



OFFICE OF
**THE CHILDREN'S
COMMISSIONER**
NORTHERN TERRITORY

**ANNUAL
REPORT**
2016 - 2017

Office of the Children's Commissioner Northern Territory



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ISSN 1837-4522

Suggested citation

Office of the Children's Commissioner (2017)
Annual Report 2016-2017,
Northern Territory Children's Commissioner.
Office of the Children's Commissioner,
Northern Territory Government, Darwin.

This report is available in electronic format on the Office of the Children's Commissioner's website located at:
www.occ.nt.gov.au



Letter to Parliament

The Honourable Natasha Fyles MLA
Attorney-General and Minister for Justice
Parliament House
DARWIN NT 0801

Dear Minister

In accordance with section 43(1)(a) of the *Children's Commissioner Act*, I am pleased to provide you with the Annual Report of the Northern Territory Children's Commissioner.

Yours sincerely

Ms Colleen Gwynne
Children's Commissioner
31 October 2017



Report Summary

This report covers the discrete functions and responsibilities of the Children's Commissioner.

Snapshot

Snapshot provides a general overview of the Office of the Children's Commissioner Northern Territory including staffing, key highlights, activities and major achievements of the year.

Complaints

A summary of the Office of the Children's Commissioner's complaint function is provided at Complaints, including an analysis of data with notable trends identified, and how complaints received have been dealt with.

Investigations finalised this reporting year are briefly discussed here.

Monitoring

Monitoring summarises the outcomes of case reviews relating to the care and protection of vulnerable children including young people leaving care, cases where a Temporary Placement Arrangement has been applied and abuse in care data and trends. This chapter also includes key operational data relating to the responsibility for monitoring the administration of the *Care and Protection of Children Act*; this includes an in-depth review of four key areas of practice.

Looking Ahead

The Looking Ahead chapter sets out the OCC's future priorities and provides an overview of the key principles for the OCC to be promoted through our various functions and powers.



Contents

● Abbreviations	6
● Explanatory Notes	8
● Message from the Commissioner	10
● Snapshot	12
The Commissioner	14
Office of the Commissioner	15
Role and Functions of the Commissioner	16
Our Performance	18
● Complaints Function	22
● CAPCA Monitoring	34
Operational Data	34
Child Protection Authorities and Activities.....	52
Monitoring Investigations of Harm and Exploitation of Children in Out-of-Home Care	64
Out-of-Home Care Data	74
Residential Care — Monitoring.....	104
● Looking Ahead	110
● References	119
● Figures	120
● Tables	122

Abbreviations

A

ABS	Australian Bureau of Statistics
ACCG	Australian Children's Commissioners and Guardians
ACCP	Australian Centre for Child Protection
ACPP	Aboriginal Child Placement Principle
Act	<i>Children's Commissioner Act 2013</i>
AGD	Department of the Attorney-General and Justice
AIHW	Australian Institute of Health and Welfare

C

CAPCA	<i>Care and Protection of Children Act</i>
CAT	Child Abuse Taskforce
CCIS	Community Care Information System
CDRPC	Child Deaths Review and Prevention Committee
CEO	Chief Executive Officer
Commissioner	Children's Commissioner Northern Territory

D

DSS	Department of Social Security
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I

IRU	Internal Review Unit
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M

Manual	Territory Families Policy and Procedures Manual
MLA	Member of the Legislative Assembly

O

OCC	Office of the Children's Commissioner
OoHC	Out-of-Home Care

S

STI	Sexually Transmitted Infection
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N

NAPCAN	National Association for Prevention of Child Abuse and Neglect
NGO	Non-Government Organisation
NT	Northern Territory

P

PCO	Permanent Care Order
PO	Protection Order
POC	Placement of Care
PP	Provisional Protection

T

TILA	Transition to Independent Living Allowance
TPA	Temporary Placement Arrangement
TPO	Temporary Protection Order

R

Reporting Year	The period from 1 July 2016 to 30 June 2017
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Explanatory Note

Use of the Term Aboriginal

The *Care and Protection of Children Act* Part 1.3, 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.

In accordance with the legislative definition, this report uses the terms Aboriginal and non-Aboriginal throughout this report except when quoting a document that specifically uses the term Indigenous. When making comparisons with national data where the term Indigenous may have been used we have substituted the term Aboriginal to ensure consistency.

Use of the Term Vulnerable Children

The term vulnerable child is defined in Section 7 of the *Care and Protection of Children Act* to include those who have been arrested or are on bail, on youth justice orders, on volatile substance abuse orders, those suffering from a mental illness, a mental disturbance, or a disability as well as those who have sought or are seeking child related services or are in the child protection system. In addition, a young person who has left the CEO's care is taken to be a vulnerable child.

Message from the Commissioner

I am pleased to present the 2016-17 Annual Report prepared pursuant to section 43(1) of the *Children's Commissioner's Act* (the Act).

The report provides a summary of outcomes for vulnerable children in the Northern Territory particularly those that encounter the Territory's child protection, Out-of-Home Care (OoHC) and youth justice systems.

The Act provides for the legislative framework with respect to my role and that of the Office of the Children's Commissioner (OCC) and provides for specific responsibilities that enables this position and the OCC to operate independently. I am satisfied that in the 2016-17 reporting year, the OCC effectively fulfilled its core statutory functions as set out in the Act.

The OCC has seen 302 approaches this Reporting Period, a significant increase from 2015-16. Of those approaches, 86 resulted in complaints involving 127 children. Over the past two years, I have incrementally introduced changes to the way that the OCC receives and deals with complaints to promote a quicker resolution with greater levels of satisfaction for complainants and,


more importantly, better outcomes for children. This is reflected in the significant increase of matters dealt with by way of resolution from 2 to 32. A number of complaint trends have emerged throughout the year, of note is the prolonged separation of young people in youth detention still remains a predominant complaint type for young people in detention, some of these complaints still remain unresolved. We will continue to work with the Department of Territory Families to ensure their policies reflect an understanding of what constitutes isolation, separation and segregation.

As part of my function to monitor the administration of the *Care and Protection of Children Act*, I noted that 2016-17 saw 22,313 notifications made to Territory Families regarding potential harm to children or young people, a nine per cent increase from 2015-16. Of those notifications, 2,209 were substantiated, a 23 per cent increase from 2015-16. Aboriginal children continue to be overrepresented in the child protection system. The majority of notifications and substantiated notifications relate to neglect.

Research identifies a link between neglect and environmental and social factors. If the Northern Territory is committed to see less Aboriginal children in the child protection system, the poor-socioeconomic circumstances faced by Aboriginal people, particularly remote Aboriginal people, in the Northern Territory must be addressed.

The Territory continues to see a high number of short-term child protection orders in place for three months or less. The high number of child protection orders on adjournment, whilst court proceedings are yet to be finalised, may account for a substantial proportion of these numbers. Since the last Reporting Period, the number of orders for four years or more has increased significantly but remains below the national average.

In the Reporting Period there were 101 cases of harm of 80 children in OoHC as determined by Territory Families. Of particular concern this Reporting Period is an increase in the number of children in foster care subject to harm. This will require examination by Territory Families to understand what has created this increase.



An important function of my office is to conduct case file reviews to ensure children in care are being provided with appropriate services by Territory Families consistent with legislative obligations. In this Reporting Period, the OCC reviewed all care plans for 17 year olds leaving care. We found that 11 per cent of all 17 year olds in OoHC did not have a specific leaving care plan on file and only 56 per cent of 17 year olds had participated in the transition process. Young people leaving care face significant challenges and it is critical that, consistent with policy, planning commence once the young person is aged 15 and that the young person is engaged in care plan development as they approach independent living.

This year my office also conducted a review around all children and young people who have absconded from residential care placements or who are said to be self-placing. Children and young people who are self-placing are at a very high risk of harm. Twenty-eight young people were identified as self-placing in 2016-17. In 53 per cent of cases, there were no demonstrated efforts on file from Territory Families to return the child to an approved

placement. In 86 per cent of self-placement cases, the Department did not provide financial support. In 8 cases reviewers noted current safety concerns for young people in self-placing arrangements. As a result of these findings, I have instructed my office to conduct an own initiative investigation examining Territory Families policy supporting the safety and wellbeing of children and young people who are self-placing whilst subject to a child protection order.

For the first time, the OCC has conducted monitoring activities in relation to residential care facilities operated by Territory Families and non-government organisations. Whilst some excellent examples of care were evident, it is also clear that some facilities are not providing the standard of care expected. This is discussed further in the report.

Focus for the OCC in 2017-18 are discussed in the Looking Ahead section. The Royal Commission into the Protection and Detention of Children in the Northern Territory will release its final report on 17 November 2017. The handing down of the report will be an opportunity for increased collaboration and engagement across Northern Territory government agencies to

reverse the high levels of harm Northern Territory children are subject to and the over representation of Aboriginal children living in OoHC. I look forward to working with all government agencies towards this goal. On that point, I would like to thank all the staff from various government agencies, non-government service providers and volunteers who work with vulnerable children in the Northern Territory. Throughout the year I have met many dedicated and passionate people who, despite challenging circumstances, make a significant difference to the lives of children in the Northern Territory.

Finally, I would also like to take the opportunity to thank the small but dedicated staff from my office for their professionalism and commitment throughout the year.



Ms Colleen Gwynne
Children's Commissioner
31 October 2017

Snapshot



Our Vision

“Children and young people in the Northern Territory reach their full potential.”

Our Mission

To ensure the rights and best interests of children and young people are safeguarded and promoted.

Our Key Principles

- Best interest of the child at the centre
- Culturally appropriate and responsive
- Shared service delivery and collaboration
- Evidence based best practice
- Early intervention and prevention

Our Core Business

- Deal with and manage complaints
- Identify and address issues affecting vulnerable children
- Monitor developments reform, legislative and policy issues relevant to vulnerable children
- Contribute to improved decision making
- Community awareness and education

The Commissioner



Who is the Commissioner?

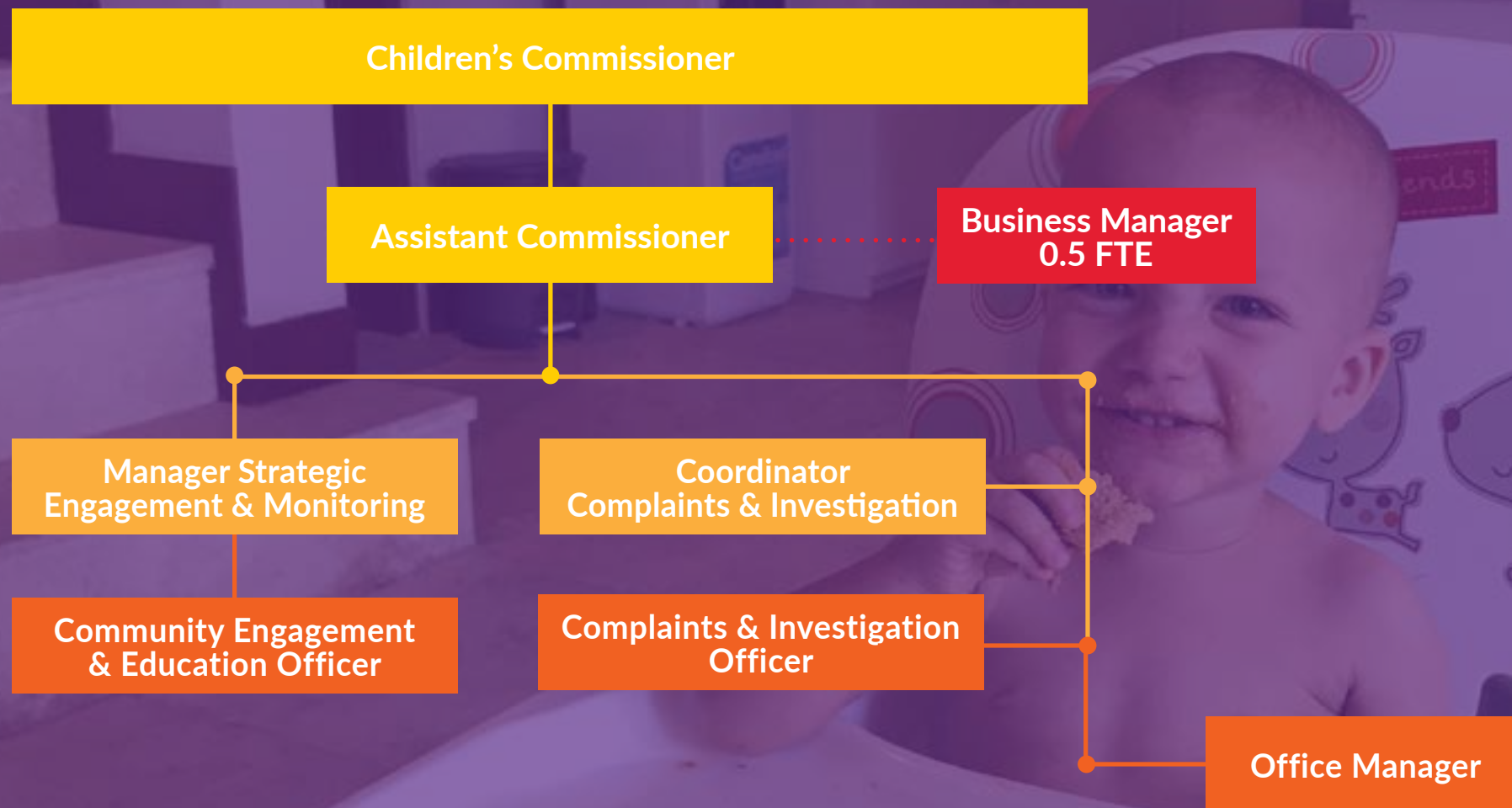
Colleen Gwynne was appointed as the Northern Territory Children's Commissioner in June 2015.

Colleen has more than 25 years' experience in law enforcement, reaching the rank of Commander before taking on other senior roles within the Northern Territory Government. She has a background in oversight and system reform in such areas as public safety, violence, youth crime, and child abuse, and has been the lead investigator in major and complex investigations.

She led the design and implementation of the Child Abuse Taskforce which was the first multi-agency group in Australia with a holistic approach to reports of suspected child abuse involving the protection and wellbeing of the child, family and community development. She is actively engaged in community activities and events and believes that every child should have the opportunity to reach their full potential.

Colleen has formal qualifications in leadership, criminal justice, investigations. She is also a graduate of the FBI National Academy and Institute of Company Directors.

Office of the Children's Commissioner



Role and Functions of the Commissioner

The Commissioner is an independent statutory position established under provisions contained in the *Children's Commissioner Act*.

The Commissioner promotes the interests of vulnerable children and represents their interests with government and the community.

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

- Dealing with complaints about services provided to vulnerable children and monitoring service providers' response to any reports by the Commissioner. The Commissioner also has an 'own initiative' investigative capacity.
- Undertaking inquiries related to the care and protection of vulnerable children.
- Monitoring the implementation of any government decisions arising from an inquiry conducted by the Commissioner or any other inquiry relating to the care and protection of vulnerable children.
- Monitoring the response of Territory Families to allegations of the harm or exploitation of children while they are in OoHC.
- Promoting an understanding of and informing public discussion about the rights, interests and wellbeing of vulnerable children.
- Monitoring the administration of the *Care and Protection of Children Act* as far as it relates to vulnerable children.



The Commissioner undertakes a number of other tasks including:

- Providing information and advice to Government and Ministers in matters pertaining to vulnerable children.
- Responding to issues involving national policy related to child protection and child wellbeing, either independently or in collaboration with Children's Commissioners, Guardians, Advocates and Ombudsmen from other Australian jurisdictions.

Our Performance

Highlights and Achievements 2016-2017

In 2017, the Office of the Children's Commissioner (OCC) undertook a review to ensure its structure was aligned with the six core functions contained in the *Children's Commissioner Act* (the Act). Following that review, a decision was made to appoint an Assistant Commissioner to take a major part in the provision of leadership, strategic direction and overall executive management of the OCC and to assist the OCC to take a more proactive approach in monitoring services provided to vulnerable children. Ms Nicole Butler was appointed to the role in early 2017. Ms Butler is a proud Larrakia/Wadjigan (Top End) and Eastern Arrente (Central) Aboriginal woman from the Northern Territory and brings to the role significant experience in social work, public administration and care and protection research and policy development.

Work also began in the 2016-17 reporting period towards the establishment and advertising for a Community Education and Engagement Officer. The role will assist the OCC to engage with the community and inform debate around the issues affecting vulnerable children and young people in the Northern Territory.

Royal Commissions

There are currently two Royal Commissions ongoing that will affect vulnerable children in the Northern Territory. Reports from those Royal Commissions will be handed down in 2017.

The Royal Commission into the Protection and Detention of Children in the Northern Territory commenced hearings in October 2016. The Royal Commission was announced by the Prime Minister following a Four Corners program which showed footage of the mistreatment of children in the Don Dale Youth Detention Centre, Darwin. Those matters were the subject of the Commissioner's Own Initiative investigation report into the same matters handed down on 17 September 2015. The Royal Commissioners, the Honourable Margaret White AO and Mr Mick Gooda, heard evidence from 210 witnesses, including 24 children who had been through the youth detention and child protection systems in the Northern Territory, and gathered information from across the Territory, interstate and overseas.



An interim report was handed down by the Royal Commission in March 2017. That interim report highlighted significantly disproportionate rates at which children in the Northern Territory, particularly Aboriginal children, are exposed to the youth justice and child protection systems when compared to children in other states and territories. The interim report also highlighted key issues that contribute to the high rates of involvement of Territory children in the child protection and youth justice systems including the socio-economic factors, isolation and the effects of poor health outcomes.

The Commissioner gave evidence on two occasions and filed numerous statements relating to youth justice and child protection. Staff from the OCC were also kept busy responding to requests for information from the Royal Commission throughout the period that hearings were being conducted. A final report containing recommendations will be handed down in November 2017.

In addition to the Royal Commission into the Protection and Detention of Children in the Northern Territory, the Commonwealth Government's Royal Commission into Institutional Responses to Child Sexual Abuse will hand down its final report in late 2017. The OCC was involved in coordinating consultations with young people for the Royal Commission.

Significant administrative and legislative reform is expected in the areas of child protection, youth justice, criminal justice and policing practices following the handing down of the reports. Increased monitoring of vulnerable children is also expected particularly the establishment and maintenance of child safety organisation requirements.

The OCC was involved in coordinating consultations with young people for the Royal Commission. Significant administrative and legislative reform in the areas of child protection and youth justice, criminal justice and policing practices is expected following the handing down of the reports. In addition OCC expects to see a focus on the establishment and maintenance of child safe organisations.

Presentations, Conferences, Seminars and Forums

The Commissioner and staff have presented to a number of service providers on the roles and functions of the OCC. The presentations also provide feedback to the Commissioner on issues affecting vulnerable children and their families in the Northern Territory.

The Commissioner and OCC staff members attended and presented at several conferences, seminars and forums across the Territory and nationally. This included the Commissioner being a key note speaker at the Protecting Australia's Children – Child Protection and Youth Justice Reform Conference in Sydney, a panel guest at the Youth Justice Australasian Conference in Brisbane and a speaker at the Out-of-Home Care Forum in Alice Springs.

Presentations were also made to Territory Families' Youth Outreach Officers as part of their induction, the Alice Springs Cross Sector Orientation Workshop and the Charles Darwin Child Rights Forum.

National Involvement

The Australian Children's Commissioners and Guardians (ACCG) is a network for children and young people Commissioners, Guardians and Advocates from across Australia. The ACCG aims to promote and protect the safety, well-being and rights of children and young people in Australia to ensure that their best interests are considered in public policy and program development.

The group meets twice a year and the Commissioner attended meetings in November 2016 and May 2017. Themes of this year's meetings and work of the ACCG were alternative models of residential care with a therapeutic focus, youth justice and children and young people's experience of violence. The ACCG also produced a statement on youth justice detention. A number of jurisdictions have undergone reviews into youth justice

facilities and practices over the past year. The reviews highlight the need for a move away from large-scale detention centres and increase trauma-informed approaches to youth justice that avoid restrictive practices.



Engagement with Children and Young People in Care

The Commissioner spoke at the National Association for Prevention of Child Abuse and Neglect (NAPCAN) Child Protection Week breakfast which this year was co-hosted by a young person in care. The Commissioner also presented the 'Play Your Part Award' to Tangentyere Aboriginal Council for the Drum Atweme Program, the Smith Family, Gray Family Centre and Gray Primary School for their parent engagement program.

OCC staff attended a CREATE Foundation connection event. The event was attended by carers and children and provided an opportunity for staff to talk about the role of the OCC. Children in care also attended the office and learnt about the Charter of Rights (for children and young people in care) at an event organised by CREATE.

The OCC has undertaken a review of all 53 residential care facilities by completing site visits across the Northern Territory. This gave the OCC a further opportunity to engage with children and young people in care.



Secretariat Responsibilities for the NT Child Deaths Review and Prevention Committee

The OCC continued its role as the Secretariat for the Child Deaths Review and Prevention Committee (CDRPC) and the Commissioner continued in the role as Convenor.

There were three meetings held over the year and the Convenor attended the annual Australian and New Zealand Child Deaths Review and Prevention Group meeting in Adelaide.

Administrative responsibility for the CDRPC

will be transferred to the Northern Territory Coroner's Office next year.

A copy of the CDRPC Annual Report for 2016-2017 can be found on the OCC website.

Complaints Function

One of the core functions of the Office of the Children's Commissioner (OCC) is to deal with complaints in accordance with section 10 (1)(a) of the *Children's Commissioner Act* (the Act) relating to services provided to vulnerable children.



Services and Service Providers

A service provider is defined under the Children's Commissioner Act to be either a Northern Territory 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.

The complaints function pertains only to the quality or absence of reasonably expected services. Although there is no precise definition of 'services' provided in the Act, it does suggest that 'services' are distinct from 'decisions' made by authorised officers. The Commissioner deals with the circumstances surrounding the decision, including whether legislative, policy and practice standards were complied with in making the decision.

In accordance with the principles underlying the Act, particularly section 5(1)(a), the Commissioner considers whether the outcome of the decision was in the best interests of the child.

Provisions for Making a Complaint

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

Complaints must normally be made within one year of the matter to which the complaint relates, however the Commissioner may accept a complaint after this one year period if the Commissioner considers it appropriate to do so in the public interest or because of special circumstances. Complaints can be made in writing or verbally. Section 23 of the Act sets out the options available to the Commissioner on receipt of a complaint, the grounds on which a complaint may be investigated, resolved, declined or referred, and the timeframe for making the initial decision.

Grounds for a Complaint

A complaint must be made on one of the following grounds:

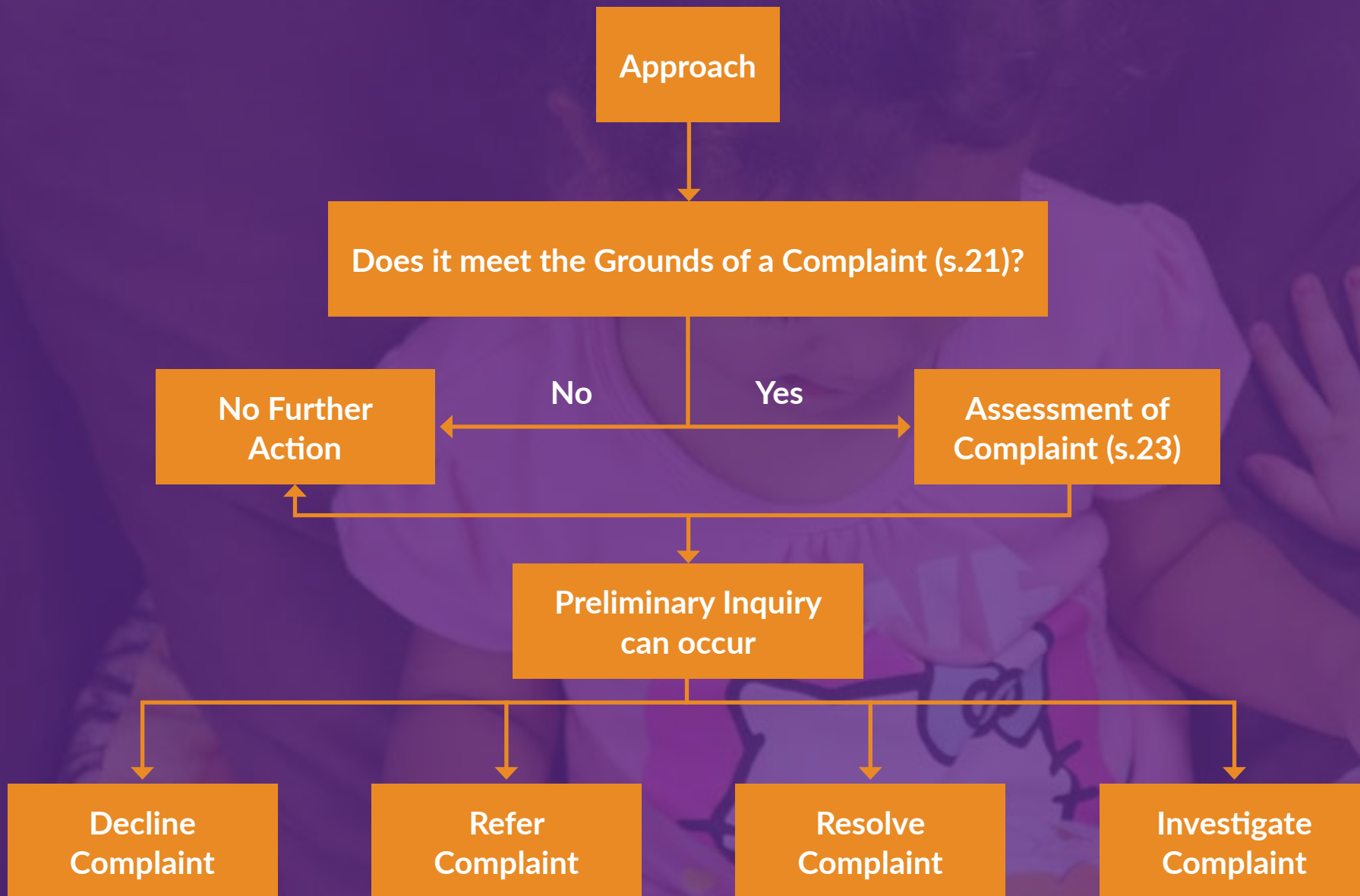
1. A public authority, or anyone acting for a public authority, who has taken or is taking an action in relation to the child as a vulnerable child; or
2. an operator of child-related services who provides, or is required to provide, the services in relation to the child as a vulnerable child.

Complaint Management Process

Parts 4 and 5 of the Act clearly set out the procedural requirements for processing a complaint. This includes who can make a complaint, the initial assessment, the reasons why the Commissioner may determine not to deal with a complaint, where complaints can be referred, the interested parties that must be notified, how information can be accessed and how matters are finalised.

The complaint management process is clearly detailed in the Act and is illustrated in the following flowchart.

Figure 1: Complaint Management Process



Approaches to the Office

When the Commissioner receives an approach, a determination is made as to whether or not the approach constitutes a complaint in accordance with the legislation.

In 2016-17, there were 302 approaches received by the Commissioner compared to 231 the previous year, and of these 216 were determined to be enquires only and as such were not dealt with as a complaint, compared to 141 the previous year.

There are a number of reasons why an approach is deemed an enquiry only. Complaints may fall outside the Commissioner's jurisdiction or it may not meet the grounds for a complaint. However, in 2016-17 the significant increase in approaches deemed enquires can be clearly attributed to the Commissioner's focus on identifying matters having the potential to be resolved by the complainant directly with the relevant service provider.

In such cases, a complaint will not be formalised with the Commissioner but with the relevant service provider. Complainants are advised to re-contact the Commissioner if the matter has not been resolved by the service provider.

302

Approaches received

Dealing with a Complaint

The Commissioner has four options to deal with an approach that satisfies the grounds for a complaint (section 23).

These are to:

1. investigate the complaint
2. resolve the complaint without an investigation
3. decline to deal with it
4. refer the complaint to another person or body.

As soon as practicable after the Commissioner's assessment of a complaint, the complainant must be informed of the decision, whether it be to investigate, resolve, refer or decline the complaint. The Chief Executive Officer of the relevant agency and service provider must be informed of the complaint as soon as practicable after the complaint has been made.

Complaints

In 2016-17 the Commissioner received 86 complaints in accordance with section 23 of the Act involving 127 children, which is comparable to 90 complaints the previous year, however there was an increase in the number of children involved in the complaints from 108 the previous year.

86

Complaints received
involving 127 children

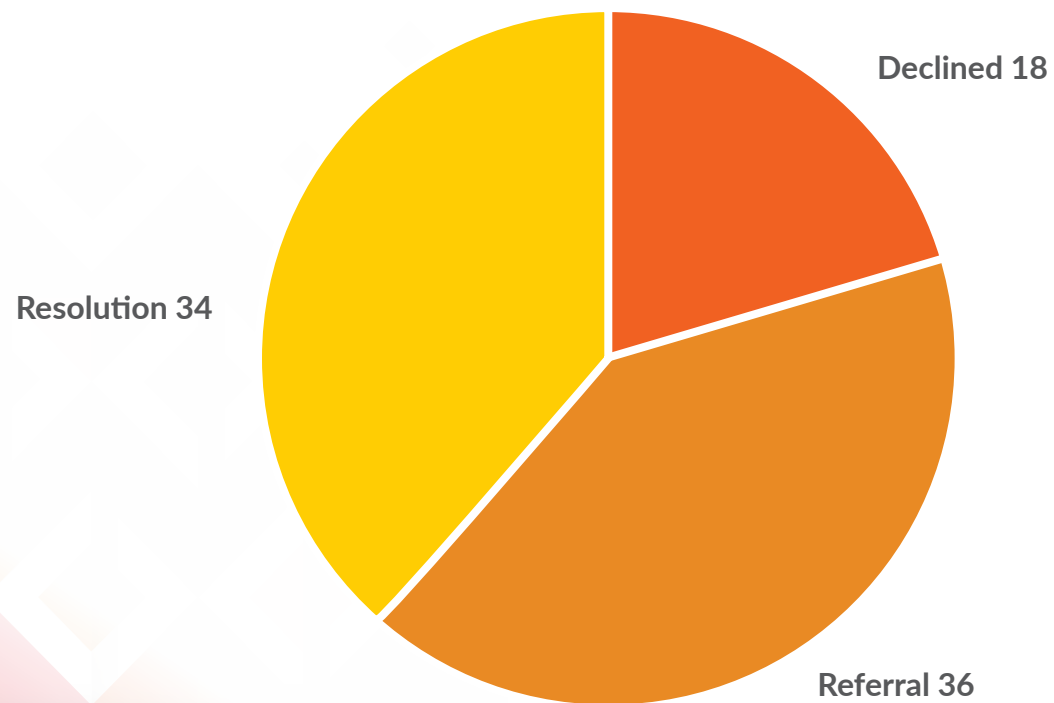
How the Commissioner determined to deal with the complaints

As previously mentioned, there are four ways the Commissioner may determine to deal with a complaint matter.

In 2015-16, the Commissioner had not made a determination on how to deal with six complaints. These were carried out in the current Reporting Period.

At the end of the current Reporting Period, the Commissioner had not made a determination on how to deal with four complaints.

Figure 2: How the Commissioner Determined to Deal with the Complaints Received in 2016-17.





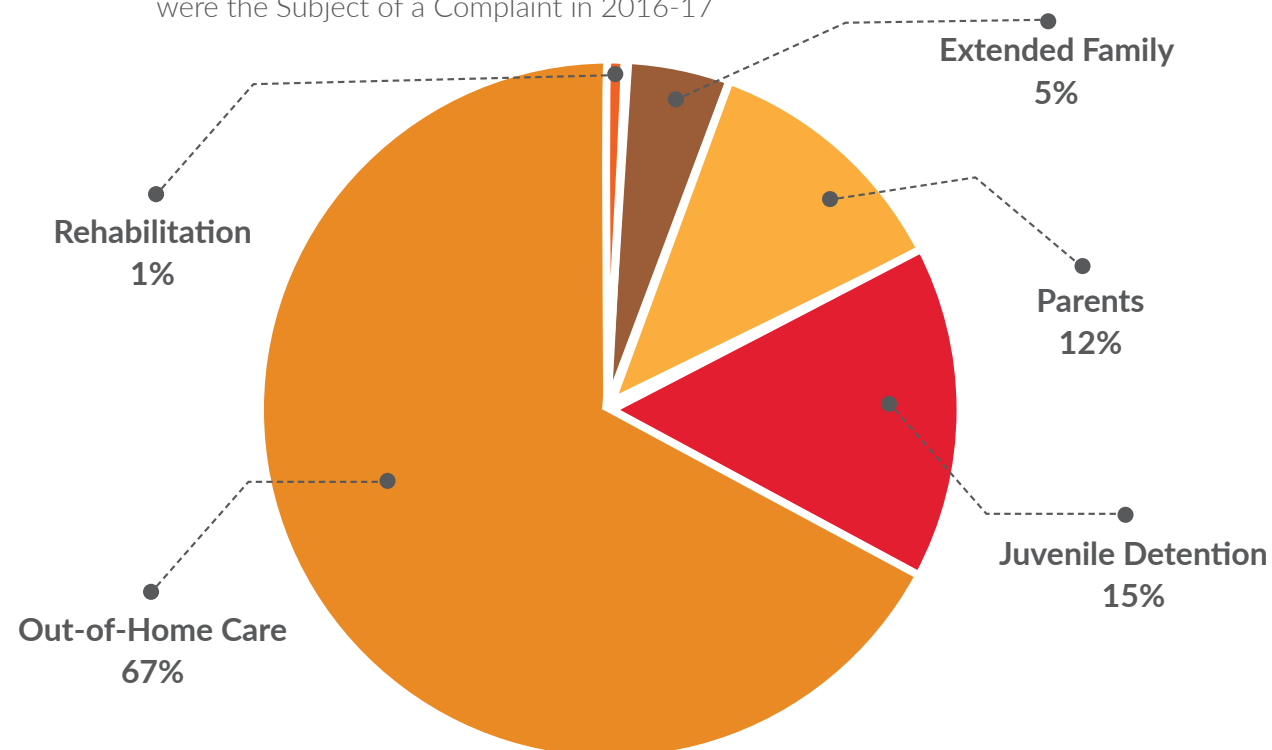
Profile of Children Subject of a Complaint

Of the 127 children subject of a complaint in 2016-17, 73 per cent were Aboriginal. This is a decrease from 88 per cent the previous year. Sixty-seven per cent of all children the subject of a complaint resided in Out-of-Home Care.

67%

of all children the subject of a complaint resided in Out-of-Home Care

Figure 3: Domestic Circumstances of Vulnerable Children who were the Subject of a Complaint in 2016-17



Preliminary Inquiries

Section 23(2) of the Act provides provision for the Commissioner to make preliminary inquiries, this assists to determine how to best deal with a complaint.

Such inquiries will indicate whether a complaint has substance and the level of complexity associated with it, as well as being useful for when the Commissioner is seeking to understand discrete circumstances beyond that of the complaint.

Of the 86 complaints received by the Commissioner, 44 were subject to preliminary inquiries. This is a 50 per cent decrease compared to 88 the previous year.

This figure is indicative of the Commissioner's continued focus on resolving complaints expeditiously whenever it is identified that an investigation is not necessarily going to enhance the outcome for the child.

44

Complaints subject to preliminary inquiries

The Act provides the Commissioner with a period of 28 days in which to make a decision on what course of action to take, during which preliminary inquiries may be made. These inquiries can include the review of relevant documentation, close circuit television, site inspections or speaking with the child.

Wherever possible, and when appropriate to do so, the Commissioner will endeavour to speak with the child subject to the complaint, providing them an opportunity to freely express their experiences and for their views to be considered within the Commissioner's proposal for resolving matters and any recommendations for improving future service provision.

Complaints Resolved by the Commissioner

The focus has been on resolving matters expeditiously where an investigation is determined to be unnecessary for improving the outcome and would otherwise result in delays in achieving positive results for the child. Complaint themes are continuously monitored by the Commissioner and consideration for investigation is prioritised for when systemic issues are identified and broader scoping outcomes can be achieved.

In 2016-17, 34 complaint matters were dealt with by way of resolution. This is significant increase of 32 from the 2 the previous year.

In these cases, the Commissioner will forward the complaint to the relevant service provider proposing methods for resolving the matter. The service provider's acceptance of a complaint for resolution will include accepting the Commissioner's proposed actions or negotiating a variance in line with the intent for resolution.

Complaints Referred by the Commissioner

In 2016-17, 36 complaint matters were dealt with by way of referral. This is a decrease of 14 from 50 the previous year.

The referrals were made to a number of various complaint bodies, including internal integrity units within Territory Families and the Department of Health.

Referrals made by the Commissioner require the relevant service provider to investigate the circumstances of the complaint and to provide the Commissioner with the result of such investigation. As such, matters referred are those determined by the Commissioner to be of a nature that an investigation would improve the desired outcome.

At the conclusion of the investigation the result must then be provided to the Commissioner. The Commissioner will then assess the investigation findings, and action taken for resolving the matter, before determining to finalise the matter.

The Commissioner meets with Territory Families once per fortnight to discuss all child protection and juvenile justice complaints in order to ensure matters are dealt with efficiently and effectively.

34

Complaint matters dealt with by resolution

36

Complaint matters dealt with by referral

2

Investigations
finalised

Complaints Investigated by the Commissioner

The Commissioner did not commence any investigations from complaints received in 2016-17, however finalised 2 investigations that commenced the previous year.

There were four recommendations made by the Commissioner resulting from these investigations that centred on Territory Families reviewing child protection practices and the development and implementation of policy associated with the expiry of short-term protection orders and withdrawal of applications for protection orders.

The Commissioner received two quarterly reports regarding the implementation of these recommendations and was satisfied of the progress made by Territory Families toward finalising the recommended reform.

Complaints Declined by the Commissioner

Section 24 of the Act clearly sets out specific grounds for when the Commissioner may decline to deal with a complaint. The Commissioner may only decline to deal with a complaint if satisfied there is provision to do so in accordance with section 24 of the Act. In 2016-17, 18 complaints were declined by the Commissioner in accordance with section 24 of the Act. This is a decrease of 15 from 33 the previous year.

The most common reason for the Commissioner determining not to deal with a complaint was that the complaint lacked substance, which in most cases was based on the findings of preliminary inquiries made by the Commissioner.

18

Complaints declined
by commissioner

4

Complaints received still
under assessment

Complaints Decisions Undetermined by the Commissioner

There were four complaints received that were under assessment at the end of the 2016-17 reporting period where the Commissioner had not yet made a decision on what course of action to take.

Complaint Trends

In 2016-17, the following complaint trends were evident:

Prolonged separation of young people in youth detention from other young people, mainstream detention programs and meaningful engagement and activities.

A lack of appropriate engagement and support provided to young people absconding from Out-of-Home Care and self-placing.

A lack of support provided to young people applying for bail.

The timeliness and accessibility of mental health assessments for young people in the Youth Justice system.

Inadequate child protection investigations and insufficient assessment of risk to children and young people.

Poor case management associated with the reunification of children and young people with family.

Monitoring — Operational Data

Section 10(1)(c) of the *Children's Commissioner Act* provides that one of the functions of the Children's Commissioner is to monitor the *Care and Protection of Children Act (CAPCA)* as it relates to vulnerable children. This chapter contains an analysis of child protection and Out-of-Home Care (OoHC) data provided by Territory Families on request by Office of the Children's Commissioner.

NOTIFICATIONS

In 2016-17 the total notifications received by Territory Families was **22,313** - a **nine per cent** increase from 2015-16.

Of the 22,313 notifications received:

79 per cent related to **Aboriginal** children.

86 per cent were received from **professionals** with the highest notifiers being **police** who accounted for **42 per cent** of all notifications.

As with previous years, **neglect** remains the most common notification category and accounted for **46 per cent** of all notifications.

SUBSTANTIATIONS

2,209 notifications were **substantiated** a **23 per cent** increase from 2015-16.

INVESTIGATIONS

9,245 notifications proceeded to investigation an **18 per cent** increase from 2016-17.

OUT-OF-HOME CARE

1,049 children in Out-of-Home Care (OoHC) as at 30 June 2017 a **3 per cent** increase from 2015-16.

89 per cent are **Aboriginal** children, of which only **32 per cent** were placed with Aboriginal carers.

Children with disabilities accounted for **117** of the total **1,049** children in OoHC.



Data referred to in this chapter primarily relates to the obligations and functions contained in Chapter 2 of the Act. Chapter 2 of the Act outlines the obligation of the public to report cases of children at risk of harm, exploitation or abuse. It also details the powers of the CEO of Territory Families, authorised officers under the Act and the judiciary to take appropriate action to safeguard the wellbeing of children.

In addition to the review of the statistical data referred to in this chapter, the Commissioner monitors the administration of the Act through assessment and feedback on operational processes, a consideration of regional and inter-jurisdictional differences and the ongoing assessment of the over-representation of Aboriginal children in the child protection system.

Each year the OCC requests historical and operational data from Territory Families. The requested data relates to notifications, investigations and substantiated notifications by Territory Families.

The Commissioner acknowledges and thanks Territory Families for providing a large volume of statistical information provided for monitoring purposes.

Notifications

Number of Notifications

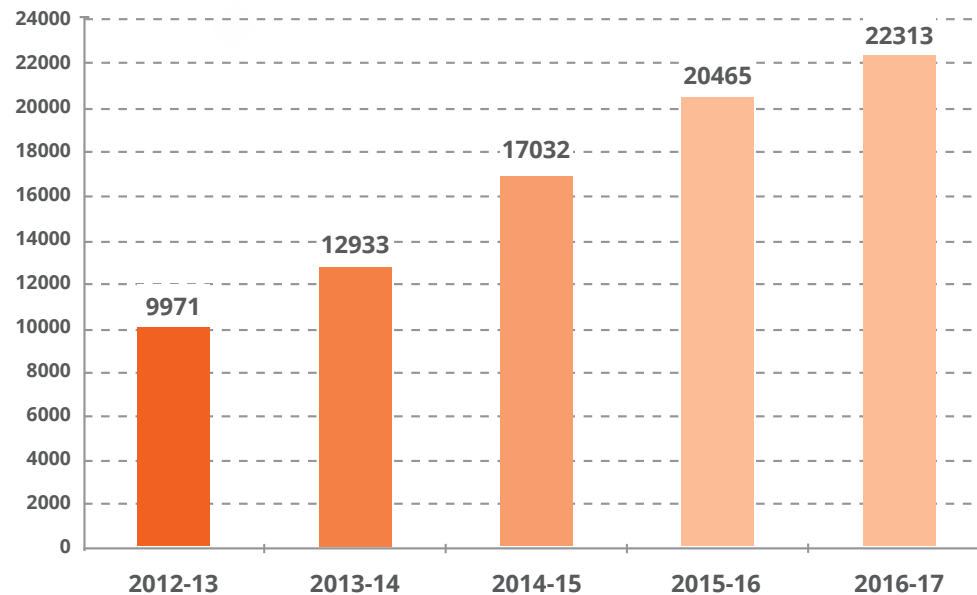
In 2016-17 Territory Families received 22,313 notifications of potential harm and exploitation of children and young people. This represents a 9 per cent increase of notifications from 2015-16 and follows a trend of increasing notifications over recent years.

As shown in [Figure 4](#), there continues to be significant increases in notifications with a 124 per cent increase since 2012-13. However, the 9 per cent increase does indicate a slowing rate of notification increase from 2013-14 to 2014-15 (32 per cent) and 2014-15 to 2015-16 (20 per cent)

22,313

Notifications received

Figure 4: Number of Notifications, 2012-13 to 2016-17



Source: Territory Families 2017

Source of Notifications

Since 2012-13 there has been an ongoing increase in the number of notifications originating from police. In 2012-13 police notifications amounted to 35 per cent of all notifications. This reporting year police were responsible for 42 per cent of all notifications. Police notifications spiked in 2010-11 and 2011-12 and have remained steadily higher since then.

Northern Territory Police have advised that greater general awareness of child protection concerns, more concentrated policing in remote communities, and police systems in relation to reporting obligations are understood to be some of the reasons for the increasing rates of police notifications.

The OCC is concerned that there is a society wide reporting tendency to rely on notifying rather than responding or assisting where there is a concern for a child. The majority of notifications received by Territory Families are not further actioned as the concerns do not meet the threshold for investigations which triggers an information gathering response rather than a response to a clearly identified issue or concern.

42%

Notifications originating
from police

Table 1: Number of Notifiers by Category, 2016-17

NOTIFIER CATEGORIES	NO. OF NOTIFICATIONS RECEIVED
Professionals	
Police	9,279
School Personnel	3,677
Hospital/Health Care	2,468
Medical Practitioner	160
Other Health Personnel	729
Child Care Personnel	106
Social Worker	104
Departmental Officer	976
Non-Government Organisation	1,713
Non-Professionals	
Subject Child	28
Parent/Guardian	839
Sibling	6
Other Relative	634
Friend/Neighbour	414
Other	
Anonymous	276
Other	904
TOTAL	22,313

Table 1 shows that professionals account for 86 per cent of all notifications. This percentage of professional notifications is broadly consistent with the previous two reporting years. Given the engagement that professionals such as police, social workers and school personnel, have with young people the extent to which professionals account for the majority of notifications is reasonable. Aside from police, a significant proportion of notifications came from school personnel at 16 per cent and hospital staff at 11 per cent.

The non-professional category which includes, parents, guardians, relatives and friends/neighbors amounted to 9 per cent of the total notifications. This is consistent with previous reporting periods.

Source: Territory Families 2017

Notifications by Abuse/ Neglect Type

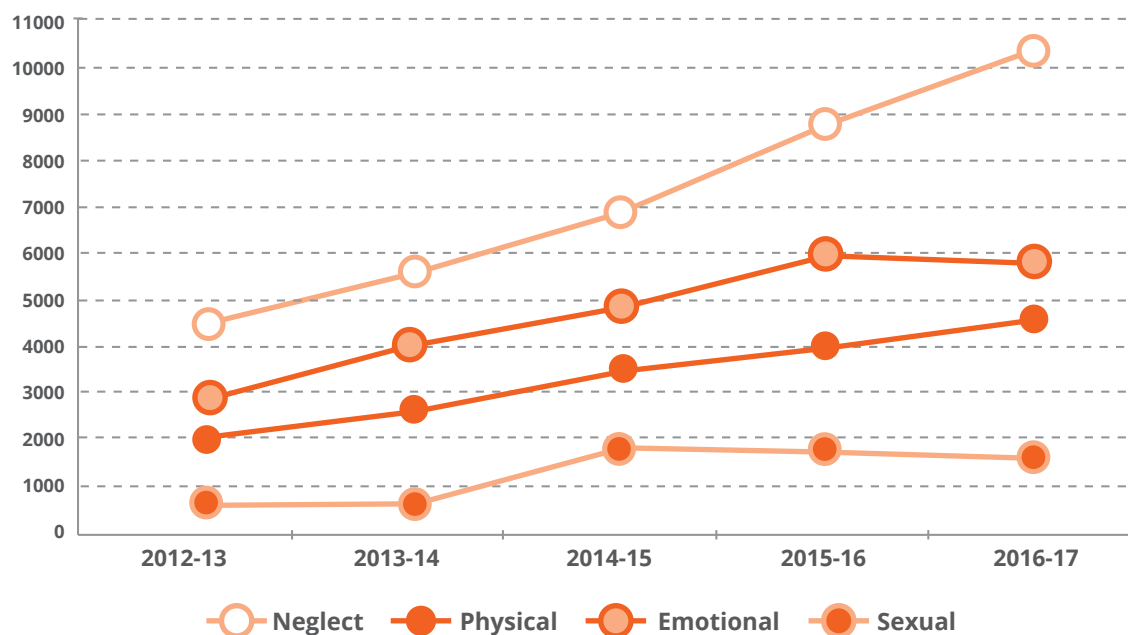
Notifications made to Territory Families relating to possible harm or exploitation to a child are categorised as either neglect, physical, emotional harm or sexual exploitation.

As shown in [Figure 5](#), neglect notifications make up the largest category accounting for 46 per cent of the total. Neglect has been the most common reporting category for some time. Emotional harm amounts to 26 per cent of all notifications, physical harm 21 per cent and sexual exploitation 7 per cent.

Sexual exploitation notifications have continued to decline. This reporting year less notifications of sexual exploitation were received than 2015-16.

The 22,313 notifications made to Territory Families involved 11,222 children which represents a consistent average of around 2 notifications per child. Boys and girls continue to be equally represented in the notification.¹

Figure 5: Number of Notifications by Abuse/Neglect Type, 2012-13 to 2016-17



Source: Territory Families 2017

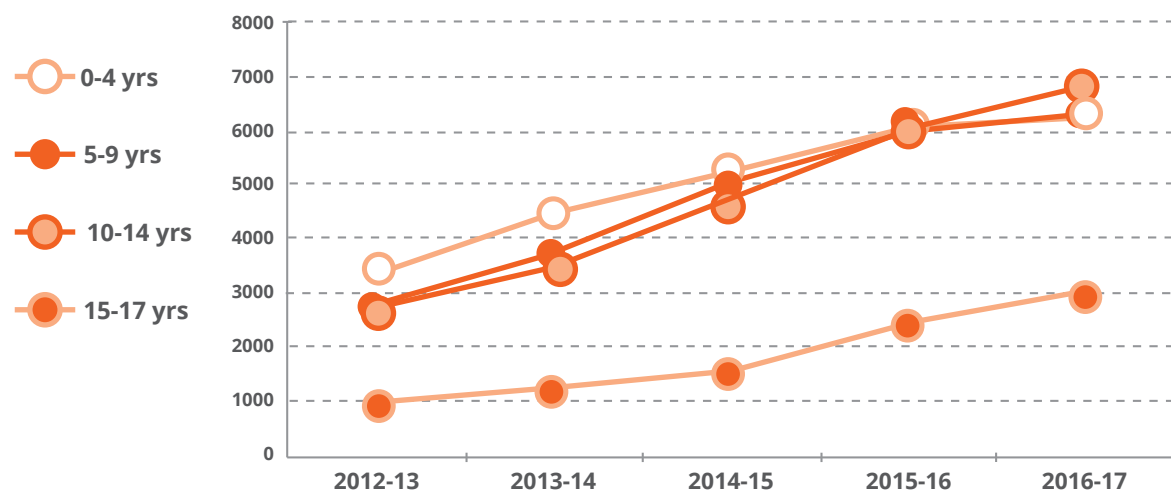
¹ A child is counted more than once if their birthday occurs between notifications, which results in the notification being recorded for both age groups. This also occurs where notifications are made about different types of abuse, for example the same child may show up in the 'physical abuse' and 'emotional harm' and 'sexual exploitation' categories



Notifications by Age of Child

As shown in [Figure 6](#), children aged 10-14 constitute 31 per cent of all notifications, similar to the 2015-16 reporting period (29 per cent). Children aged 0-4 and 5-9 each constitute 29 and 28 per cent of notifications respectively and young people aged 15-17 make up the remaining 13 per cent. As can be seen from [Figure 6](#), the number of notifications for children aged 5-9 and 10-14 has been steadily increasing in recent years.

Figure 6: Number of Notifications by Age, 2012-13 to 2016-17



Source: Territory Families 2017

Notifications by Aboriginality

Aboriginal children make up less than half of all children in the Northern Territory but 79 per cent of all notifications relate to Aboriginal children. This percentage is generally consistent with numbers for the past five years.

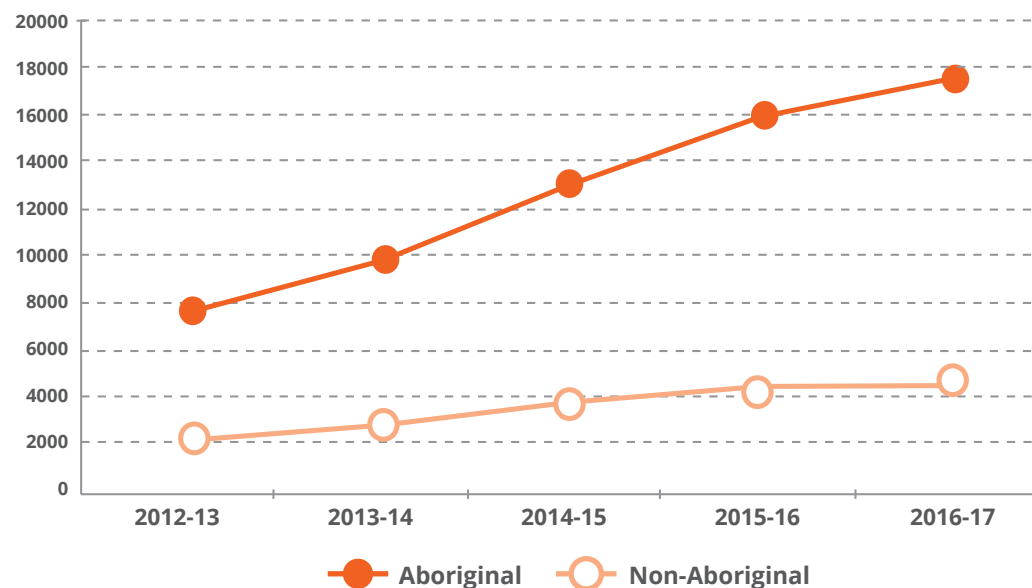
As shown in Figure 7, notifications relating to Aboriginal children have been growing at a significant rate. Since 2012-13 notification for non-Aboriginal children has increased by 98 per cent. However, for the same period notifications in relation to Aboriginal children have increased by 131 per cent. In this reporting period notifications for Aboriginal children have increased 10 per cent.

79%

Notifications related to
Aboriginal children



Figure 7: Number of Notifications by Aboriginality, 2012-13 to 2016-17



Source: Territory Families 2017

Notes: Notifications with unknown status not displayed.

The Outcomes of Notifications

When a person makes a notification, an authorised officer within Territory Families determines the investigation priority based on an initial assessment of risk. Out of the 22,313 notifications made in 2016-17, 13,068 (59 per cent) notifications were 'screened out', that is determined not to represent a significant detriment to the child's wellbeing, dealt with in other ways, or are still awaiting determination. The percentage of screened out notifications was lower than in 2015-16 (62 per cent).

Urgency Ratings

The notifications that are "screened in" for further investigation by the Central Intake Team are provided with a priority level based on the imminence of risk to the child and urgency of response required.

The urgency ratings are:

- Priority 1 – 24 hours
- Priority 2 – Within 3 days
- Priority 3 – Within 5 days
- Priority 4 – Within 10 days

Table 2: Percentage of Investigations Commenced within Required Time-Frame, 1 July 2016 to 30 June 2017

CATEGORY	1 JULY 2016 TO 30 JUNE 2017
Priority 1	95%
Priority 2	91%
Priority 3	92%
Priority 4	95%

Source: Territory Families 2017

As shown in Table 2 the vast majority of investigations are commenced within the urgency rating time period across all categories.

59%

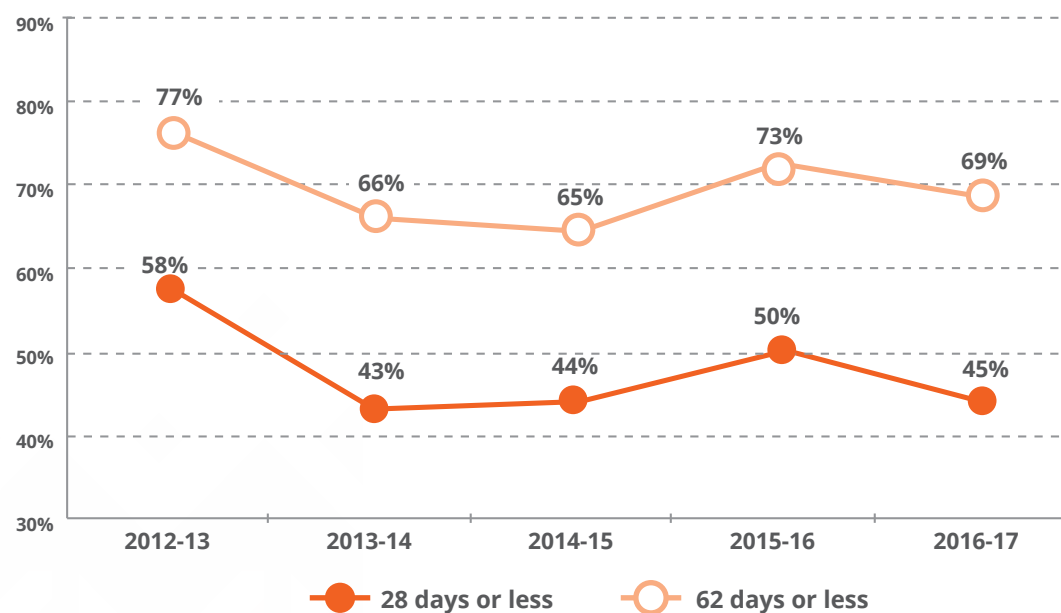
Notifications screened out

Timeliness of Investigations

Once a child protection investigation commences, Territory Families policy provides that it must be completed within 28 days of commencement.

Figure 8 shows the percentage of investigations that were completed over a five-year period within the 28 day and 62 day time frames. 2012-13 appears to be a high-water mark for on time investigation completions. During this reporting period 45 per cent of notifications were investigated within the 28 day time period, a 5 per cent decrease from 2015-16. Sixty-nine per cent of matters were dealt within 62 days or less, a 3 per cent decrease.

Figure 8: Percentage of Completed Investigations within 28 days and 62 days, 2012-13 to 2016-17



Source: Territory Families 2017



Unallocated Investigations

Territory Families policy provides that an unallocated investigation is one that has been screened in as requiring further investigation because of a possible risk of harm or exploitation to a child, but the investigation is yet to commence. It is understandable that a small number of unallocated investigations exist in the system as a 24 hour time period is allowed to allocate the investigation. However, unallocated investigations pose a risk to children as the current risk to the child is not being evaluated.

As of 30 June 2017 there were 67 unallocated investigations. This is a nine per cent reduction from 2015-16.

The Outcomes Of Notifications

As shown in [Figure 9](#), there has been a significant (124 per cent) increase in the number of notifications to Territory Families over the past five years. There are notable increases in the number of investigations commenced in 2013-14 (29 per cent) and 2014-15 (45 per cent). However, investigations commenced slowed to a 10 per cent increase in 2015-16. This reporting period has seen investigations commenced increase to 18 per cent. This is a significant increase compared to the 9 per cent increase in total notifications.

Data from this reporting period shows a 49 per cent increase in the past five years.

At the end of each financial year there are a number of investigations not yet completed, which based on previous years, tends to add around 3 to 10 per cent to the reported number of substantiations in the following year.

The Territory Families practice of streamlining multiple investigations into one investigation has also impacted on substantiation rates.

If multiple investigations are rolled into one, it only allows for one possible outcome. However, those multiple investigations could have led to multiple substantiations.

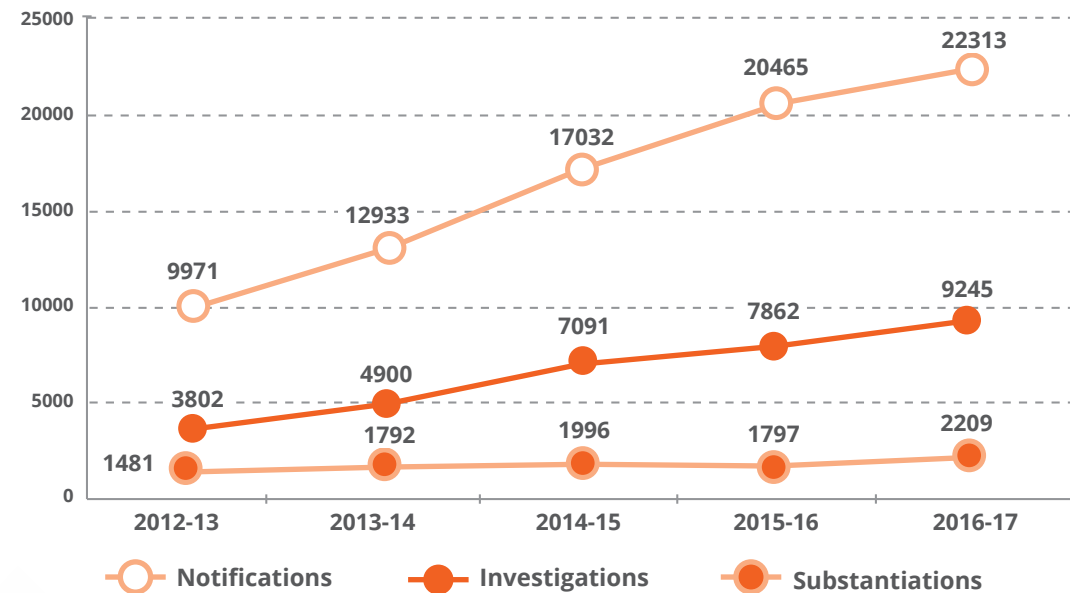
In 2016-17, 13,068 (59 per cent) notifications were screened out as not meeting the threshold of risk to warrant an investigation. This is an increase of 465 from the 2015-16 reporting period.

2,209

Notifications substantiated

Prior to 2014 -15, there appeared to be no clear relationship between the notifications made and the number of matters investigated. The 2016-17 reporting period has continued the trend since 2014-15 of a greater number of notifications leading to investigations. This suggests increasing rates of notifications are based on genuine child protection concerns. However, the increasing rates of notifications, investigations and substantiations places pressures on the Northern Territory child protection system and workers tasked with undertaking increasing investigations. It would be highly desirable for an audit to be conducted by Territory Families to assess why so many notifications continue to be screened out. Such an audit could ensure the high numbers of notifications being screened out is not related to the use of screening tools or a workload or training issue.

Figure 9: Number of Notifications, Investigations and Substantiations of Abuse/Neglect, 2012-13 to 2016-17



Source: Territory Families 2017

Note: Caution should be exercised when analysing figures from the most recent year displayed as some child protection investigations from that year have not concluded and therefore not represented in these numbers.



Substantiations by Aboriginality

Historically, the substantiation rate for Aboriginal children in the Northern Territory was significantly lower than the national average. In recent years the rates for Aboriginal children in the Northern Territory has been above the national average.

In 2016-17, 1,990 substantiations related to Aboriginal children. This is a 22 per cent increase in substantiations compared to the 2015-16 reporting period.

1,990

Substantiations related to
Aboriginal children.

Substantiations by Abuse/Neglect Type

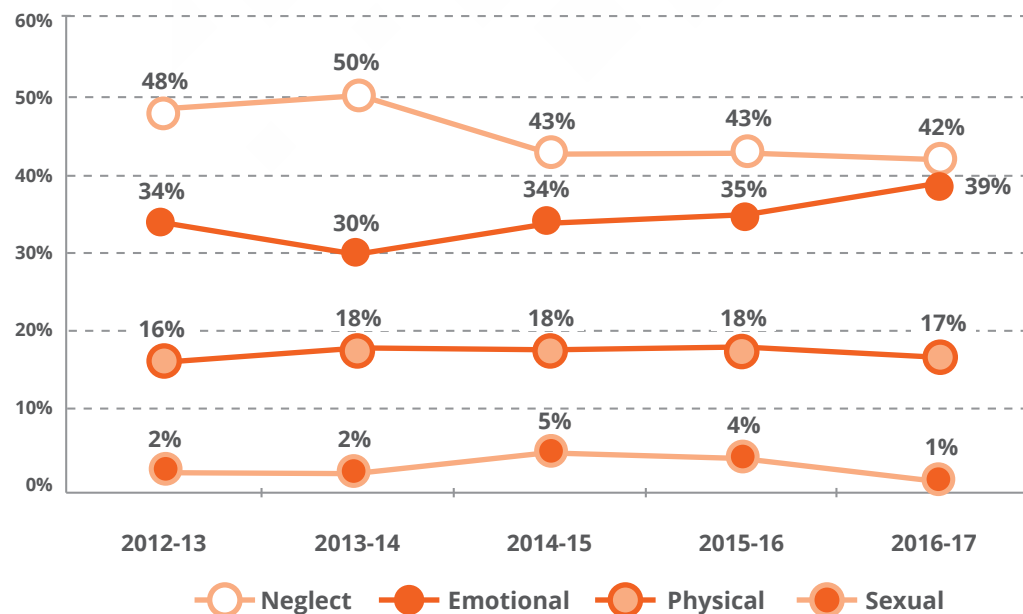
Figure 10 shows that neglect remains the highest substantiation category.

The 42 per cent of substantiated neglect notifications in the Northern Territory can be contrasted to a national average of 25 per cent (national figures from 2015-16, AIHW 2017). Neglect is generally considered to be a failure of a parent or other caregiver to provide adequate supervision, medical care, food, clothing and shelter. Research has shown that poverty is a risk indicator for neglect and families who are experiencing poverty are also more likely to be associated with higher levels of parental stress, inadequate housing, homelessness, lack of basic needs and substance abuse, all of which are strongly associated with neglect (AIFS, 2014). There is a very high rate of social disadvantage in the Northern Territory, it is possible that notifications and substantiations for neglect, although very high, understate the problem. If Northern Territory children are to be exposed to less incidents that give rise to neglect substantiations, housing, poverty and other socioeconomic factors must be addressed.

42%

Substantiations relate to neglect

Figure 10: Substantiations by Type of Abuse/Neglect, 2012-13 to 2016-17 (percentages)



Source: Territory Families 2017

Repeat substantiations

Once a child protection agency has substantiated abuse or neglect, the first priority is to assess whether family supports, or other forms of assistance, could enable the parents, or other people with care of the children, to safely look after the children. In cases where that is not possible, removal to alternative care arrangements may be considered to ensure the child's safety. Either way, the intervention must be designed to ensure the safety and promote the wellbeing of the children. An indicator of how effectively a child protection system is ensuring the safety of children is the number of children who are re-substantiated as being harmed within a year of their initial substantiation.

In 2015-16, 1,614 children were the subject of a substantiation of abuse or neglect irrespective of when the notification was received.

Of the 1,614, 346 (or 21 per cent) were the subject of a repeat substantiation within 12 months. This means that although Territory Families had recognised that harm to the child had occurred, the response of those who carry the responsibility of ensuring the care and protection of the child was not sufficient to ensure the safety of the child.

The 21 per cent of repeat substantiations is consistent with the 22 per cent rate in 2014-15.

As shown in [Table 3](#), 93 per cent of the children involved in these re-substantiations are Aboriginal.

Table 3: Number of Children Experiencing Repeat Substantiations after being Substantiated, in 2015-16

HARM DESCRIPTOR (ORIGINAL SUBSTANTIATION)	NO. OF CHILDREN
Indigenous	323
Non Indigenous	23
TOTAL	346

Source: Territory Families 2017

Child Protection Authorities and Activities

Once Territory Families has determined that a child has been abused or neglected, they must decide whether it is appropriate to support the family to minimise risk to the child or to make alternative arrangements to ensure the safety of the child.

Authorities

Orders or arrangements that affect the guardianship rights of children and place those rights with the CEO of Territory Families are contained within the *Care and Protection of Children Act* (CAPCA). Broadly, these authorities can be categorised as follows:

Order on Adjournment – a matter has proceeded to court and has been adjourned.

Protection Order (PO) Daily Care – where the CEO has daily care and control of a child, but does not carry parental responsibility for the child. Daily care and control usually involves decisions involving the basic needs of the child such as the provision of a safe home, access to food, clothing, emergency medical treatment etc. Parental responsibility encompasses daily care and control but also involves decisions that affect the broader context of a child's upbringing eg. Religious affiliation, non-emergency medical treatment and what school the child will attend etc.

PO Supervision Direction – the CEO does not have daily care and control or parental responsibility but must supervise the protection of the child in some way.

PO Long Term Parental Responsibility – involves an order of the court granting parental responsibility and daily care and control rights to the CEO for a period of more than two years.

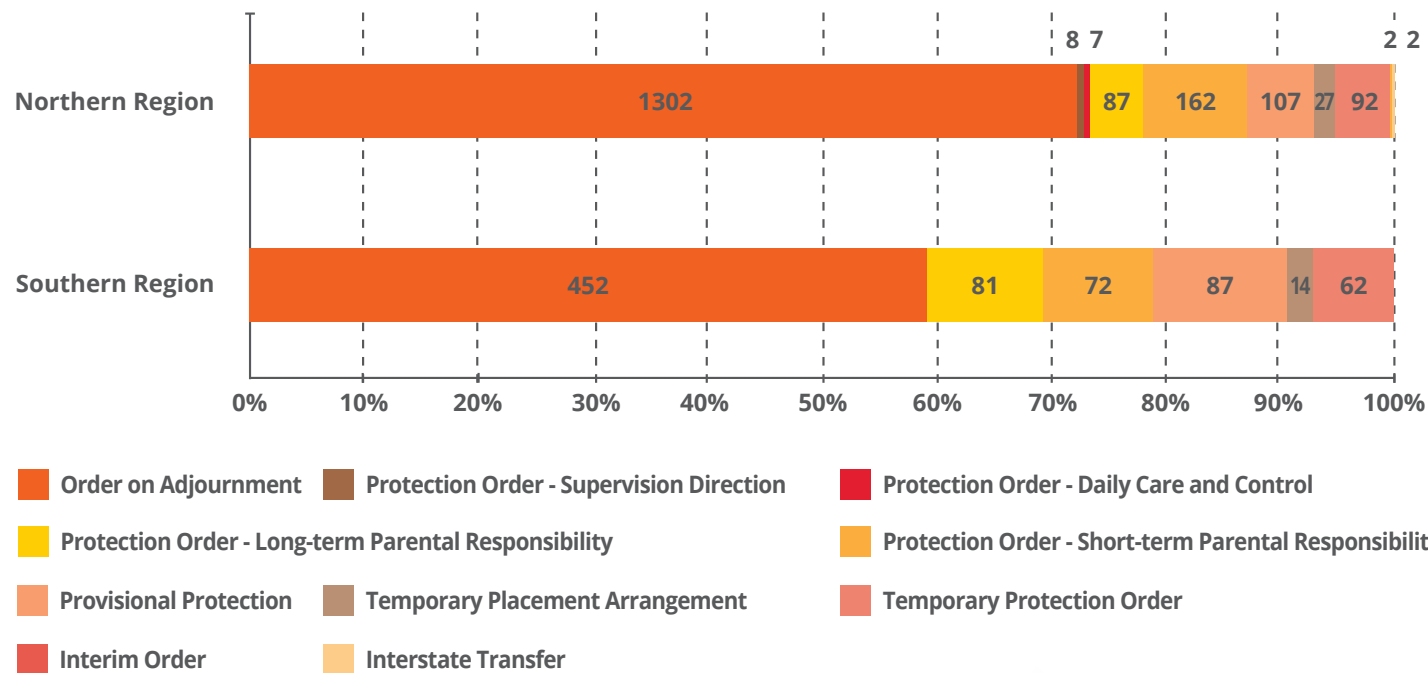
PO Short Term Parental Responsibility – involves an order of the court granting parental responsibility and daily care and control rights to the CEO for a period less than two years. This is usually taken out where reunification of the child with the parents is a strong possibility with targeted family support services.

Provisional Protection (PP) – where a child can be taken into the CEO's care due to an urgent threat to the child's wellbeing. This can last for a period of up to 72 hours.

Temporary Placement Arrangement (TPA) – the CEO can enter into a voluntary agreement with the parent(s) of a child to take the child into care for a period of up to two months. Such an arrangement is intended to address temporary crises and the arrangements can be renewed for a maximum of six months.

Temporary Protection Order (TPO) – involves an order of the court granting a temporary period of guardianship, initially for 14 days. It is usually an interim measure when longer-term POs are being considered.

Figure 11: Number of Authority Types by Region, 2016-17



Note: The OoHC Residential Care North Region had two orders on adjournment and one short-term Parental Responsibility protection order.

Reporting regions for the purposes of this component of the annual report are often subject to change. In 2016-17, the two reporting regions were Northern and Southern Out-of-Home Care.

There has been a 20 per cent increase in Orders on Adjournment across the regions. In 2016-17, there were 1302, making up 72 per cent of the total number of orders/authorities in the Northern Region. In the Southern Region, there were 452 Orders on Adjournment, representing 59 per cent

of Southern Region orders/authorities. This is further highlighted by the fact that across the Northern Territory 84 per cent of orders/authorities are classified as interim and temporary and only 16 per cent finalised in the 2016-17 reporting year. Stability for a child is important and it is important that matters are dealt with as soon as possible. However, the OCC recognises that adjournments may be necessary where matters are complex or involved parties in remote locations.

Length of Orders

The Australian Institute of Health and Welfare (AIHW) reports nationally on the length of time children have been on child protection orders at the time the orders were discharged. Table 4 provides a comparison of the different jurisdictions.

As can be seen in Table 4 in 2015-16, the NT has the second highest percentage (34.3 per cent) of orders in place for a period of less than three months. Although a decrease from 2014-15 (39.7 per cent), this is still substantially higher than the

national average. The high number of orders on adjournment may account for some of the orders that were less than three months. It should also be noted that, in the context of this table, if an order is discharged and within five days another order is taken out, it counts as one discharge. In the 2014-15 reporting year, 54.2 per cent of matters were dealt with under 12 months. In 2015-16, that number decreased to 45 per cent of matters. The NT is below the national average for orders lasting 1-2 years, but on-par for orders lasting 2 or more years.

Since the last reporting period the proportion of children and young people in the NT on long-term orders, for 4 years or more, has increased by 90 per cent but is below the national average. In contrast, the number of children and young people on short-term orders, for less than three months and less than 12 months, is above the national average in both instances.

Table 4: Length of Time Continually on a Child Protection Order at the Time of Discharge from Order by State/Territory 2015-16 (as a percentage of total)

Source: AIHW 2017 (adapted from table S22)

Note: AIHW caveats apply

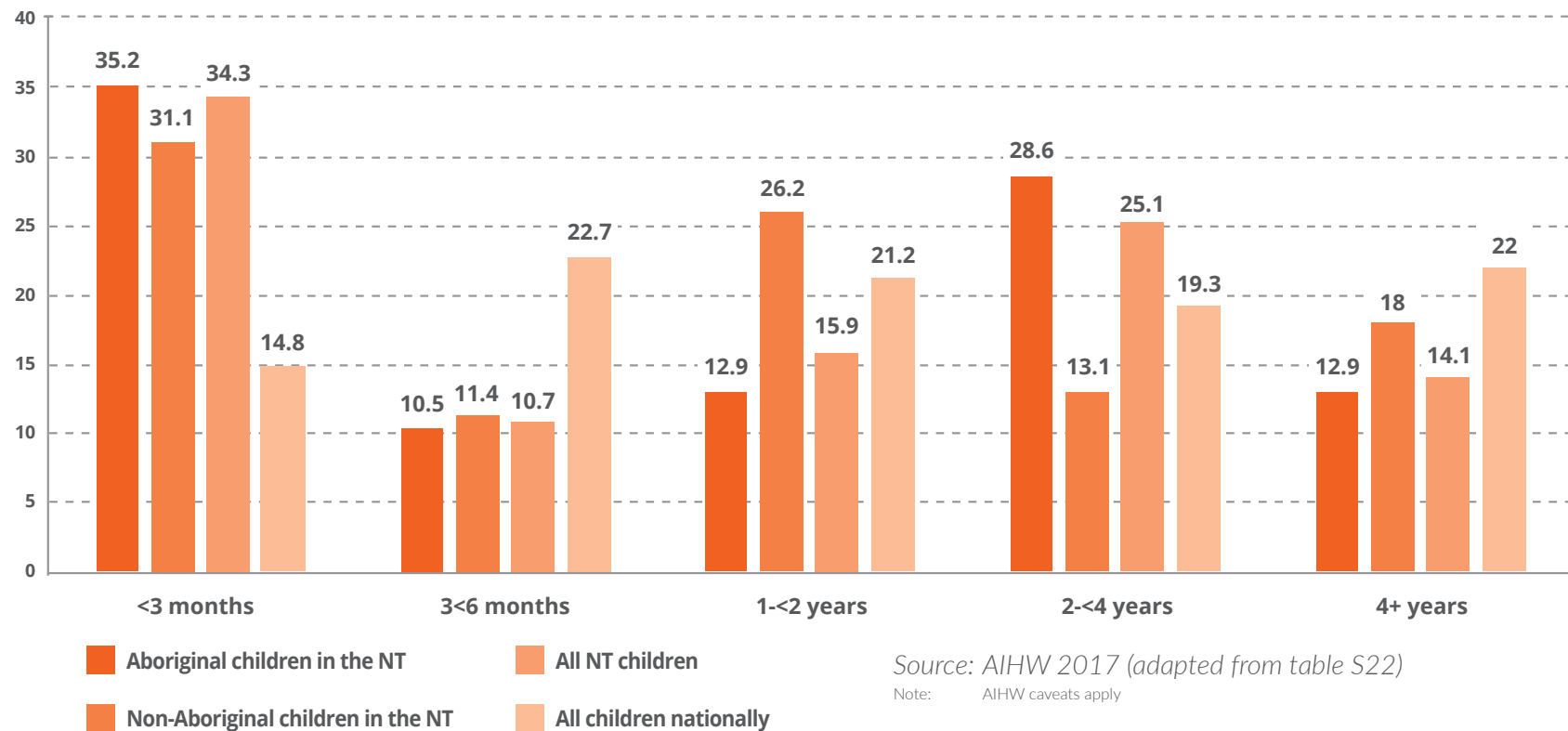
34.3%

Orders in place for a period of less than three months

STATE/TERRITORY	SHORT TERM (MONTHS)		LONG TERM TERM (YEARS)	
	<3	0 to <12	1 to <2	4 or more
NSW	21.0	34.2	8.5	47.2
VIC	9.7	47.6	26.9	10.6
QLD	14.4	25.1	26.7	25.6
WA	4.4	13.4	13.5	14.3
SA	37.3	42.9	15.3	31.3
TAS	25.5	37.3	23.8	20.1
ACT	19.1	30.6	16.0	33.6
NT	39.7	54.2	13.2	7.4
AUSTRALIA	14.8	8.5	21.2	11.0

Using the same data, the OCC examined the length of child protection orders according to Aboriginality. Of note is the large proportion of non-Aboriginal children on orders for 1-2 years, and the stark disparity between Aboriginal children (28.6 per cent) and non-Aboriginal children (13.1 per cent) in the NT on orders for between two and four years.

Figure 12: Length of Time Continually on a Child Protection Order at the Time of Discharge from Order in the Northern Territory by Aboriginality and compared with national average, 2015-16 (as a percentage of total)

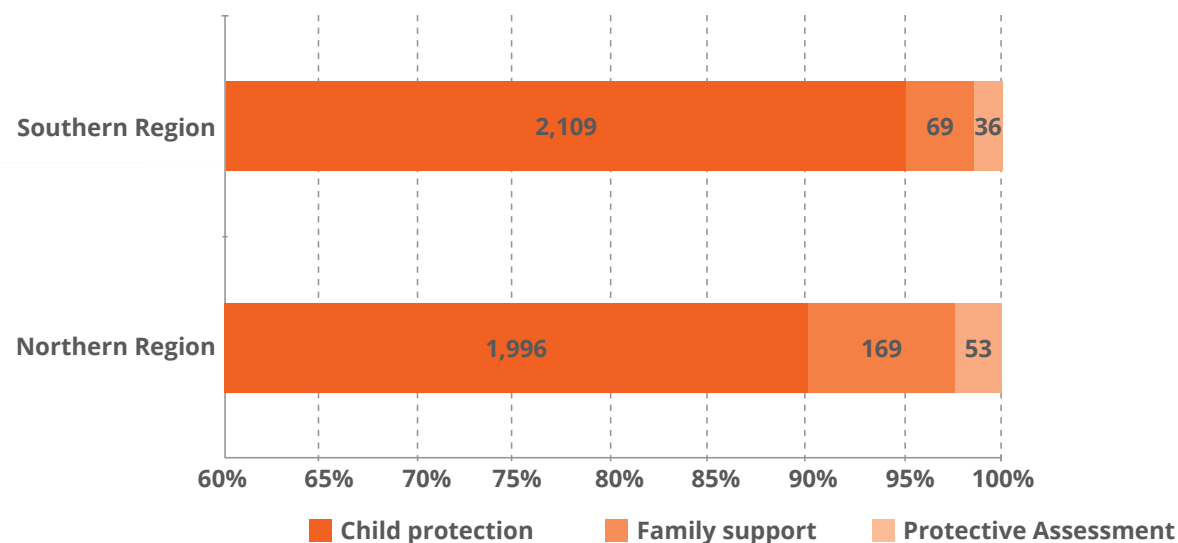


Activities

The aforementioned orders and authorities account for only a portion of the total activities undertaken by Territory Families. Other activities include the provision of family support without having to address or alter the child's guardianship status and the provision of protective assessments. Protective assessments may be undertaken for:

- 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
- circumstances where a child is not under control and is engaging in behaviour likely to cause harm, in the absence of parental abuse or neglect as outlined in the CAPCA.

Figure 13: Number and Percentage Mix of Open Cases by Type of Activity and by Regional Office, as at 30 June 2017



Source: Territory Families 2017

Figure 13 provides a snapshot of Territory Families activities as at 30 June 2017 according to region. In 2016-17 child protection was the main activity of Territory Families, followed by family support services and protective assessments. Activity in all three areas increased significantly in the Southern Region; child protection cases in the Southern Region increased by 77 per cent, family support increased

two-fold and protective assessment more than doubled in 2016-17. In contrast, cases remained relatively consistent in the Northern Region, aside from Family Support Services, in 2016-17. Family Support Services were utilised more in 2016-17 than 2015-16 in both regions however, the Northern Region provided Family Support Services to significantly more families (99) in comparison to the Southern Region.

Out-of-Home Care (OoHC)

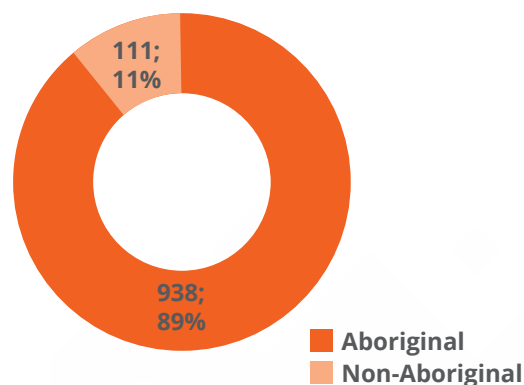
The Royal Commission into the Protection and Detention of Children in the Northern Territory placed an emphasis on child protection service delivery, in particular the provision of Out-of-Home Care services. The OCC has monitored the number of children and young people in care, and the provision of services to these children and young people, over the previous six years, using internal data provided by Territory Families.

The removal of children from their family homes is never an easy choice for a child protection practitioner, however, in certain circumstances it is the only means of protecting the child due to the risk of harm posed by some parents or guardians. On 30 June 2017, 1,049 children were recorded as being in some form of statutory OoHC in the NT. This is a 3 per cent increase from 30 June 2016. Of the 1,049 children in OoHC, 938 (89 per cent) were Aboriginal children; the same proportion as 2015-16.

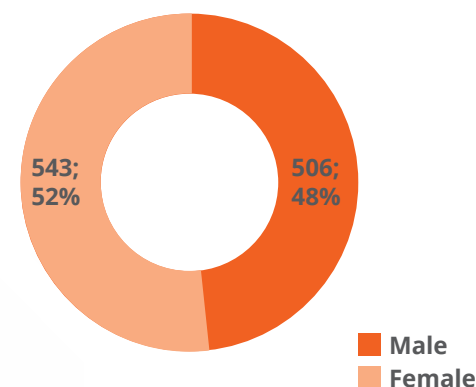
In line with national averages, approximately two-thirds of children in OoHC were aged 5-9 and 10-14 and, 52 per cent were male (comparison rates based on 30 June 2016 data).

Figure 14: Number and Percentage of Children in Care by Aboriginality, Gender, Region and Age, as at 30 June 2017

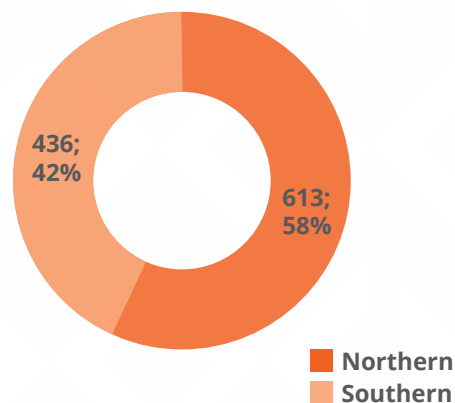
ABORIGINAL STATUS



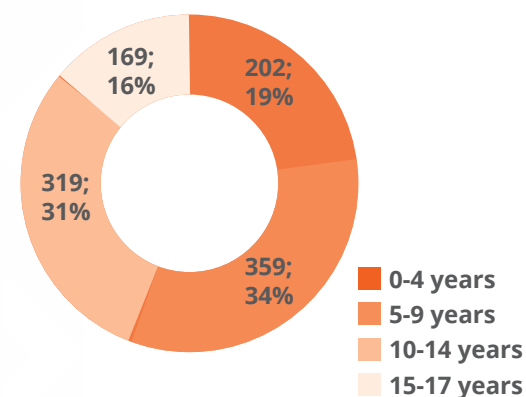
GENDER



REGION



AGE



Children entering the OoHC system in 2016-17

The OoHC system has a constantly shifting number of children who enter and leave the system. In 2016-17, a total of 304 children entered the system, a decrease of 4 per cent from 2015-16. This is the lowest number of children to enter OoHC in the NT in six years. Of these 304 children, 264 (87 per cent) were Aboriginal children, slightly lower than the percentage of Aboriginal children in the OoHC system overall.

Children in OoHC by Aboriginality

As shown in Figure 14, a significant majority of children in OoHC are Aboriginal. The number of Aboriginal children in care has increased each year, with an increase of 3 per cent in 2016-17. In line with this, the proportion of Aboriginal children in OoHC has steadily increased from 82 per cent on 30 June 2012 to 89 per cent on 30 June 2017; an average increase of 0.7 per cent each year despite plateauing this reporting year. In contrast, the numbers for non-Aboriginal children in OoHC have been quite stable, with a slight decrease seen in the previous two years, from 124 at 30 June 2015 to 112 at 30 June 2016 and 111 at 30 June 2017.

Based on the numbers in Figure 14 and ABS population data, the NT OoHC rate at 30 June 2017 for non-Aboriginal children is 3 per 1,000 and 35 per 1,000 for Aboriginal children. The non-Aboriginal numbers have remained consistent from 2015-16 (2.9 per 1,000) and is the lowest in Australia, almost half the national average of 5.8 per 1,000 (comparison rates based on 30 June 2016 data).

89%

Children in Out-of-Home Care are Aboriginal

Although the overall placement rate in the NT (16.2 per 1,000 based on 30 June 2016 data) is the highest of all jurisdictions, the rate of placement of Aboriginal children in the NT (35 per 1,000) is the second lowest jurisdiction nationally, significantly less than the national average of 56.6 per 1,000 (comparison rates based on 30 June 2016 data).

304

Children entered the Out-of-Home Care system in 2016-17

The NT's rate of placement is highest largely due to the high levels of disadvantaged Aboriginal children and families in the NT. However, the comparatively low placement rate of Aboriginal children, is harder to explain. On virtually every measure of wellbeing, Aboriginal children and families are more disadvantaged than their counterparts in other jurisdictions. It might therefore be expected that more, rather than fewer, Aboriginal children in the NT might be in need of statutory protection. This is particularly evident over the past few years where the NT Aboriginal substantiation rates for abuse and neglect (71 per 1,000) are significantly higher than the national substantiation rates (43.6 per 1,000), yet the placement rate of Aboriginal children has remained one of the lowest in Australia.

The Aboriginal Child Placement Principle

As at 30 June 2017, 89 per cent (938) of children in OoHC in the NT were Aboriginal. This is consistent with the 2015-16 reporting period. The Aboriginal Child Placement Principle (ACPP) recognises the importance of cultural continuity and prioritises a child being 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.

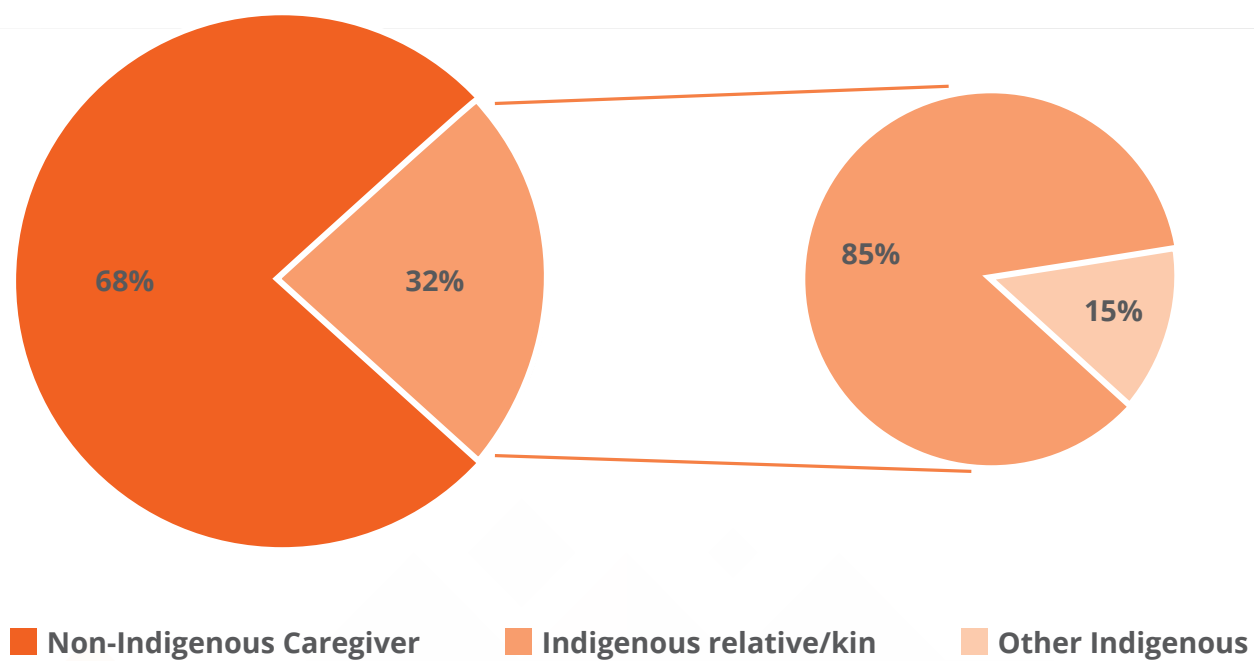
One of the main challenges facing Territory Families is to meet these requirements where there are fewer available adults for each Aboriginal child in need of care and protection, than for non-Aboriginal children.

The low number of registered carers in many Aboriginal cultural groups has also made it difficult to meet ACPP guidelines, as set out in the CAPCA. When compared with other jurisdictions, the NT has the lowest rate of Aboriginal children being placed with Aboriginal carers. As at 30 June 2017, it stood at 32 per cent, well below the national average of 65 per cent (comparison rates based on 30 June 2016 data). As shown in [Figure 15](#), of the 32 per cent of Aboriginal children placed with Aboriginal carers, the overwhelming majority (85 per cent) were placed with an Aboriginal relative or kin.

32%

Aboriginal children placed
with Aboriginal carers

Figure 15: Number and Percentage of Aboriginal children in OoHC According to Placement Type, 30 June 2017



Source: Territory Families 2017

Foster Care Placements

During 2016-17, Territory Families registered 170 new Places of Care (POC) or carers. Although this is slightly lower (4 per cent) than the previous reporting period, the registration of existing carers lapsing has decreased by 10% and indicates increased retention of carers in the NT.

As at 30 June 2017, there were 487 POCs in the NT OoHC system, an increase of 7 per cent increase in POCs from 2015-16. In previous annual reports the OCC has reported on the number of carers specifically register for crisis care. Crisis carers are no longer a separate category under which a carer may register and the OCC will no longer report on this category.

The highest proportion of POCs, 215 (44 per cent) were registered for specific kinship care, that is a child being cared for by extended family. This has decreased slightly (0.9 per cent) from 2015-16. Kinship placements are important to maintain connections to family, community, country and culture. There were 187 (38 per cent) POCs registered to provide general foster care for a broad range of children and a further 85 (18 per cent) of POC registrations involved specific foster care, providing care for a specific child not related to them.

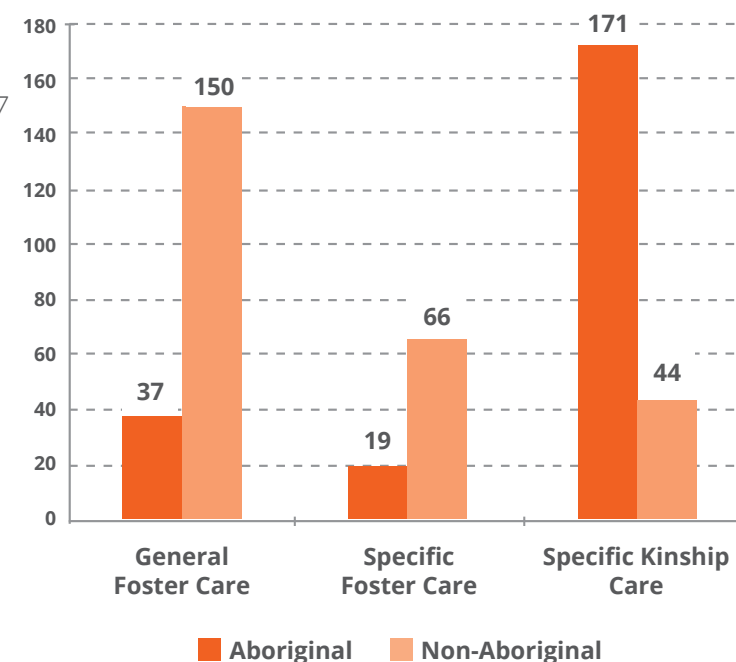
The incidences of general foster care were higher for non-Aboriginal children (80 per cent) and, specific kinship care were higher for Aboriginal children (79.5 per cent), comparable to the figures for 2015-16.

Despite the incremental decrease in the number of Aboriginal children in general foster care, the numbers in specific kinship have remained consistent. The OCC would welcome further efforts to increase the numbers kinship carers for Aboriginal children and compliance with the ACPP.

Figure 16: Places of Care by Aboriginal and Carer Type, as at 30 June 2017

Source: Territory Families 2017

Note: Each POC could have one or more carers. If one of the carers is Aboriginal, the placement is considered to be an Aboriginal placement.



Children with a Disability

The Children's Commissioner has responsibility for complaints about services provided for children with disabilities, in line with the Act. In some cases, the main reason for a child entering OoHC is their parents are unable to cope with the demands of their child's disability. Providing support for children, and their families, with complex needs can be particularly difficult in a remote service setting.

At 30 June 2017, there were 117 children with a disability in the care of Territory Families, a 4 per cent increase from 2015-16 (112). This represents a plateau following a stark increase (10 per cent) in 2014-15.

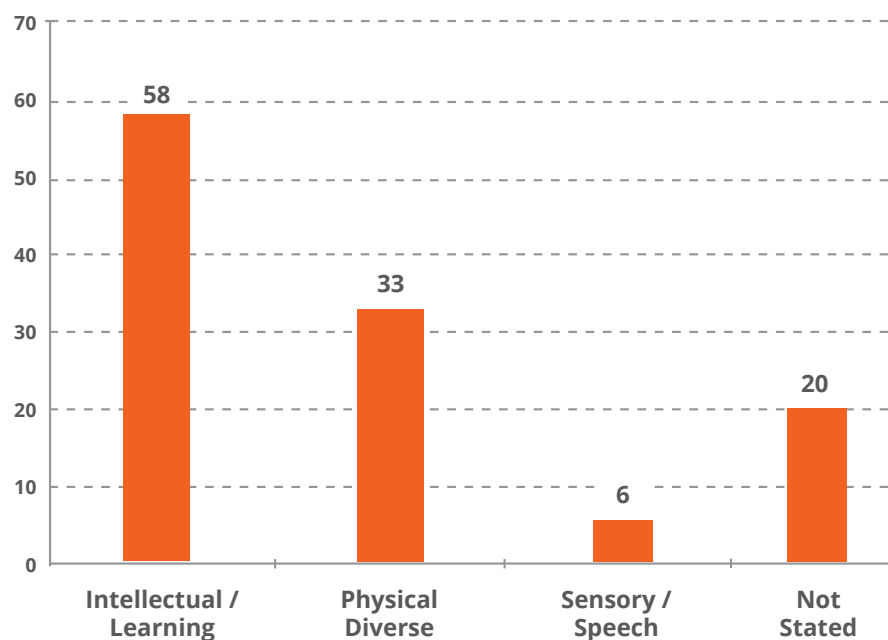
As shown in [Figure 17](#), children with an intellectual or learning disability made up the largest portion (50 per cent) of these children, followed by physical disability (28 per cent), not stated (17 per cent) and sensory/speech (5 per cent).

The OCC has noted a trend of children with disabilities in the care of Territory Families being on long-term orders. In 2016-17, 77 (66 per cent) were on a long-term order, an increase of 2 per cent from 2015-16.

117

Children with a disability in the care of Territory Families

Figure 17: Number of children in OoHC with a Disability by Disability Type, 30 June 2017



Source: Territory Families 2017



Monitoring Investigations of Harm and Exploitation of Children in Out-of-Home Care

This Chapter analyses data provided by Territory Families on the substantiated cases of harm and exploitation of children in the Out-of-Home Care.

Harm and Exploitation in Care Management Provisions

The National Standards for OoHC (DSS, 2011) were introduced to drive improvements in the quality of care to children and young people in the OoHC system, and to influence change to ensure children in OoHC have the same opportunities as other children to reach their potential. It is vital that, when children are taken into care, everything possible is done to ensure that their care and protection needs are met and that they are able to engage in activities that will optimise their capacity to achieve their individual goals.

CAPCA provides the CEO of Territory Families with the power to investigate allegations of harm or exploitation of children in OoHC and to respond accordingly. The statutory provisions are supported by the Territory Families Practice Manual, policy and guidelines in relation to concerns about the safety of children in care. The Practice Manual outlines the process that delegated officers must follow when allegations are received about the quality and standard of care provided to a child in OoHC. It outlines that all concerns must be:

1. referred to the Central Intake Team for classification
2. recorded as a child protection report
3. assessed through a new child protection investigation case allocated to the work unit responsible for the area where the child is currently located (unless the concerns warrant an investigation by the Child Abuse Taskforce).

Depending on the severity of the abuse allegations, the case will be 'outcomed' as either a priority 1 or 2 rating (requiring a 24 hour or 72 hour response respectively). The child protection investigation must be completed within 28 days. As part of the investigation the child should, unless impracticable, be interviewed as well as the person or persons believed responsible. A thorough and timely investigation is important to ensure the safety of the child and/or any other children who are in the same placement.

Section 84C of the CAPCA requires the CEO of Territory Families to notify the Children's Commissioner regarding cases where a child protection investigation substantiates an allegation of harm or exploitation of a child in OoHC. In addition, section 10(1)(f) of the CAPCA specifies that one of the functions of the Children's Commissioner is to monitor the ways in which the CEO deals with suspected or potential abuse in care matters.

Cases of Harm and Exploitation of Children in Out-of-Home Care

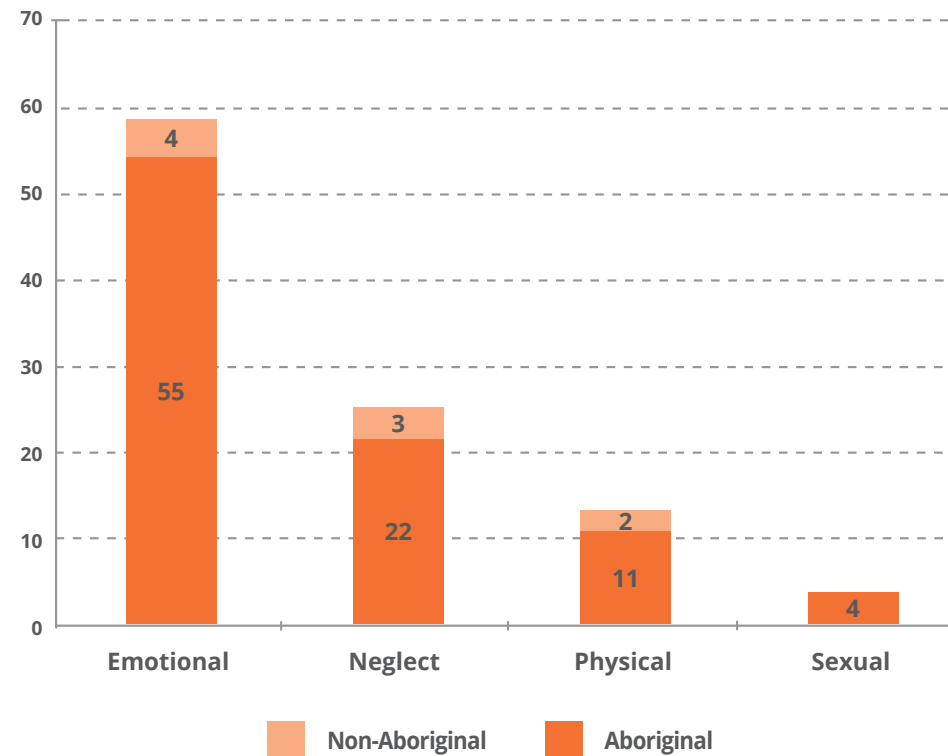
On 30 June 2017, there were 1,049 children in the OoHC system, with 305 children entering the system in the Reporting Period. Of the total number of children in care, as of 30 June 2017, 938 (89 per cent) were Aboriginal and 111 (11 per cent) were non-Aboriginal.

Between 1 July 2016 and 1 July 2017, the CEO of Territory Families notified the Commissioner of 91 cases of harm and exploitation (*there were also 10 cases that the Commissioner was not informed of but discovered*) involving 80 children in OoHC. Of these children, Territory Families determined 17 were subject to multiple cases of harm or exploitation, including four females that had been subject to harm or exploitation on 3 separate occasions.

101

Children in care subject to harm or exploitation

Figure 18: Number of Harm or Exploitation in Care Cases by Harm or Exploitation Type and Aboriginality, 2016-17



Types of Harm and Exploitation

As shown in Figure 18, the most common form of harm and exploitation was emotional abuse, with 59 (58%) cases followed by 25 (25%) cases of neglect, 13 (13%) cases of physical harm and 4 (4%) of cases relating to sexual harm and exploitation. This has deviated from the last reporting period in which physical abuse was recorded as the most common form of harm and exploitation. Rates of notification for emotional abuse for children in care in this reporting period (59 cases) have grown significantly from the 2015-16 reporting period (22 cases). Increasing numbers of emotional abuse cases mirrors the increasing numbers of substantiated notifications for emotional harm generally.

Child harm or exploitation can take many forms and rarely does a child experience only one form of harm. Many children who are sexually abused will also be emotionally and physically abused. In order for the child protection investigation outcome to be substantiated, it must be assessed that the child has suffered, is suffering, or is likely to suffer, harm or exploitation in accordance with section 15 of the CAPCA.

In this reporting period, the Commissioner has reviewed the primary harm or exploitation type, recorded by Territory Families.

Of the total 59 cases of emotional abuse:

- 51 (87%) involved Aboriginal children and 8 (13%) non-Aboriginal children.

Of the total 25 cases of neglect:

- 22 (88%) involved Aboriginal children and 3 (12%) non-Aboriginal children.

Of the total 13 cases of physical abuse:

- 11 (85%) involved Aboriginal children and 2 (15%) non-Aboriginal children.

Of the total 4 cases of sexual exploitation:

- 4 (100%) involved Aboriginal children.

Further analysis of the 2016-17 substantiated notifications of harm or exploitation in children in OoHC is as follows:

- Of the 101 cases, 88 (87%) cases involved Aboriginal children (comparable to the proportion of Aboriginal children in care) and 13 (13%) cases involved non-Aboriginal children.
- Of the 17 children subjected to multiple cases of abuse in care, 13 (76%) were Aboriginal children and 4 (24%) were non-Aboriginal.

- 52 (52%) of cases were females and 49 (48%) cases were males.
- The majority of cases 30 (30%) occurred in the 5 to 9 age group, 27 (27%) in the 10 to 14 age group, 26 (26%) in the 0-4 age group and 18 (18%) were in the 15 to 17 year age group.
- The highest number of cases of harm and exploitation occurred where children and young people were in foster care 32 (31%). Of the total 101 cases of harm and exploitation of children in 59 (59%) cases the child remained in the placement, 28 (28%) of the children were removed from the placement and 14 (13%) is undefined.

87%

Substantiated cases of harm or exploitation in care involved Aboriginal children.



Harm by Placement Type

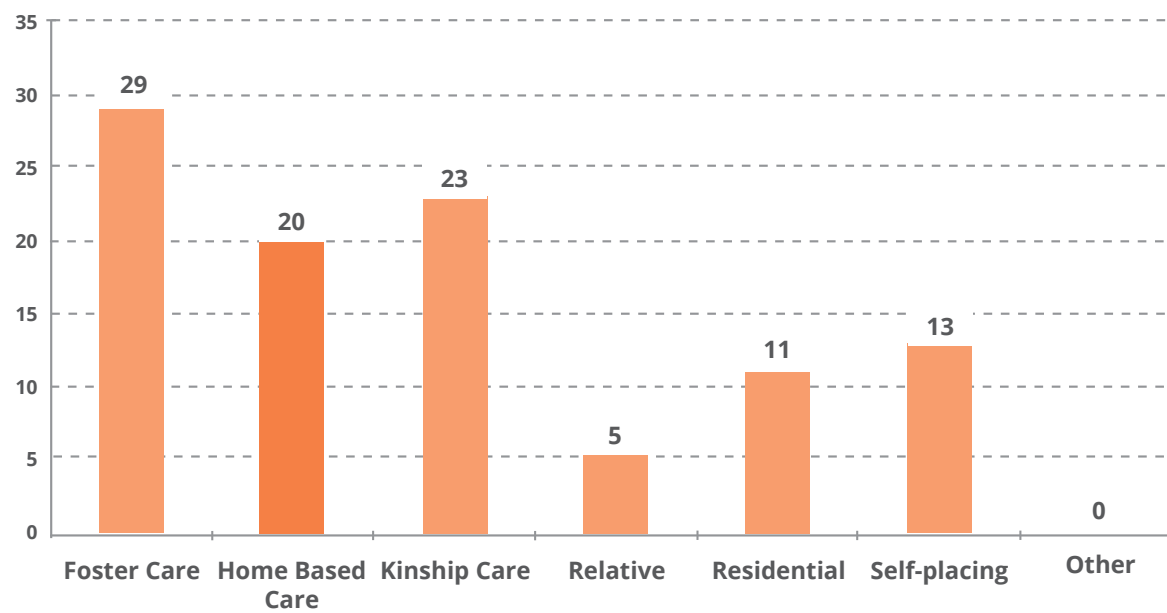
As indicated in [Figure 19](#), the most cases of harm and exploitation 29 (29%) occurred where the placement type is foster care, 23 (22%) cases in kinship care, 20 (20%) in home base care, 13(13%) have self-placed, 11 (11%) in residential care, and 5 (5%) cases in family group.

This Reporting Period has seen an increase in the number of cases of harm and exploitation where the child or young person is placed in foster care from those reported in 2015-16 (18 cases). Self-placing was an issue over the 2015-16 period, however, there has been

a 63 per cent reduction in the number of notifications where a child is self-placing.

A self-placing child or young person will generally have less involvement with professionals than a child in kinship or foster care and incidents of harm and exploitation are likely to be underreported.

Figure 19: Number of Harm or Exploitation in Care Cases by Placement Type, 2015-16





17

Children who had suffered
multiple cases of
harm or exploitation

Multiple Cases of Harm and Exploitation

One of the measures used by the Commissioner to monitor the quality of care provided to children in OoHC is whether there have been previous allegations of harm or exploitation in relation to that child.

Of the 80 children who were abused in the 2016-17 period, 70 had prior substantiations of harm or exploitation.

In the 2016-17 reporting period, there were 38 cases involving 17 children who had suffered multiple cases of harm and exploitation in OoHC.

Of the 38 cases, 18 involved substantiated cases of emotional harm, 15 cases of neglect, 4 cases of physical harm and 1 case of sexual harm and exploitation. In fourteen cases the children were in foster care, 9 in kinship care, 8 in home based care, and 2 in family group care.

The cases involved 6 in the 5-9 age group, 5 children in the 0-4 age group, 4 in the 15-17 age group and 2 in the 10-14 age group.

Investigations Commenced and Completed Within Required Time Frames

Of the 101 cases, 31 were outcomed as Priority 1, requiring a 24 hour response time frame, 52 cases were outcomed as Priority 2, requiring a 72 hour response. Seventeen cases were given a Priority 3 rating, requiring a 5 day response and 1 case was given a Priority 4 rating requiring a response within 10 days.

Of the Priority 1 child investigations, 28 (90%) were commenced within the required response time frame. 46 (88%) of the Priority 2 child investigations were commenced within the required response time frame.

Of the 101 cases investigated, only 25 (25%) were completed within the 28 days, 76 (75%) of the investigations were not completed within the specified time.

25%

Investigations completed within the specified time

Child Interviewed

Of the 101 cases of harm or exploitation of children in care, Territory Families case managers interviewed the children involved in 73 of the cases, in 28 cases the children were not interviewed. This is a result of the child or children either refusing to be interviewed and/or unable to be located, or were too young.

Person Believed to be Responsible Interviewed

In 72 (71%) of the cases the person believed to be responsible for the harm and exploitation of the child was interviewed as part of the investigations.

The Child Abuse Task Force or NT Police were either notified or involved in 41 (41%) of the 101 cases of abuse in care. The exact level of involvement appeared to be dependent on the allegations, however, in the majority of cases involving sexual exploitation there was some level of involvement.

Applications for Victims of Crime Assistance

If a child has been the victim of a violent act which occurred in the Northern Territory they may be entitled to an award of assistance under the *Victims of Crime Assistance Act*. As an incident of the powers that come with parental responsibility Territory Families have a legal responsibility to ensure children in care are assisted to pursue any legal entitlements. Territory Families policy provides that where a child is a victim of a violent act while in care, the Internal Review Unit with Territory Families will arrange for an independent legal representative to act in the interests of the child, including completing the application for financial assistance through the Crimes Victims Services Unit.

There were no applications for assistance on any of the files.

The OCC was able to identify three cases in which a child in care appeared to have had a prima facie entitlement to victims of crime assistance if an application was made on their behalf, though no evidence of application were present.

No cases of victims of crime assistance applications



Conclusion

Of particular concern this reporting period was a rise in the number of children abused with the recorded placement type being foster care. Thirty two of the total cases involved children in foster care. Foster carers play a critical role in the child protection system and are given significant responsibility with respect to the day to day care of children in OoHC. The reasons behind these numbers, the support provided to foster carers and screening procedures should be reviewed regularly. Children removed from their families and placed into care should be safe and well cared for in OoHC.

The number of cases where Territory Families have substantiated harm or exploitation where a child or young person is self-placing care has decreased in 2016-17 (13) from 2015-16 (18). However, it is important to recognise that children who are self-placing generally have limited contact with professionals and as a result the number of cases of harm and exploitation of a child in care who is self-placing is likely to be underreported.

The most common type of harm or exploitation in care in 2016-17 was emotional harm (58 per cent) followed

by neglect (25 per cent). Emotional harm reports have increased significantly since 2015-16 and may be the result of children witnessing violence. Professionals and the community generally have an increased understanding of the harm caused to children who are present when an adult is subject to domestic violence.

In this reporting period the OCC has considered for the first time victims of crime assistance applications with respect to children in care where harm or exploitation has been substantiated. On a number of files it was clear that a child may have had

an entitlement to an award of assistance and the child should have been assisted, consistent with policy and legal obligations, to apply for an award of assistance. The OCC will raise these individual matters with Territory Families for appropriate action.

The decision to remove a child from their family and be placed in care is never an easy one for all those involved in the child protection system. Such a decision is only made on the basis the child will be placed in a supportive and safe environment. The majority of children in care do receive appropriate levels of care and support from those family or foster carers they are placed with. However, the levels of harm and exploitation children in care are subject to remains of significant concern to the OCC. More so are the 17 children in care subject to multiple cases of harm or exploitation.

Finally, monitoring of children in care subject to harm or exploitation is a critical one. It is imperative that Territory Families provide accurate and timely information to the OCC to enable the OCC to fulfill this function and it is significant concern that the OCC was not notified of a number of harm or exploitation in care cases.

The levels of harm and exploitation children in care are subject to remains of significant concern to the OCC.



CAPCA Monitoring – Out-of-Home Care Data

In addition to analysing operational data provided by Territory Families, the OCC conducted case file reviews examining:

- The *Care and Protection of Children Act* requirement for each child in care to have a care plan
- The provision of leaving care plans for young people aged over 15
- The provision of leaving care plans for 17 year old young people
- Territory Families responses to children self-placing
- Caseworker contact with children in care
- The use of Temporary Placement Arrangements

Key Findings for 2016-2017

CARE PLANS

82 per cent of the sample children had a care plan, a 13 per cent decrease from the previous year.

Of these children 75 per cent had a current care plan. This is comparable to 2015-16 of 77 per cent of the sample children having a current care plan.

CASE MANAGER CONTACT WITH CHILDREN IN CARE

79 per cent of the sample children in OoHC had face-to-face contact with their case manager in the two months prior to the review date (30 June 2017).

Only 68 per cent had contact once a month.

TEMPORARY PLACEMENT ARRANGEMENTS

There were 41 TPAs relating to 33 children. This is a marked increase (28 per cent) in the number of TPAs from 2015-16, and does not follow the previous decreasing trend.

In 2016-17, 15 per cent of children entered the care of Territory Families at the conclusion of a TPA, comparative with previous years.

LEAVING CARE PLANS

47 per cent of the sampled young people 15 years and older had a leaving care plan on file, significantly more than the 27 per cent in 2015-16. In addition, there was a significant increase of 28 per cent in the proportion of young people aged 15 years and over who had participated in their leaving care plan.

LEAVING CARE PLANS FOR 17 YEAR OLD YOUNG PEOPLE

Reviewing leaving care plans for all 17 year old young people in care was a new initiative for the Commissioner in 2016-17. This review assessed compliance with policy particularly for young people in their last year of care and found 79 per cent of 17 year olds had a leaving care plan. Of these, only 56 per cent had participated in the transition from care process.

SELF-PLACING

28 young people were identified as self-placing and in an unapproved Out-of-Home Care placement. In over half of the cases, there was no evidence to demonstrate efforts made by Territory Families to return the young people to an approved placement, and in 86 per cent of cases no financial support was being provided.

Care Plan Review

The OCC process for reviewing the OoHC data includes accessing a sample of care plans for children who were under the care and protection of the CEO of Territory Families over the 2016-17 period. The key aim of the care plan review is to monitor Territory Families compliance with Part 2.2, Division 2 of the CAPCA and analyse the trends clarified. Provisions contained within this part of the CAPCA require the CEO to have a clear, comprehensive and well-measured plan for every child on a statutory order or administrative arrangement.

Care Plan Guidelines

Aside from being a legislative obligation, the care plan is a critical element of good child protection practice. The document identifies the needs of the child across the life domains; emotional and behavioural, health and development, family relationships and connections, culture and identity, education and or other education programs, life skills, social relationships and leaving care. The care plan should identify requirements to address the child's individual needs and provide for specific and measurable care plan goals. The goals must be concrete and achievable with clear tasks and responsibilities and time frames. The care plan must set out decisions about daily care and control of the child, contact between the child and other persons, and must reflect the overall objective of the child's placement in care.

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

Review Process

The care plan review is based on a 10 per cent sample (109 cases of children) in the care of the CEO of Territory Families as at 30 June 2017. The cases were randomly selected ensuring an equal percentage from each region of the Northern Territory was obtained from the 1,049 children, enabling comparison with previous OCC reporting years.

In order to conduct the review, the OCC accessed the Territory Families database, known as the Community Care Information System (CCIS). Independent access to CCIS (by arrangement with Territory Families) was essential as this system holds most of the Territory Families client records.

To ensure all relevant documentation was examined, hard-copy files for the period 1 July 2016 to 30 June 2017 were made available for reviewers at each regional Territory Families office.

Characteristics of Sampled Children

109 CHILDREN				
AGE	0-4 Years old	16 (15%)	Female	53 (49%)
	5-9 Years old	40 (37%)	Male	56 (51%)
	10-14 Years old	31 (28%)	Aboriginal	99 (91%)
	15-17 Years old	22 (20%)	Non-Aboriginal	10 (9%)



Findings

Of the 109 cases, 11 were not assessed and removed from the counting, due primarily to the child having been in care for less than six weeks as at the 30 June 2017, with one case identified not relevant to the review due to the child not being in the care of the CEO during the review period. As such, 98 cases were included in the care plan review process.

Of these, 18 cases did not have a draft or authorised care plan during the review period. The review considers a care plan to be present if it has been either approved on CCIS or hardcopy, or finalised on CCIS within the review period.

82%

of children sampled
had a care plan

Of the cases sampled, 82 per cent (80 cases) had a care plan in 2016-2017. This is a significant decrease of 12 per cent from the previous year, indicative of the increased robustness of the review criteria relation to care plan authorisation.

The number of children found not to have a care plan varied by region. Katherine had the highest number of children without a care plan at 65 per cent (11 cases).

Given the importance of care planning, the Commissioner brought the findings of the review to the immediate attention of the CEO of Territory Families whom has since taken action to address the concerns.

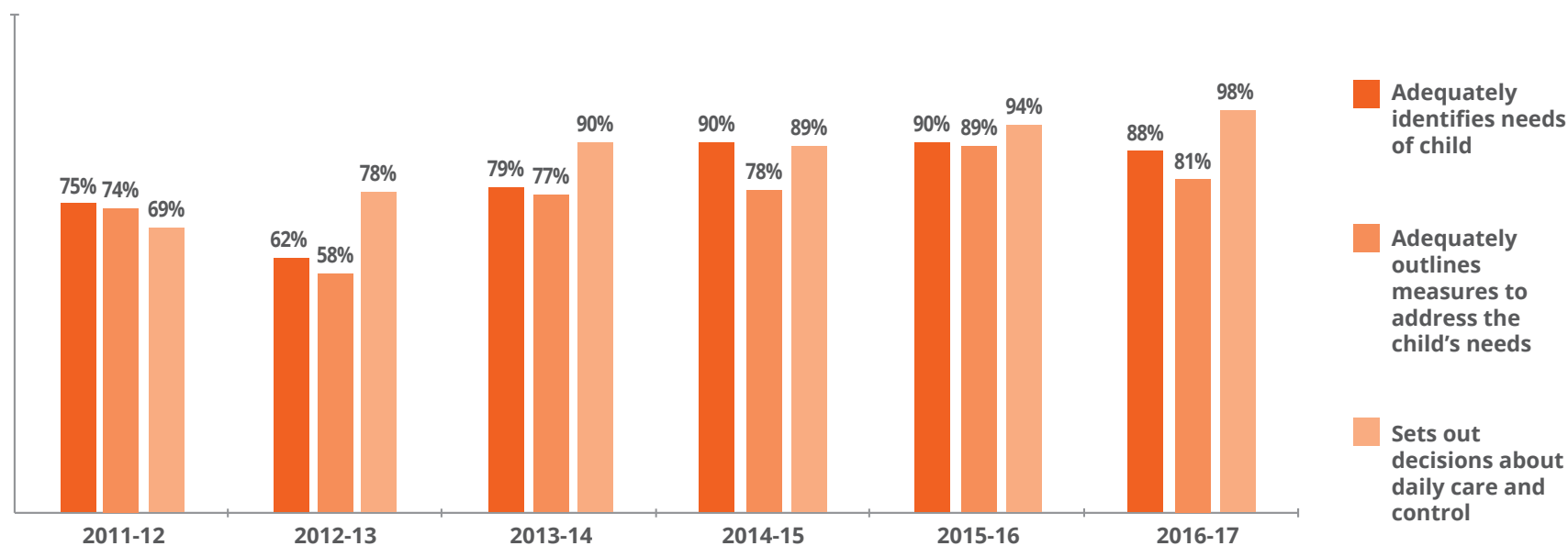
Of the 80 children with a care plan, 60 children (75 per cent) had a current care plan. This is comparable to 77 per cent from the previous year. The Commissioner's comments in the 2015-16 annual report were that focus was required to ensure improved compliance in this area over the next 12 months. This remains the case for 2016-17.

Quality of Care Planning

As shown in Figure 20, identification of the child's needs decreased by 2 per cent, outlining measures to address these needs decreased by 8 per cent, and setting out decisions relating to daily care and control increased by 4 per cent in 2016-17.

Since 2012-13 there has been continual improvement in the quality of these measures. The OCC draws attention to the decrease in outlining measures to address the child's needs to ensure there is a focus on improvement over the next 12 months.

Figure 20: Percentages of Measures of Adequacy of Care Plans 2011-12 to 2016-17



As shown in [Table 5](#), a significant decrease from 2015-16 was seen across the analysis of care plan data, except clear decisions about the placement arrangements. The most significant decreases were seen regarding consultation with the child or young person (32 per cent), consultation with the family (26 per cent) and clear decisions about contact between the child and other persons (20 per cent). The OCC reinforces that the wishes of the child are to be taken into account, if reasonable and appropriate, when preparing or modifying a care plan as outlined in Section 71 of the CAPCA.

Table 5: Analysis of Care Plan Quality

	2012-13	2013-14	2014-15	2015-16	2016-17
The care plan included clear decisions about contact between the child and other persons	58%	90%	92%	82%	66%
The care plan included clear decision about the placement arrangements for the child	54%	90%	87%	88%	91%
The goals in the care plan were concrete and achievable with clear tasks, responsibilities and time frames	42%	73%	67%	89%	81%
The care plan reflected the overall objectives of the child's placement in care	64%	79%	89%	91%	79%
The child/young person was consulted regarding the care plan	10%	72%	73%	78%	53%
The family was consulted regarding the care plan	51%	77%	80%	69%	51%

As shown in Figure 21, an unknown determination was ascribed to 63 per cent and 80 per cent of care plans provided to parents and carers respectively. This determination was allocated when a parent or carer was nominated for distribution in the care plan. However, there was an absence of a signature to confirm their receipt. In 2015-16 the OCC remarked on a significant increase in the number of care plans provided to parents and carers. The unknown determination in 2016-17 does not necessarily contradict this however, these levels are high and warrant further attention to this section of the care plan.

The effective involvement of parents and carers in identifying and responding to the child's care needs is vital to support the achievement of positive outcomes and is a legislative requirement found within section 73 and 74 of the CAPCA.

There was no documented evidence that any of the 16 young people (15 year olds or above) reviewed received a copy of their care plan, 56 per cent were recorded as explicitly not receiving a copy while the remaining were assessed as unknown. It is important young people fifteen years and older are consulted with and given a copy of their care plan to proactively support an individualised transition to adulthood, or leaving care plan. This is a difficult step for many young people

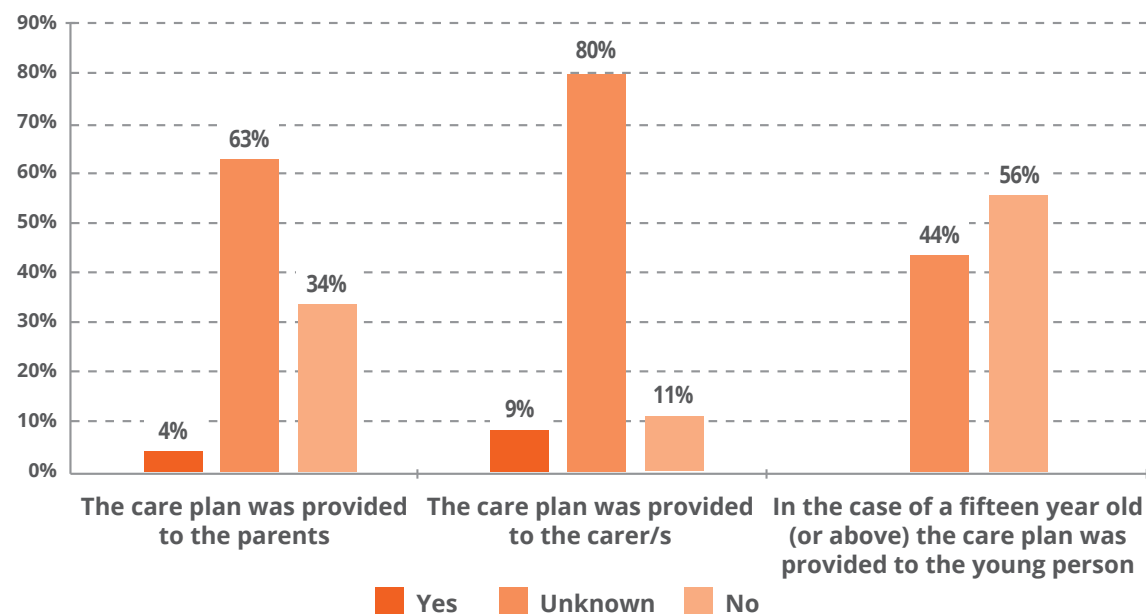
and Territory Families has a key role to play in engaging, empowering and equipping these young people with the necessary skills, supports and arrangements for a successful transition to independent living.

Furthermore, the CAPCA necessitates having regard to the wishes and views of the child and, providing a copy of the care plan to the child unless it is inappropriate or impracticable. The Leaving Care Plan Review will discuss care plans for children over 15 years in more detail.

4%

care plans provided to parents

Figure 21: Percentage of care plans provided to relevant parties



Of the 98 children in the 2016-17 sample, 90 were Aboriginal. Seventy-two (73 per cent) of these children had a care plan and 62 per cent of Aboriginal children had specific care plan. The purpose of a cultural care plan is to establish a child's cultural identity needs and ways in which to maintain links with their culture. The majority of cultural care plans were assessed as being of a standard that met the intended purpose, however six were assessed as being inadequate.

Cultural care plans are vital for Aboriginal children to develop their identity and sense of belonging. Two cases from the Palmerston office were identified as having specific cultural care plans independent of the child's care plan; both examples were outstanding in comparison to others that were reviewed.

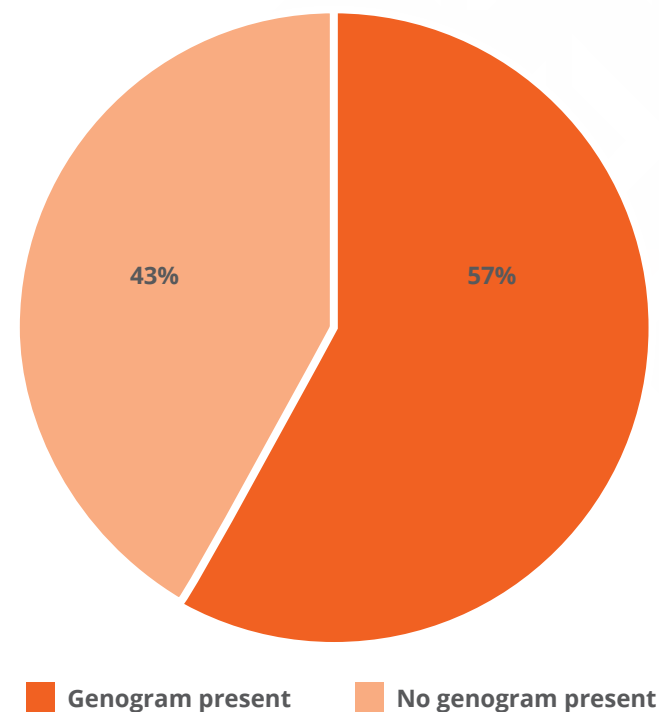
A 6 per cent increase in care plans that considered the cultural needs of the child was observed in this reporting period.

This year the review included the presence of a genogram on a child's file to explore the relationships in a child's life. When reviewing their presence on CCIS or the hard file, it was deemed independent of the presence of a care plan. Therefore, the reviewers evaluated the presence of genograms for all 98 cases assessed.

Genograms are an important tool to visualise relationships, maintain family and community connections. The OCC hopes these figures highlight a need to work on this area over the next 12 months.

As shown in [Figure 22](#), a genogram was present in 57 per cent of cases irrespective of cultural or Aboriginal status. The presence of genograms varied across Territory Families offices with 88 per cent in Katherine, followed by 58 per cent in Casuarina and Alice Springs and 44 per cent in Palmerston.

Figure 22: Percentage of genograms present





12%

decrease in the sample
children who had a care plan
from 2015-16

Summary - Care Plan Review

The 2016-17 care plan review considered a sample of 98 children in the care of the CEO of Territory Families.

A large proportion of unknown determinations were made with respect of carers and parents receiving a copy of their care plan and in consultation of family in developing the care plan.

The results of the care plan review showed a 12 per cent decrease in the sample children who had a care plan. As mentioned, this may be attributed to increased robustness of the review criteria relating to care plan authorisation of the 18 children determined not to have a care plan, with the other 9 children having no care plan drafted within the review period.

The results are concerning. To ensure a prompt response for the 18 children found not to have a care plan, the Commissioner brought their circumstances to the immediate attention of the CEO of Territory Families. The Commissioner is satisfied with the action taken to date by the CEO to address this and will continue to monitor Territory Families' progress in this area over the next 12 months.

Leaving Care Support

Anglicare NT's *Moving On* program provides a vital brokerage and referral service for young people aged 16 to 25 going through this transition. Anglicare facilitates the Australian Government funded Transition to Independent Living (TILA) in the NT.

The OCC notes the *Moving On* program saw increased demands for their services in 2016-17. Issues around the transition from foster care to independent living, financial difficulties and housing remain some of the main services provided by the *Moving on* Program.

Young people leaving OoHC are particularly vulnerable of poverty and homelessness and it is critical governments consider the needs of these young people when designing policies.

Noting this, the Commissioner determined it worthwhile in 2016-17 to review the leaving care plans of all 17 year old young people to ascertain and report on the level of leaving care support being provided for young people during their last year of care.

Young people leaving OoHC are particularly vulnerable to poverty and homelessness

Leaving Care Plan Review

The process of young people transitioning out of care requires that the caseworker considers the support needs of the young person once the exit care in consultation with the young person, carers and their family. This involves considering the individualised needs and requirements of the young person's life including health, accommodation, education and employment, legal matters, identity and culture, income access, identity documentation and support networks.

The planning process for leaving care should commence once the young person has turned 15 years of age. This timeframe is specified in the National Standards for OoHC and is also reflected in Territory Families policy.

Standard 13 of the National Standards for OoHC requires young people in care who are 15 and older to have a plan in place in preparation for transition out of care. It is important transition planning is initiated by the young person's case manager at this age in order to allow adequate time to respond to the challenges of sourcing suitable accommodation, support networks, reconnecting with natural family, applying for and securing Centrelink benefits and/or employment opportunities and applying for adult guardianship orders for young people with significant disabilities.

The transition out of care, and the planning involved in this process, has been of concern both locally and nationally for some time. In the Northern Territory, the comparatively small numbers of young people transitioning out of the care provides little excuse for why a higher standard of coordinated and holistic support is not being provided to each and every young person transitioning to independent living.

Review process

A sample of 45 cases (25 per cent of all young people in care aged 15 to 17 years as at 30 June 2017) was randomly generated for this review. Two of the 45 cases were excluded; as parental responsibility had been granted to the child's family relinquishing the need for Territory Families to provide case management.

Analysis of the key aspects of a young person's transition support were examined using only the cases in which there was a specific leaving care plan. This was 20 (47 per cent) of the 43 cases.



Characteristics of Sampled Young People

45 YOUNG PEOPLE				
AGE	15 Years old	10 (22%)	Female	19 (42%)
	16 Years old	22 (49%)	Male	26 (58%)
	17 Years old	13 (29%)	Indigenous	39 (87%)
			Non-Indigenous	6 (13%)

Findings

As shown in Figure 23, 47 per cent (20) of the sample had no specific leaving care plan. Although this is a substantial improvement from 2015-16, in which 73 per cent did not a leaving care plan, it still indicates that significant work remains to be done in this area.

Of the 20 young people without a leaving care plan, 9 merely had an acknowledgement that a leaving care plan was required and 8 have not had a care plan at all during the review period.

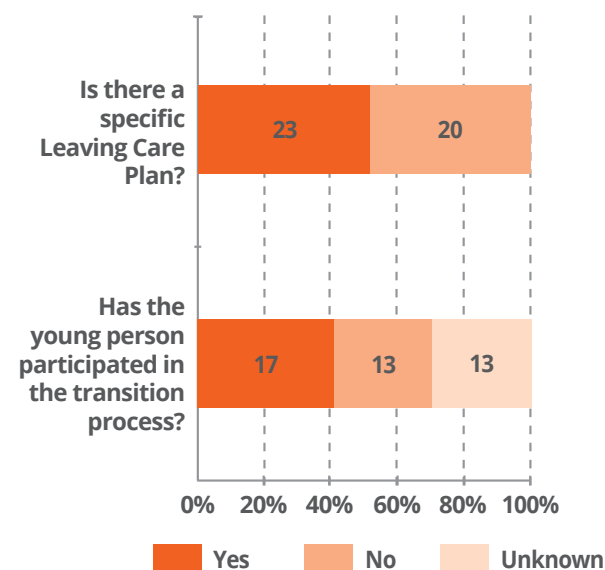
In contrast to 2015-16 (46 per cent), 23 per cent (10) of the 43 cases reviewed were aged 15. Of these, only 20 per cent (2) had a specific leaving care plan.

As shown in Figure 23, 40 per cent of young people aged 15 and over had participated in the transition process. This has significantly increased from (4) 2015-16.

47%

sample had no specific leaving care plan

Figure 23: Number and Percentage of Young People with Specific Leaving Care Plans and Participation Levels, as at 30 June 2017

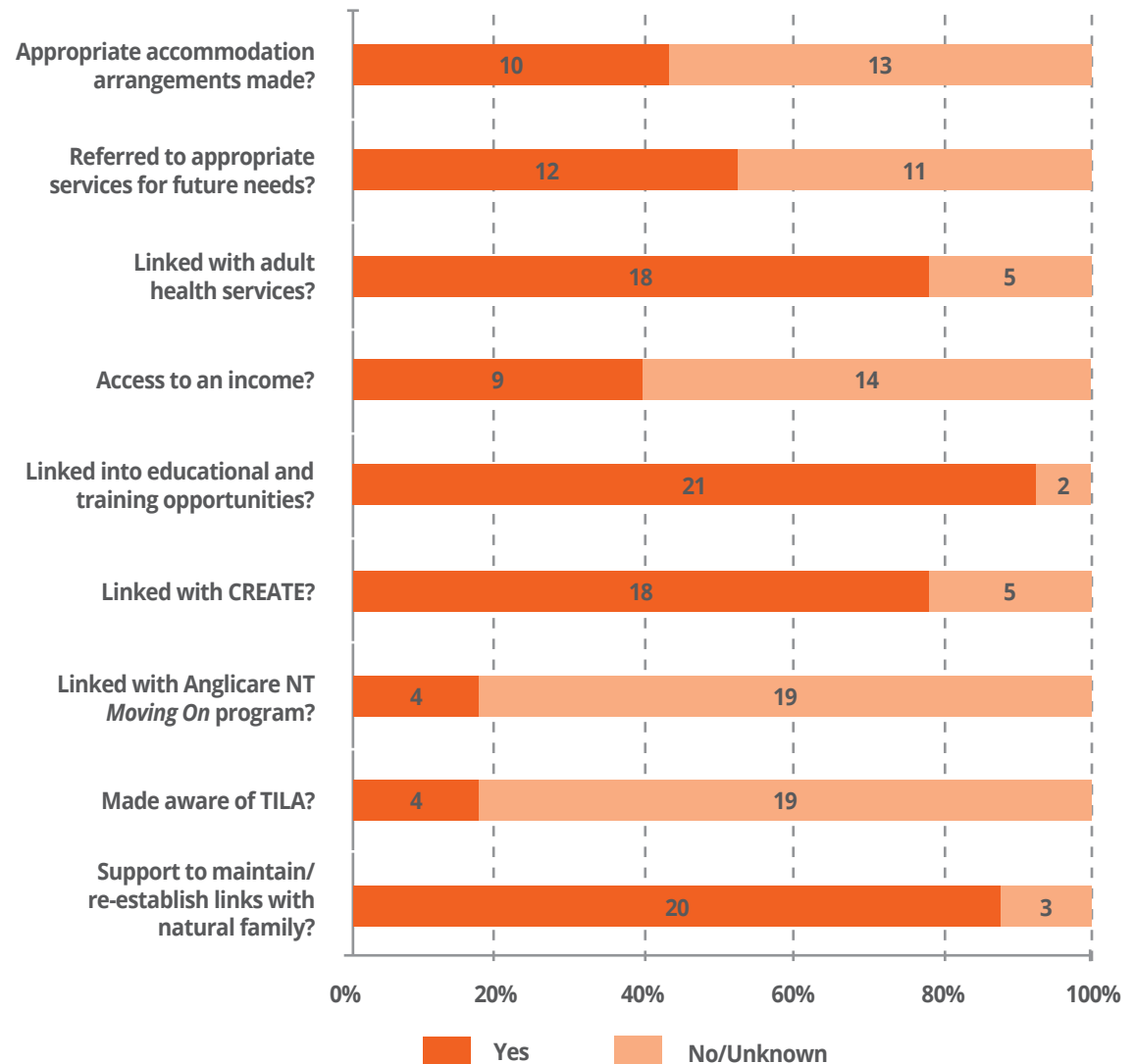


As shown in Figure 24, of the 23 cases with a specific leaving care plan, there were mixed levels of linkage with resources and services. The highest rating elements are links to education and training, natural family, adult health services and CREATE.

The 2015-16 review raised concern regarding accommodation support and arrangements. This has increased to 43 per cent in 2016-17. Although the increase is positive, Territory Families must continue to make a concerted effort for sustained improvements in this area.

An area of noted concern for 2016-17 was that only 17 per cent (4) of cases had referrals to Anglicare NT's *Moving On* program and an awareness of TILA. The OCC recognised the association between *Moving On* referrals and an awareness of TILA; only those young people who had been referred to *Moving On* had an explicit reference to being made of TILA in their care plan.

Figure 24: Number of Young People Linked to Resources and Services for Transition, as at 30 June 2016





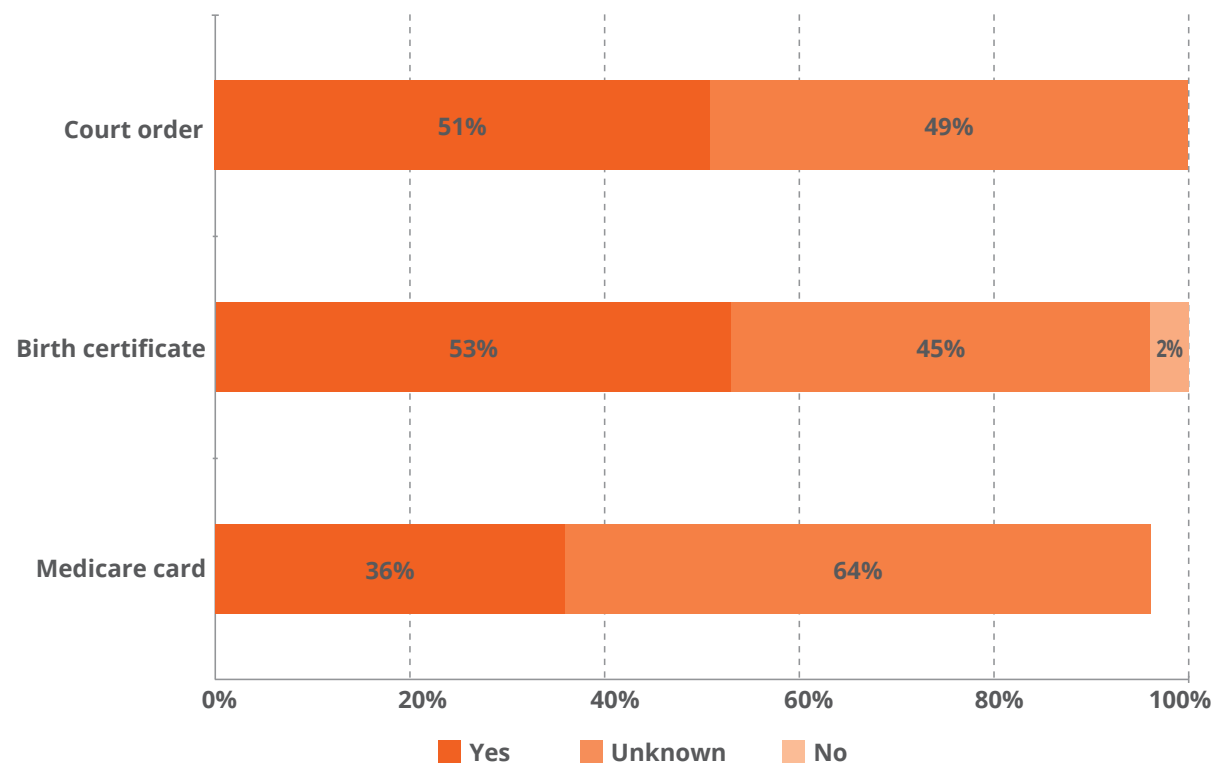
This review examined the evidence of young people possessing copies of their birth certificate, Medicare card and court orders. The review encompassed all 45 cases of young people aged 15 or older.

As shown in [Figure 25](#), 36 per cent (16) possessed a copy of their Medicare card with the remaining 64 per cent marked as unknown. Fifty-three per cent (24 young people) had a copy of their birth certificate. Fifty one per cent (23) had a copy of their court order with the remainder (30 young people) reviewed as unknown. These statistics represent a significant decrease from 100 per cent in 2015-16 and warrants attention from Territory Families.

The OCC commends Territory Families Casuarina and Katherine offices for recording on file for young people aged 15 years and older all birth certificates and court orders. During the reviews, the OCC become aware of different processes in each Territory Family office for storage of legal documents, such as birth certificates and court orders.

The OCC recommends that if Territory Families do not intend to keep such documents on the child's file that a record of the documents existence and whereabouts be placed in the child's file to satisfy compliance requirements for 2017-18.

Figure 25: Percentages of young people in possession of identity documents, as at 30 June 2017





Summary

In 2016-17, there continues to be significantly low numbers of young people with leaving care plans and low participation in the transition out of care process. It remains a concern that a significant number of young people (54 per cent) aged 15 years do not have specific leaving care plans. Furthermore, only 40 per cent of young people participated in the transition process in 2016-17.

Eighty per cent of 15 year olds in the sample had no specific leaving care plan. It is acknowledged the sample of young people may include some that have just turned 15 years of age, however, it is reasonable to expect all young people should have

a leaving care plan six months after they turn 15 years, the results indicate this is not occurring. Substantial effort is required over the 2017-18 period to increase the overall levels of support and planning for young people transitioning out of care.

Review of Leaving Care Plans for 17 year olds

As previously stated, in addition to the general leaving care plan review, the OCC reviewed the leaving care plans of all young people 17 and older during the review period. This is a new data analysis activity for the OCC in 2016-17.

Given this, the OCC analysis focused on young people 17 years and older as it is a critical year for transitioning to independent living by 18 years of age. This is the point in time when the young person's exit from care is fast approaching. This can be a stressful period for a young person, compounded by challenges that may include housing accessibility, applying for and securing Centrelink benefits or pursuing employment and further education and training opportunities.

In addition, research suggests young people often return to biological family after leaving care and as such should be supported to engage and connect with family during the transition process.

Review Process

The same process outlined in the general leaving care plan review was used.

A sample of 45 cases (all young people in care aged 17 or older in the care of the CEO) was generated for this review. Two of the cases were excluded for similar reasons as previously stated, parental responsibility had been granted to the child's family relinquishing the need for Territory Families to provide case management.

For this reporting period further analysis of the key aspects of the young peoples' transition support was examined using only the cases in which there was a specific leaving care plan.

Characteristics of Sampled Young People

45 YOUNG PEOPLE		
AGE	Female	28 (62%)
	Male	17 (38%)
	Indigenous	37 (82%)
	Non-Indigenous	8 (18%)

Findings

As shown in Figure 26, 79 per cent (34) aged 17 had a specific leaving care plan. Two young people merely had an acknowledgement of the need for a care plan, and a further 7 young people did not even have an approved care plan in the review period.

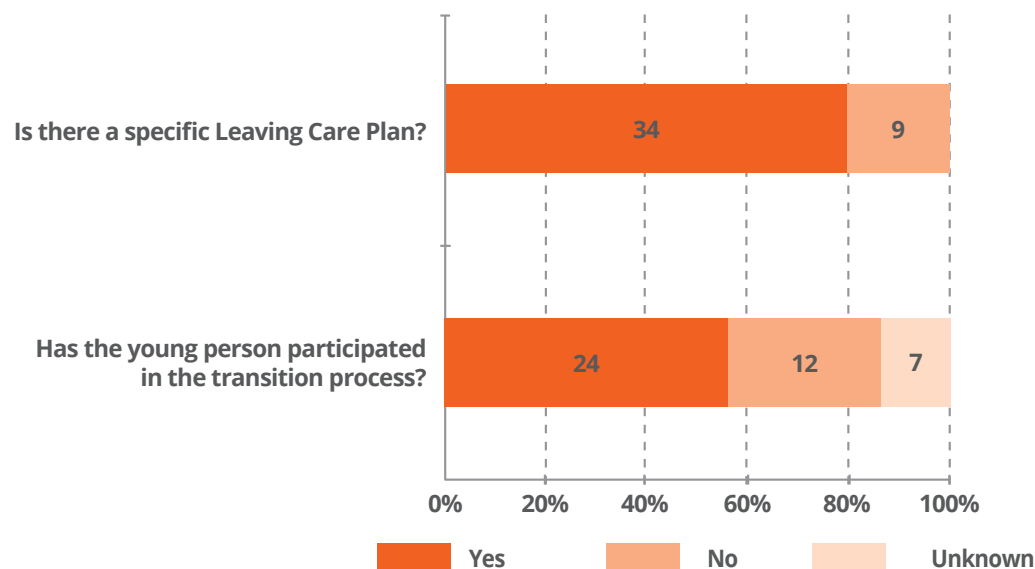
Of the 7 young people aged 17 years in the Katherine region, only one had a specific leaving care plan. Of particular concern was 1 of these young people transitioned out of care without any leaving care planning, demonstrating a failure on the behalf of Territory Families to support the transition to independent living.

As shown in Figure 26, 56 per cent (24) participated in the transition process.

7

young people aged 17 years and over did not have a specific leaving care plan

Figure 26: Number and Percentage of 17 Year Olds with Specific Leaving Care Plans and Participation Levels, as at 30 June 2017



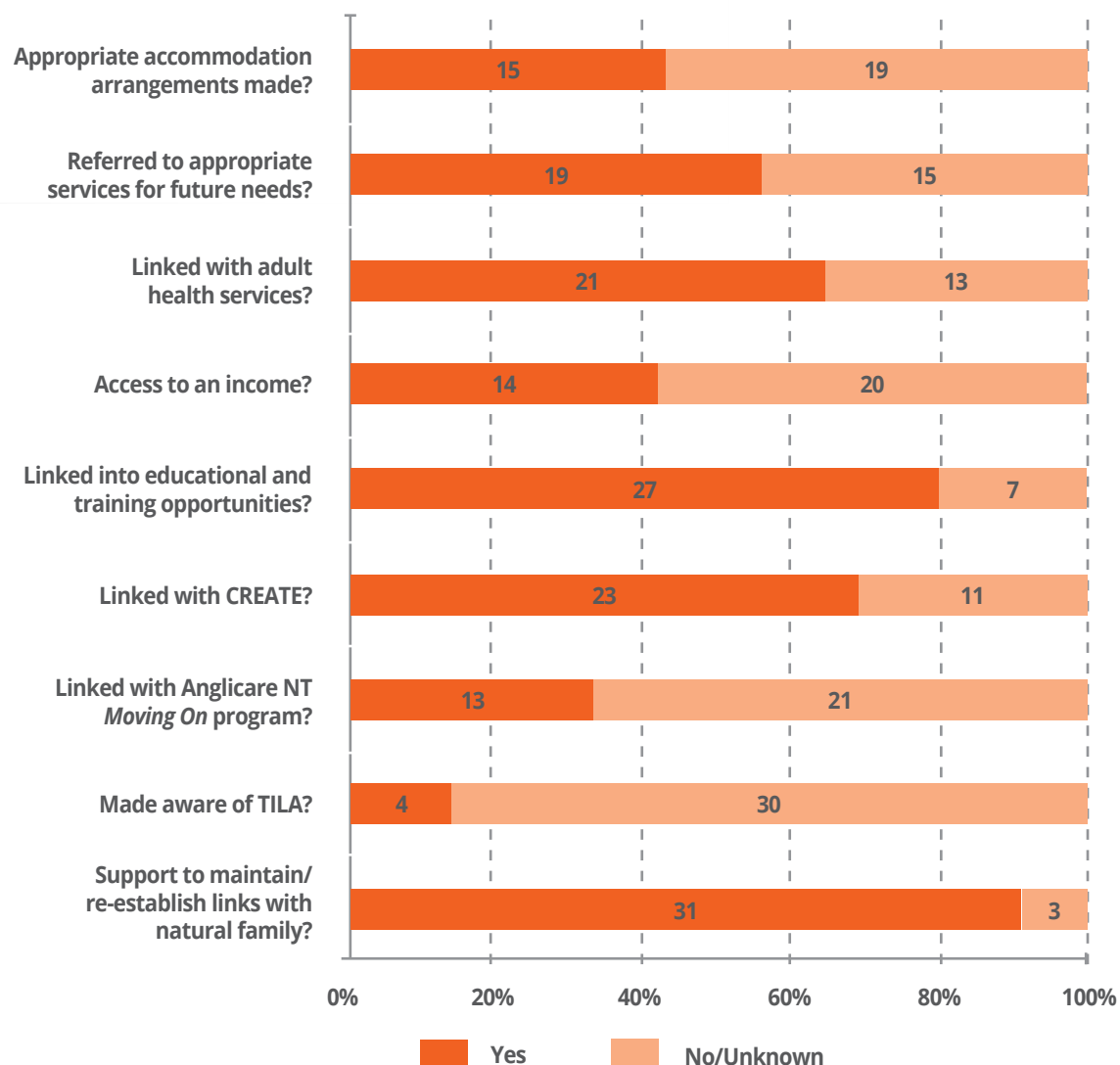
As shown in Figure 27, of the 34 cases with a specific leaving care plan, there appears to be average levels of linkage with resources and services for young people throughout the transition process. The highest rating elements are links to natural family, education and training, CREATE and adult health services.

Thirty-eight per cent (13) had been referred to Anglicare NT's *Moving On* Program with only 4 young people's care plan referencing awareness of TILA.

Forty four per cent (15) had appropriate accommodation arrangements and support planning for their transition out of care.

The OCC has become aware through discussions with homelessness service providers of a number of young people who have accessed their services after transitioning from care. Territory Families should be making a concerted effort to ensure young people are not transitioning to homelessness or subsequently end up homeless shortly after transitioning.

Figure 27: Number of 17 Year Olds Linked to Resources and Services for Transition, as at 30 June 2016



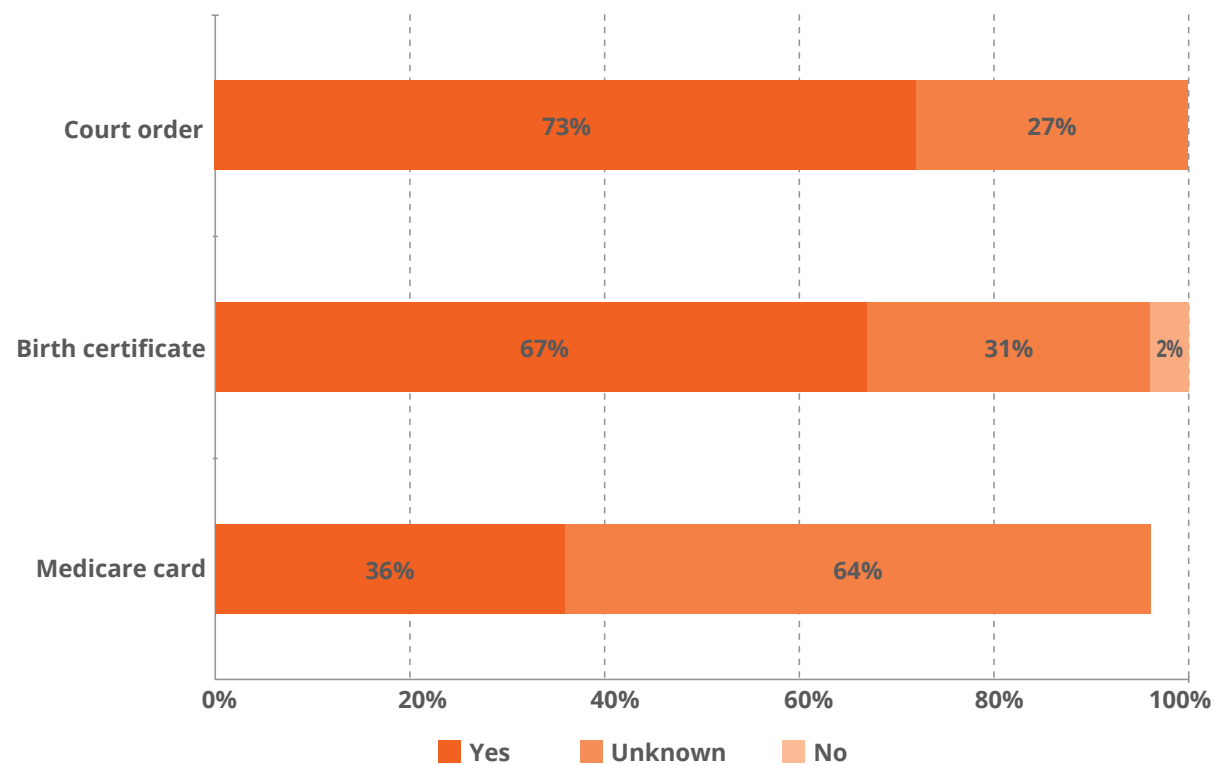
An examination of the evidence of 17 year olds possessing copies of their birth certificates, Medicare card and court orders was undertaken. In line with the general care plan review, the examination was deemed as independent of a child having a care plan or leaving care plan and therefore encompassed all 45 cases of young people aged 17 years. A positive determination was given when documentation explicitly mentioned the young person had a copy or when the copy was on the child's hard-copy file as these documents are to be given to young people once they turn 18 years, if not before.

As shown in [Figure 28](#), 36 per cent (16) possessed a copy of their Medicare card. Sixty-seven per cent (30) had a copy of their birth certificate. Seventy three per cent (33 young people) had a copy of their court order.

The OCC noted that all 17 year old young people managed by the East Arnhem and Barkly regions had a copy of a birth certificate and court orders either on file or in documentation. In addition, 93 per cent (13) in Alice Springs had a copy of their court order. Palmerston was identified as a region requiring improvement, particularly with regards to Medicare cards as only 15 per cent (3) had a copy.



Figure 28: Percentages of 17 year olds in possession of identity documents, as at 30 June 2017





Summary

This is the first year the OCC has reviewed the leaving care plans of all 17 year olds.

Given the responsibility and expectation placed upon these young people to move to independent living at 18 years of age, it was disappointing that only 56 per cent of young people aged 17 years appeared to have participated in the transition process and only 44 per cent had appropriate accommodation arrangements in place for leaving care.

Given the concern identified through the Anglicare *Moving On* program of young people at risk of transitioning to homelessness or subsequently ending up homeless shortly after transitioning this is an area requiring attention.

Substantial reform is required by Territory Families in 2017-18 to increase the overall levels of support and planning for young people transitioning out of care, particularly in the critical period once a young person turns 17 years.

56%

young people aged 17
appear to have participated
in the transition process

Review of Self-placing

This year, the OCC reviewed the circumstances around children and young people self-placing and the actions taken by Territory Families. Self-placing is a term used to signify a child has made an independent decision to reside somewhere other than their approved OoHC placement, this can include family, sometimes the very family member the child was removed from, but ultimately is anywhere that the child determines to reside.

Concerns have been raised, as demonstrated in the Royal Commission, regarding the lack of formal assessment surrounding the suitability of such placements. In particular, whether the child is deemed to be safe from harm within the environment they have self-placed.

The decision to review self-placing in 2016-17 arose from a growing concern regarding the safety and wellbeing of children and young people that leave their approved OoHC placement to live with family and, the accompanying responses from Territory Families. This is not a new issue and was identified in the previous reporting period.

Children and young people who are self-placing are still subject to child protection orders, and hence still in the care of the CEO of Territory Families who has a responsibility to ensure these children and young people are safe.

Review Process

The review process for self-placing was conducted throughout all levels of the sample. In order to establish whether a child was self-placing, the OCC relied on all information on CCIS. If it was established a child was self-placing, the reviewers examined:

- what efforts were made to engage the child to return to an approved placement
- whether the efforts were successful/not successful
- subsequent action taken if efforts were not successful
- the level of support provided for the child and/or family while self-placing.

Findings

Twenty-eight young people from the case sample review were identified as self-placing in 2016-17. As shown in [Figure 29](#), in only 10 per cent of cases there were demonstrated efforts to return the child to an approved placement that were successful.

In 53 per cent (15) of cases, there was no evidence to demonstrate Territory Families having taken reasonable action to return the child to an approved placement.

In only 25 per cent (7) were family members the child was self-placing with assessed by Territory Families to determine suitability to become a carer and/or for Territory Families to enter into a placement arrangement with.

There were a particularly high number of cases 86 per cent (24) of young people who were not receiving any financial support from Territory Families. This is of a concern because of the strain it can place on a family the child is placing with to provide for that child or other children that may be in the household. Territory Families has parental responsibility for the child so consequently families in these circumstances are unable to obtain family support payments from Centrelink.

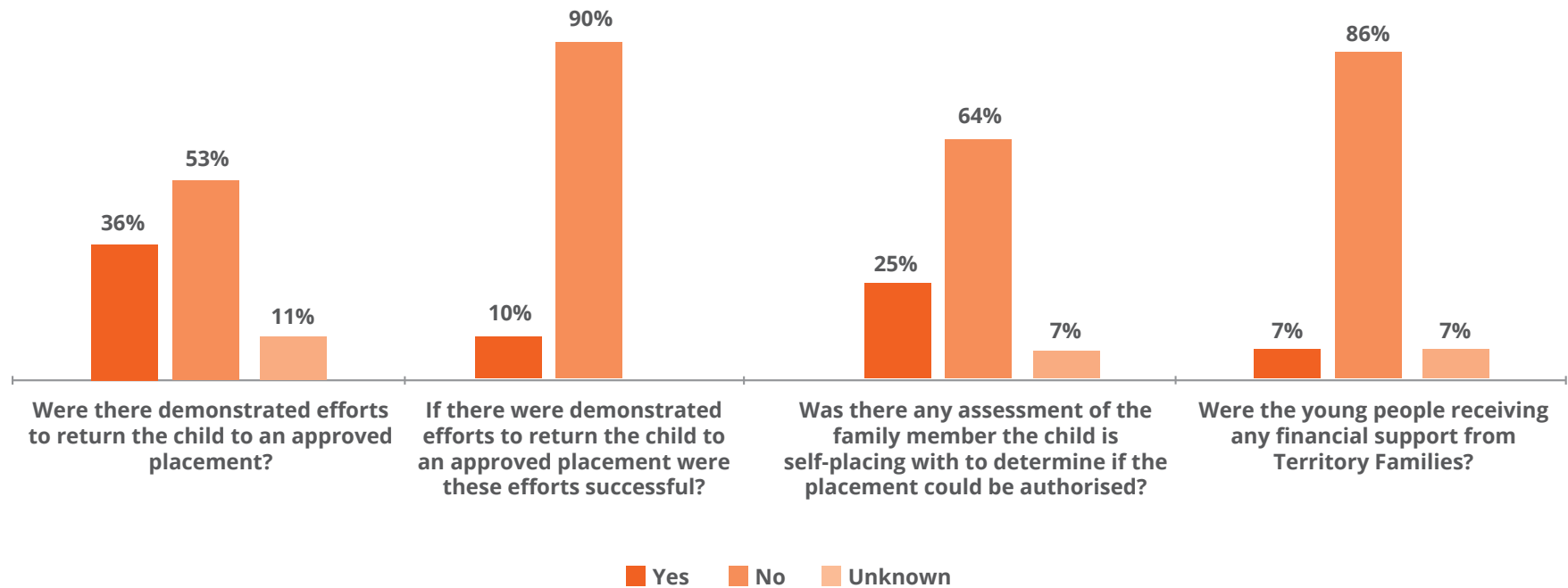
Many of these children were noted as being the subject of a child protection notifications and subsequent investigation regarding their circumstances.

The number of young people self-placing and results of the 2016-17 review has prompted the Commissioner to investigate the circumstances more thoroughly by way of an Own Initiative Investigation to be commenced in 2017-18.

86%

young people
self-placing not receiving
any financial support from
Territory Families.

Figure 29: Percentages of Measures of Adequacy of Care Plans for Young People Self-placing 2011-12 to 2016-17



Review of Case Manager Contact with Children in Care

Monitoring Face-to-Face Contact with Children in Care

The OCC reviewed the frequency of face-to-face contact between Territory Families case managers and children in care. When a child is in the care of the CEO of Territory Families, the Department is responsible for ensuring their safety and wellbeing. This is achieved, in part, by setting minimum standards for case manager contact with children in care.

Territory Families policy prescribes caseworkers face-to-face contact with each child in care at least once a month, at minimum. This policy direction arose out of a previous NT coronial inquest (Inquest into the death of Deborah Leanne Melville-Lothian) recommendation for all children in care to be sighted at least once every two months.

If a case manager or Territory Families representative cannot have contact with a child monthly, they must arrange for a third-party to do so. If third-party face-to-face contact occurs in lieu of face-to-face contact with the case manager, the next monthly contact must involve the case manager.

There are some exceptional circumstances, such as interstate placements, where case managers will be unable to meet these minimum standards and other strategies are generally put in place to monitor a child's safety and wellbeing, such as face-to-face visits by interstate child protection representatives.

Review Process

It is Territory Families policy that all contact arrangements to monitor the safety and wellbeing of the child, whether through the child's case manager or a third-party, are documented in the child's care plan and recorded as a service event in CCIS.

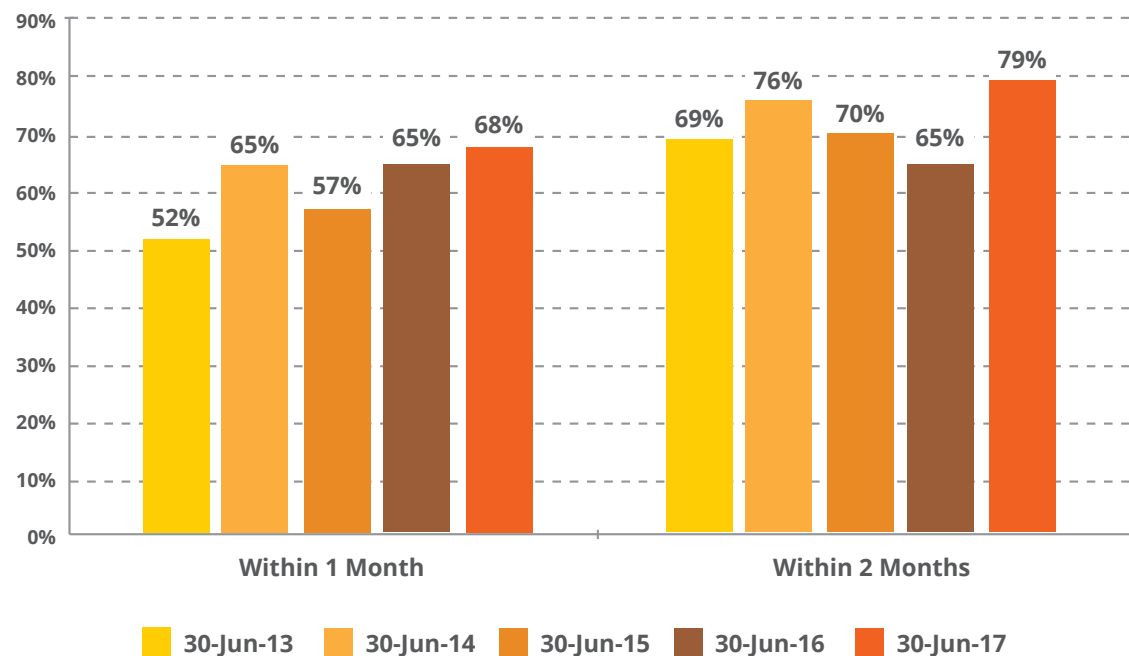
The sample of 98 files randomly generated for the care plan review (10% of all children in OoHC as at the review date of 30 June 2017), was used to assess the frequency of face-to-face contact with children in the care of the CEO of Territory Families.

The review process involved assessing the number of children that had face-to-face contact with their Territory Families case manager in June and May 2017.

Findings

As Figure 30 shows, the figures for 30 June 2017 have improved for visits within 1 month from 65 per cent to 68 per cent. In addition, visits within 2 months have increased substantially from 65 per cent to 79 per cent.

Figure 30: Percentages of Face-to-Face Contact of Children in Care by Territory Families Case Managers, within 1 and 2 months, 30 June 2013 to 30 June 2017



Review of Temporary Placement Arrangement

Temporary Placement Arrangement Guidelines

The OCC again reviewed compliance with Territory Families guidelines for Temporary Placement Arrangements (TPAs). Under the CAPCA, a TPA is a voluntary agreement between parent/s and the CEO of Territory Families to transfer daily care and control of a child who is residing with their parent/s to the CEO for a short period of time. Unlike other forms of care and protection orders, TPAs allow a child to be taken into OoHC without going through a court process. Similar arrangements exist in other Australian jurisdictions.

The purpose of TPAs is to safeguard a child's wellbeing. This arrangement is intended to be a short-term option and should only be used when reunification with the parent/s at, or before the expiry date of the TPA, is the goal. TPAs can be entered into for a period of up to two months at a time and subsequently extended for up to six months in total.

Review process

To ensure compliance with statutory, policy and procedural guidelines, the OCC reviewed the electronic and hard-copy files of all children who were the subject of TPAs between 1 July 2016 and 30 June 2017, assessing both compliance and appropriateness.

Findings

The review found Territory Families had entered into a total of 41 TPAs relating to 33 children.

Table 6 shows the majority of children (80 per cent) had one TPA during the 2016-17 period. As shown in Table 7, the majority of children (58.5 per cent) were on a TPA for less than one month. In 2016-17, no TPAs exceeded the 2 month statutory period. Of the 5 children subject to consecutive TPAs, none of these children were on TPAs for longer than 4 months. This demonstrates compliance with statutory, policy and procedural guidelines.

Characteristics of Sampled Children

33 CHILDREN				
AGE	0-4 Years old	13 (39.5%)	Female	17 (51.5%)
	5-9 Years old	3 (9%)	Male	16 (49.5%)
	10-14 Years old	13 (39.5%)	Aboriginal	25 (76%)
	15-17 Years old	4 (12%)	Non-Aboriginal	8 (24%)



Table 6: Number of TPAs by Number of Children 2016-17

Number of TPAs			
	1	2	3
Number and % of Children	27 (82%)	4 (12%)	2 (6%)

Table 7: Length of TPAs by Total Number of TPAs 2016-17

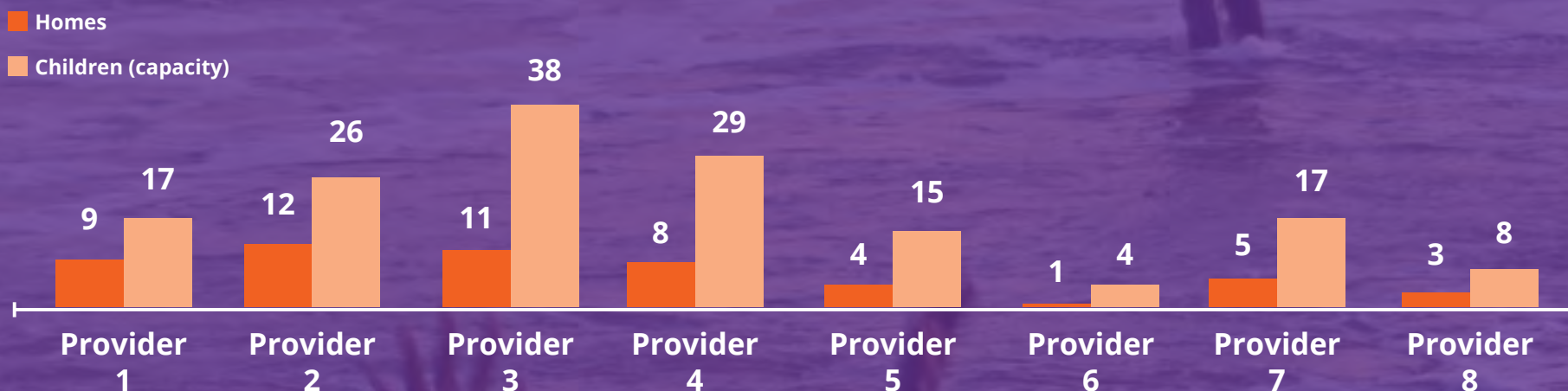
Length of TPAs in Months		
	<1	1 to 2
Number and % of Children	24 (58.5%)	17 (41.5%)

Residential Care – Monitoring

The OCC has undertaken a review of residential care facilities by completing 57 site visits across the Northern Territory.

Within the Northern Territory there are 7 Non-Government Organisations providing residential care, in addition to Territory Families. Facilities are spread across the 4 main centres of the Territory; Darwin, Alice Springs, Katherine and Tennant Creek, with each area having at least 2 separate providers providing residential care services.

Figure 31: Northern Territory Residential Care Homes



The monitoring tool used by the OCC during these site visits was developed based on the *National Standards for Out-of-Home-Care 2009 - 2020*. It takes into account the stability and security of the child, opportunity to be included in decision making, the standard of care and wellbeing provided to the child, connection to family, training and professional development, and the quality of the home environment. The site visits included observations, discussions with carers and program managers as well as children in these placements where appropriate, and if they were present.

Professional Development and Support for Carers

The OCC identified significant differences between the quality of care, the training to staff and the outcomes occurring for children between the various residential care service providers. Although all providers identify Therapeutic Crisis Intervention (TCI) as a mandatory training course only 2 of the providers were able to demonstrate positive and therapeutic outcomes being achieved for the children in their care. These two providers were significantly better equipped to understand and meet the needs of traumatised children in a therapeutic care environment. One service provider, informed that they were working with children in line with TCI approach however they were continuing to use metal detectors on the children in their care each time they entered the home. This demonstrates a lack of understanding of therapeutic care for children.

This concern was raised with Territory Families who immediately acted to ensure the process was ceased. However, this highlights the need for greater accountability and tighter frameworks regarding how service providers in residential care across the Northern Territory work with traumatised children.

For the homes where the Program Manager or management of the service actively visited their residential care facilities and formed their own relationships with the children, there was greater accountability internally for the house co-ordinators and general staff, this resulted in a higher quality of care for the children.

Although Therapeutic Crisis Intervention training is provided by all service providers to their staff it is important procedures and frameworks are in place to insure the principles behind Therapeutic Crisis Intervention are implemented.

Children reported that the carers that took the time to know them, listen to them and value them were the ones they got along with the most.



Relationship between TF and Service Providers

Service providers consistently reported that overall they believe they have a good working relationship with Territory Families. It was identified that often the level of care planning, connection to family and outcomes for children and young people within the same placements was inconsistent. This was as a result of children and young people within the same homes having different case managers. The number of children and young people in care planning possessing a current care plan was significantly low. Most service providers advised that children and young people did not have a current care plan. For the majority of young people in residential care who were transitioning out of care, i.e. leaving care, care plans were not completed and the service provider felt that the leaving care tasks and planning had been left to the carers to manage and prioritise.

Voice of the Child

Some consistent themes emerged from speaking with children in their placements. For many of them they reported a level of satisfaction with their placement, but wished they could be with or see their families more. Many of the children reported that there were some carers they liked and others they did not. When this was explored, the positive rapport with carers was due to the bond and the extra effort the carers had forged with the child or young person. Very few children knew what a care plan was, and for those who had heard of one, they were unable to articulate what its purpose was and what it meant for them. Most children however were able to name their case manager and reported seeing them regularly, with a few advising they would like to see their case manager more.

Stability of Care

The Commissioner continues to promote the need for stable and consistent placements for children and young people in OoHC. Residential care is not the appropriate option for most children. Transitions (should a more suitable placement be found) can be done in a suitable way to make it a safe and non-traumatic.

For children whose care plan identified their residential placement as ongoing and long term, their the placement conditions were of a high standard. For providers who were receiving numerous requests to extend children for less than 6 to 12 months, longer term planning, stability and consistency were harder or impossible to achieve. Staff employment insecurity also contributed to instability in an environment where this is important for positive outcomes for children through attachment, stability and consistency.



QUALITY OF SERVICE PROVISION

For foster and kinship carers there is a Who Pays Guide outlining what they are required to pay for utilising their carer payments, and what Territory Families cover. It was evident from the visits the OCC conducted that residential care providers do not have the same level of guidance. It was evident that 2 service providers ensured the quality of their homes was a priority with clean and fresh environments, personalised items of artwork and photos displayed, toys and stimulating equipment provided to the children. In addition, these 2 service providers had taken a number

of children in their care on holidays at no cost to Territory Families. Concerns were raised with Territory Families regarding a specific provider, where the essential aspects of care provision was not occurring.

Given the plan to transition OoHC to the Non-Government sector within the next 7 years, it is vital that a framework for residential care is developed, ensuring that consistency across training and professional development, stability of care, the quality of homes used to place children in and what service providers

are required to provide as part of their care arrangements is clear. These should align with the National Standards for OoHC with further consideration given to the Northern Territory context and the demographics of children and young people in requiring OoHC placements. Whilst this transition is occurring, the OCC will work with Territory Families to ensure effective monitoring is in place for service providers.

Looking Ahead

The *Royal Commission into the Protection and Detention of Children in the Northern Territory* will deliver its final report on 17 November 2017. The interim report released in March 2017 acknowledged there have been up to 50 previous reports and inquiries into the issues identified in the Royal Commission's Terms of Reference.

In the past decade two significant inquiries have been undertaken specific to the Northern Territory, the *Ampe Akelernemane Meke Mekarle – Little Children are Sacred* report and the *Board of Inquiry into the Child Protection System in the Northern Territory*. Despite those reports, the Northern Territory continues to see too many children subject to harm, removed from family and entering the youth justice system.

It is imperative we as a community take the opportunities presented by the release of the report of the Royal Commission to ensure that we affect real reform to commence the change required.

The best interest of the child must be at the centre of any government response. It is anticipated that the Royal Commission will recommend the implementation of programs and services that are localised and placed based to effectively address the geographical and varying socio-cultural dynamics that exist across the Northern Territory.



Evidence before the Royal Commission was emphatic that early intervention and prevention is critical in reducing the numbers of children and young people involved in the child protection and youth justice systems. National and international research, is also clear that focus and investment in early intervention and prevention not only results in better outcomes for young people, it also results in significant cost savings for government.

The Northern Territory currently has a limited scope of early intervention and prevention programs available to vulnerable children who are at risk of entering the child protection and youth justice systems and investment now in these children and their families will yield social and economic benefits in years to come.

Early intervention and prevention is critical in reducing the numbers of children and young people involving in child protection and youth justice systems.



Localised Solutions

Responsibility for the Northern Territory's vulnerable children does not rest solely with Territory Families. It is important that government agencies work with the community and non-government agencies collaboratively to address the needs of Territory children. Shared service delivery and collaboration is important if there is to be better outcomes, particularly for Aboriginal children. Aboriginal community controlled organisations are critical, and require support by government to build capacity to increase services to vulnerable children and their families.

The programs created by and for the Warlpiri people of Central Australia through the Warlpiri Youth Development Aboriginal Corporation (WYDAC) is one example of an Aboriginal community responding to the needs of young people and delivering excellent outcomes. A recent analysis of those programs found that for every \$1.00 invested in communities where WYDAC operate, between \$3.48 and \$4.56 of value is created. The programs reportedly "resulted in improved health outcomes and self-esteem, greater engagement with education and training and increased school

attendance and literacy". The success of programs such as those run by WYDAC illustrate that shared service delivery and collaboration can achieve positive outcomes for children and young people, and deliver significant cost savings to government.

A Culturally Appropriate Response Needed

Over the reporting period, Territory Families received 22,313 child protection notifications. Of concern is the significant over-representation of Aboriginal children throughout notifications, investigations and substantiations. Aboriginal children were the subject of the vast majority of notifications, 79 per cent, and 89 per cent of substantiated notifications). Of further concern is the over-representation of Aboriginal children in OoHC. As at 30 June 2017 a total 1,049 children were in OoHC, 89 per cent were Aboriginal. Furthermore, Aboriginal children and young people equate for approximately 95 per cent of the daily Northern Territory youth detention centre population.

There is a continued over representation of Aboriginal children across all facets of the Northern Territory child protection and youth justice systems which needs to be addressed. Aboriginal people, communities and Aboriginal controlled community organisations play an integral role in addressing the needs of their children and communities. Administrative and legislative responses to the Royal Commission's recommendations must recognise the context in which government and non-government organisations provide services to vulnerable children in the Northern Territory.

The Family Matters Campaign, led by the Secretariat of National Aboriginal and Islander Child Care, provides a framework through which the high levels of Aboriginal children in OoHC can be reversed over time. The Family Matters Campaign advocates, amongst other things, for Aboriginal and Torres Strait Islander people to participate in and have control over the decisions that affect their children and to pursue evidence based best practice responses to the gross over representation of Aboriginal children in OoHC. Responsibility for children should ultimately rest with the child's family and community and the intervention of statutory child protection agencies should only be a last resort.

One successful and culturally appropriate and responsive program implemented to address child protection and youth justice concerns has been family group conferencing (also referred to as family decision making or family led decision making).

There is a continued over representation of Aboriginal children across all facets of the Northern Territory child protection and youth justice systems.

Family group conferencing is a proven successful model of engaging families and children in problem solving and placing the responsibility for addressing the needs of a vulnerable children, first and foremost, with the child's family and community. Such an approach not only recognises the key role of the family with the child, but also reflects the primary role the family has for a child under the CAPCA. Family group conferencing seeks to empower families by engaging them in strategies to find solutions to their own problems. It is the child's family and community that identify how they can address concerns and the best way to implement solutions.

Program evaluations locally, interstate and internationally have identified increased feelings of empowerment amongst participating families where they have been included in decision making regarding their children, resulting in positive outcomes

for children. Empowering families and communities to take care of their own children is consistent with ensuring the best interests of the child are at the centre of any response to child protection and youth justice concerns. It is more likely to lead to longer term sustainable positive outcomes for children and young people and is consistent with the principles of self-determination. In the Northern Territory a family group conferencing trial was implemented in Alice Springs over 2011 and 2012 and reported successful outcomes. Despite the success of the trial, and its particular relevance to Northern Territory, the program was not further funded. Family group conferencing is only one example of innovative and culturally appropriate responses that are proven to lead to more positive outcomes for children, young people and the community generally.

Empowering families and communities to take care of their own children is consistent with ensuring the best interests of the child.

Youth Justice Engagement

Community concerns in relation to youth crime in the Northern Territory have been the subject of significant public attention recently, and are justified. Youth crimes are not victimless crimes and the OCC recognises the impact of youth offending on the community. However, the extensive research undertaken into youth crime identifies clear and consistent evidence across all jurisdictions that remand and incarceration for children and young people supports an increase in the patterns and behaviours that lead youth to offend. Harsh and punitive measures directed at children and young people who engage in negative and anti-social behaviours has not worked in the past and will not work in the future. For the Northern Territory to see a reduction in youth crime, a significant investment in early intervention and prevention is imperative. Such an investment will result in greater outcomes and provide costs savings for government.

The OCC has considered data relating to children and young people's interaction with the criminal justice system in Darwin and Alice Springs. In comparison with Darwin, Alice Springs has a population significantly smaller than Darwin (including the Palmerston region). Despite that, data provided from Northern Territory Police and the Department of Attorney-General and Justice showed that for the period 1 January 2017 to 30 June 2017 there were:

- 21 per cent more arrests of a child in Alice Springs compared to Darwin
- 61 per cent more offences for which children were arrested for in Alice Springs compared to Darwin
- 24 per cent more children being held under powers of arrest in the Alice Springs police watch house compared to Darwin
- 231 per cent more breach of bail matters filed in the Alice Springs Youth Court (192) compared to Darwin (58).

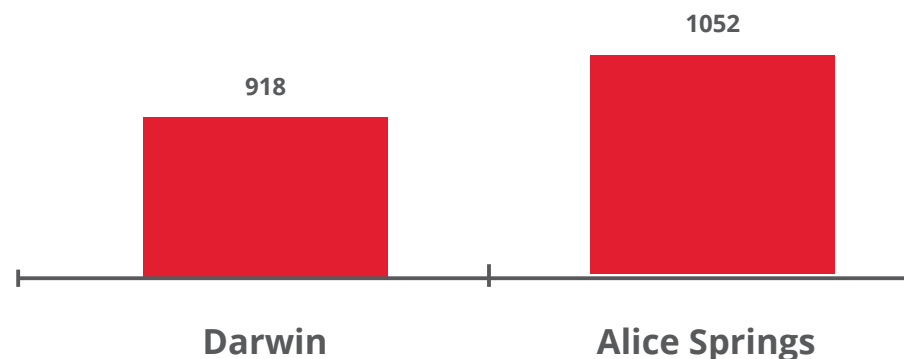


During the same period Alice Springs has significantly less total incidents of crime than Darwin.

Data provided by the Department of Attorney-General and Justice shows that there were 1,052 matters lodged in the Alice Springs Youth Justice Court compared to 918 in Darwin in 2017-18.

Darwin has had the benefit of a specialist Children's Court since early 2016. Children's Courts are presided over by judges with specialist training and experience in dealing with children, and who are well placed to consider alternatives to detention as a means of addressing the underlying issues that result in children coming before the courts. Given the numbers of children appearing before Alice Springs Courts, a specialist Children's Court in Alice Springs is justified.

Figure 32: Youth Justice Court Matters Lodged 1 July 2016 - 30 June 2017



Better Options for Child Offenders

In the Northern Territory the age at which a person may be charged and found guilty of an offence is 10 years. Aboriginal children in particular are disproportionately affected by a low age of criminal responsibility. Nationally, 64% of all 10 to 11 year olds in detention in Australia were Aboriginal (Amnesty International, 2016).

The United Nations and Amnesty International Australia have called for the age of criminal responsibility to be lifted from 10 to 12 years across all Australian jurisdictions. This is a position supported by the Children's Commissioner. Historically, there have been times when detention has been used as a de-facto placement option for children in care who repeatedly abscond from a child protection residential care placement. A Northern Territory Supreme Court judge recently described youth detention centres as "dumping grounds" for vulnerable children, and at the time of drafting this report the OCC is aware of an 11 year old detained at the Don Dale Detention Centre in Darwin.

The behaviours that lead to children aged 10 and 11 being charged with criminal offences are best addressed through directing resources to addressing behaviours, with a goal of ceasing future offending and anti-social behaviour. In those countries where support and education has been provided to children who are under the age of criminal responsibility those measures have been shown to reduce the likelihood of further reoffending in later years (Novetic Solutions, 2010). Involvement with the youth justice system for a 10 or 11 year old child will not address underlying behaviours. With an expected focus on early intervention and prevention to follow the handing down of the findings of the Royal Commission, now presents an ideal opportunity for government to consider raising the age of criminal responsibility in the Northern Territory to 12 years of age.



Engaging with Young People

Finally, effective reform and improvement cannot be achieved without hearing and incorporating the perspectives of those who the statutory service system affects, that is children and young people themselves. Through ongoing consultations over the reporting period children and young people consistently advised the OCC that they are concerned with the broader negative public perception about them, particularly young people that have had a care experience or have been involved in the youth justice system. Further concerns include the generalisations made in relation to youth crime in the media, which is not supported by evidence.

The 2017-18 period will see the OCC play an increased role in community education about the issues affecting vulnerable children and young people. The OCC's own See Us. Hear Us. Know Us project has been developed in consultation with young people and is focused on hearing their voices about the issues that are important to them. Each element of the project has activities associated with it.

See Us will consist of the 'Show us the real you!' photo competition where children and young people under 25 years submit photos that truly represent them and their interests.

Hear Us will include Territory wide consultations with children and young people to get a clear picture of their perceptions of their communities.

The OCC is also aiming to set up a Youth Advisory Committee in 2018 that will provide feedback and information to the Children's Commissioner about the issues that affect children and young people in the Territory.

Know Us is a story telling activity that will consist of young people sharing their personal experiences and passions through media. Young people will have the opportunity to host the OCC Facebook page to give insight into their journey, with a particular focus on a topic that they are passionate about. The OCC will also work in collaboration with young people to tell their stories in a medium they feel comfortable with e.g. video, poetry, art.

The key objective is for children and young people to tell their stories to provide the wider public with the opportunity to get to know them. OCC seeks to create an informed and educated public discussion about the issues that affect vulnerable children and young people, self-led and driven, and looks forward to continuing to work with the Territory's children and young people to achieve the campaign objectives.

References

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Figures

Figure 1	Complaint Management Process	25
Figure 2	How the Commissioner Determined to Deal with the Complaints Received 2016-17	28
Figure 3	Domestic Circumstances of Vulnerable Children who were the Subject of a Complaint in 2016-17	29
Figure 4	Number of Notifications, 2012-13 to 2016-17	37
Figure 5	Number of Notifications by Abuse/Neglect Type, 2012 – 13 to 2016-17.	40
Figure 6	Number of Notifications by Age, 2012-13 to 2016-17	41
Figure 7	Number of Notifications by Aboriginality, 2012 – 13 to 2016-17	42
Figure 8	Percentage of Completed Investigations Within the 28 Days and 62 Days, 2012-13 to 2016-17	44
Figure 9	Number of Notifications, Investigations and Substantiations of Abuse/Neglect, 2012-13	47
Figure 10	Substantiations by Type of Abuse/Neglect, 2012-13 to 2016-17 (Percentages)	49
Figure 11	Number of Authority Types by Region, 2016-17	54
Figure 12	Length of Time Continually on a Child Protection Order at the Time of Discharge from Order in the Northern Territory by Aboriginality and Compared with National Average 2015-16 (as a Percentage of Total)	56
Figure 13	Number and Percentage Mix of Open Cases by Type of Activity and by Regional Office, as at 30 June 2017	57
Figure 14	Number and Percentage of Children in Care by Aboriginality, Gender, Region and Age as at 30 June 2017	58
Figure 15	Number and Percentage of Aboriginal Children in OoHC According to Placement Type, 30 June 2017	61
Figure 16	Places of Care by Aboriginal and Carer Type	62
Figure 17	Number of Children in OoHC with a Disability by Disability Type, 30 June 2017	63

Figure 18	Number of Harm of Exploitation in Care Cases by Abuse Type and Aboriginality, 2016-17	66
Figure 19	Number of Harm or Exploitation Cases by Placement Type, 2015-16	69
Figure 20	Percentage of Measures of Adequacy of Care Plans 2011-12 to 2016-17	79
Figure 21	Percentage of Care Plans Provided to Relevant Parties	81
Figure 22	Percentage of Genograms Present	82
Figure 23	Number and Percentage of Young People with Specific Leaving Care Plans and Participation Levels, as at 30 June 2017	86
Figure 24	Number of Young People Linked to Resources and Services for Transition, as at 30 June 2016	87
Figure 25	Percentages of Young People in Possession of Identity Documents, as at 30 June 2017	89
Figure 26	Number and Percentage of 17 Year Olds with Specific Leaving Care Plans, and Participation Levels, as at 30 June 2017	92
Figure 27	Number of 17 Year Olds Linked to Resources and Services for Transition, as at 30 June 2016	93
Figure 28	Percentage of 17 Years Olds in Possession of Identity Documents, as at 30 June 2017	95
Figure 29	Percentage of Measures of Adequacy of Care Plans 2011-12 to 2016-17	99
Figure 30	Percentages of Face-To-Face Contact of Children in Care by Territory Families Case Managers, Within 1 and 2 Months 30 June 2013 to 30 June 2017	101
Figure 31	Northern Territory Residential Care Homes	105
Figure 32	Youth Justice Court Matters Lodged 1 July 2016 – 30 June 2017	116

Tables

Table 1	Number of Notifiers by Category, 2016-17	39
Table 2	Percentage of Investigations Commenced with the Required Time-Frame, 1 July 2016 to 30 June 2017.	44
Table 3	Number of Children Experiencing Repeat Substantiations after being Substantiated in 2015-16.	51
Table 4	Length of Time Continually on a Child Protection Order at the time of Discharge from Order by State/Territory, 2015-16 (as a percentage of total)	55
Table 5	Analysis of Care Plan Quality	80
Table 6	Number of TPAs by Number of Children in 2016-17	103
Table 7	Length of TPAs by Total Number of TPAs 2016-17	103

