption levels is a positive step towards a safer Territory.

**Target:** The proportion of the population drinking beyond safe levels for short-term harm will be reduced by 20%.

**Figure 6: NT Short Term High Risk Alcohol Consumption, 2007 to 2010**



The five-year Closing the Gap target for short-term risky alcohol consumption was a 20% reduction. The above chart represents only a four-year period which was the time between the Australian Institute of Health and Welfare's *National Drug Strategy Household Survey* reports. However, in that period it is clear that there has been no decrease in this type of consumption. In fact, there was a slight increase for short-term high risk consumption of weekly and monthly occurrences of 2% and 5% respectively. It should also be noted that while not a Closing the Gap target, long-term high risk consumption has decreased in the Northern Territory over the same period by 5%, which is a positive outcome.

## Summary

This year has seen a focus on reviewing the 16 'partially achieved' and three 'not achieved' commitments recorded from previous years. Previously, out of the 55 commitments that were monitored, 19 were 'fully achieved', 17 'substantially achieved', 16 'partially achieved', and three were 'not achieved'.

There have been some developments on the progress of Community Safety Plans in some of the remote communities of the Northern Territory. This is encouraging to see considering the importance safety plays in fostering an environment where children and community members can feel safe and is fundamental so that they may prosper in other domains. It is hoped that programs (such as the Community Engagement Police Officers program) supporting this process, will retain funding to continue this important task.

The establishment of SAF,T the peak body for Aboriginal child and family services should also be commended. It is also expected that the proposed Aboriginal Child Care Agencies in both Darwin and Alice Springs will be operational soon.

As previously stated most of the responses, particularly those relating to child protection and safety have been rolled into the Board of Inquiry recommendations and have been considered effectively closed under the Northern Territory Government's Closing the Gap commitments. This effectively ends the Northern Territory Government's focus on fulfilling those commitments as they were originally termed. There has been some progress in a number of those areas, however only two of those commitments were considered to have changed from being unmet to partially met. A further partially met response was deemed to be substantially met as well. All the other responses, even though there has been progress, were not considered substantial enough to change their status.

As result, out of the 55 commitments there are now 18 substantially achieved, 16 partially achieved and two not achieved. The Commissioner will continue to monitor these responses, particularly those that require more action.

The five-year Closing the Gap targets around safety focus on the areas of child protection and alcohol. The child protection targets for sexual and neglect abuse rates (as shown in Figure 2 and Figure 3) expected that both these rates would increase with neglect abuse levelling out at the five year mark. The increase has certainly been experienced for both abuse types. However, neglect, which was projected as levelling off, has experienced exponential growth. There could be a number of reasons why this has occurred including increased resource allocation and more efficient recording.



The alcohol targets set a decrease for both alcohol consumption and short-term high risk consumption of 15% and 20% respectively. The figures indicate there has been a decrease, albeit smaller than the target, in the overall consumption of alcohol in the Northern Territory (see Figure 5), and there seems to be no change in short-term high risk consumption of alcohol (see Figure 6). Even though any decrease in apparent alcohol consumption is a positive, neither figure has reached the targets set.

## CHAPTER 3

### Monitoring the Administration of the *Care and Protection of Children Act*

This chapter outlines the findings from the Commissioner's review of child protection activity in 2011-12, including regional and national comparisons. It also sets out findings from two reviews conducted in 2011-12 into aspects of child protection practice, one on care plans and caseworker contact with children.

The child protection statistics reveal that in 2011-12 the Department of Children and Families (DCF) received a major increase in child abuse notifications, but half of these did not proceed to an investigation. Overall, this resulted in fewer substantiations of harm than in 2010-11. Of those notifications that did proceed to investigation, a higher proportion than in the past resulted in a substantiation which suggests that the screening process may be becoming more efficient. The substantiation rate for Aboriginal children has, for the first time, climbed above the national average for Aboriginal children.

Neglect continues to be the largest category of harm to children both in terms of notifications and substantiations. Sexual abuse substantiations as a percentage of all substantiations, continues to fall, and now makes up only 3 per cent of the total.

The number of children in out-of-home care has continued to rise, with more than 1,000 children in care for at least a half of 2011-12. Aboriginal children account for most of the increase, however, these children are still placed at a rate that is considerably lower than that for Aboriginal children in other jurisdictions. The high substantiation rate for Aboriginal children along with this very low placement rate and an increasing rate of repeat substantiations within a 12 month period, raises questions about the nature and effectiveness of services provided to children identified as being at high risk of harm.

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Overall, the child protection data revealed strong improvement in some areas, including the timeliness of Departmental responses, new foster carers, ensuring that foster carers' registrations have not expired and reducing the number of unallocated cases. However, some aspects of the available data raised concerns, including a lack of information on several areas of child protection activity, a lack of clarity about case closures, and the increasing rate of repeat substantiations.

The reviews of compliance with the Act, using a sample of 68 cases, saw marked improvements on last year although some outcomes were mixed. All children in care are to be seen at least every four weeks by a caseworker; this happened in 74 per cent of cases. All children in care are to have a care plan, and the Act is specific on what it should contain. The proportion of placements with care plans had improved since 2010-11, and many aspects of the plans have also improved. However, three aspects showed little improvement or had significantly worse results than in 2010-11. Improvement is required in the development of cultural care plans, the development of 'transition to independent living' plans for children in care aged 15 or over, and in care plan consultation and communication processes.

## Introduction

A key function of the Children's Commissioner is monitoring the administration of the *Care and Protection of Children Act* (the Act), "in so far as it relates to vulnerable children" (section 260 (c)). The primary focus of the Commissioner's monitoring relates to Chapter 2 of the Act, *Safeguarding wellbeing of children*. This Chapter contains most of the child protection provisions, including the powers of the Chief Executive of the Department of Children and Families (DCF or the Department) and the various legal orders that can be put in place to protect children.

The Commissioner monitors administration of the Act in two ways. One is through a review of statistical data, assessing practice patterns and also looking at historical trends, regional differences and the ongoing overrepresentation of Aboriginal children in the child protection system. In addition, the Commissioner reviews compliance with the Act in specific areas. In 2011-12, care plans and case worker contacts were reviewed.

Child protection is a complex system and the Commissioner reviews a number of components in order to assess patterns and trends.

In March 2012 the Office of the Commissioner (OCC) submitted a detailed request for 2011-12 statistical data. These data requested related to notifications, investigations, substantiations, out-of-home care and case closures as well as detailed questions in areas such as administrative arrangements. Some requests were for data as of 30 June 2012, some for the entire year of 2011-12. In a number of cases data were requested for each of the five years from 2007-08 through to 2011-12 to track trends over time.

The Department instituted a regional structure in 2011, in part so staff could be more responsive to local conditions. Some statistics were requested by region or work unit to enable the Commissioner to look at any emerging regional differences in practice. Data were also requested for the first time on the status of specific vulnerable groups of children within the child protection system, such as children with disabilities and those in correctional care. Finally, the Department has outsourced some services to non-government organisations, such as intensive family support and transitional support services for young people who have left the care of the Department. Statistics were requested on how often these services were provided in 2011-12.

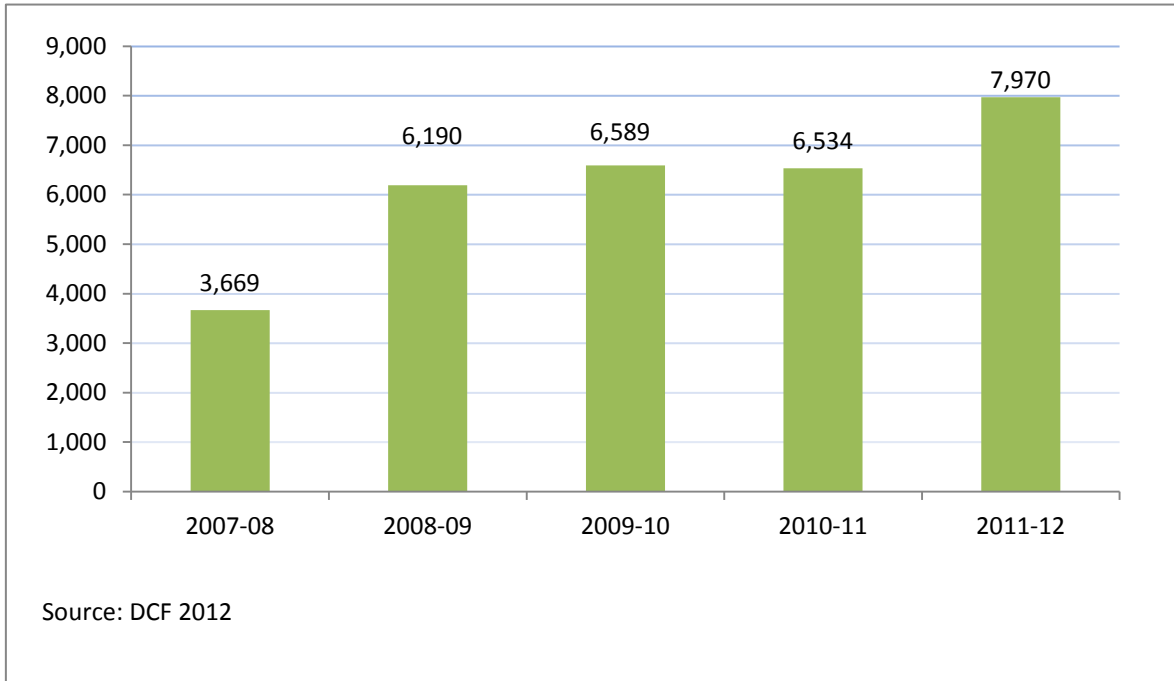
The Commissioner acknowledges the cooperation of the Department in providing a large amount of statistical information between 24 September and 2 October 2012.

## Notifications

### Number of Notifications

The Department received 7970 child abuse notifications in 2011-12. Figure 7 shows that this represents a substantial increase (22 per cent over 2010-11) after three years of relatively stable numbers.

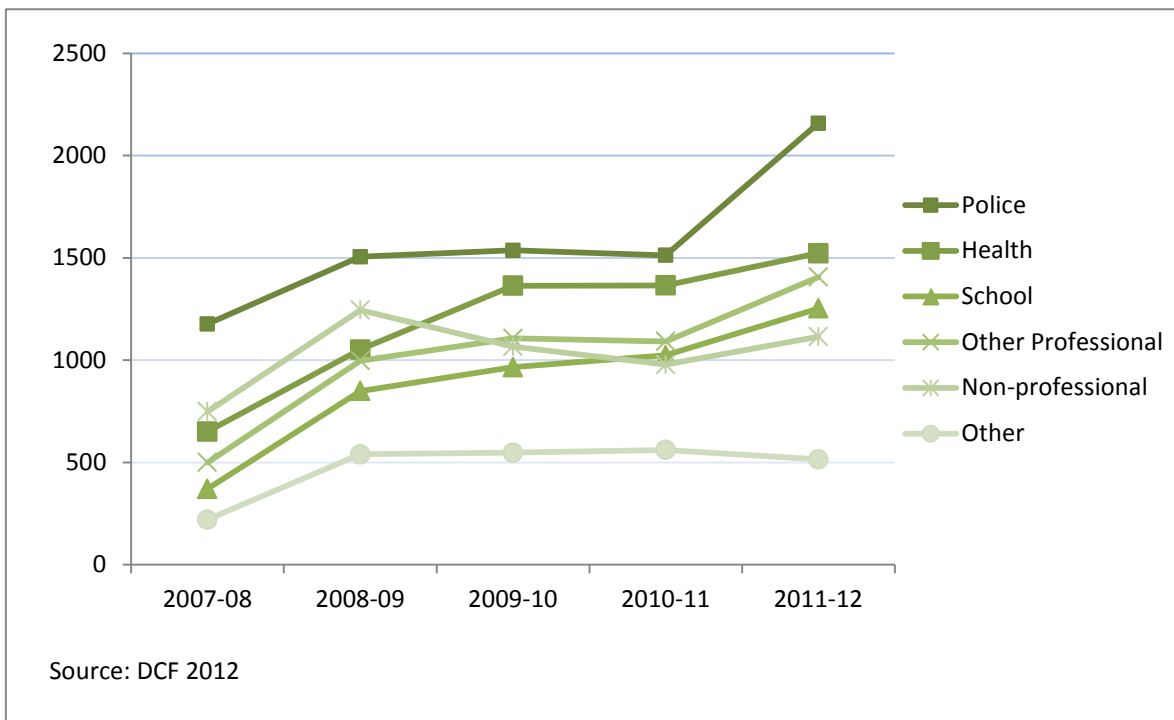
**Figure 7: Number of Notifications, 2007-08 to 2011-12**



### Source of Notifications

As Figure 8 shows, the increase in notifications in 2011-12 came from professionals.

**Figure 8: Number of Notifiers by Category, 2007-08 to 2011-12**



Of notifications received:

- 6,340 (or 80 per cent) were by people whose contact with the child was professional;
- 1,115 (14 per cent) were by family members, friends and neighbours;
- 515 (6 per cent) were by notifiers who could not be categorised.

While the number of family members, friends and neighbours reporting child abuse has stabilised after a surge in 2009-10, reports from professionals such as school personnel, health professionals and police continue to climb. An increase in notifications of child abuse from police was particularly noticeable in 2011-12. It is unclear what proportion of notifications came from special initiatives such as Operation Marathon, which focused on unaccompanied minors in Alice Springs.

The table below provides a detailed breakdown of the source of child abuse notifications in 2011-12.

**Table 1: Notifiers by Category, 2011-12**

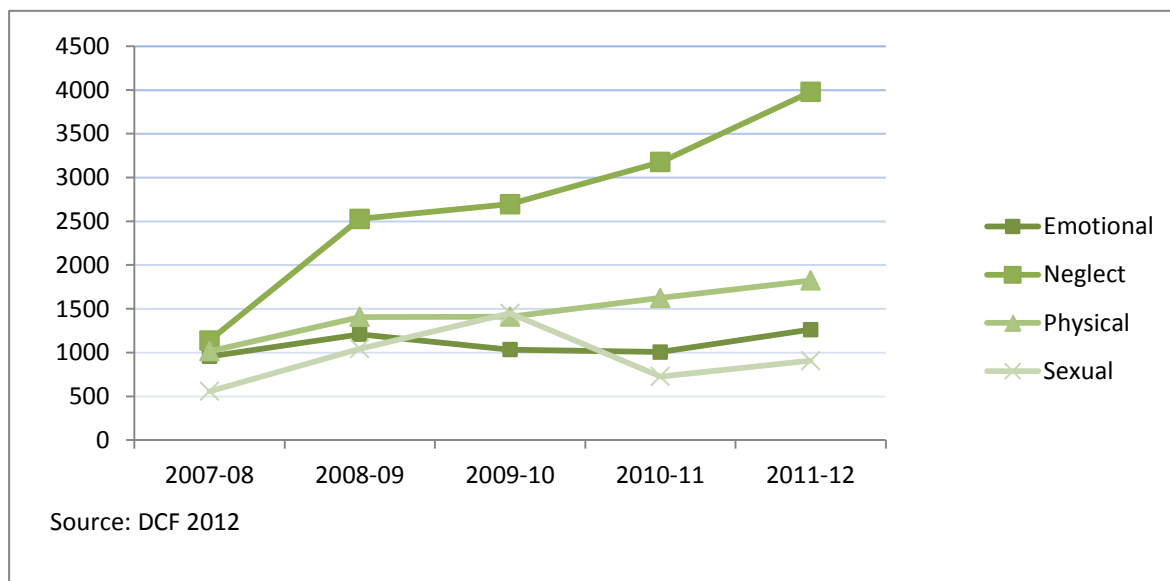
Notifier Categories	Number of Notifications Received
<b>Professionals</b>	
Police	2158
School personnel	1253
Hospital/Health centre	1119
Medical practitioner	146
Other health personnel	258
Childcare personnel	29
Social worker	137
Departmental officer	673
Non-government organisation (NGO)	567

Notifier Categories	Number of Notifications Received
<b>Non-professionals</b>	
Subject child	5
Parent/guardian	447
Sibling	4
Other relative	374
Friend/neighbour	285
<b>Other</b>	
Anonymous	177
Not stated	2
Other	336
<b>TOTAL</b>	<b>7970</b>

## Notifications by abuse/neglect type

Reports of neglect made up almost half of all notifications. Neglect has long been the most common type of report made, but as Figure 9 shows, the proportion of neglect notifications is still rising relative to all other types of child maltreatment issues.

**Figure 9: Number of Notifications by abuse/neglect Type, 2007-08 to 2011-12**



It is not unusual for a case of child abuse to result in more than one notification. The number of children about whom reports were made in 2011-12 is 5742. Even this is likely to be a slight over-estimate. Children may be counted more than once if their birthday occurs between notifications so that they show up in different age groups or if notifications are made about different types of abuse, so that the same child may show up in the 'physical abuse' and 'sexual exploitation' categories, for example. Neglect cases are most likely to result in multiple notifications, with 1.3 notifications per child on average, versus an average of 1.1 notifications per child for all other abuse categories.

As in previous years, the number of reports made about male and female children was roughly equal. Younger children were somewhat more likely to be reported than teenagers but, as Figure 10 shows, increases in notifications compared to 2010-11 were roughly equal in every age group.



### Notifications by age of child

It can be seen in Figure 10 that the 0-4 age group is consistently responsible for highest number of notifications whereas the next two groups (5-9 and 10-14 years) have very similar numbers.

**Figure 10: Number of Notifications by Age, 2007-08 to 2011-12**



### Notifications by Aboriginality

Also as in previous years, most child abuse notifications concerned Aboriginal children, although they comprise less than half of all children in the Territory.

**Table 2: Number of Notifications by Aboriginality, 2011-12**

Aboriginal status of child	Number of notifications received
Aboriginal	5930
Non Aboriginal	1972
Unknown	68
<b>TOTAL</b>	<b>7970</b>

As Figure 11 shows, the percentage of notifications made about Aboriginal children compared to non-Aboriginal children has increased each year for the past five years (with unknown status excluded).

**Figure 11: Percentage of Notifications involving an Aboriginal Child, 2011-12**

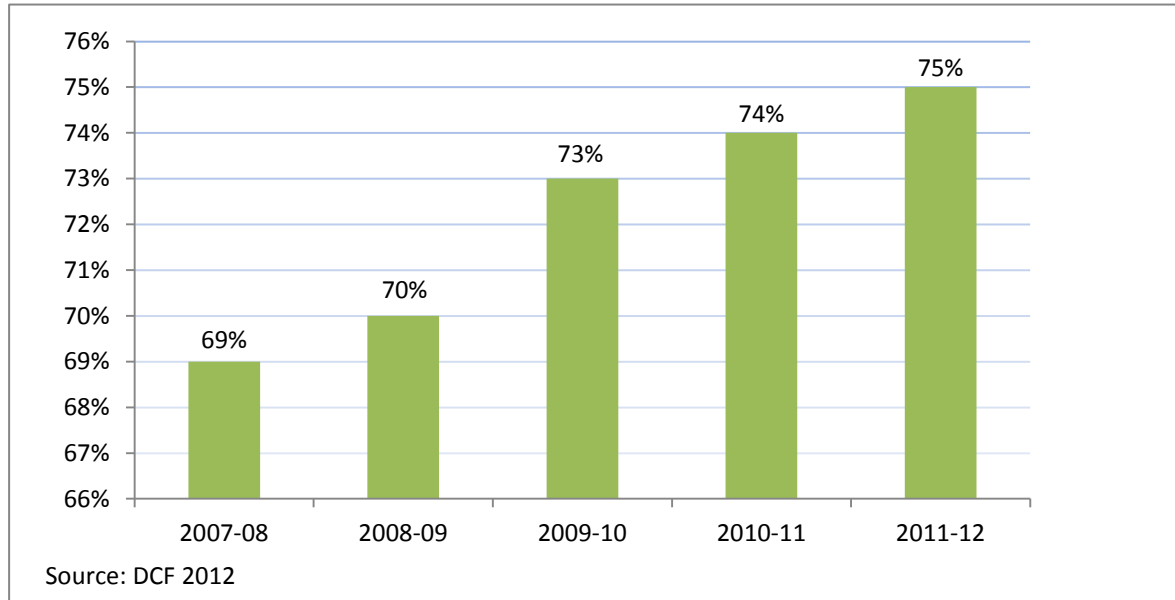
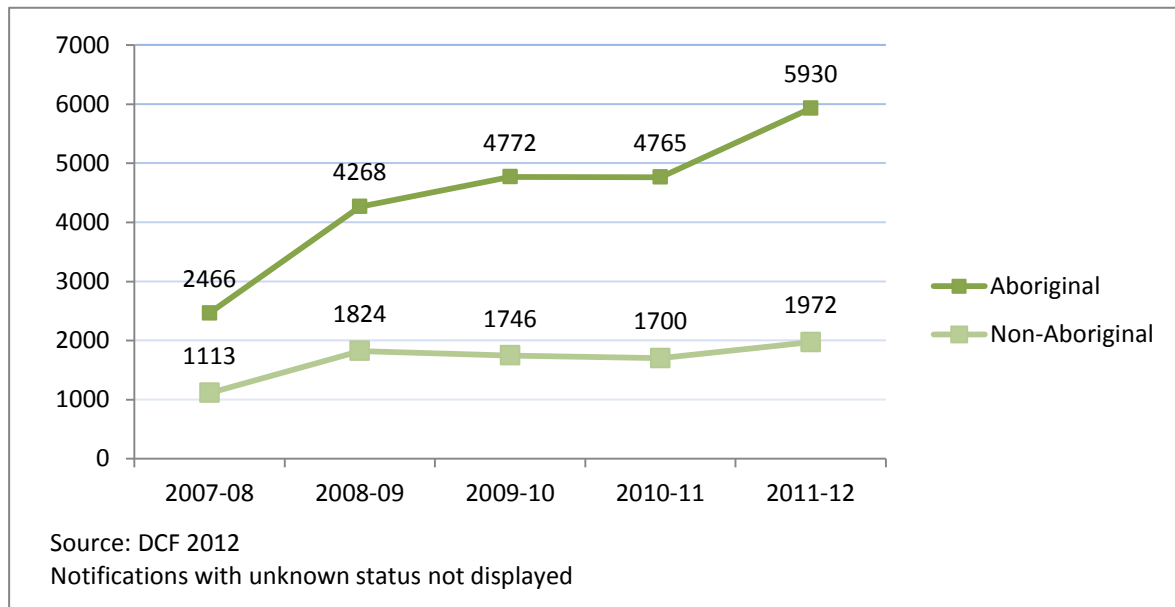


Figure 12 shows the trend of notifications over the past five years. It can be seen that most of the recent increase in notifications has involved Aboriginal children. The numbers for non-Aboriginal children have remained fairly stable over the past four years.

**Figure 12: Number of Notifications by Aboriginality, 2007-08 to 2011-12**



## The Outcomes of Notifications

Whenever a notification is made, a properly authorised person within DCF needs to determine the immediate outcome required, for example, to determine whether the notification involves potential risk to a child and how the Department should initially respond. Of the 7970 notifications made in 2011-12, 3964 (49.7 per cent) were screened out, dealt with in other ways or are still awaiting determination. This appears to be a high proportion of notifications to screen out rather than investigate, however the percentage has varied significantly over the past five years. The comparable figure last year was 39 per cent.

### Urgency Ratings

When considering urgency ratings, 4006 notifications were assigned one of three 'proceed to investigation' ratings. The ratings in order of urgency are: child in danger, child at risk and child concern. Overall, 83 per cent of notifications were assigned a rating within 24 hours, which is the target time period for determining an 'outcome' rating. Of those with a 'child in danger' rating, 97 per cent received outcomes approval within 24 hours.

Investigations for children assessed to be 'in danger' are to start within 24 hours, those for children 'at risk' within three days, and 'child concern' investigations within five days. Discussions continue as to when the 24 hours, three or five-day period should begin, with details still being clarified. However, Table 3 shows that investigations of children 'in danger' were most likely to start within the required timeframe however, almost one in six children in this category did not receive a timely investigation, while one in three 'child at risk' investigations and fewer than half of the 'child concern' investigations met the timelines. However, these figures represent a considerable improvement on the previous year across all three categories. The Department has clearly acted to ensure that compliance with urgency time frames is improved although it is noted that further improvement is still needed.

**Table 3: Percentage of investigations commenced within required time-frame, 2010-11 to 2011-12**

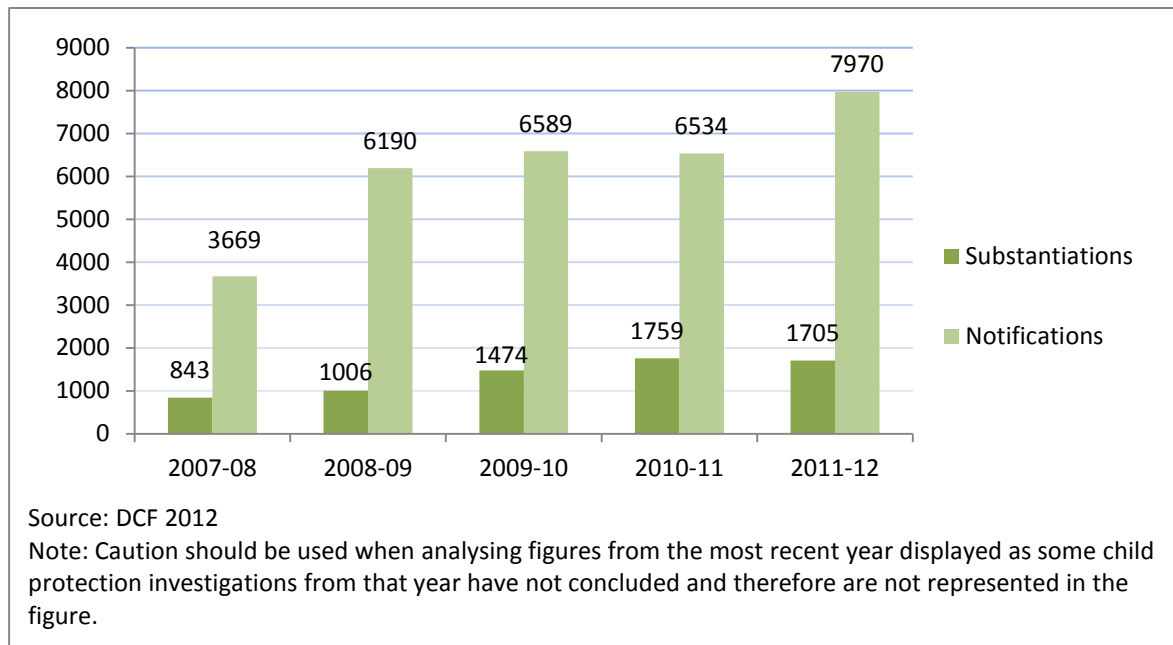
Category	2010-11	2011-12
Child in danger	74%	85%
Child at risk	41%	67%
Child concern	21%	49%

Another way of assessing the timeliness of responses is to look at the number of 'unallocated' cases: those where the need for an investigation has been recorded, but where a child protection case has not yet been created and/or the investigation has not started. As of 29 June 2012, there were 31 cases of this type; 12 were 'child at risk' cases, and 19 were 'child concern' cases. Again, compared to previous years, this is a good result and shows strong improvement in what historically has been a problematic area of practice.

## Notifications, Investigations and Substantiations

There were 1705 investigations in 2011-12 that resulted in a substantiation of child abuse, a figure that is lower than in 2010-11 despite a rise of 1400 in the number of notifications. This may be because only half of the notifications actually proceeded to investigation in 2011-12 (versus 61 per cent for the previous year). It is also possible that some late 2011-12 notifications may have been substantiated early in the 2012-13 reporting year, thus improving on the most recent notification-substantiation ratio depicted in Figure 13.

**Figure 13: Number of Notifications and Substantiations of Abuse/Neglect, 2007-08 to 2011-12**



The reason for the lower overall investigation rate is unclear. However, there was an exceptionally high rate of investigations that resulted in substantiated cases of child abuse (44.3 per cent, the highest rate of the past five years). It is possible that this pattern of results reflects a more valid and efficient approach to making the decision

to investigate such that this determination more accurately and efficiently identifies risk and streams these cases for investigation. However, the available data does not permit a conclusive analysis.

## Substantiations by Aboriginality

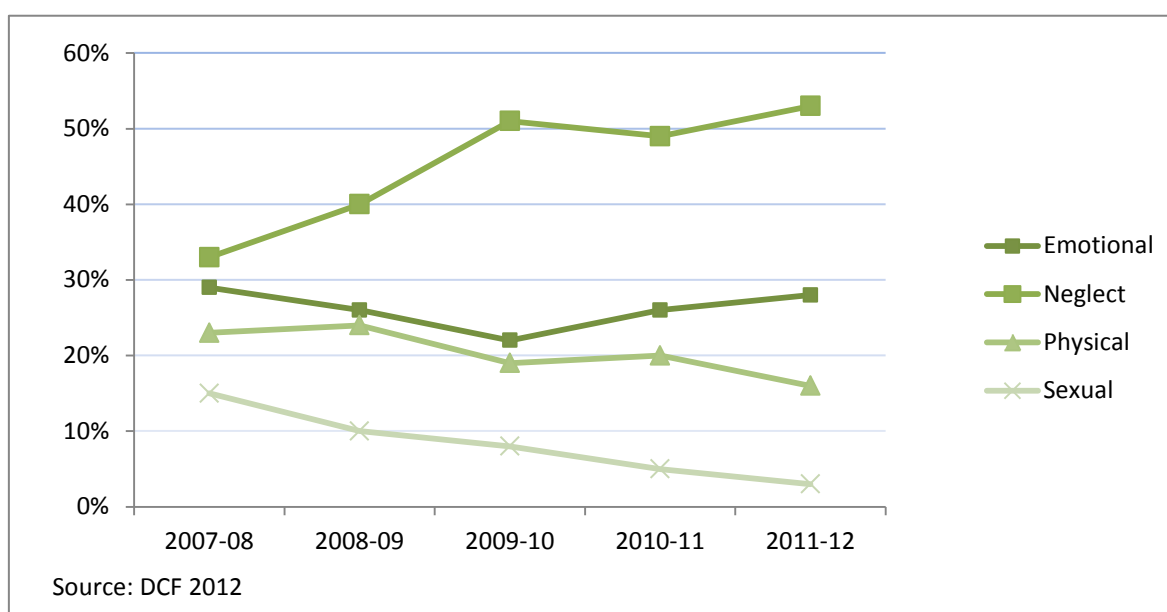
In previous years it was noted that the substantiation rate for non-Aboriginal children was close to the national average for non-Aboriginal children. On the other hand, the rate for Aboriginal children had actually been significantly lower than the national rate for Aboriginal children but has been gradually climbing. In 2010-11 we reported that the NT rate for Aboriginal children in the NT was just under the national average at that time (31.9 to 35.3 per 1000 children).

Data in 2011-12 indicates that 1186 Northern Territory Aboriginal children were subject to a substantiation which yields a rate (based on Australian Bureau of Statistics (ABS) 2012 population estimates) of 43.2 per 1000 children aged 0-17 years, somewhat above the most recently reported Australian average for Aboriginal children (34.6 per 1,000 in AIHW, 2012, p.15).

## Substantiations by maltreatment type

Figure 14 shows that the proportion of substantiated notifications varied widely by maltreatment type, with neglect accounting for more than half of all substantiations and sexual exploitation just 3 per cent.

**Figure 14: Percentage of Substantiated Notifications by Type of Abuse/Neglect, 2007-08 to 2011-12**



The proportion of substantiated reports that involve neglect has risen steadily over the past five years, while the proportion of substantiated child sexual abuse reports has fallen every year, resulting in an 80 per cent drop in the proportion of sexual abuse substantiations over five years. This would be an excellent result if it truly reflected reality but, as discussed in the 'Summary' section below, aspects of these data raise concerns.

## **Repeat substantiations**

As in previous years, a concern in 2011-12 was repeat investigations and substantiations. The 2010 *Growing them strong, together* report by the Board of Inquiry into the Child Protection System in the Northern Territory noted a significant increase in recent years in the number of repeat investigations each year. Repeat investigations of a child within 12 months suggest that the notifiers are not satisfied that the child's safety needs have been addressed, while repeat substantiations suggest that the Department's interventions to assure the safety and wellbeing of the child have not achieved this key goal. In 2011-12 we looked again at repeat investigations and substantiations.

In 2010-11, 3190 children were the subject of a child harm investigation while 1737 cases were investigated but not substantiated. Following these non-substantiated cases for 12 months, it was found that 367 (21 per cent) were investigated again within the 12 months. These data suggest that the original investigation may not have adequately picked up risk that existed 20 per cent of cases.

In 2010-11, 1425 children were the subject of a substantiation of harm or exploitation (the previously reported 2010-11 numbers are slightly changed due to data settling). Following these children for 12 months, 337 (23.6 per cent) were the subject of a repeat substantiation within 12 months. It is a concern that almost a quarter or one in four of the children deemed to have been harmed, were subsequently found to have experienced harm again within a year.

As shown in the table below, more than half of all re-substantiations in 2011-12 involved children who had been originally substantiated as neglect cases.

**Table 4: Number of Children Experiencing Repeat Substantiations after being Substantiated in 2010-11, by Primary Harm Descriptor of the Original Substantiation**

Harm Descriptor (Original Substantiation)	Number of children
Emotional	96
Neglect	184
Physical	52
Sexual exploitation	5
<b>TOTAL</b>	<b>337</b>

These data strongly suggest that the Department needs to review both its investigation strategies and service provision for substantiated cases to determine why such a large number of cases re-present. At the very least these data indicate a waste of staffing resources and at worst, that a significant number of children remain at risk despite being brought to the attention of the Department.

## Administrative Arrangements

### The use of Temporary Placement Arrangements

During investigations, children may remain at home or be placed in out-of-home care. Temporary Placement Arrangements (TPAs) are used in some cases, but last year's annual report expressed the Commissioner's concern that TPAs were being over-used.

Guidelines for TPAs specify that they should be used in cases where the child needs to be placed in care briefly due to temporary issues (such as a parental hospitalisation or other emergency) and return home after the issues have been resolved. However, an audit conducted by the Office of the Children's Commissioner in 2010-11 found that TPAs were being used in cases where issues were clearly not temporary, that the stays were longer than recommended in the legislation and that they often resulted in children going into long-term care or being returned to a home with ongoing issues without sufficient monitoring and intervention.

It is therefore a concern that TPAs were used even more often in 2011-12 than in the previous year. There were 301 TPAs documented in 2011-12 versus 257 in 2010-11, in spite of there being fewer investigations in 2011-12. Almost a third of the placements (97 TPAs) in 2011-12 exceeded 60 days, with three exceeding 120 days.

The table below shows that Central Australia was responsible for most TPAs in 2011-12, with many also documented in the Katherine and Northern region.

**Table 5: Number of Temporary Placement Arrangements (TPAs) by region, 2011-12**

Region	TPAs
Central Australia	151
Greater Darwin	39
Katherine & Northern	92
Territory Wide	19
<b>TOTAL</b>	<b>301</b>

## Out-of-Home Care

Once child abuse/neglect has been substantiated, a decision must be made to either keep children at home while support is provided to the family, or to place them in out-of-home care. On 30 June 2012, 695 children were recorded as being in some form of statutory out-of-home care.

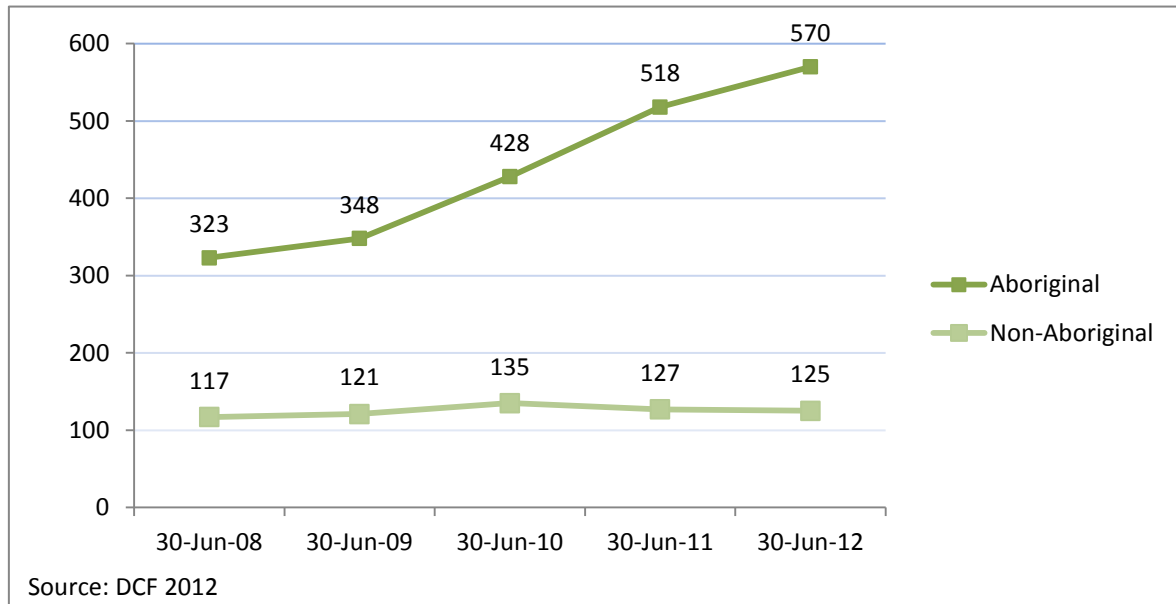
As of 30 June 2012, there were 695 children in care, which translates to a placement rate of 11.2 per 1000 children (using ABS 2012 population estimates). This compares to a national average placement rate of 7.3 per 1,000 children (AIHW 2012 p. 36).

### Children in Care by Aboriginality

It can be seen (Figure 15) that most children in care were Aboriginal. The number of Aboriginal children in care has increased each year over the past five years. In contrast, the numbers for non-Aboriginal children have been relatively stable over the past five years.



**Figure 15: Number of children in care by Aboriginality, 30 June 2008 to 30 June 2012**



Looking at the placement rate by Aboriginal status, a starkly contrasting picture emerges. As of 30 June there were 125 non-Aboriginal children and 570 Aboriginal children in care. This represents a placement rate of 3.6 per 1000 for non-Aboriginal children and a rate of 20.8 per 1000 for Aboriginal children.

It is noteworthy that although the overall placement rate in the Northern Territory (11.2 per 1000) is the highest of all jurisdictions (and just above NSW - which was 10.2 in 2010-11), the rate for placement of NT Aboriginal children (20.8 per 1000) is the lowest of any jurisdiction for Aboriginal children. The NT placement rate for Aboriginal children (20.8 per 1000) compares with the national average of 51.7 per 1000 children (comparison rates based on 2010-11 data from AIHW 2012, p. 36).

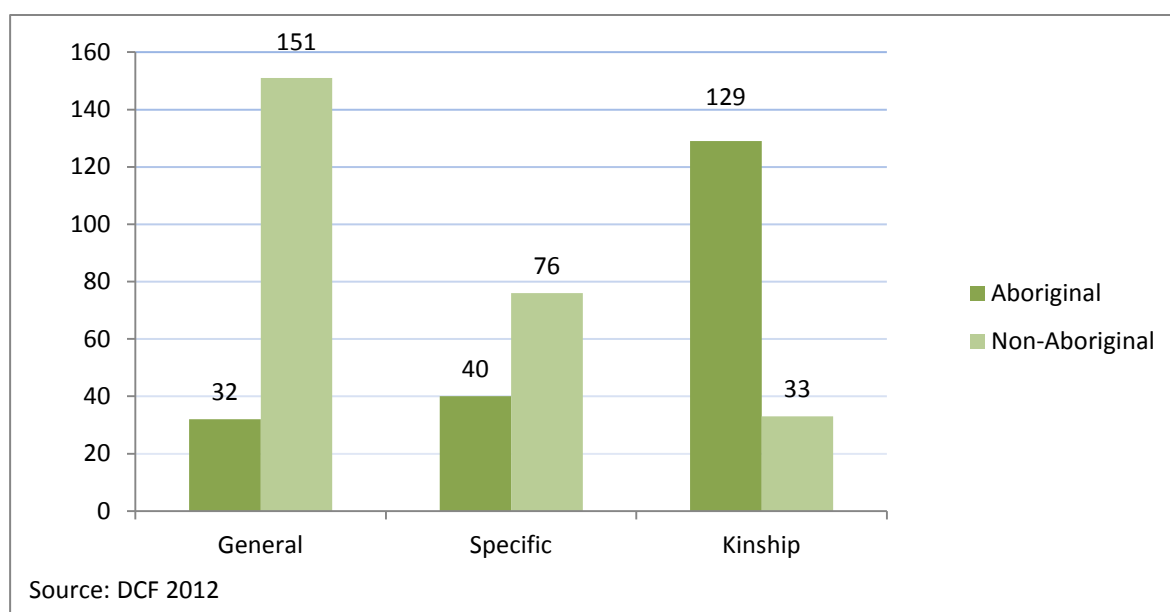
## Foster care places

The Department was successful in providing additional options for-out-of home care during the year. It registered 150 new foster Places of Care (POC) in 2011-12, while 99 existing carers exited the system. On occasions, children remain in care when a carer's registration expires. As of 30 June 2011, 18 per cent of out-of-home care placements on the system involved carers with expired registrations, with 36 examples in Alice Springs alone. There was substantial improvement in this area in 2011-12. As of 30 June 2012, only 34 cases of expired registrations were found in the entire Territory (4 per cent of the total).

As of June 2012 there were 461 POCs in the Territory eligible to receive care allowances for children in their home on statutory protection orders. None were

registered for crisis foster care, i.e. providing short-term emergency care for short periods, which might be after hours or on weekends. There were 183 (40 per cent) registered for general foster care, but most were registered for specific children. Another 162 POCs (35 per cent) were registered to provide care for an extended family member and 116 (25 per cent) to care for a specific child not related to them. Figure 16 shows that Aboriginal and non-Aboriginal care placements present a mirror image, with most non-Aboriginal care places providing general foster care, while most Aboriginal care places provide kinship care.

**Figure 16: Places of Care by Aboriginality, 2011-2012**



There were 399 children placed into out-of-home care in 2011-12. Children placed into care ranged from 0-16 years old, but the greatest number (62) were infants under 12 months; 51 per cent were female, and 84 per cent of the children were Aboriginal.

These children joined others already in out-of-home care. There were 1006 children in out-of-home care at some point during 2011-12, with 695 children in care on 30 June 2012. Note that the number of Central Australian children in care on that day was almost identical to that in Greater Darwin, in spite of the much smaller population in Central Australia. The Alice Springs urban unit handled most (88 per cent) of the children in care in the Central Australian region.

**Table 6: Number of Children in Care by Region, as of 30 June 2008-12**

Region	30/06/2008	30/06/2009	30/06/2010	30/06/2011	30/06/2012
Central Australia	171	187	229	273	283
Greater Darwin	179	199	204	259	284
Katherine & Northern	63	53	96	110	124
Unspecified Region	28	31	35	4	4
<b>TOTAL</b>	<b>441</b>	<b>470</b>	<b>564</b>	<b>646</b>	<b>695</b>

## The Aboriginal Child Placement Principle

Of the children in care as of 30 June 2012, 82 per cent were Aboriginal. The Aboriginal Child Placement Principle (ACPP) stresses the importance of cultural continuity and ideally requires a child to be placed with direct kin or, failing this, with someone who speaks their language and shares their culture, rather than a member of another Aboriginal group, or a non-Aboriginal person. As noted in previous years, it is an ongoing challenge for DCF to respond to these requirements in a context where there are significantly fewer available adults for each at-risk child than are available for non-Aboriginal children (about three adults for each non-Aboriginal child versus one adult for every Aboriginal child). In addition, there is a great diversity of smaller Aboriginal groups in the Territory, with many language and cultural differences.

The low number of registered carers in many Aboriginal cultural groups has also made it difficult to meet ACPP guidelines and the Territory historically has had the lowest percentage of Aboriginal children placed with Aboriginal carers. As of 30 June 2012, 40 per cent of Aboriginal children were placed with Aboriginal caregivers, with 70 per cent living with kin and 30 per cent with an Aboriginal person outside their family. This is a substantial change from last year, when 33 per cent of Aboriginal children in out-of-home were in an Aboriginal placement, and only 23 per cent were placed with kin. Unless there is some alternative explanation relating to the counting rules or data capture, this could be seen as an impressive outcome.

An ongoing issue is balancing cultural contact and continuity with other aspects of children's well-being.

## Types of-out of-home care

The table below shows the types of arrangements made for the 695 children living in out-of-home care on 30 June 2012. The 'Other' category includes six children residing in a corrective establishment. On 30 June 2012, 11 children had both a juvenile community correction order and a care protection order.

**Table 7: Number of Children in Out of Home Care by Placement Type, as of 30 June 2012**

Placement Type	30/06/2012
Foster care	246
Purchased home based care	177
Relative(s) with Departmental financial support	128
Relative(s) without Departmental financial support	37
Family group home - non disability	58
Boarding school	8
Living independently	2
Other	37
Unknown	2
<b>TOTAL</b>	<b>695</b>

## Abuse in care

There were 20 children recorded as suffering substantiated abuse while in an out-of-home care placement in 2011-12. The Department notes that some of this abuse may have occurred after the child was returned home. In order to understand this issue and facilitate interstate comparisons, more detailed information was sought by the Commissioner, but the Department was unable to provide further data at this point.

## Case Closures

There were 377 substitute care and guardianship arrangements terminated in 2011-12. The table below shows the outcomes entered on the Department's records for substitute care and guardianship cases closed in 2011-12.

**Table 8: Number of Substitute Care and Guardianship Cases Closed by Status at Case Closure, 2011-12**

Client Status at Case Closure	2011-12
Child in need of protection	2
Child in other care arrangements	27
Child living independently	5
Child not in need of protection	28
Child placed in foster care	1
Child placed with relatives	55
Child remained in family home	52
Child returned to family	136
Client cannot be located	3
Client died	3
Client left NT	16
Client referred to other service provider	8
Increased safety - child remained in family	4
Informal care arrangement brokered	2
Interstate transfer	2
DCF remain involved - child remained with family	13
Other	20
<b>TOTAL</b>	<b>377</b>

Only a very preliminary analysis could be done on the statistics provided by the Department, as some of the categories were confusing. It is unclear, for example, why two cases were closed when the children were acknowledged to be 'in need of protection'. Also, while it is noted that 136 children were 'returned to family', it is unclear where the children found to be 'not in need of protection' went.

As far as can be determined, children's gender did not appear to have a significant impact on these outcomes, but Aboriginal children seemed more likely than non-Aboriginal children to be placed with relatives when cases were closed (24 per cent of case closure outcomes for Aboriginal children were kin placements, compared to 14 per cent of non-Aboriginal children). Children aged 15 and over seemed less likely to return to their families at case closure than younger children.

It is also of concern that the Department was unable to provide more detailed information on the services provided in 2011-12 to young people who had left care. Sections 86(2) and 86(3) of the Act, specifies the need for such services as young people move to independent living from being in foster care. It is a concern that information is not available on the number of young people who received such services in 2011-12. Even though services have been outsourced to non-government organisations, the Department retains accountability for monitoring the services provided to these vulnerable young people.

## Children with a Disability

The Commissioner's expanded responsibilities from 1 July 2011 include some responsibility for complaints about services for children with disabilities, so the profile of children with disabilities in the child protection system was given attention this year.

There were 81 children in care with a disability recorded as of 30 June 2012, of whom 38 (47 per cent) were noted as having intellectual/learning disabilities and 34 (42 per cent) as having some type of physical disability. The remainder were recorded as having sensory/speech disabilities (two children), a combination of physical and intellectual disabilities (two children), or unspecified disabilities (five children).

Most Northern Territory children in care with a recorded disability (51 per cent) were based in Central Australia. Darwin/Palmerston had about 25 per cent, with Katherine and the Top End together accounting for about 25 per cent.

The children's care was managed through eight different types of arrangements, with long-term parental responsibility protective orders the most common arrangement, followed by short-term parental responsibility protective orders. However, 20 per cent of children with a recorded disability in the Katherine and Northern region, and almost 20 per cent of those in Central Australia, were under interim and temporary arrangements or temporary administrative arrangements.

## Regional differences

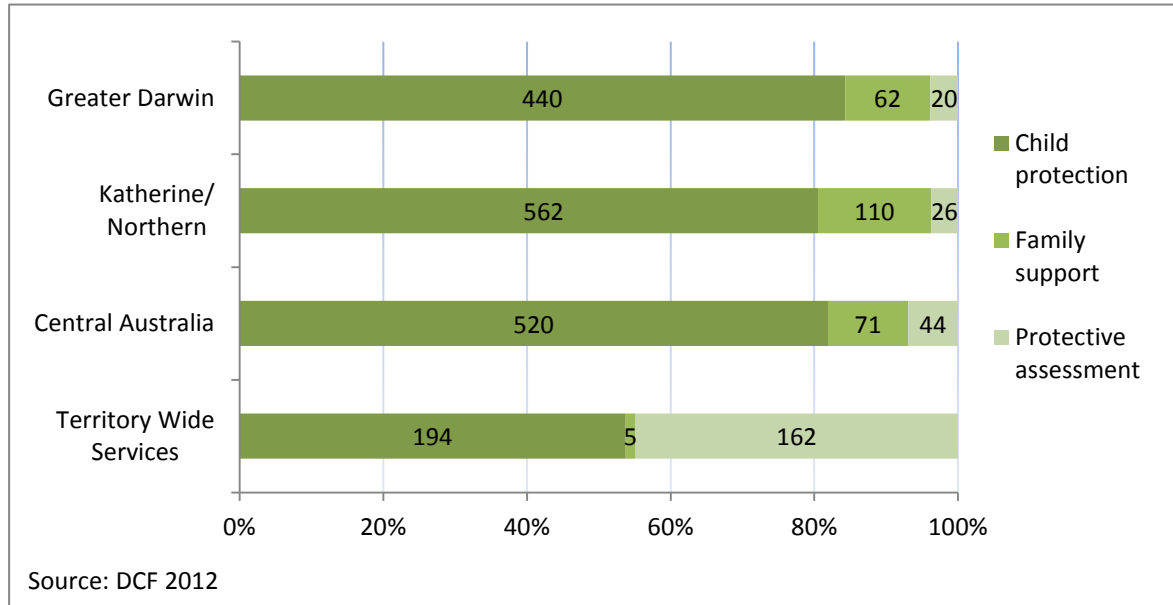
The Department of Children and Families (DCF) announced in July 2011 a change from a centralised approach to a regional structure, to better support locally responsive decision-making. The Central Australian region includes the Barkly as well as Alice Springs and surrounding communities. Greater Darwin includes Darwin and Palmerston; and the Katherine and Northern region includes the rest of the Top End.

A number of regional differences are already apparent with some noted above. Katherine had the largest number of open cases as of 30 June 2012 and Greater Darwin the least. The Central Australian region has a high rate of children with a disability, and the Alice Springs urban area has an exceptionally high rate of children placed in out of home care.

There are also some emerging regional differences in the proportion of activities undertaken, i.e. child protection versus family support and protective assessments. Protective Assessments may be Centrelink referrals under the Youth Protocol; referrals from the Youth Court; extra-familial child sexual assault investigations where there are no allegations of parental involvement; or reports that a child is not under control and is engaging in behaviour likely to cause harm where there are no allegations of parental abuse or neglect (section 20(d)). There were 515 protective assessment cases begun in 2011-12 and 351 cases concluded.

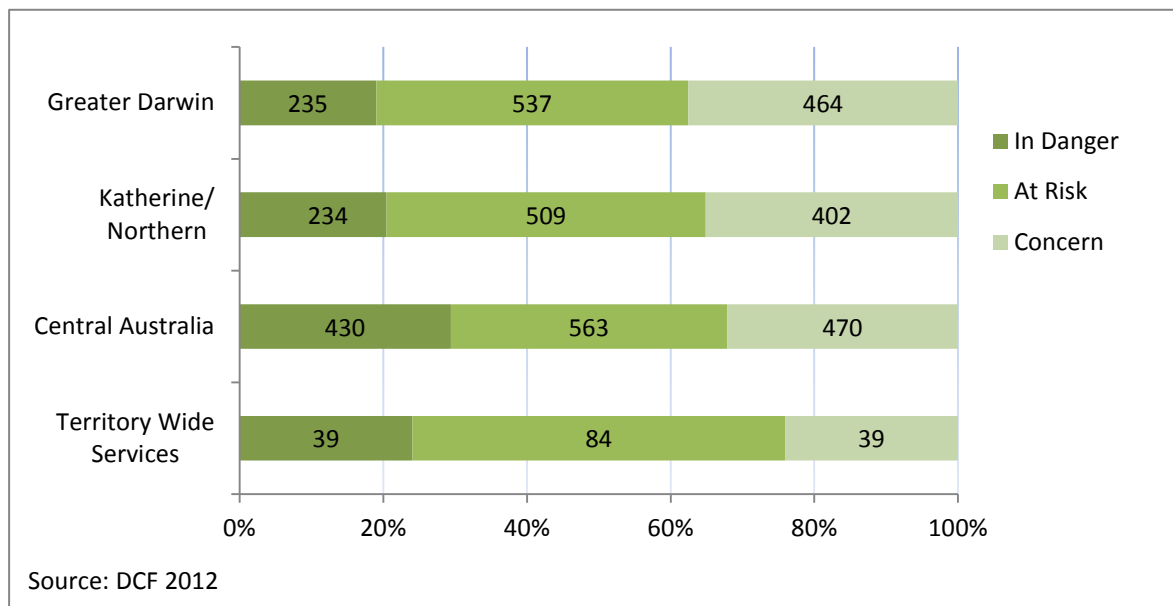
Figure 17 shows that, as expected, the specialised Territory-wide services such as the Child Abuse Taskforce teams and the Mobile Child Protection Unit have a very different activity profile than the regional offices. The Regional office profiles are relatively similar, although central Australia is more likely than the other two regions to conduct protective assessments and the Katherine and Northern region has the highest proportion of family support activities.

**Figure 17: Number and Percentage mix of Type of Activity by Regional Office, 2011-12**



More regional differences emerge when looking at the proportion of cases where children are rated as 'in danger', 'at risk' or a 'child concern' case. Figure 18 shows that Central Australia is considerably more likely to have children categorised as 'in danger'.

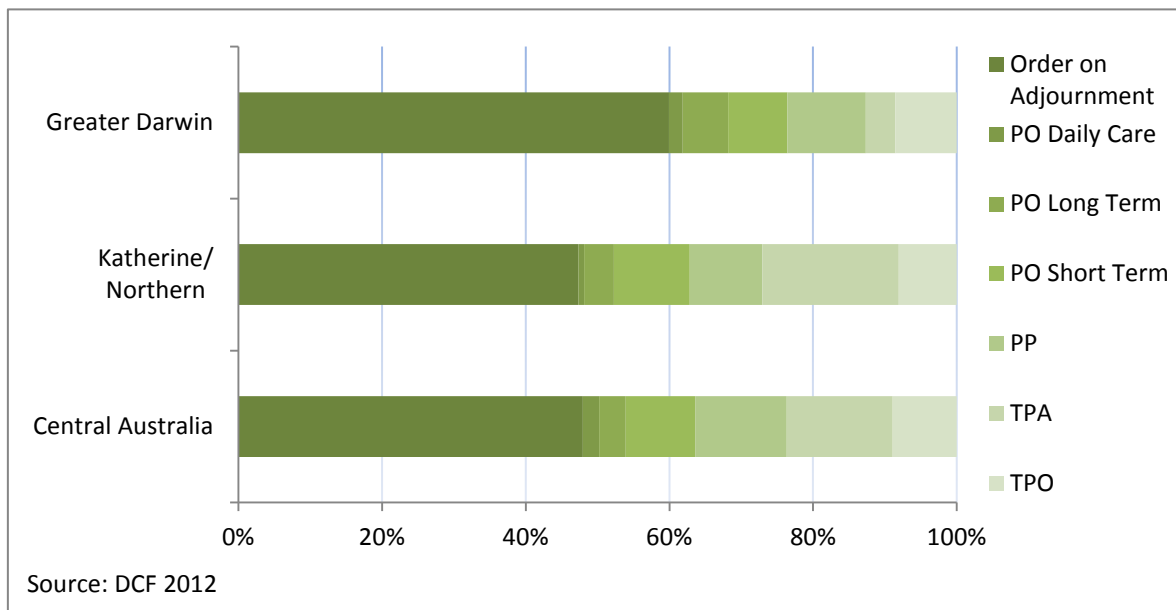
**Figure 18: Number and Percentage mix of Urgency Rating by Regional Office, 2011-12**





Finally, regional differences can be observed in the proportion of orders and authorities used, as shown in Figure 19. Greater Darwin had by far the lowest use of Temporary Protection Arrangements (TPAs). Central Australia and particularly the Katherine and Northern regions had a much higher rate of TPA use, which has been found in the past to be problematic. On the other hand, Greater Darwin had a much higher proportion of orders on adjournment.

**Figure 19: Care Orders and Authority Types by Region, 2011-12**



The Commissioner will continue to monitor such regional differences and build an understanding of the local contextual factors which influence them.

## Summary

There are a number of areas where marked improvements are apparent in the 2011-12 data. These include significantly more timely responses as well fewer carers with expired registrations and unallocated cases. It is clear that substantial work has gone into improving practice in these areas.

However, these data reveal a number of areas of ongoing concern. One such area is information requested by the Commissioner which could not be provided. Information on referrals to intensive family support services, for example, was not available. The only information that could be provided was that 53 Aboriginal and 68 non-Aboriginal children were receiving intensive family support. Although these services are provided by non-government organisations (NGOs), it was hoped that DCF would have ongoing data collection, monitoring and evaluative processes for such services.

Similarly, no information could be provided on services accessed by young people to support them in making a transition to independent living after being in care. Again, the Commissioner recognises that these services have been outsourced to NGOs, but it was hoped that the Department would have some data on what is being provided to this particularly vulnerable group.

Information also was not available in areas directly within the control of the Department. Of particular concern, the Department was unable to provide information on details of the types of abuse experienced by children in care. The definitional issues underlying this problem will be discussed with the Department.

There are issues other than gaps in data. As noted above, the lower number of child abuse reports substantiated in 2011-12 is a concern. Compared to the previous year, more than 1400 additional child abuse reports were received but these resulted in fewer substantiations being made than 2011-12. In addition, there is an unacceptably high number of repeat substantiations being recorded within a year of the original substantiation suggesting that some children continue to be at risk after coming to the attention of the Department. This is a finding that warrants careful study by the Department.

Some of these data reported on here raises serious questions that require further examination. For example, Aboriginal children in the Northern Territory now are the subject of harm substantiations at a rate that is above the national average. In contrast, the placement rate for Aboriginal children is by far the lowest for any jurisdiction. This raises the logical question of what happens to children (and their families) once harm is substantiated. Given that various reports have pointed to the paucity of secondary and tertiary level support and intervention services for vulnerable families both in the government and NGO sectors, there is a concern that such children are not getting the support and protection they require. This service gap may help to explain the large number of repeat notifications and substantiations noted earlier.

Neglect and emotional abuse substantiation numbers have risen as the sexual exploitation substantiation numbers have fallen. Evidence of neglect tends to be more obvious than evidence of sexual exploitation, and undoubtedly many sexual abuse victims would be living in circumstances that could accurately be described as neglect. However, building an appropriate service infrastructure to address perpetrator behaviour and victim needs depends on having the most accurate possible estimation of sexual abuse.

The Commissioner will be discussing these areas of concern with the Department in the coming year.

## Care Plan Review

As in previous years, the Office of the Children's Commissioner (OCC) has reviewed care plans for children who were in the care and protection of the Chief Executive (CE) of the Department of Children and Families (DCF). The main purpose of the review is to monitor DCF's compliance with Part 2.2, Division 2 of the *Care and Protection of Children Act* (the Act). This part of the Act makes it mandatory for the CE to have a clear, comprehensive and well-measured plan for every child on a statutory order or administrative arrangement. Care Plan reviews have been conducted for three consecutive years and along with the general review of these care plans, some analysis of the trends over the three years has been included.

### Care plan guidelines

The care plan is a critical element of good child protection practice. The document identifies the needs of the child across life domains such as education, health and culture. It provides specific information in relation to the care plan goals as well setting out what is required to address the child's individual needs. The goals must be concrete and achievable with clear tasks and responsibilities. The care plan must set out decisions about daily care and control of the child, including decisions about the placement arrangement for the child and decisions about contact between the child and other persons.

The focus of the care plan must reflect the overall objective of the child's placement in care. The notes about the child's placement arrangement should include the purpose of the placement and specific tasks that are to be undertaken.

The care plan and cultural care plan are to be formulated in consultation with the family members, including the child where appropriate, and other relevant parties.

### Review process

The first review conducted by the OCC in 2009-10, did not cover all the provisions relevant to care plans prescribed under the Act or the policies and practice guidelines contained in the DCF Policy and Procedures Manual. It focused on whether a current care plan was included on the child's file and whether the basic needs of the child were identified and addressed.

In 2010-11, a more comprehensive review was designed to monitor current compliance with the legislation. It examined a sample of 75 files (10 per cent) which were randomly selected from the files of 754 children in the care of the CE on 30 June 2011.

In 2011-12, the same process as in the previous year (2010-11) and a sample of 68 files (10 per cent) was randomly selected from the files of 680 children in the care on 30 June 2012. The 2010-11 review was replicated this year in order to make comparisons between those years.

In order to conduct the review, the OCC sought access to the DCF database, the Community Care Information System (CCIS). Independent access to CCIS was essential for this review as the computer system holds most of the stored information on DCF's clientele.

The information held on CCIS does not generally include legal documentation that requires signatures or reports, or information from other involved parties (e.g. school reports, medical assessments, therapeutic assessments or recommendations made by private practitioners). This information is stored on the child's hardcopy file. In order to conduct the review, the Commissioner requested the sampled children's DCF files from the identified time period of 1 July 2011 to 30 June 2012.

Reviewers visited DCF offices in Alice Springs, Katherine, Palmerston, Casuarina and Northern Remote, reviewing both electronic and hardcopy files of the sampled children who were the clientele of the particular DCF office.

The review involved a series of steps. An initial search of CCIS identified the child and provided a summary of the child's involvement with DFC. Through CCIS the following key pieces of information could be identified:

- whether the child had a current care plan
- the content of the care plan
- whether Aboriginal children had a cultural care plan
- whether children who were 15 years or older had a plan for transition to independent living.

A review of the child's paper files provided additional data regarding the child's involvement with DCF. Cross-checking the child's paper and electronic files let the reviewers determine if the care plan:

- identified the needs of the child across all the life domains and specified measures to address these needs
- set out decisions in relation to the daily care and control of the child
- set out decisions about the placement arrangements for the child and the overall objectives of the child's placement in care
- set out decisions about contact between the child and other persons
- set out the strengths of the child and family
- set out the care plan goals, required tasks and responsibilities and timeframes.

Some information was difficult to find, even with access to both electronic and hardcopy files. In many cases it could not be determined with certainty if the child/young person, their family or carers were consulted in regard to the care plan or were provided with a copy.

## **Characteristics of the sampled children**

### ***2010-11***

Of the children in the final care plan sample, 21 per cent were 0 to 4 years and 28 per cent were between five and nine, while 36 per cent were between 10 and 14 years. The remaining 15 per cent of the children reviewed were between 15 and 17 years of age.

The sample was 40 per cent male and 60 per cent female, while 65% of the children were identified as being Aboriginal.

Of the sampled children, 93 per cent were the subject of a Protection Order, 4 per cent were subject to Provisional Protection; with the remaining 3 per cent being the subject of either a Temporary Protection Order or a Temporary Placement Arrangement.

### ***2011-12***

Of the children in the final care plan sample, 25 per cent were aged 0 to 4; 37 per cent were between 5 and 9 and 29 per cent were between 10 and 14. The remaining 9 per cent of the children were aged between 15 and 17.

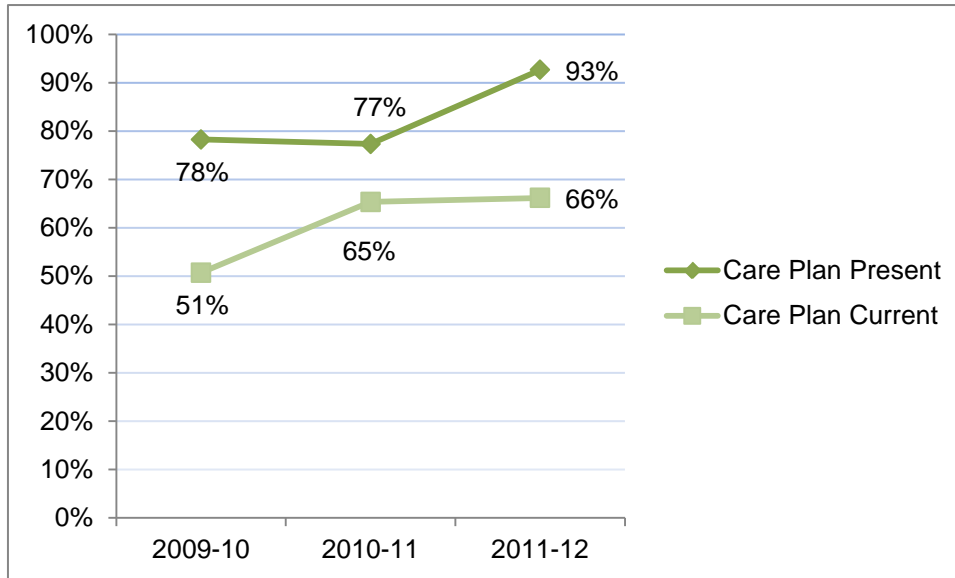
The sample was 49 per cent male and 51 per cent female, with 72 per cent of the children identified as Aboriginal.

Of the children reviewed, 82 per cent were subject to a Protection Order at the time of review, 10 per cent were subject to a Temporary Protection Order, and the remaining 7 per cent of children were on a Temporary Placement Arrangement.

## Findings

Five aspects of the review allowed comparisons between current practice and practice in 2009-10 and 2010-11.

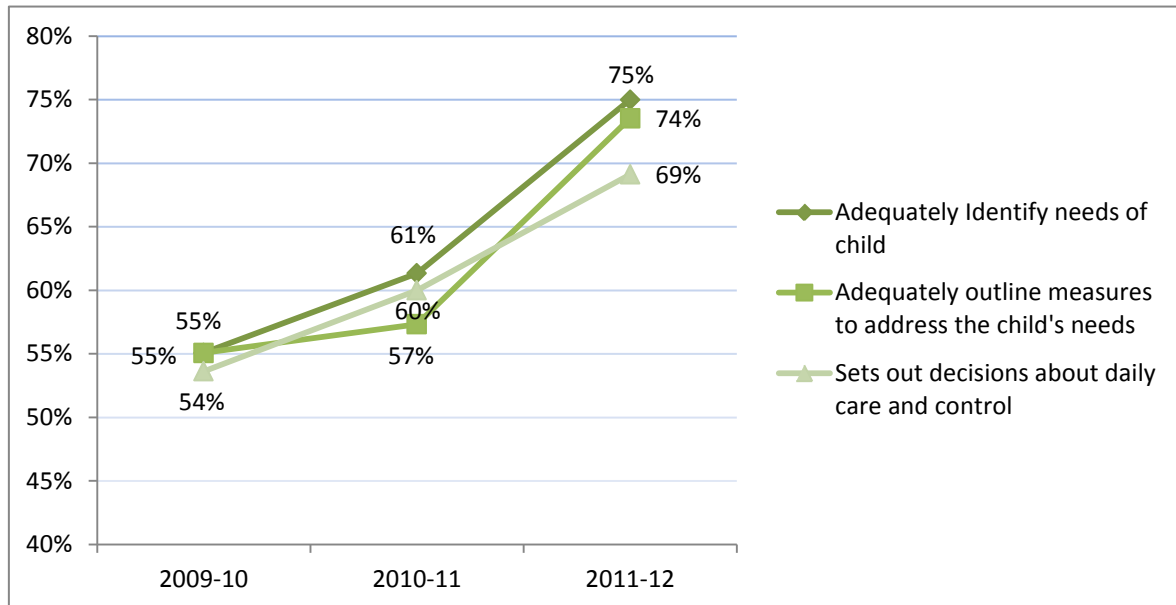
**Figure 20: Percentage of Care Plans Present and Current, 2009-10 to 2011-12**



As displayed in Figure 20, 93 per cent of the sampled children in care in 2011-12 had a care plan in comparison with 77 per cent of the sample of children in care in 2010-11. The current percentage is an improvement from 2009-2010, when 78 per cent had a care plan.

Furthermore, 66 per cent of the sampled children in care in 2011-12 had a current care plan in comparison with 65 per cent of children in 2010-11. This is a significant improvement from the 2009-10 figure of 51 per cent.

**Figure 21: Percentages of Measures of Adequacy of Care Plans, 2009-10 to 2011-12**



As displayed in Figure 21, 75 per cent of the care plans reviewed in 2011-12 adequately identified the needs of the child in comparison with 61 per cent in 2010-11. In 2009-10, only 55 per cent of the care plans adequately identified the needs of the children.

Of sampled children in care in 2011-12, 74 per cent had a care plan that adequately outlined measures to address the needs of the child, an improvement in comparison to 2010-11's 57% of children and 2009-2010's figure of 55%.

Sixty-nine per cent of the sampled children in care in 2011-12 had a care plan that sets out decisions in relation to daily care and control of the child, in comparison with 60 per cent of the children in 2010-11, a gradual improvement over three years and 2009-2010's figure of 54 per cent.

Other aspects of the care plans which were reviewed for the first time in 2010-11 were reviewed again in 2011-12 with significant improvements being noted in many of the following areas of care planning:

- 69% of the care plans reviewed in 2011-12 reflected the overall objectives of the child's placement in care in comparison with 59% in 2010-11;
- 68% of the care plans reviewed in 2011-12 contained a clear statement regarding the strengths of the child and family in comparison with 59% in 2010-11;
- 66% of the care plans reviewed in 2011-12 included clear decisions about contact between the child and other persons in comparison with 57% in 2010-11;
- 74% of the care plans reviewed in 2011-12 identified the needs of the children occurring across all the life domains in comparison with 56% in 2010-11;

- 72% of the care plans reviewed in 2011-12 contained goals that were concrete and achievable with clear tasks and responsibilities and timeframes in comparison with 55% in 2010-11; and
- 59% of the care plans reviewed in 2011-12 contained clear decisions about the placement arrangements for the child in comparison with 51% in 2010-11.

However, there were other areas where only a minority of care plans were compliant with the legislation, for example:

- Only 40% of Aboriginal children's care plans contained a Cultural Care Plan in 2011-12, a low percentage but still an increase from 32% in 2010-11; and
- Only 33% of the care plans for adolescent children (aged fifteen years or more) had a plan for transition to independent living. This is an increase from 31% in 2010-11.

One area of particular difficulty for the reviewers was ascertaining who had been involved in the development of the plan and who had received a copy. This was also identified in 2010-11 as a point of issue for the reviewers. Due to the difficulties researchers faced in positively identifying whether consultation had occurred, the following statistics should be interpreted with caution:

- in only 12% of cases was it possible to ascertain with certainty that the child/young person was consulted in regard to the care plan. This is a decrease from 49% in 2010-11;
- in only 25% of cases was it possible to ascertain with certainty that the care plan had been provided to the carers. This is a decrease from 43% in 2010-11;
- in only 19% of cases was it possible to ascertain with certainty that the family was consulted in relation to the care plan. This is a decrease from 40% in 2010-11;
- in only 4% of cases was it possible to ascertain with certainty that the care plan had been provided to the parents. This is a decrease from 39% in 2010-11; and
- in the case of the sampled adolescent children (9% of the children sampled) it was unable to be ascertained if any of the adolescence did have their care plan provided to them. This is a decrease from 92% in 2010-11.

## Review of Caseworker Contact with Children in Care

### Monitoring face-to-face contact with children in care

As an extra feature of the 2011-12 review, the 'face to face' contact of children in care was examined. When a child is in the care of the CEO of DFC, the Department is required to ensure their safety and wellbeing. This is achieved, in part, by setting minimum standards for Caseworker contact with those children.



DCF policy prescribes that, at minimum, caseworkers should have 'face to face' contact with each child in care at least once in every four weeks. A recommendation as a result of a NT coronial inquest<sup>2</sup> highlights the need to sight all children in care at least once every two months. Therefore, in 2011-2012 the OCC undertook to review evidence that the children had 'face to face' contact in the past month and past two months.

'Face to face' contact is defined by DCF as being more than merely sighting the child or having informal contact with them. Children must be provided with the opportunity to voice their opinions, choices, feedback and/or concerns; and priority issues from the case plan relating to the child's safety and well-being are to be explicitly addressed within that contact.

If a caseworker cannot have 'face to face' contact with a child within the four week period they must arrange for a third party to do so. This decision must be endorsed by the caseworker's superiors and the reasons documented in the child's file.

If a third party 'face to face' contact occurs in lieu of a 'face to face' contact with the caseworker, the next monthly contact must involve the caseworker.

There are some exceptional circumstances (such as interstate placements) where caseworkers will be unable to meet these minimum standards and other strategies are generally put in place to monitor a child's safety and wellbeing (e.g. 'face to face' visit by interstate workers).

## **Review process**

It is DCF Policy that all contact arrangements to monitor the safety and wellbeing of the child whether through the child's Caseworker or a third party, are documented in the child's case plan. Additionally, DCF policy states that all contact with the child, whether through the child's caseworker or a third party, must be recorded as a service event in CCIS.

The same sample of 68 files (10 per cent) that was randomly generated for the care plan review was used to assess the level of monitoring occurring with the children in the care of the CE. This was done in conjunction with the care plan review.

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<sup>2</sup> *Inquest into the Death of Deborah Leanne Melville-Lothian* (2010) NTMC 007 at para 270

## Findings

The results of the review of the monitoring of children in care revealed the following:

- 74% of the children reviewed in 2011-12 had been sighted by their case manager within the four weeks prior to 30 June 2012
- 87% of the children reviewed in 2011-12 had been sighted by their case manager within the eight weeks prior to 30 June 2012 and
- two of the five children (40%) who were not sighted by their case manager at any time within the eight weeks prior to 30 June 2012 resided interstate.

## Summary

DCF should be commended for improving, in most cases substantially, its practice relating to the development of care plans. This is apparent across all the five measures that have been assessed since 2009-10 as shown in Figure 20 and Figure 21. There has been a concerted focus, particularly in the last reporting year, on ensuring that care plans have been completed for these children. Although the percentage of care plans that were current did not increase dramatically, it should be noted that quite a number just fell outside of the six month review period and a large number of these care plans were still relevant to the child's placement. The level of detail and information contained in the plans also seems to have improved.

It is a concern however, that some of the reviewed plans had deficiencies such as:

- insufficient information regarding actions, responsibilities of involved parties
- an absence of timelines for completion of the identified tasks
- no outlining of the measures required to be taken to address the child's needs and often these lacked in specifics and detail
- details of the child's placement and contact arrangements were sometimes omitted from the care plans
- differences between the child's circumstances and the placement objectives
- the lack of cultural care plans (40%) being completed for Aboriginal children.

DCF should ensure that caseworkers have 'face to face' contact with every child in the CE's care at least once a month as per their own policy. As mentioned, only 74 per cent had this contact in the month prior to 30 June 2012. This figure increased to 87 per cent when looking at contact two months prior to 30 June 2012.

In 2011, the Tasmanian Children's Commissioner released a child protection file audit which was conducted in 2010. One of the measures assessed was the frequency of visits by child protection workers for children in out-of-home care. The report concluded that "27.2% complied with the policy requirements for visits to children" (Commissioner for Children Tasmania, 2011, p.13). The requirements for visitation in Tasmania specify that, depending on the circumstances of the placement, a minimum of eight visits within an audit year (effectively one year) must be conducted by a child

protection worker. Even though this is not a directly comparable measure it provides an example of the compliance levels on a similar measure in a different jurisdiction. The DCF, monthly 'face to face' compliance rate appears to be good in comparison.

At a procedural level, it was found that the care plan template, similarly to last year, does not contain provisions for the parents or carers to 'sign off' on the care plan (as was previously DCF policy). It was therefore often extremely difficult for reviewers to ascertain what level of engagement had occurred with the family, child and relevant parties without interviewing DCF staff.

There was no 'care plan checklist' within the CCIS system or the paper file that could be ticked off as the DCF officers worked through each step of the care plan process. Such a checklist could act as a guide to good practice and also provide the capacity to record the involvement of parents/guardians, children and other relevant parties.

The Commissioner intends to do a follow-up review next year, monitoring the progress in addressing these concerns.

## Legislative reform

### **Care and Protection of Children (Information Sharing) Amendment Act 2012**

On 18 October 2010, the Board of Inquiry into the Child Protection System in the Northern Territory (BOI) provided its report to Government. The report provided a 'road map' for broad-based structural change within the child protection system. This emphasised the need to develop a range of secondary family support and intervention services; the establishment of a 'dual pathways' system of referral and intervention to limit the burden on statutory intervention; and a focus on developing and supporting the non-government service sector.

To facilitate service delivery with a focus on ensuring the wellbeing of children, the BOI recommended that a statutory framework for information sharing for DCF and other government and non-government service providers, be developed. Amendments to the Act to facilitate this were passed by the Legislative Assembly on 27 April 2012, with an intended commencement date of 1 July 2012.

This amendment to the Act provides a legislative basis to obtain and share information, if it is to promote the safety and wellbeing of children. Specific details about the protocols around the appropriate use and disclosure of the information will be included in the guidelines approved by the CE of DCF. It is expected that the guidelines will be released in line with the 1 July 2012 commencement of the legislation.

This statutory framework is a positive beginning to help develop a more flexible child protection system; however, this is only the first phase, with the second implementation phase being just as important. This phase must involve an inclusive and strategic focus on educating stakeholders around the sharing of this information

to ensure that legitimate privacy concerns are addressed and minimise the fear of sharing information with other organisations and maximising the trust between all the parties. There have been similar and recent reforms in the NSW child protection system and this same challenge has been noted in a NSW Ombudsman's report which states:

*"It is also important to recognise that the formal arrangements being developed in relation to information exchange present only part of the challenge. Both the government and non-government agencies alike need to appreciate that effective child protection practice is contingent on agencies understanding the need to be proactive in obtaining information from other agencies and in passing it on. From our review of child protection practice over a number of years we have seen an emphasis on the risks associated with the disclosure of confidential information at the expense of recognising the very significant child protection risks which can arise from the failure to pass on vital information. Therefore, while the recent legislative amendments represent an opportunity to improve practice in relation to the exchange of information, we believe this will not occur without a corresponding cultural shift that promotes information exchange as part of good child protection practice." NSW Ombudsman (2009) p.15)*

The Children's Commissioner will closely observe the effectiveness of the implementation phase of the information sharing framework.

## CHAPTER 4 Complaints Function

The Children's Commissioner's complaint management function for child protection services has been operational since December 2008. From 1 July 2011 the Commissioner assumed responsibility for dealing with complaints relating to children with a disability, from mental health services, youth justice and volatile substance abuse programs as well as those in the child protection system.

The Commissioner received **119** approaches in 2011-12, including **8** direct approaches from vulnerable children.

Most approaches were related to the child protection system. No cases involving disability and mental health services have yet been received by the Commissioner, however, inquiries have been made regarding these areas. A number of approaches were received from and on behalf of young people involved in the juvenile justice system.

Of the approaches received by the Commissioner, **76** (64%) were deemed to be enquiries and **11** (9%) cases involving **23** children were referred to the Department of Children and Families (DCF) for investigation and resolution. DCF was required to report the results of its investigation to the Children's Commissioner.

The remaining **32** (27%) cases were investigated directly by Office of the Children's Commissioner (OCC) staff involving **41** children and **95** specific complaints.

Over half, **52** (55%) of the specific complaint findings are still pending, or have not to date resulted in a finding. Of the **43** (45%) where investigations have been finalised and findings made, **29** complaints (representing 67% of finalised findings) were upheld, **6** (14%) partially upheld and **8** (19%) were not upheld.

Recommendations for system improvement focused on three areas:

1. greater compliance in areas such as development and implementation of care plans;
2. better oversight of the application of policies and procedures in making decisions about vulnerable children's welfare; and
3. the development of new guidelines and policies in areas where critical gaps were identified.

The Northern Territory Children's Commissioner's responsibility to investigate and resolve complaints is a key mechanism in achieving the primary objective of the legislation, which is to ensure the wellbeing of vulnerable children. In addition to resolving issues in specific cases, the findings from complaint investigations let the Commissioner identify where policy areas and system improvements may be required.

Amended legislation which commenced on 1 July 2011 extended the Commissioner's complaint management responsibilities from 'protected children' (those in the child protection system) to 'vulnerable children', comprising children in the child protection system, disability services, mental health, youth justice, and volatile substance abuse programs as well as cases where the child or their family are seeking child-related social services.

Section 266(6) of the Act, allows the Commissioner to make preliminary inquiries. This additional power has meant that the Commissioner is able to obtain information prior to making a determination as to whether to investigate, refer or decline an approach.

## Complaints Management Provisions

Section 260 of the *Care and Protection of Children Act*, (the Act) provides the Commissioner with the legislative power to investigate, resolve and monitor specific cases involving vulnerable children.

The complaints function requires the Commissioner 'to investigate complaints about services required to be provided to vulnerable children by service providers' (section 260(1)(a)), and "to monitor the ways in which service providers respond to reports by the Commissioner" (section 260(1)(b)). A vulnerable child is a child involved with child protection, child related services such as social services, disability services, mental health services, youth justice and volatile substance programs.

A complaint can be lodged by a vulnerable child or an adult acting on behalf of a vulnerable child. The legislation does not limit who such adults may be or their relationship with the child, but the Commissioner has the discretion not to investigate a complaint if it is deemed the person does not have sufficient interest in the matter to which the complaint relates.

Someone who was previously a vulnerable child can also lodge a complaint, subject to the other complaint provisions contained in the Act. Complaints must normally be made within one year after the matter to which the complaint relates has arisen (section 265) and they can be made in writing or orally.

Section 266 sets out the matters which the Commissioner must be satisfied of prior to commencing an investigation, including an investigation initiated by the Commissioner. It provides the power to conduct preliminary inquiries (section 266(3)) prior to the formal investigation of a complaint. This provision allows the Commissioner to have the same information seeking powers when making a preliminary inquiry as are available for investigating a complaint. The establishment of the preliminary inquiries provision allows for these powers to be exercised in determining whether to commence an investigation.

The amended legislation gave the Commissioner the capacity to deal with submissions relating to the implementation of the recommendations of the Board of Inquiry into Child Protection in the NT (BOI), insofar as they relate to the Commissioner's role of ensuring the wellbeing of vulnerable children, and also conferred an 'own initiative' investigative power (section 260(1)(a)(ii)). This enables the Commissioner to investigate matters that may form the basis of complaints, irrespective of when the matter occurred and whether or not a complaint has been lodged.

## Grounds for a Complaint

There are only two grounds for a complaint:

- that the "service provider failed to provide services" that were "reasonably expected"; or
- that the services provided "failed to meet the standard that was reasonably expected" (section 264).

The Commissioner does not have the authority to deal with complaints that do not pertain directly to services provided for vulnerable children. For example, any enquiries that refer to an administrative action by a Northern Territory Government agency, such as an application to be a foster carer, would be directed to the agency, the NT Ombudsman or a relevant professional board.

## Services and Service Providers

The Act provides the following definition of a service provider:

- a public authority, or anyone acting for a public authority, who has taken or is taking an action under this Act in relation to the child as a vulnerable child; or
- an operator of child-related services who provides, or is required to provide, the services under this Act in relation to the child as a vulnerable child (section 260(2)(b)).

A service provider is therefore either a NT public authority (such as a government agency) or a person or body acting for that authority under an arrangement (such as a non-government organisation). However, the Act specifically excludes a court from the definition of service provider (section 13).

The complaints function pertains only to the quality or absence of reasonably expected services. However, a precise definition of services is not provided in the Act. The closest the Act comes to providing a description of services is “the required services include any services relating to the care or wellbeing of the child” (section 264(2)). The term ‘service’ in this context therefore relates to the care and wellbeing of a vulnerable child, such as seeking child related services, or to activities related to the protection, care or support of the child, or to the prevention of harm or exploitation of the child. This appears to include (for DCF) any of the actions outlined in Chapter 2 of the Act including investigations, assessments, and services provided, as well as the quality of services provided whilst the child is in out-of-home care (OOHC), a residential program or in juvenile detention.

Although the legal definition of ‘services’ is imprecise, it does suggest that services are different from ‘decisions’ made by authorised officers. The complaints process has not been established as an appeal option in such cases, particularly as contentious decisions are subject to court ratification; the Commissioner is not mandated to provide a formal review option for such matters.

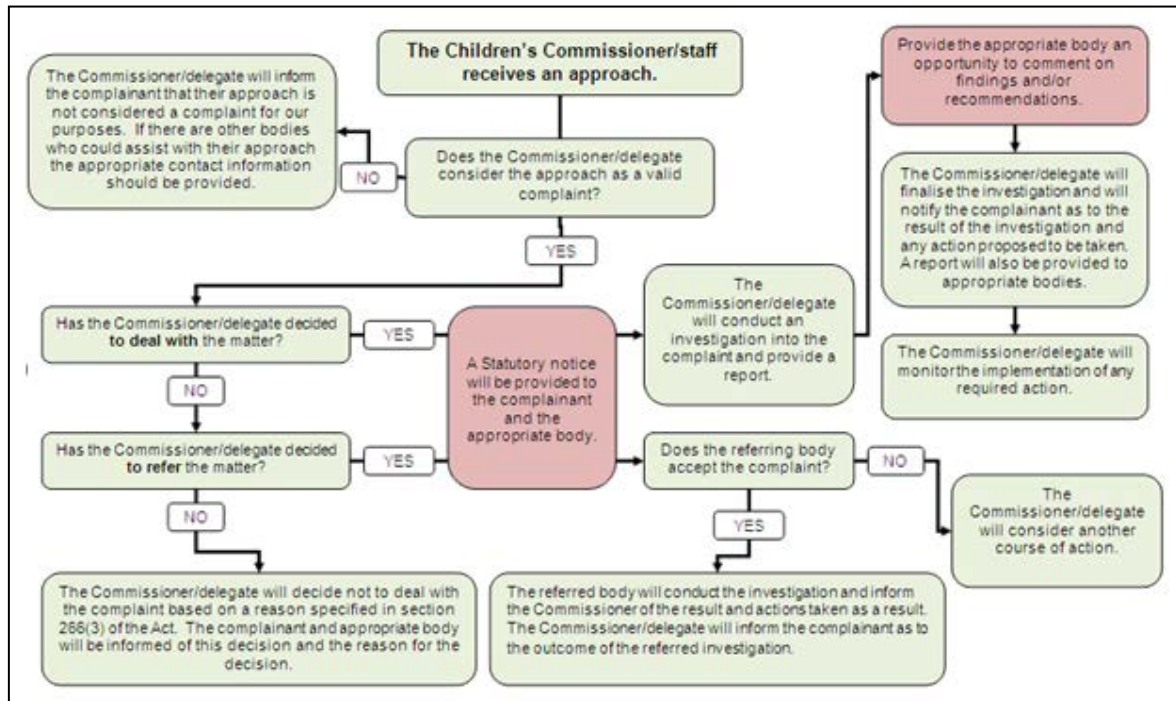
## Complaint Management Process

The Complaints function has been operational since December 2008, when Chapter 2 of the Act began. Much of Part 5.1, Division 2, Subdivision 2 of the Act is taken up with detailed procedural requirements for the processing of complaints. It covers the initial assessment, reasons for declining to deal with a complaint, the interested parties that must be notified at different stages of the investigation process, where complaints might be referred, how information can be accessed and how matters are finalised. Part 5.1, Subdivision 3 and Divisions 4 and 5 contain legal provisions relating to the complaints process including immunity from prosecution and various offences such as breaches of confidentiality.

The complaint management process is clearly prescribed under provisions contained in the Act and is depicted in the flowchart below.



Figure 22: Flowchart of complaint management process



As shown above, the Commissioner must first determine if an approach constitutes a complaint as set out in the legislation. If not, the Commissioner has a number of options to deal with the approach. These include:

- to investigate and resolve the complaint;
- to decline to deal with it; or
- to refer the complaint to another person or body (section 266(1)).

The decision not to deal with a complaint can only be made on specified grounds, such as that the complaint lacks substance (section 266(3)(a)) or the complainant does not have a sufficient interest in the matter (section 266 (3)(f)).

The Act allows the Commissioner a period of 28 days in which to make a decision on what course of action to take; during this time other information may be sought in order to come to a decision (section 266(4)).

As shown above, the Act sets out details on who must be informed when a complaint is received and when the investigation is completed. It is also a requirement of the Act that as soon as practicable after the Commissioner assesses the details of the complaint, the Commissioner is required to not only inform the complainant of the decision as to whether their matter will be investigated, referred or declined but also to inform the Chief Executive of the agency and the service provider concerned.

The Act details powers that enable the Commissioner to obtain information relating to complaints from relevant parties and offences regarding refusal to comply with requests for information and the disclosure of confidential information. Amendments that came into effect from 1 July 2011 expanded the Commissioner's power to obtain documents and information relevant to *any* of the Commissioner's functions.

## Complaint Statistics

To differentiate between a formal complaint and a request for advice, and to accommodate the fact that there are often multiple complaints concerning the same child/children, statistics have been compiled separately on:

- numbers of approaches to the Office of the Children's Commissioner (OCC);
- number of complaints investigated by the Commissioner;
- numbers of cases referred elsewhere for investigation and resolution.

### Approaches to the Office of the Children's Commissioner

In the reporting year there were 119 approaches to the OCC involving 235 children, including a number of sibling groups. An approach is defined as any form of contact (phone, in person, facsimile, email or post) by a person wishing to make a complaint on behalf of a vulnerable child or exploring the possibility of making a complaint.

Of the **119** approaches, **70** (59%) were made by telephone; **25** (21%) were made in person, **15** (13%) by email; **8** (7%) by post and **1** (1%) was faxed. Figure 23 contrasts approaches made in 2011-12 against the previous year. It shows that the number of approaches increased in every category.

**Figure 23: Mode of approaches to OCC, NT – 2010-11, 2011-12**

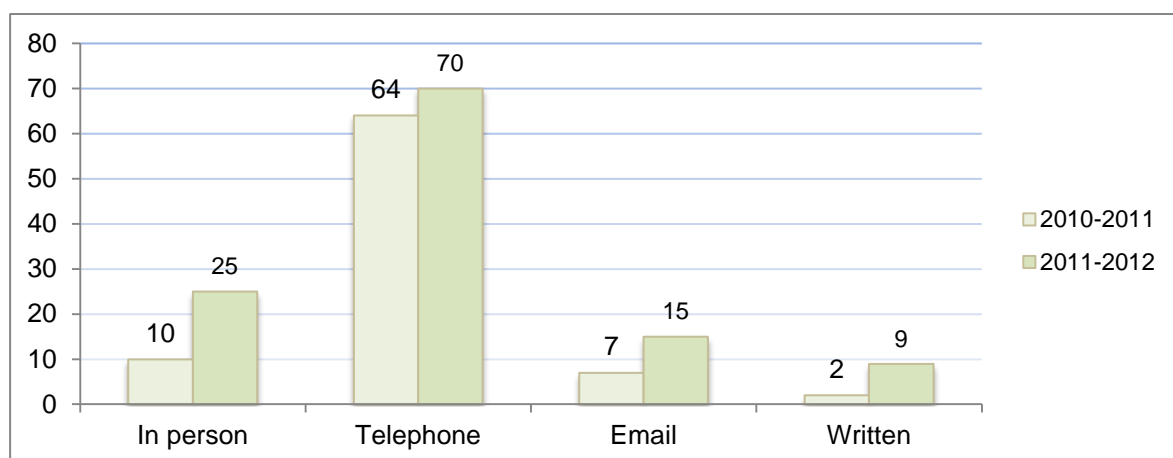


Table 9 categorises people who approached the OCC in terms of their relationship with the children who were the subject of an approach. A total of **66** (56%) of the approaches were from non-professionals, including parents and members of the children's extended family and neighbours. A further **35** (29%) came from professionals such as youth workers, counsellors, health and legal professionals or school personnel. **Eight** young people (7%) made approaches on their own behalf, (compared to three in the previous year) and **10** approaches (8%) were made anonymously.

To ensure young people in Juvenile Detention have access to the Commissioner's complaint function; a free call telephone line has been installed in two of the three juvenile detention centres. This allows detainees to make complaints regarding the services, or the omission of services by Northern Territory Correctional Services (NTCS). The fact that eight young people approached the Commissioner on their own is considered to be a positive development, as it demonstrates the success of the Commissioner in reaching out to young people and providing them with information on the roles and functions of the Office.

Of the **8** young people who made an approach to the Commissioner; **3** were in juvenile detention and **5** were in the child protection system. Not all of the approaches were deemed to have met the grounds for a complaint, **3** were investigated (or are being investigated) and **2** were referred to another body for investigation (two not investigated) and **1** was withdrawn before the start of an investigation.

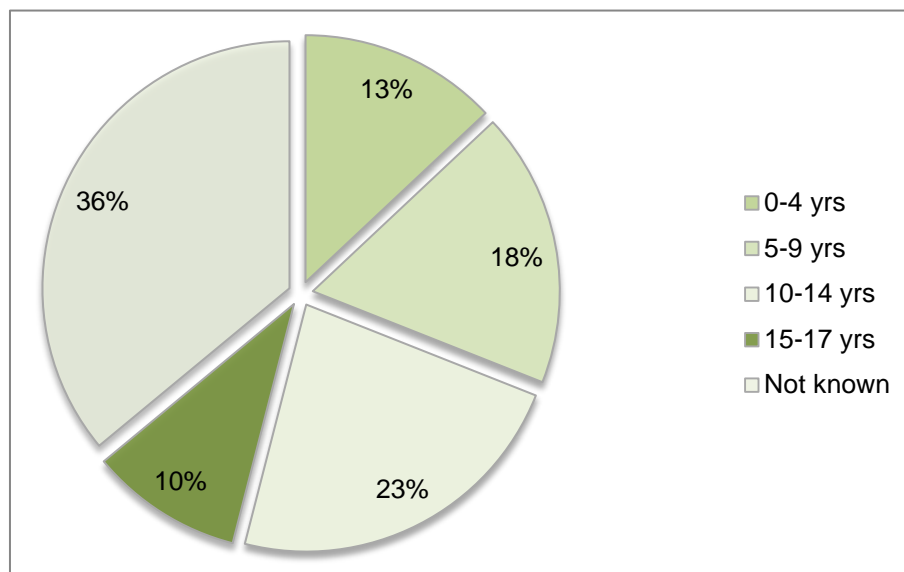
**Table 9: Relationship between child and person approaching OCC on their behalf**

Relationship between child and approaching person	
Non-professional relationships	
Parent/extended family member	55
Carer	8
Neighbour	3

Relationship between child and approaching person	
Professional relationships	
Advocates – counsellors, youth workers, psychologists	9
Legal	7
Government employees	7
Medical – doctors, nurses, health workers	7
Non-government agencies – child care, support workers	4
School – principals, teachers, teacher's assistants.	1
Other	
Self	8
Unknown – anonymous, not identified	10
<b>TOTAL</b>	<b>1190</b>

Of the 235 children in 2011-12 about whom an approach was made, for **86** (36%) the child's age was not specified. Of the remaining **149** children, **30** (13%) were under the age of four; **42** (18%) were aged 5 to 9 years; **54** (30%) aged 10 to 14 years; and **23** (10%) aged 15 to 17 years.

**Figure 24:** Ages of children identified in approaches

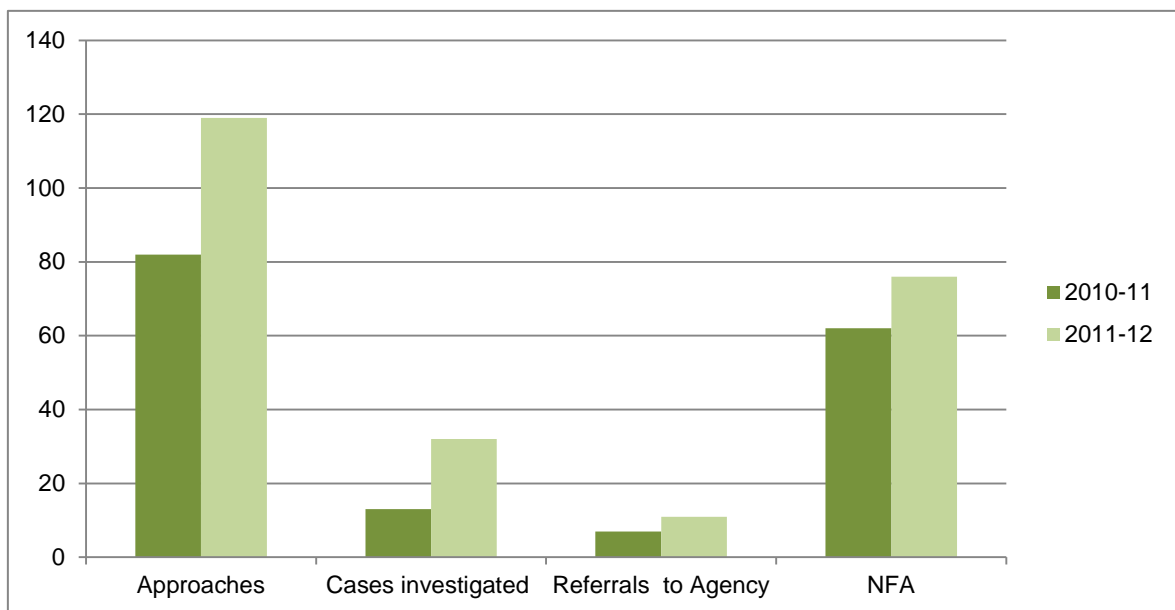


As shown in Figure 22 (Flowchart of the Complaint Management Process), every approach is assessed to see if it forms the basis for a complaint. Most do not; they were requests for information on the complaint process, or were regarding issues that fall outside the complaints legislation.

As identified in Figure 25, of the 119 approaches made to the OCC in 2011-12, 76 (64%) were assessed as not meeting the legislative basis for a complaint and therefore required no further action (NFA). A number of approaches were related to matters before the Family Law or Family Matters Court, or where a judicial ruling had been made.

The remaining **43** (36%) approaches were assessed as meeting the grounds for a complaint as defined under the legislation. From those 43 approaches **32** (27%) were investigated by the Commissioner. **Eleven** (9%) were referred to the relevant service provider for investigation and resolution, with the proviso that the results of investigations be provided to the Commissioner in accordance with the legislation.

**Figure 25: Outcomes of approaches made to OCC**



To determine whether an approach met the grounds for a complaint, the Commissioner sometimes exercised the power under amendments to the Act that enables preliminary inquiries. While there are no figures as to how many preliminary inquiries were made before making a determination, the additional powers improved decision making around how best to process an approach.

## Complaints investigated by the Commissioner

Prior to the start of the reporting year it was estimated that the Office would receive 75 approaches resulting in 50 complaint investigations.

In this reporting year, the Commissioner investigated **95** complaints arising from **119** approaches. Altogether, there were **32** cases involving **41** vulnerable children. Of these cases, 14 (44%) originated from parents, carers or family members; **2** (6%) from neighbours; **7** (22%) from health professionals; **5** (16%) from legal representatives; and **3** (9%) were young people who made complaints on their own behalf. **One** (3%) was a by a person seeking protection under the *Public Interest Disclosure Act*. Within each case investigated by the Commissioner, there may be a number of individual complaints. Each complaint was investigated separately.

Of the **95** complaints that have been investigated, or are currently being investigated or are pending investigation by the OCC, **72** are in relation to vulnerable children in the child protection system, **10** relate to young people detained in the Northern Territory Correctional Services (NTCS) juvenile detention facilities, **6** relate to services provided by non-government service providers. One of these agencies is funded to provide out-of-home care services and the other is funded to provide family support services in a remote locality. Seven complaints relate to three 'own initiative' investigations.

Unlike previous years, not all investigations involved the Department of Children and Families (DCF). Due to the broadening of the Commissioner's complaint management responsibilities to vulnerable children, (i.e. including but no longer limited to children in the child protection system), a number of other organisations were investigated. However, DCF was the subject of two-thirds of all 2011-12 investigations (i.e. 24 of the 32 investigations).

Substantial resources were needed to do some of the extremely complex investigations that developed in 2011-12. A single investigation of particular complexity and gravity could require many months of staff time. NTCS issues in particular emerged as a new area of investigations.

Of the **95** complaints investigated, there are **48** (51%) where the findings are still pending. Of the **47** (49%) where investigations have been finalised and a finding made, **30** complaints (representing 64% of finalised findings) were upheld, **8** (17%) were partially upheld, and **9** (19%) were not upheld.

At the completion of an investigation, the Commissioner is now required to provide a draft report to the service provider investigated, including any recommendations for service improvement. A total of **26** recommendations were prepared in 2011-12 for **5** service providers.

The Commissioner is required to monitor the outcomes of all recommendations made to the service providers. The Commissioner was satisfied with the response by the agencies to most recommendations made to them following investigations.

## **Recommendations**

A total of 26 recommendations were made based on the findings of investigations.

The recommendations ranged from:

- protocols to be developed regarding interactions with professional notifiers, such as NT Police and the Department of Health (DoH), regarding shared high-risk children;
- reviews of current policy and procedures relating to case management of children in both the child protection and youth justice systems. Issues included procedures used to transport juvenile detainees within the NT and the transfer of case management responsibilities for children in out-of-home care;
- additional training for service providers in relation to suicide prevention, statutory obligations, compliance with service providers' policies and procedures;
- formal assessments to be done relating to parenting, therapeutic, behavioural management and the psychological wellbeing of children;
- management plans to be developed for children in care and in the youth justice system, including care plans, cultural care plans, leaving care plans and behavioural management plans;
- protective assessments to be conducted where the findings of the investigations suggest a number of risk factors that may warrant statutory intervention.

Service providers' responses to the Commissioner's recommendations generally have been positive and there has been a conscientious effort on their part to implement most of these recommendations. In formulating recommendations, consideration is given to whether they are realistic and in accordance with relevant best practice models.

### ***Procedural Fairness Process***

Under new provisions contained with the Act (Section 270) there is a requirement that a draft copy of the investigation report is provided to the service providers, giving them the opportunity to make comment regarding any findings or recommendations made by the Commissioner. This has encouraged discussion on the recommendations before they are finalised. It has, however, lengthened the time it takes to prepare final reports.

## Cases referred for Investigation and Resolution

**Eleven** cases involving **23** children were referred to DCF for investigation and resolution, including reviewing access arrangements between parents and children in the out-of-home care system.

DCF accepted all cases referred to it for investigation and in most cases the Commissioner was satisfied with the results of its investigations. In cases where the Commissioner was not satisfied, a request was made to the Department to re-evaluate the outcome of the investigation. Some of the referrals included complaints relating to access arrangements, lack of personal items during time in foster care, or not having a responsible adult present during an interview.

Of the **23** children, **14** were male and **9** females. **Ten** were Aboriginal and **13** were non-Aboriginal. The children's ages ranged from three months to 16 years.

## Own Initiative investigations

Legislative amendments starting on 1 July 2011 provided an 'own initiative' investigative power (section 260(1)(a)(ii)), enabling the Commissioner to investigate matters that may form the basis of complaints, even if no complaints have yet been lodged. **Three** such investigations began in 2011-12; **one** being completed and **two** being in the early stages of investigation.

One of the services providers investigated was a Northern Territory Government funded body that specialises in drug and alcohol program delivery predominantly to young males. The service provider was cooperative at all stages of the investigation, including implementation of the Commissioner's recommendations.

The other two 'own initiative' investigations involved Northern Territory Government service providers. One of the investigations relates to the availability of specialised programs and the second relates to the standard of care being provided to some young people within the youth justice system. Both of these 'own initiative' investigations are in the early stages of investigation.

## Profile of vulnerable children subject to an investigation or referral

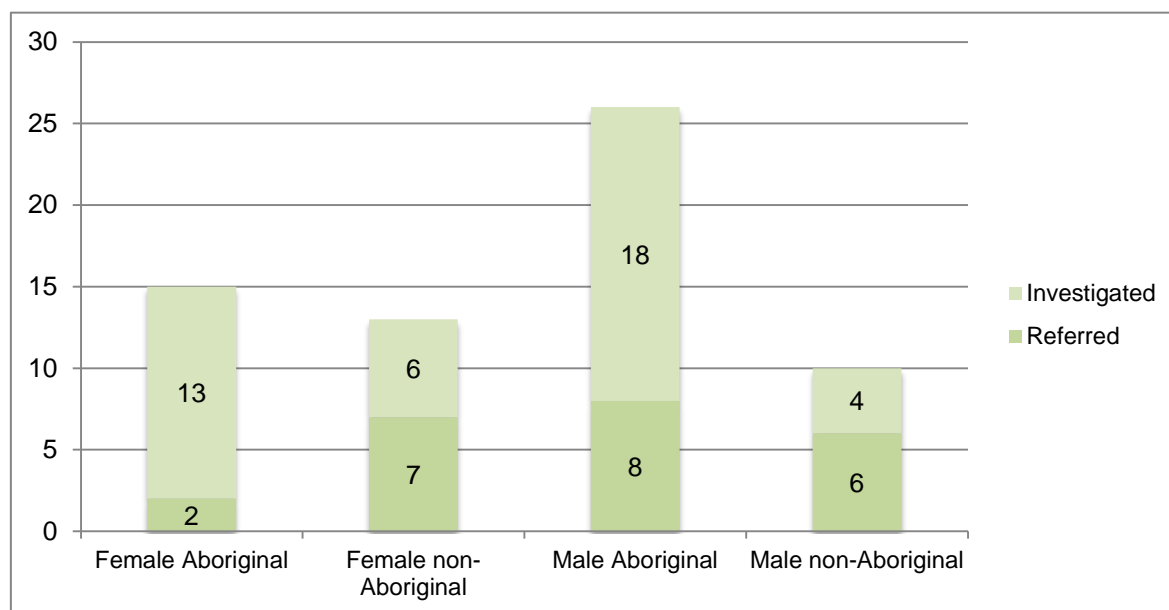
As shown in Figure 26 below, 64 children were the subject of a complaint or referral. Of these, the Commissioner investigated complaints on behalf of 41 children and referred (11) cases involving 23 children to DCF for investigation and resolution.

Of the 41 children, where complaints were investigated by the Commissioner on their behalf, 13 females and 18 males were Aboriginal and six females and four males



were non-Aboriginal. Of the cases referred to DCF, two females and eight males were Aboriginal, with seven females and six males being non-Aboriginal making a total of 23.

**Figure 26: Aboriginal Status and Gender of Vulnerable Children subject of a statutory action by OCC, 2011-12**



As Figure 10 below indicates, **34** (83%) of the investigations by the Commissioner involved children between the ages of 5 to 14, with **19** (46%) involving children between the ages of 10 to 14. This is similar to 2010-11, where **12** (67%) of investigations involved children in the 10 to 14 age range.

**Table 10: Age of children – Investigations and Referrals**

Age Category	0–1 yr	1–4 yr	5–9 yr	10–14 yr	15–17 yr	Total
Investigations	2	4	15	19	1	41
Referrals	1	5	3	6	8	23

As Table 11 indicates, of the **41** children for whom investigations were conducted by the Commissioner **14** (35%) were residing with their parents, **7** (17%) were residing in a registered departmental foster placement, and **13** (32%) were in family way placements. These placements included those that were assessed and registered by DCF for the child/children and others that were arranged by family without involvement by DCF. **One** (2%) child was in a residential care unit, **3** (7%) were in juvenile detention and **3** (7%) were self-placing or homeless.

**Table 11: Domestic circumstances of vulnerable children**

Category of Arrangement	Parents	Foster Care	Family-Way Placement	Residential Care Unit	Juvenile Detention	Self Placing	Independent Living
Number	14	7	13	1	3	3	0

## Summary

The Office of the Children's Commissioner investigated a diversity of complaints in the past year in relation to the provision or omission of services to vulnerable children. It appeared from the Commissioner's investigations that the child protection system, in spite of significant progress in some areas, still struggles in others.

For example, the system needs to be able to respond where there are numbers of children in a single location exhibiting sexualised and problematic behaviour, even if each case, taken individually, would fall below the threshold for intervention. Rather than looking at each case in isolation, the case context needs to be taken into account in decision making to identify a potentially very serious local problem that needs to be investigated and addressed.

Similarly, in responding to intra-familial abuse cases including incest, the system needs to be able to respond to the family context, providing support and intervention at a family level, rather than simply identifying a 'perpetrator' and a 'victim', and implementing responses to each of these individuals in isolation. This leads to particular problems in cases where police find insufficient evidence to prosecute an alleged offender and no follow-up support is offered to the family by DCF. The Commissioner believes that all families in such situations, whether or not the alleged perpetrator is prosecuted, should routinely receive ongoing support and monitoring from DCF.

There also needs to be more support and understanding of the impact on a parent when there are allegations of sexual abuse made against another family member. Rather than alienate them if their reaction is to question the validity of the allegation made by their child, it would be more beneficial to allow them the opportunity to process information that has the potential to impact dramatically on the family dynamics.

It needs to be understood that allegations of intra-familial sexual abuse can have a profound impact on the family and, if not handled sensitively, can cause irreparable

damage. Family members may become isolated from each other and, most importantly, then be unavailable to provide support at a time of crisis.

At a time of such crisis and vulnerability within the family, it is important to be empathic to the different responses by the individual family members at the time of disclosure. This will help the child protection authorities make an assessment as to what intervention is needed to ensure that the safety of the child is not comprised and the family is supported to function as effectively as is possible in the circumstances.

An important factor is the skills and expertise of the investigating officers who work with the child and liaise with the family. It is important that the interactions by the child protection authorities are undertaken in a manner that is not perceived as judgemental or biased.

One of the strengths of the Northern Territory legislation and Department of Children and Families policies and procedures is the emphasis on the role of the family and the importance of maintaining family connections, especially in regard to Aboriginal children. However, with this strength comes the added consideration that it may not be in the infant's best interests to remain in the care of parents whose care is considered to be 'marginal' or who may even demonstrate a desire to not care for their infant.

In a number of cases investigated by the Commissioner, the quality of the child protection investigations and subsequent findings were a source of concern for complainants. The information provided by complainants ranged from concerns about the parents' capacity to meet the protective and care needs of their infants, given their level of alcohol consumption, exposure to domestic and community violence, parental drug usage, homelessness, poor standards of hygiene and inadequate parenting practices.

This cohort of infants is considered to be not only vulnerable by the nature of their age, but many are born with low birth weight, congenital deformities, and other characteristics associated with foetal alcohol syndrome.

In several cases, the infants had been left in hospital after their birth or after medical treatment. Regardless of the intent of the parent, it is of concern that the child protection authorities returned the infant to the parent(s) before it had been established whether they had the capacity, willingness or ability to address the issues of concern.

Without parental change being assessed, these infants are at high risk of exposure to continuing neglect.

Key professionals involved in the treatment and provision of support services for these infants have expressed frustration at what they perceive as a minimisation of the risks to which infants have been exposed and the responses provided by the child protection authorities. When making decisions regarding the level of intervention required, the primary consideration must always be the safety and wellbeing of the infant.

The object of the Act is to promote the wellbeing of children and to protect children from harm and exploitation. Therefore the safety and wellbeing of the child must always be paramount in any decision around reunification of the child and their parents. There have been instances where children may have been further traumatised by ill-considered reunifications. It is essential that when making a decision to reunify a child with their family, that child protection issues within the home have been addressed and there is a demonstrated commitment by the parents to meet their children's needs.

Such situations are exacerbated if transition planning does not include sufficient support for a child going from a long-term placement with good carer bonding to a problematic family situation, particularly if the placement is not monitored well in the transitional stage so children are not re-traumatised. It is also important that there is ongoing monitoring of the child's return to family to ensure that the issues that led to the child entering out-of-home care have been fully addressed by the parents.

Such cases are characterised by practice guidelines being narrowly applied, with insufficient appreciation of the context in which they are being applied. Unfortunately, this can lead to negative consequences. A significant amount of field experience is typically required to manage such situations, and it is likely that new and inexperienced workers need better guidance in these areas from senior staff.

The Commissioner conducted number of investigations on behalf of vulnerable children detained in the NT youth justice system. Some of the issues related to the manner in which juveniles were transported between the two juvenile detention centres; transferring juveniles without informing their parents; allegations that juveniles were denied access to schooling and therapeutic services; failure to provide medical attention; extended periods of confinement; and the inappropriate use of force.

Not all of the complaints investigated by the Commissioner were upheld however, as previously acknowledged in this report, the responses by the different service providers have been positive overall.

## Complaints Review

In June 2012 the Commissioner engaged consultants to review the Complaints Management processes of the Office of the Children's Commissioner. This was partially motivated by the broadening of the powers to investigate complaints made on behalf of vulnerable children as opposed to *'protected children'*.

The review's objectives were to assess all current investigation policy and procedures in relation to the investigation functions and make recommendations for service improvement.

The consultants made a number of recommendations, which are being implemented.

## References

**ABS (Australian Bureau of Statistics) (2012).** Australian Demographic Statistics, December 2011, Cat. No. 3101.0, Canberra.

**AIHW (Australian Institute of Health and Welfare) (2012).** *Child protection Australia 2010–11*, Child Welfare series no. 53. Cat. No. CWS 41, Canberra, p.8.

**AIHW (2011).** Table Adapted from *Supplementary tables: 2010 National Drug Strategy Household Survey report*, Drug statistics series no. 25. Cat. no. PHE 145. Canberra, Tables s5-6 and AIHW 2008, 2007 National Drug Strategy Household Survey: State and Territory supplement. Drug statistics series no. 21. Cat. No. PHE 102. Canberra, Tables s4-5.

**BOI (Board of Inquiry into the Child Protection System in the Northern Territory) (2010).** *Growing them Strong, Together: Promoting the safety and wellbeing of the Northern Territory's children*, M.Bamblett, H.Bath and R. Roseby, Northern Territory Government, Darwin.

**Commissioner for Children Tasmania (2011).** *Child Protection Case File Audit of Children in Out of Home Care 2010*, Tasmania.

**COAG (Council of Australian Governments) (2009a).** *National Indigenous Reform Agreement (Closing the Gap)*. Council of Australian Governments, Commonwealth of Australia, Canberra.

**COAG (Council of Australian Governments) (2009b).** *Protecting Children is Everyone's Business: National Framework for protecting Australia's children 2009-2020*. Council of Australian Governments, Commonwealth of Australia, Canberra, June 2009.

**DoH (Department of Health) (2011).** Li SQ, Pircher SLM, Guthridge SL, Condon JR, Wright AJ. *Hospital Admissions in the Northern Territory 1976 to 2008*, Darwin.

**DoJ (Department of Justice) (2012).** *Northern Territory Wholesale Supply – 2004 to 2011*, Northern Territory Government, Darwin.

**FaHCSIA (2009).** (Department of Families, Housing, Community Services and Indigenous Affairs) *Future Directions for the Northern Territory Emergency Response – Discussion Paper*. Department of Families, Housing, Community Services and Indigenous Affairs, Commonwealth of Australia, Canberra.

**FaHCSIA (2008a).** *Northern Territory Emergency Response Taskforce : Final Report to Government, June 2008*. Department of Families, Housing, Community Services and Indigenous Affairs, Commonwealth of Australia, Canberra.

**FaHCSIA (2008b).** *Northern Territory Emergency Response – Report of the Review Board.* Department of Families, Housing, Community Services and Indigenous Affairs, Commonwealth of Australia, October 2008, Canberra.

**NSW Ombudsman (2009).** *The death of Dean Shillingsworth: Critical challenges in the context of reforms to the child protection system – December 2009,* NSW Ombudsman.

**Wild & Anderson (2007).** *Ampe Akelyernemane Meke Mekarle Little Children are Sacred. Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse.* Northern Territory Government, April, 2007, Darwin.

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