Children’s Commissioner Northern Territory
Annual Report 2013-2014
Dear Minister

In accordance with section 43(1)(a) of the Children’s Commissioner Act 2013, I am pleased to provide you with the Annual Report of the Northern Territory Children’s Commissioner.

Yours sincerely

Dr Howard Bath
Children’s Commissioner
31 October 2014
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<th>Description</th>
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<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<tr>
<td>ACCG</td>
<td>Australian Children’s Commissioners and Guardians</td>
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<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
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<tr>
<td>Act</td>
<td>Children’s Commissioner Act 2013</td>
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<td>AEDI</td>
<td>Australian Early Development Index</td>
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<td>AGD</td>
<td>Department of Attorney-General and Justice (NTG)</td>
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<td>AIFS</td>
<td>Australian Institute of Family Studies</td>
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<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<td>BOI</td>
<td>Board of Inquiry into Child Protection in the NT, 2010</td>
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<td>CAPCA</td>
<td>Care and Protection of Children Act 2007</td>
</tr>
<tr>
<td>CCSWT</td>
<td>Community Child Safety Wellbeing Team</td>
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<td>CCIS</td>
<td>Community Care Information System</td>
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<tr>
<td>CDRPC</td>
<td>Child Deaths Review and Prevention Committee (NTG)</td>
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<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<td>Commissioner</td>
<td>Children’s Commissioner Northern Territory</td>
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<tr>
<td>CRC</td>
<td>Co-operative Research Centre</td>
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<tr>
<td>DCF</td>
<td>Department of Children and Families (NTG)</td>
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<td>DCS</td>
<td>Department of Correctional Services (NTG)</td>
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<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>FTE</td>
<td>Full Time Equivalent</td>
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<tr>
<td>HYPP</td>
<td>Housing for Young People Program (ACT)</td>
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<tr>
<td>LCSR</td>
<td>The <em>Ampe Akeryememan Meke Mekarle Little Children are Sacred</em> Report</td>
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<tr>
<td>MLA</td>
<td>Member of the Legislative Assembly (NTG)</td>
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<td>NAAFLS</td>
<td>Northern Australian Aboriginal Family Violence Legal Service</td>
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<tr>
<td>NAPCAN</td>
<td>National Association for Prevention of Child Abuse and Neglect</td>
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<tr>
<td>NGO</td>
<td>Non-Government Organisation</td>
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<tr>
<td>NT</td>
<td>Northern Territory</td>
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<tr>
<td>NTG</td>
<td>Northern Territory Government</td>
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<tr>
<td>NTPFES</td>
<td>Northern Territory, Police, Fire and Emergency Services (NTG)</td>
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<tr>
<td>OCC</td>
<td>Office of the Children’s Commissioner</td>
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<tr>
<td>OOHC</td>
<td>Out-of-Home Care (DCF)</td>
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</table>
P
PO Protection Order
POC Placement of Care
PP Provisional Protection

R
Reporting Year The period from 1 July 2013 to 30 June 2014

S
SNAICC Secretariat of National Aboriginal and Islander Child Care

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

The CAPCA Part 1.4, section 13 provides the following definition for the term Aboriginal:

a) a descendant of the Aboriginal people of Australia; or

b) a descendant of the Indigenous inhabitants of the Torres Strait Islands.

In accordance with the legislative definition, a decision was made to use the terms Aboriginal and non-Aboriginal throughout this report except when quoting a document (e.g. ‘Little Children are Sacred Report’) that specifically uses the term Indigenous. When making comparisons with national data where the term Indigenous may have been used, we have substituted it with the term Aboriginal to ensure consistency.
Foreword

I am pleased to present my seventh Annual Report as Children’s Commissioner of the Northern Territory. This report has been prepared pursuant to section 43(1)(a) of the Children’s Commissioner Act 2013 (the Act).

This year marks the first reporting period in which the Act has been in force and the legislative framework regulating my role being separate from the principal child protection legislation, the Care and Protection of Children Act (the CAPCA). This separation highlights the independent nature of my role as a review body.

Each chapter in this report covers a discrete function of the Children’s Commissioner or area of responsibility. A summary of the key highlights from each Chapter is provided at the start of each chapter.

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

In Chapter 2, I have provided an update of my monitoring function with respect to inquiries relating to the care and protection of vulnerable children.

In Chapters 3 and 4, key operational data is provided and discussed as part of my role in monitoring the administration of the CAPCA; this includes an in-depth review of four key areas of practice.

Chapter 5 contains a report on my office’s complaint and investigation service.

I would once again like to take the opportunity to thank the staff of my office for their dedication and commitment. I would also like to thank the officers from the various government agencies and NGO service providers we have worked with over the year who share the goal of promoting the safety and wellbeing of vulnerable children in the Territory.

Dr Howard Bath
Children’s Commissioner
31 October 2014
CHAPTER 1 The Office of the Children’s Commissioner

This chapter sets out the role and functions of the NT Children’s Commissioner and provides a summary of the activity highlights throughout 2013-14. This included the implementation of the new Children’s Commissioner Act 2013 which came into force on 1 January 2014.

The Northern Territory Children’s Commissioner (Commissioner) is an independent statutory position established under provisions contained in the Children’s Commissioner Act 2013 (the Act). The creation of this position has been a key element of child protection reforms in the NT aimed at ensuring the safety and wellbeing of children.

Role and functions of the Children’s Commissioner

The Commissioner promotes the interests of vulnerable children and represents their interests with government and in 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 the Department of Children and Families (DCF) to allegations of the abuse of children while they are in out-of-home care;
- promoting an understanding of and informing public discussion about the rights, interests and wellbeing of vulnerable children; and
- monitoring the administration of the Care and Protection of Children Act (the CAPCA) insofar 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 and Ombudsmen from other Australian jurisdictions; and
- convening the Child Deaths Review and Prevention Committee (CDRPC), which aims to reduce and prevent child deaths in the NT. The Office of the Children’s Commissioner (OCC) provides secretariat, administrative and research support to the CDRPC.

Changes to legislation

On 18 December 2013, the Act was assented to and it formally commenced on 1 January 2014, effectively separating the statutory framework of the Commissioner from the principal child protection legislation, the CAPCA and re-working some of the Commissioner’s functions.

The key changes were:

- the removal of the specific monitoring function relating to the Little Children are Sacred Report (LCSR) recommendations;
- the removal of the requirement to deal with submissions related to the Board of Inquiry into the Child Protection System of the Northern Territory in 2010 (BOI);
- the addition of resolution powers as another option when dealing with complaints about services provided to vulnerable children;
- the ability for the Commissioner to undertake an inquiry relating to the care and protection of vulnerable children;
- the ability to monitor any government decision arising from an inquiry related to the care and protection of vulnerable children;
- the added responsibility to monitor the ways the Chief Executive Officer (CEO) of the DCF responds to child abuse allegations whilst the child is in out-of-home care;
- the additional task of promoting an understanding of and informing public discussion about the rights, interests and wellbeing of vulnerable children; and
• the additional task of conducting a review, once every three years, of the operation and effectiveness of the CAPCA as far as it relates to vulnerable children.

The meaning of Vulnerable Child

The core objective of the Children's Commissioner is to ensure of the wellbeing of vulnerable children. This term is described in the Act and can include children in contact with the child protection system, disability services, mental health services, youth justice, and volatile substance abuse programs, in addition to cases where the child or their family members are seeking 'child related' services such as social services.

Commissioner’s independence

The Act specifies that the Commissioner is not subject to direction from any entity in relation to the way in which the Commissioner performs his/her functions and how investigations are prioritised, except where legislation stipulates otherwise. An example of such an exception is where the Minister for Children and Families requests a report on a matter that is related to the Commissioner's functions.

For administrative purposes, the Commissioner’s office is part of the Department of the Attorney-General and Justice (AGD).

Office of the Children’s Commissioner

The OCC was established in mid-2008. Dr Howard Bath has been the NT Children’s Commissioner since that time. In June 2012 Dr Bath was appointed to a second term as Children’s Commissioner.

Currently, the OCC has 8.5 Full-Time Equivalent (FTE) positions: the Children’s Commissioner, a Senior Manager Policy and Investigations, two Senior Investigation Officers, a Senior Indigenous Investigation Officer, a Senior Policy Officer, a Research Officer, a 0.5 FTE Business Manager and an Administration Officer. The Research Officer’s role is largely focused on supporting the CDRPC.
Organisational chart

Children's Commissioner

Senior Manager Policy and Investigations

Administration Officer

Senior Policy Officer

Research Officer (CDRPC)

Business Manager 0.5 FTE

Senior Investigation Officer x 2

Senior Indigenous Investigation Officer
Highlights and achievements 2013-14

Over the last reporting period there has been significant legislative change to the role of the Children’s Commissioner. This has an impact on how the office delivers services particularly regarding the Commissioner’s complaints function and has shaped some of the activities undertaken by the office. The key activities, events and achievements from July 2013 to June 2014 are summarised below.

Monitoring functions

Since the commencement of the Act in January 2014 the Commissioner has no longer been required to monitor Northern Territory Government responses to recommendations of the LCSR. The new Act replaced this monitoring function with a much broader function covering all inquiries relating to the care and protection of vulnerable children. As part of this broader function the Commissioner sought clarification on the Government’s position concerning the recommendations of the BOI.

As in previous years, the OCC examined child protection operational data provided by DCF, looking at developments and trends over a five year period. Some comparative data from different jurisdictions are also used to place NT data in the context of national trends.

The OCC continued its reviews of specific areas of child protection practice relating to care plans, leaving care plans, face to face contact with children in care and Temporary Placement Arrangements. The focus of these reviews was on statutory and policy compliance. Findings are set out in Chapters 3 and 4 of this report.

Complaints function

During 2013-14, the OCC dealt with 177 approaches, which is an increase from 110 in 2012-13. Of those approaches, 83 were identified at the outset as not meeting the grounds of a complaint under section 21 of the Act and were considered to be enquiries only. During the assessment phase 85 preliminary enquiries were conducted to assess the substance and validity of the complaints. As a result, a further 10 matters were found to not meet the criteria.
for formal complaints. A total of 84 matters were deemed to be valid complaints under section 21 of the Act.

Of those 84 complaint matters, 41 were declined (primarily due to the complaints 'lacking substance'); 21 primarily minor or straightforward complaints were referred to other investigation bodies (mainly departmental internal complaints units); seven matters were resolved directly by the OCC without an investigation; and 16 matters, involving 35 separate complaint issues, were formally investigated. The 84 complaint matters involved 142 vulnerable children. In the course of the year the Commissioner initiated one 'own initiative' investigation. Further details of the complaints function are set out in Chapter 5.

In 2013-14, the OCC responded to an increasing number of approaches and conducted a larger number of preliminary investigations than in previous years. The OCC has also started using the new resolution power which commenced on 1 January 2014.

Secretariat responsibilities for the NT Child Deaths Review and Prevention Committee

In 2013-14 a decision was made by the NT government that the secretariat functions of the CDRPC would remain the administrative responsibility of the Commissioner. In addition, government also made a commitment to ensure the Committee had ongoing funding to enable them to conduct or sponsor research into the prevention and reduction of child deaths, diseases and illnesses.

The Secretariat commissioned an audit of the Child Death Register to ensure the integrity of the information held in the database. The audit identified a number of minor issues related to the accessing of reports; however these have now been rectified.

A copy of the CDRPC Annual Report 2013-2014 can be found on the OCC website.

In addition to its formal data collection function the CDRPC is finalising its report on Sudden Unexpected Deaths in Infancy (SUDI).
Involvement in NT and national policy and reform agendas

National policy and reform

The Northern Territory Children’s Commissioner is part of the Australian Children’s Commissioners and Guardians (ACCG) group which provides a mechanism to develop joint submissions and highlight national policy issues affecting children and young people in the NT. This group allows for better collaboration amongst these similar offices on issues of common interest. Below is a brief summary of some of the policy topics that have been discussed through the ACCG.

<table>
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<tr>
<th>Topic</th>
<th>Summary</th>
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<tbody>
<tr>
<td>ARACY National Plan for Young Australians</td>
<td>The Australian Research Alliance for Children and Young People (ARACY) has launched its National Plan for Young Australians. The ACCG have agreed to liaise with ARACY regarding the implementation of the plan.</td>
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<tr>
<td>Children adopted by expatriates</td>
<td>The ACCG discussed issues involving Australian citizens returning to Australia who have adopted children from countries where the Hague Convention might not necessarily apply. The primary concern is ensuring that the best interests of the children are ensured in these situations.</td>
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<tr>
<td>National Framework for Protecting Australia’s Children 2009-2020</td>
<td>The National Framework Implementation Working Group (NFIWG) has agreed to work together on information sharing mechanisms regarding the ACCG’s issues of interest relating to the Framework.</td>
</tr>
<tr>
<td>Aboriginal Child Placement Principle</td>
<td>The ACCG discussed the jurisdictional differences and other complexities associated with implementation the Aboriginal Child Placement Principle. Following this principle, if an Aboriginal child is in need of placement in the out-of-home care system, a placement with a member of their own extended family should be considered in the first instance. If this can’t be achieved, a placement with a carer from their own cultural group should then be considered; if this is not possible then another Aboriginal carer should be sought. Lastly, if no Aboriginal carer can be found then a non-Aboriginal carer can be considered. The Victorian Commissioner for Aboriginal Child and Young People will be conducting an Inquiry into how this principle is applied in Victoria.</td>
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<tr>
<td>Topic</td>
<td>Summary</td>
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<tr>
<td>Charter of Rights for Children and Young People in Youth Detention</td>
<td>The ACCG has developed a draft Charter of Rights for Children and Young People in Youth Detention and has commenced liaison with stakeholders in each of the jurisdictions to see how it can be applied.</td>
</tr>
<tr>
<td>Optional Protocol for the Convention Against Torture</td>
<td>The ACCG has committed to monitoring the implementation of this Protocol in relation to children and young people in detention.</td>
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| Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse | The ACCG provided a submission to the Royal Commission regarding principles for child safe organisations. Some of the key points in the submission are:  
  - The need to focus on all forms of abuse/neglect rather than just sexual abuse when designing child safe practices;  
  - The empowering of children and young people to participate and engage in designing the child safe principles and organisational policy as well as the specific processes (particularly complaints procedures);  
  - The provision of government support through the funding of community organisations to assist with the implementation of child safe strategies; and  
  - The need for legal mandates for organisations to develop and implement policies and procedures which identify and manage risks of harm to children and young people. |
| Submission to the National Inquiry into Children in Immigration Detention | The ACCG provided a submission to the Australian Human Right Commission (AHRC) relating to Children in Immigration detention. Some of the key points in the submission are:  
  - The appropriateness of facilities for children such as accommodation, play facilities and activities, educational, maternal and child health and parent support services; |
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<tr>
<td>• The detrimental impact that the length of time in detention is having on children and young people;</td>
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<td>• The need for the Immigration Department to have comprehensive child protection notification protocols with all of the respective State and Territory child protection authorities;</td>
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<tr>
<td>• The requirement that staff have adequate child safe environment training and that appropriate child safety procedures are in place; and</td>
<td></td>
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<tr>
<td>• The need for an independent monitoring body, particularly for those child and families that are separated in Australia’s detention facilities and for unaccompanied children in detention.</td>
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The ACCG meets biannually and for this reporting year the Commissioner attended meetings in November 2013 and May 2014. The above matters, along with many other policy topics relating to children and young people, were discussed. Communiques arising from these meetings can be accessed on our website [www.childrenscommissioner.nt.gov.au](http://www.childrenscommissioner.nt.gov.au) or via the Commissioner’s Twitter account: @NTChildCommish.
**NT Policy and Reform**

The Commissioner provides advice on policy and public comment on a range of issues that affect children and young people in the NT. This can cover a variety of topics such as child protection, child rights, child wellbeing, youth justice or disability services. Examples in 2013-14 included:

- providing input into the reform of the Commissioner’s legislation and role;
- providing comment on the *Care and Protection of Children Amendment (Legal Representation and Other Matters) Bill 2013*, which dealt largely with the way in which children are represented in child protection court matters;
- providing comment on the reforms to the *Education Act*;
- commenting on proposed changes to the NT Working with Children Clearance scheme;
- providing comment on the proposed guidelines for legal practitioners representing children and young people in child protection matters;
- providing a submission to the Inquiry into Grandparents who take Primary Responsibility for Raising their Grandchildren (the submission can be found at: [http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Grandparent_Carers/Submissions](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Grandparent_Carers/Submissions));
- providing a submission and giving evidence at a hearing for the Inquiry into the Harmful use of Alcohol in Aboriginal and Torres Strait Islander Communities (the submission can be found at: [http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol/Submissions](http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol/Submissions));
- providing a submission to the Select Committee on Action to Prevent Foetal Alcohol Spectrum Disorder; and
- commenting on the *Correctional Services Bill*, particularly concerning provisions effecting children and young people.

In this reporting year the Commissioner has had a number of NT, national and international media engagements with the radio, print and television media. These related to issues such as child safety and wellbeing, changes to the Commissioner’s role, childhood trauma and neglect, domestic violence, child and youth suicide, child protection and youth justice.
The OCC developed a number of submissions and provided input to others on policy issues which affect children in the NT. He commented on proposed legislative changes and highlighted social and wellbeing issues faced by vulnerable children and their families.

**Involvement in consultations, forums, seminars, workshops and advisory bodies**

In this reporting year the OCC helped to sponsor a forum with Anglicare NT focussed on young people transitioning from the out-of-home care system. This forum was conducted in Darwin and it was predominantly attended by representatives of government and non-government organisations who are directly involved or have an interest in leaving care processes. Along with hearing presentations from a number of speakers there was the opportunity for participants to discuss the key themes affecting young people when they leave care. These included young people’s health and wellbeing, accommodation options, education and employment options and connections to family and the broader community.

The Commissioner remains on the advisory body for the project on Remote Education Systems being undertaken by the Co-operative Research Centre (CRC) for Remote Economic Participation. The project's main aim is to understand how remote Aboriginal and Torres Strait Islander Communities can achieve better education outcomes. He continues to be part of the NT Australian Early Developmental Index (AEDI) Co-ordination Committee. The AEDI is a key indicator for assessing the levels of vulnerability across the developmental domains in a child's first year of school.

In 2013-14, the OCC contributed to child and youth service sector discussion about issues related to child wellbeing in the NT, with a particular focus on vulnerable children.
Presentations

The Commissioner and his staff members have presented at numerous conferences, seminars and training forums across the Territory and nationally. In particular, the Commissioner has provided presentations and/or training to a number of non-government organisations, peak bodies and professional groups. Some of these included:

- The Family Matters Forum – ‘Kids Safe in Culture not in Care’ forum conducted by the Secretariat of National Aboriginal and Islander Child Care (SNAICC);
- CREATE’s inaugural ‘Strength to Strength’ Conference in Canberra – ‘What recent research tells us about overcoming adversity’;
- Indigenous Men’s Forum – ‘Safety and wellbeing issues affecting Aboriginal children in the Northern Territory’;
- Menzies School of Health Research Seminar Series – ‘The safety and wellbeing of Northern Territory children after six years of Intervention’;
- Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara (NPY) Women’s Council – ‘The safety and wellbeing of women and children in the Northern Territory – A snapshot’;
- Childaware Conference – ‘Overcoming the Adversity of Adverse Childhood Experiences’, Melbourne;
- Alice Springs Cross Sector Orientation – ‘Wellbeing and child protection issues affection children in the Northern Territory’;
- Desert Knowledge Australia - Pre-birth to Four Years Old Collective Impact Project; and

The Office also conducted a number of information sessions relating to the Commissioner’s role and the commencement of the Act to a number of organisations including Anglicare, the Northern Territory Youth Justice Coalition Group, Department of Education, North Australian Aboriginal Family Violence Legal Service (NAAFVLS), Life Without Barriers, CREATE, Carers NT, the Central Australian Aboriginal Congress and Good Start Early Learning. The Office also provided presentations to various DCF Units regarding the findings of the previous annual report.
Engagement with children and young people in care

The OCC attended a number of CREATE foundation events involving children and young people in care along with their carers. This provided an excellent opportunity to explain the OCC’s role to the children. It also allowed OCC staff to listen to any issues the carers or children were raising about their care experience. The Commissioner also spoke at the CREATE National conference in Canberra, an event that was attended by a group of NT young people.

As Eye See It Exhibit

The As Eye See It Exhibit was again conducted by the OCC in partnership with the CREATE Foundation. The program was designed by the Salvation Army – Westcare and involves children and young people who are in care creating a collection of black and white photos of people or things that are important to them and a short explanation of their significance. A photo of their right eye was also taken to symbolise their perception of the world and emphasises the project’s aim of seeing the world through the eyes of those young people.

The exhibition opens a window into the lives and experiences of a group of young people that the broader community knows little about. Too often these young people are ignored or else viewed in a negative light and their experiences of trauma and loss are given little attention.

The children and young people also completed a photo tagging exercise where they identified and attached emotions their photos evoked – these were generally positive. Some common themes amongst the participants were happy, safe, loved, comfortable, proud and excited. Where negative emotions were attached, such as being sad and frustrated, they involved photos of family members or pets that they were not able to interact with.

This was the second time the OCC has run the program with the events this year attracting a higher level of participation than in 2011. The program also had, for the first time, participants from the Central Region of the NT. As with 2011, the launch of the exhibit occurred at the NAPCAN breakfast where young and children people were invited present their pieces. In addition, the exhibit
was shown at the Darwin City Council building in celebration of Children’s Week, and the Alice Springs and Palmerston libraries. The children and young were able to take back their exhibit pieces at the conclusion of the events.

The Commissioner attended CREATE’s inaugural Strength to Strength National Conference along with representatives of children and young people in care from all Australia’s jurisdictions. The purpose of the event was to give children in care a voice, and promote engagement with those people and organisations that provide services in the out-of-home care system.

The Commissioner has a twitter account to promote the goal of being more accessible to children, stakeholders and organisations which deal directly with children. It will also provide those organisations with information about activities the Children’s Commissioner is conducting, other relevant events, and relevant policy topics that might be of interest.

The OCC, often through the agency of the CREATE organisation, was able to engage with children and young people in care and provide them and their advocates with opportunities to be heard and to raise issues of concern to them.
CHAPTER 2
Monitoring the Implementation of Government Decisions Arising from an Inquiry related to the Care and Protection of Vulnerable Children

This chapter discusses the Commissioner’s monitoring function that relates to the implementation of Northern Territory Government (NTG) decisions arising from inquiries related to the care and protection of vulnerable children. This monitoring function was part of the new legislative reforms that commenced on 1 January 2014. This replaced the Commissioner’s previous monitoring function which referred specifically to NTG decisions relating to recommendations from the 2007 NT Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse (the Little Children are Sacred Report).

This new monitoring function allows for a more dynamic approach to monitoring any number of inquiries that may occur that relate to the care and protection of vulnerable children, rather than a focus on the one specific inquiry. This is particularly relevant for an ever changing policy environment such as child protection.

Recommendations from the 2010 Board of Inquiry into the Child Protection System in the Northern Territory (BOI) notionally fall under this function.

The Commissioner’s monitoring role

The Commissioner is required to monitor the implementation of any NTG decisions arising from an inquiry conducted by the Commissioner or any other inquiry in the NT which is related to the care and protection of vulnerable children. This particular function (section 10(1)(e)) is part of the recent reforms which created separate legislation, the Children’s Commissioner Act 2013 (the Act), and amended a number of the Commissioner’s statutory functions. This broader monitoring function replaces one that specifically related to monitoring the implementation of Government decisions arising from the Little Children are Sacred Report (LCSR). The changes took effect on 1 January 2014. The move to a broader monitoring function is partly due to the rapidly changing policy environment in the area of child protection where government priorities have shifted since the publishing of the LCSR. It also provides the Commissioner with some flexibility to monitor future inquiries that meet the criteria of this new function.
The Little Children are Sacred Report

For some years, the Commissioner has been monitoring NTG responses to recommendations made in the LCSR. In the 2012-13 Annual Report I noted that I had approached the incoming government about its formal position with respect to the recommendations in the LCSR. I received the following response from the CEO of the Department of Children and Families (DCF):

…most of the recommendations were completed, and others have been deemed to have been completed. Further the Board of Inquiry (BOI) superseded many of the recommendations, and the new Government stated that its intention was to move beyond previous reports. In the circumstances, it is intended that no further specific action will be taken by the Government in response to the (Inquiry) recommendations.

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

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

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

The BOI recommended the development of a ‘dual pathway’ intake and assessment system, creating community-based Child Safety and Wellbeing (CCSWT) teams for the 20 Growth Towns, developing Aboriginal-operated and controlled child safety and wellbeing services in Darwin and Alice Springs, and building the capacity of children and family centres in remote areas to include secondary and tertiary services. Out-of-home care received special attention, with recommendations for a comprehensive review of residential care as well as better recognition and support for foster carers and
a focus on urgently addressing capacity problems within the out-of-home care system (BOI, 2010).

The BOI also recommended the development of a comprehensive workforce strategy, with an emphasis on worker development and retention, including a commitment to ‘growing our own’ and growing the Aboriginal workforce. Better partnerships and collaborative mechanisms were proposed, from stronger partnerships with local tertiary educational institutions to improvements in cross-agency communication and working arrangements (BOI, 2010).

Considerable action has been taken to address the findings and recommendations of the BOI. This included the creation of a new Department now known as DCF in January 2011, new coordinating structures, and additional resources invested in the child protection system.

Government responses to the Board of Inquiry recommendations

When the BOI was tabled in October 2010, the then Government committed to implementing all 147 recommendations. DCF was working towards implementing those recommendations and as at August 2012, 46 of those recommendations had been implemented whilst many others were in the process of being implemented.

At that time a new Government was elected and whilst agreeing with the overall thrust of the BOI it did has not commit specifically to implementing the specific recommendations.

The Commissioner wrote to the CEO of DCF seeking clarity on the Government’s position with respect to the recommendations contained in the BOI report – the following extracts are from a letter in response, received in July this year:

...the ongoing production of reports against recommendations that are now four years old is an ineffective use of our valuable resources. DCF has ceased maintaining an up to date register of activity against the BOI recommendations.

...the decision to move away from the BOI recommendations has enabled DCF to achieve a broader focus on both the issues and strategies currently before us, that continue to reflect the intent of the BOI recommendations.

As there are no recommendations of the BOI that are currently the subject of NTG government decisions, and previous monitoring activities relating to the LCSR ceased in 2012-13, no formal monitoring activity under section 10(1)(e) of the Act is reported on this year.
Chapter three contains child protection and out-of-home care operational data requested by the Children’s Commissioner (the Commissioner) as part of his monitoring function.

The most significant development this year was the identification of a very significant backlog of overdue investigations. In 2010 the Board of Inquiry into the Child Protection System in the Northern Territory (BOI) highlighted the fact that there was at that time, a backlog of 870 cases that had been assessed by Central Intake as requiring a full child protection investigation, but the investigation had yet to commence. The Department of Children and Families (DCF) worked assiduously over the next year to reduce this backlog which was reportedly reduced to 270 as of 30 June 2011.

It appears now that around mid-2012 a new phenomenon had started to emerge. There was a growing pool of investigation cases that had been flagged on the information system as being commenced but which had not been completed within the 28 day target period. By 30 June 2012 there were a reported 389 overdue matters; by 30 June 2013 this number had grown to 623; by 30 June 2014, there were 839 overdue investigations. In addition, the old backlog of cases awaiting commencement of investigations had re-emerged and at that same date there were 321 of these cases, making a total of 1,160 cases that had not commenced or had overdue investigations.

This finding has significant implications for the interpretation of Departmental data over the last few years which are discussed in the body of this chapter. It also has implications for the interpretation of data that has been forwarded to national institutions.

The existence of the large backlog also has significant implications for the interpretation of the 2013-14 data presented in this chapter.

The emergence of this backlog has occurred in the context of a marked increase in the number of notifications being received by DCF, a parallel increase in numbers of children needing care and, in the 2013-14 year, a significant increase in the number of investigations being commenced.

continued on page 34
Notifications, investigations & substantiations

- There has been a significant increase (by 30%) in the number of notifications received by DCF – the 2013-14 total was 12,936. Over a four year period the increase has been close to 100 per cent; most of the increase is due to reports from the police.

- DCF commenced significantly more (by 29%) investigations in 2013-14.

- Neglect is still the largest category of substantiations of harm, but the emotional abuse category is growing rapidly. There is still a very low number of sexual exploitation substantiations, however, DCF has indicated that a classification error has been found which will result in higher numbers in the future;

- In terms of response times, these have remained strong for Priority 1, 2 and 3 matters, but are poor for Priority 4 matters. Target times for the completion of investigations are poor with only 43% of investigations being completed within the 28 day target; 44% remain incomplete after 62 days.

Authorities

- There has been a significant reduction in the number of longer-term orders being taken out. The AIHW reports that on discharge from statutory orders, children in the NT are more likely than those from other jurisdictions to have been on short-term orders, and less likely to have been on long term ones.
Out-of-home care

- As of 30 June 2014 there were 923 children in out-of-home care; this represents an increase of 23 per cent on the previous year;

- Of the children in care in the NT, 86 per cent are Aboriginal and 52 per cent are male; as of 30 June 2014, there were 791 Aboriginal and 131 non-Aboriginal children in care;

- The NT has the highest placement rate in the country – 14.3 per 1,000 children, compared to a national rate of 7.8. However, it has a low rate of placement for Aboriginal children at 29.6 per 1,000 children. The Australian placement rate for Aboriginal children stands at 57.1 per 1,000;

- As of 30 June 2014, 41.7 per cent of Aboriginal children in care were placed with Aboriginal carers;

- Around 10 per cent of children in care were in a residential care setting; and

- As of 30 June 2014, 106 (11.5%) of the children in care had a recorded disability, the most common being an intellectual or learning disability (48%), followed by physical disability (35%).
Introduction

A key function of the Commissioner is monitoring the administration of the Care and Protection of Children Act (the CAPCA), ‘in so far as it relates to vulnerable children’ (section 10 (1)(c) of the Children’s Commissioner Act 2013 (the Act)). The primary focus then, relates to Chapter 2 of the CAPCA, Safeguarding wellbeing of children. That Chapter contains most of the child protection provisions, including the administrative powers of the Chief Executive Officer (CEO) of the Department of Children and Families (DCF) and the various legal orders that can be put in place to protect children.

The Commissioner monitors the administration of the CAPCA in two ways. One is through a review of statistical data, assessing operational processes and also looking at historical trends, regional differences and the ongoing overrepresentation of Aboriginal children in the child protection system, all of which are discussed in this Chapter. The other is by means of compliance reviews in specific areas; the report of these reviews is in Chapter 4.

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

Each year the Office of the Commissioner (OCC) submits a detailed request for historical and operational data. The requested data relates to notifications, investigations, substantiations, out-of-home care and case closures as well as detailed questions in areas such as administrative arrangements conducted throughout the year. Some requests were for snapshot data as at 30 June, and some for the entire year. In a number of cases data were requested for a five-year period, with the focus this year being on the period 2009-10 through to 2013-14, to track trends over time.

The Commissioner acknowledges the cooperation of DCF in providing a large amount of statistical information.

A new ‘Backlog’

Problems with interpreting the data

In my 2013 report I noted that in the course of one year there had been a significant decline of 22 per cent in the number of child protection notifications that had been substantiated following investigations. This did not make much sense because there had been a significant rise (by 25%) in the number of notifications of suspected harm and it would be logical to conclude that this would have resulted in an increase not a decrease in the number of substantiations. Analysis of the data revealed that there had actually been a
decrease (5%) in the number of investigations undertaken by DCF in processing notifications but this was nowhere near the magnitude of the decline in substantiations.

Further research revealed that in the course of the year there had been a marked increase across all types of child maltreatment in the sheer number of notifications of harm that translated to one substantiation. In 2011-12, 7,966 notifications resulted in 1,749 substantiations (a ‘conversion’ rate of 22 percent). In 2012-13, 9,967 notifications resulted in 1,356 substantiations (a ‘conversion’ rate of only 13.6%).

If we just focus on the investigations actually carried out, in 2011-12, 4001 investigations resulted in 1,749 substantiations (a ‘conversion’ rate of 43.7%) – in 2012-13, 3,802 investigations resulted in 1,356 substantiations (a ‘conversion’ rate of 35.6%). This is not to suggest that the Central Intake Team is failing to appropriately assess risk in the first instance but it did raise questions as to why the number of investigations had actually dropped in the context of increasing notifications and why reported substantiations had fallen from a similar number of investigations in the previous year.

The decline in the number of substantiations in 2012-13 was the subject of debate and discussion between my office and DCF and the latter undertook to examine the matter more closely.

The backlog of overdue investigations

In June this year, I was informed by DCF that its analysis had revealed a significant backlog of child protection investigations that had been officially commenced (or at least flagged in the data system as having commenced), but not completed within the 28 day target timeframe. This pool of unresolved child protection investigations has been growing since the beginning of the 2011-12 financial year and has now reached very significant proportions.

One of the key findings of the Board of Inquiry into the Child Protection System in the NT in 2010 (BOI), was that there was a very large backlog of children that had been identified as needing a child protection investigation but were still awaiting it. In mid 2010, the backlog stood at 870 children (BOI 2010, p. 18) and had become the focus of much public discussion. In the following year, the Department worked assiduously to reduce this backlog, creating a specialist team of experienced workers to address the problem.

As of 30 June 2011, DCF reported that the backlog of investigations that had not commenced within the timeframe stood at 272 – still a high number, but significantly lower than the figure in October the previous year.

One year later on 30 June 2012, the backlog had been reduced to 40 cases, but there was now an increasing number of cases where the investigation had
commenced but had not been completed within the mandated 28 day timeframe (overdue investigations). There were now 389 of these overdue investigations.

The following year on 30 June 2013, the backlog was much the same at 45, but the overdue investigations had risen to 623 for a total of 668 cases being either unallocated or overdue.

As can be seen in Figure 1, as of 30 June 2014, DCF reported that there were now 321 unallocated notifications (the previous backlog) and the overdue investigations stood at 839 for a total of 1,160 matters.

Figure 1: Unallocated and Overdue Investigations as at 30 June 2012 to 30 June 2014

It appears that prior to 2013 there was a largely successful focus on eliminating the backlog of children who were awaiting investigation. However, this has now been replaced by an even larger group of children who are either awaiting an investigation, or whose investigation has officially been flagged as commencing, but has not been resolved within the expected time frame.

Without a direct file examination it is not possible to determine the extent to which the overdue investigations have progressed. It is possible that the work has been completed or largely completed in some cases but it is also possible that in others, the allocated workers may have flagged on the data system that
they had opened an investigation, but that it may not have actually been undertaken.

In short, there is now a very large and growing number of at-risk children known to DCF for whom an investigation has not been completed within the prescribed timeframe.

At this stage the reasons for this backlog of unallocated and overdue investigations is unclear, but it is very likely related to severe resource constraints. Over the last three years there have been sharp increases in notifications received, and the number of children needing a care placement has also increased significantly. The major increase in the number of investigations undertaken in 2013-14 (as documented in this chapter), has no doubt contributed to the growth of this pool of overdue investigations. However, the new backlog had already built to significant proportions before the current year.

Re-interpreting the 2012-13 data

The existence of this significant backlog has implications for the interpretation of last year’s data as well as that for the current year. According to DCF analyses, this backlog of overdue investigations stood at 623 as at 30 June 2013 – when added to the unallocated matters (45) there were a total of 668 unresolved investigations at that date. As a significant proportion of investigations usually result in substantiations, this backlog clearly helps to explain many of the anomalies in last year’s reported data. For example, it helps to explain the overall drop in substantiations, the lower rates of both notifications and investigations ‘converting’ to substantiations; the lower re-substantiation rate within one year, and statistics such as the substantiation rate for Aboriginal children which saw an unexpected decline.

The 2013-14 data, as reported in the present report, are affected by the same issues – the substantiation numbers, the various ‘conversion’ rates, the re-substantiation rates and Aboriginal placement rates are all likely to significantly under-represent the reality because of the large number of overdue investigations.

Addressing the problem

DCF has written to the Commissioner to outline responses to these child protection practice issues. DCF indicated that it has:

1. implemented new internal compliance measures to track the number of unresolved reports;
2. implemented new regional quality assurance mechanisms such as Performance, Assurance and Compliance meetings;
3. begun to streamline intake practices to ensure that child protection workers are focussed on delivering effective responses...without the unnecessary duplication of administrative and logistical activities;
4. begun a review of the caseload ration and workload management strategies employed in DCF; and
5. continued to focus on recent successful recruitment and retention strategies, particularly for P1 and P2 workers.

Notifications

Number of notifications

In 2013-14, DCF received 12,936 child abuse or neglect notifications. As shown in Figure 2 there continues to be a pattern of substantial increases in notifications since 2010-11. Over that period notifications have increased by 98 per cent. Notifications over that period increased by 22 per cent in 2011-12, followed by 25 per cent in 2012-13 and then 30 per cent in 2013-14.

Figure 2: Number of Notifications, 2009-10 to 2013-14

Source: DCF 2014
Source of notifications

As shown in Figure 3, since 2010-11, there continues to be a very significant increase in the number of notifications originating from Police. From 2012-13 to 2013-14, those notifications increased by 64 per cent and they accounted for 75 per cent of the overall increase in notifications in 2013-14.

Figure 3: Number of Notifiers by Category, 2009-10 to 2013-14

Table 1 shows that Professionals account for 74 per cent (9,519) of the notifications. As previously mentioned, the Police are the largest category, followed by education and health professionals. Given the roles of these personnel and the contact they have with children and families, it is logical that they account for most notifications.

The category of non-professionals, which includes parent(s) or guardians, relatives, extended family members or neighbours, accounted for just 11 per cent (1,378) of the total notifications. Anonymous or other notifiers made up the remaining 15 per cent in 2013-14.

In 2012-13 the large increase of notifications from Police (1,341 increase) was substantially aligned with the increases seen in notifications relating to emotional abuse (1,554 increase), which is often categorised as such when a child witnesses domestic violence. This was largely attributed to the Police enforcing its domestic violence strategy called ‘Project Respect’, which aims to
reduce domestic and family violence crime and support victims. It has been specifically designed to ensure all reported family violence matters are dealt with in compliance with organisational guidelines and to identify and target recidivist family violence offenders (NTPFES, 2013). This includes their reporting obligations for children exposed to domestic violence.

This reporting year Police notifications have increased even further (2,236) but this is not directly correlated with the increase in emotional abuse notifications (1,210). Certainly some of this increase could be attributed to ‘Project Respect’, although it seems that Police members have also increased their notifications for other forms of abuse or neglect.

### Table 1: Number of Notifiers by Category, 2013-14

<table>
<thead>
<tr>
<th>Notifier Categories</th>
<th>No. of Notifications Received</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professionals</strong></td>
<td></td>
</tr>
<tr>
<td>Police</td>
<td>5735</td>
</tr>
<tr>
<td>School personnel</td>
<td>1869</td>
</tr>
<tr>
<td>Hospital/Health centre</td>
<td>1370</td>
</tr>
<tr>
<td>Medical practitioner</td>
<td>169</td>
</tr>
<tr>
<td>Other health personnel</td>
<td>376</td>
</tr>
<tr>
<td>Childcare personnel</td>
<td>42</td>
</tr>
<tr>
<td>Social worker</td>
<td>39</td>
</tr>
<tr>
<td>Departmental officer</td>
<td>578</td>
</tr>
<tr>
<td>Non-government organisation (NGO)</td>
<td>658</td>
</tr>
<tr>
<td>Notifier Categories</td>
<td>No. of Notifications Received</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td><strong>Non-professionals</strong></td>
<td></td>
</tr>
<tr>
<td>Subject child</td>
<td>4</td>
</tr>
<tr>
<td>Parent/guardian</td>
<td>456</td>
</tr>
<tr>
<td>Other relative</td>
<td>536</td>
</tr>
<tr>
<td>Friend/neighbour</td>
<td>382</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>Anonymous</td>
<td>147</td>
</tr>
<tr>
<td>Not stated</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>574</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>12936</strong></td>
</tr>
</tbody>
</table>

Source: DCF 2014

**Notifications by abuse/neglect type**

Neglect notifications continue to make up the largest category accounting for 43 per cent of the total. As shown in Figure 4, this pattern of neglect being the most common type of notification has existed for some time. Over the past two years the emotional abuse category has risen sharply, which as previously discussed, is related to the Police enforcing its reporting obligations. Emotional abuse in 2013-14 represents 31 per cent of all notifications, which is a sharp increase from 2011-12 where it was 16 per cent. Physical abuse notifications climbed by 33 per cent in 2013-14 which is in line with the overall increase of notifications (30%). Sexual exploitation notifications also increased but only by 3 per cent in 2013-14.

DCF has indicated that the reason for the steady decline of sexual exploitation notifications has been a classification error with some of the notifications for this type of abuse being classified under the neglect category. This error has since
been corrected but will not be reflected in the 2013-14 statistics. The Commissioner will monitor the results of this change in the next reporting year.

**Figure 4: Number of Notifications by Abuse/Neglect Type, 2009-10 to 2013-14**

The 12,936 notifications made to DCF involved 7,925 children which, on average, represents 1.6 notifications per child. This is similar to previous years and is common in child protection systems where most children average more than one notification (AIHW, 2014, p.16). There are also caveats on how these numbers are counted as a child may be counted more than once if their birthdays occur between notifications so that they show up in different age groups. This also occurs where notifications are made about different types of abuse, so that the same children may show up in the ‘physical abuse’ and ‘sexual abuse’ categories.

As in previous years, boys and girls are equally represented in the notifications.
Notifications by age of child

As shown in Figure 5, children under 14 years of age are more likely to be notified than older children. Children aged in the 0-4 group have the highest number of notifications. In 2013-14, the increased number of notifications overall has translated to the similar percentage increases in the different age groups.

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

Figure 5: Number of Notifications by Age, 2009-10 to 2013-14

Notifications by Aboriginality

As shown in Table 2, Aboriginal children continue to account for a disproportionate number of abuse/neglect notifications; they comprise less than half of all children in the Territory but account for 77 per cent of notifications.
Table 2: Number of Notifications by Aboriginality, 2013-14

<table>
<thead>
<tr>
<th>Aboriginal status of child</th>
<th>No. of notifications received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal</td>
<td>9876</td>
</tr>
<tr>
<td>Non Aboriginal</td>
<td>3029</td>
</tr>
<tr>
<td>Unknown</td>
<td>31</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>12936</strong></td>
</tr>
</tbody>
</table>

Source: DCF 2014

The percentage of notifications made about Aboriginal children (77% of the total), has not increased this year although there has been a minor increase over the past five years (with unknown status excluded).

As shown in Figure 6 below, most of the recent increase in notifications has involved Aboriginal children. The numbers for non-Aboriginal children had remained fairly stable between 2009-10 and 2011-12, however, they have experienced increases over the past three years. In 2013-14, both categories have increased in line with the overall increase of notifications. Since 2009-10, notifications involving Aboriginal children have increased by 105 per cent whilst notifications involving non-Aboriginal children have increased by 76 per cent.

Figure 6: Number of Notifications by Aboriginality, 2009-10 to 2013-14

Source: DCF 2014
Note: Notifications with unknown status not displayed.
The outcomes of notifications

When a notification is made, an authorised person within DCF determines the immediate investigation priority based on an initial assessment of risk. Out of the total 12,936 notifications made in 2013-14, 8,031 (62%) were ‘screened out’ (were 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 is approximately the same as that experienced in 2012-13.

Urgency ratings

2013-14 marks the first full reporting period that DCF has used its restructured time-frame targets for commencement of a child protection investigation. These targets are based on the imminence of risk to the child and the response urgency. Up until 1 January 2013, the rating categories in order of urgency were: child in danger, child at risk and child concern. Investigations for children assessed to be ‘in danger’ are to start within 24 hours; those for children ‘at risk’ within three days; and ‘child concern’ investigations within five days.

1 January 2013, marked the commencement of the restructured categories of risk which are:

- Priority 1 – investigation to commence within 24 hours;
- Priority 2 – investigation to commence within 3 days;
- Priority 3 – investigation to commence within 5 days; and
- Priority 4 – investigation to commence within 10 days.
As shown in Table 3, the response times for Priority 1 investigations have remained at a high level (95%) which is around the same level achieved in the second half of 2012-13. The other categories have experienced decreases from those obtained in the second half of 2012-13, particularly Priority 3 and 4 which decreased by 11 and 9 per cent respectively.

There are some slight variations of these commencement percentages across the different regions in the NT, but this is not as pronounced as previously reported.

Table 3: Percentage of Investigations Commenced within Required Time-frame, 1 July 2013 to 30 June 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>1 Jul 13 to 30 Jun 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1</td>
<td>95%</td>
</tr>
<tr>
<td>Priority 2</td>
<td>85%</td>
</tr>
<tr>
<td>Priority 3</td>
<td>89%</td>
</tr>
<tr>
<td>Priority 4</td>
<td>25%</td>
</tr>
</tbody>
</table>

Source: DCF 2014
**Timeliness of investigations**

Once a child protection investigation commences, DCF policy specifies that it should be completed within 28 days. In some circumstances this target can be difficult to attain and a slightly longer period is required.

Figure 7 shows the percentage of investigations that were completed over a five year period within the 28 and 62 day time-frames. There has been significant decrease in on-time investigation completions in 2013-14, a result that is likely related to the large increase in the number of investigations undertaken (see Figure 8). This would indicate that DCF is struggling to deal with those increases and complete investigations in a timely manner.

**Figure 7: Percentage of Completed Investigations within 28 days and 62 days, 2009-10 to 2013-14**

- 2009-10: 65%
- 2010-11: 73%
- 2011-12: 78%
- 2012-13: 77%
- 2013-14: 66%

Source: DCF 2014
Notifications, investigations and substantiations

As shown in Figure 8, the past four years has seen an exponential increase (98%) in the number of child abuse/neglect notifications. In that same period there has been little change in the number of investigations except for 2013-14 where the number of investigations commenced increased proportionally with the notifications received. In the last year there has been a 29 per cent increase in the number of investigations commenced. The number of substantiated notifications increased a little during the same period but not at the same rate as notifications. This may be partly explained by the large backlog of overdue investigations discussed in the introduction to this chapter.

At the end of each financial year there are always a number of investigations (following notifications received that year) that have not yet been completed and therefore the true number of substantiations tends to be a little higher than is reported in the OCC data. Based on previous years, the number of substantiations increases by around 3 to 10 per cent when the investigations that have not been completed by the end of the financial year are included.

Figure 8: Number of Notifications, Investigations and Substantiations of Abuse/Neglect, 2009-10 to 2013-14

Source: DCF 2014
Note: Caution should be used when analysing figures from the most recent year displayed as some child protection investigations from that year have not concluded and therefore are not represented in the figure.
As DCF has experienced this ever increasing number of notifications over the past four years it is invariably the case that an increasing number of notifications are ‘screened out’. That is, the notification is not investigated because it does not meet the threshold of risk where substantial detriment to the wellbeing of child is likely to be established. In 2013-14, 8,031 notifications were screened out, an increase of 1,866 from 2012-13. One possible interpretation of this trend could be that the screening process is becoming more efficient, such that the higher risk cases are being identified for investigation and those that present no or marginal risk are screened out. If this were the case one would expect that the percentage of investigations being substantiated would be higher; this does not appear to be the case. It could also be the case that the extra notifications being received are less likely to meet the threshold for statutory intervention. Given that a large proportion of the increased number of notifications is from police and relates to children being present during domestic violence incidents, this is also unlikely to be a satisfactory explanation.

In 2013-14, the number of investigations has increased along with the number of notifications being received by DCF. This is in contrast to the previous few years where there appeared to be no clear relationship between the notifications received and the numbers investigated. This increased number of investigations is a positive sign but it does seem to have contributed to the large backlog of overdue investigations.

**Substantiations by Aboriginality**

In recent years, the substantiation rate for NT Aboriginal children has approached the national average for Aboriginal children but remained below it (AIHW, 2014, p.26). For NT non-Aboriginal children the rate is also below the national average. For NT Aboriginal children, the rate was significantly lower than the national average prior to 2010-11 but has risen in recent years.

Data in 2013-14 indicate that 1,296 NT Aboriginal children were subject to a substantiation which yields a rate (ABS, 2009) of 48.5 per 1,000 children aged 0-17 years; this is slightly above the most recently reported 2012-13 national rate (45.3 per 1,000 in AIHW, 2014, p.26). The NT Aboriginal substantiation rates are likely to be higher this year this reporting year because of the overall increase in the number of investigations undertaken.
Substantiations by abuse/neglect type

Figure 9 shows that the proportion of substantiated notifications varied widely by maltreatment type, with neglect accounting for a half of all substantiations and sexual exploitation just two per cent.

The proportion of substantiated reports that involve neglect has remained at similar levels for the past five years. There has been reduction in substantiated child sexual exploitation reports, resulting in a 70 per cent drop over five years (the actual number of sexual abuse substantiations has fallen from 117 in 2009-10 to 36 in 2013-14. As previously mentioned, DCF has indicated that there has been a classification error with sexual exploitation matters which is one explanation for the steady decline in numbers that have been evident. This error has since been corrected but is only marginally reflected in the 2013-14 statistics. The OCC will monitor this in the next reporting year.

Figure 9: Substantiations by Type of Abuse/Neglect, 2009-10 to 2013-14 (percentages)

Repeat substantiations

Once a child protection agency has substantiated abuse or neglect, the first priority is to assess whether the provision of family supports or other forms of therapeutic assistance, could enable the parent(s) to safely look after their children. In some cases this is not possible so the removal of children to kinship or foster care may be considered to ensure their safety. Either way, the intervention is designed to ensure the safety and promote the wellbeing of the
children. An effective indicator of how effectively a child protection system is ensuring the safety of children, is the number the number of children who are re-
substantiated as being harmed, within a year of their initial substantiation.

In 2012-13, 1,307 children were the subject of a substantiation of abuse or neglect irrespective of when the notification was received. (the previously reported 2012-13 numbers are slightly changed due to data settling). Following these children for 12 months, 232 (17.8%) were the subject of a repeat substantiation within 12 months. This means that although DCF had recognised that abuse or neglect had occurred, the response of the Agency was not sufficient to ensure the safety of the child. The 2012-13 figures are a slight reduction on those for 2011-12 (20.3%), which is positive. However, given the very significant number of unresolved investigations noted earlier, it is likely that the actual re-substantiation rate is much larger. It remains a concern that a large portion children who are harmed, are harmed again within 12 months.

As shown in Table 4, the children involved in these re-substantiations are almost exclusively Aboriginal. This is a reflection of the over-representation of Aboriginal children in the child protection system generally.

Table 4: **Number of Children Experiencing Repeat Substantiations after being Substantiated, in 2012-13, by Aboriginal Status**

<table>
<thead>
<tr>
<th>Harm Descriptor (Original Substantiation)</th>
<th>No. of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal</td>
<td>216</td>
</tr>
<tr>
<td>Non-Aboriginal</td>
<td>16</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>232</strong></td>
</tr>
</tbody>
</table>

Source: DCF 2014

Re-substantiations of harm are not unique to the NT child protection system. In the latest reporting period, the Productivity Commission (SCRGSP, 2014, tables 15A.8 & 15A.11) found that over 6,000 children across Australia were re-substantiated as being harmed within 12 months of their previous substantiation.
Child protection authorities and activities

Once DCF has determined that a child has been abused or neglected, it must decide whether it is appropriate to support the family to minimise the 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 Chief Executive Officer (CEO) of DCF are contained in the Care and Protection of Children Act (the Act). Broadly, these authorities can be placed in the following categories:

**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 the sole Parental Responsibility of 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 etc. Parental Responsibility usually involves decisions that affect the broader context of a child’s upbringing e.g. religious affiliation, non-emergency medical treatment, what school will they attend, etc.);

**PO Long Term** – involves an order of the court that gives Parental Responsibility and Daily Care and Control rights to the CEO for a period of more than two years;

**PO Short Term** - involves an order of the court that gives Parental Responsibility and Daily Care and Control rights to the CEO for a period less than two years (usually taken out where reunification of the child with the parent(s) is a distinct possibility with targeted family support services);

**Provisional Protection (PP)** – where a child can be taken into the CEO’s care where there is an urgent threat to the child’s wellbeing (this can last up to a period of 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; and

**Temporary Protection Order (TPO)** – this is an order of the court, which grants a temporary period of guardianship, initially for 14 days. It is usually an interim measure when longer-term Protection Orders are being sought.
As shown in Figure 10, the majority (61%) of all authorities were orders that were on adjournment, which has not changed much from previous years.

**Figure 10: Authority Types by Region, 2013-14**

Perhaps the most significant change in 2013-14 has been an overall reduction, by 39 per cent, in long-term protection orders being taken out, from 174 in 2012-13 to 107 in 2013-14. In 2012-13 both the Greater Darwin and Katherine/Northern regions had a higher number than Central Australia of long-term protection orders being taken out. This has reversed in 2013-14. The most marked reduction in the use of long-term orders has been in the Greater Darwin region where the number has fallen from 73 in 2012-13 to 16 in 2013-14.
Length of orders

The AIHW reports on the length of time children have been on orders as of their discharge from the orders. Table 5 provides a comparison of the different jurisdictions.

Table 5: Length of Time Continually on a Child Protection Order at Time of Discharge from Order by State/Territory, 2012-13 (as a percentage of total)

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Short Term (Months)</th>
<th>Long Term (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;3</td>
<td>0 to &lt;12</td>
</tr>
<tr>
<td>NSW</td>
<td>23.9</td>
<td>36.4</td>
</tr>
<tr>
<td>VIC</td>
<td>12.9</td>
<td>55.9</td>
</tr>
<tr>
<td>QLD</td>
<td>16.8</td>
<td>30</td>
</tr>
<tr>
<td>WA</td>
<td>3.5</td>
<td>19</td>
</tr>
<tr>
<td>SA</td>
<td>27.3</td>
<td>41.7</td>
</tr>
<tr>
<td>TAS</td>
<td>34.7</td>
<td>42.2</td>
</tr>
<tr>
<td>ACT</td>
<td>15.4</td>
<td>30.3</td>
</tr>
<tr>
<td>NT</td>
<td><strong>58.8</strong></td>
<td><strong>71.8</strong></td>
</tr>
<tr>
<td>Australia</td>
<td>18.4</td>
<td>42.7</td>
</tr>
</tbody>
</table>

| Source: AIHW 2014 (adapted from table A19) |
| Note: AIHW Caveats apply |

As can be seen in Table 5, in 2012-13, the NT has the highest percentage (58.8%) of orders which, at the time they were discharged, had been in place for a period of less than three months, a figure that is substantially higher than the Australian average. The high number of orders that were put on adjournment probably accounts for some of the orders that were for less than three months, although this would also apply in other jurisdictions. It should also be noted that if an order is discharged and within 5 days and another order is taken out, it will only count as one discharge for the purposes of this table. The NT also has the highest percentage of orders that lasted less than a year.

These figures show that in the NT there is a high ‘churn’ rate (in and out of orders) with relatively more children likely to be placed on short-term protection orders. It also appears that a much smaller number of children benefit from a stable long-term placements.
Activities

The above authorities account for only a portion of the total activity undertaken by DCF. Other activities include the provision of family support without having to address the child’s guardianship status and the undertaking 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; or 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 (section 20(d) of the CAPCA). A total of 314 protective assessment cases were commenced in 2013-14 and 293 of these were concluded. This represents a decrease over the previous year of 12 and 20 per cent respectively.

Figure 11 provides a snapshot of such activities as at 30 June 2014. Specialised Territory-wide services such as the Child Abuse Taskforce teams and the Mobile Child Protection Teams have very different activity profiles than those of the regional offices. The regional office profiles are relatively similar, although Central Australia is more likely than the other two regions to conduct protective assessments. Another difference which Figure 11 shows is that the Greater Darwin (11%) and Katherine and Northern (9%) regions tend to have a larger portion of cases that relate to Family Support than the Central Australia region (4%). It is interesting to note that both the Katherine/Northern and Central Australia regions have a smaller population base yet have higher case numbers than the Greater Darwin region.

Figure 11: Number and Percentage Mix of Open Cases by Type of Activity and by Regional Office, as at 30 June 2014

<table>
<thead>
<tr>
<th>Region</th>
<th>Child protection</th>
<th>Family support</th>
<th>Protective assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Darwin</td>
<td>536</td>
<td>67</td>
<td>23</td>
</tr>
<tr>
<td>Katherine/Northern</td>
<td>834</td>
<td>61</td>
<td>22</td>
</tr>
<tr>
<td>Central Australia</td>
<td>972</td>
<td>28</td>
<td>30</td>
</tr>
<tr>
<td>Territory Wide Services</td>
<td>197</td>
<td>5</td>
<td>102</td>
</tr>
</tbody>
</table>

Source: DCF 2014
Family support services

In 2012-13, 153 children received intensive family support services. A small majority, 92 (60%) were Aboriginal and the remainder, 61 (40%), were non-Aboriginal children.

At the time this report was being prepared, no data on family support services were available for the 2013-14 year.

Out-of-home care

The removal of children from their family homes is never an easy choice for child protection workers, however, in certain circumstances it is unavoidable because of the risk of harm posed by some parent(s) or guardian(s). On 30 June 2014, 923 children were recorded as being in some form of statutory out-of-home care in the NT. This translates to a placement rate of 14.3 per 1,000 children based on ABS population data (ABS, 2008). This rate is an increase of 23 per cent from 30 June 2013. The NT rate of placement is the highest in the country with the national average placement rate being 7.8 per 1,000 children on 30 June 2013 (AIHW 2014, p. 52).

Children who entered the care system in 2013-14

The out-of-home care system constantly has a shifting number of children who enter and leave the system. In 2013-14, a total of 396 children entered the system, which is an increase of 9 per cent from 2012-13. Children placed into care ranged from 0-17 years old, but the greatest number (166 or 42%) was in the 0-4 age group, with 60 of those being infants. There was an even split of gender, and 85 per cent of the children were Aboriginal. These children joined others already in out-of-home care.
A snapshot of NT children in out-of-home care as at 30 June 2014

Figure 12: Children in Care by Aboriginality, Gender, Age and Region, as at 30 June 2014

Aboriginal Status

- Aboriginal: 791, 86%
- Non-Aboriginal: 131, 14%

Gender

- Male: 476, 52%
- Female: 447, 48%

Region

- Central Australia: 359, 39%
- Katherine/Northern: 322, 35%
- Greater Darwin: 241, 26%

Age

- 0-4: 137, 15%
- 5-9: 277, 30%
- 10-14: 278, 30%
- 15-17: 231, 25%

Note: One child's status was unknown.

Source: DCF 2014
Children in care by Aboriginality

It can be seen (Figure 13) that a significant majority children in care are Aboriginal. The number of Aboriginal children in care has increased each year over the past five years; it has increased by 81 per cent since 30 June 2010. The increase was particularly marked in the past year with an increase of 27 per cent between 30 June 2013 and 30 June 2014. In contrast, the numbers for non-Aboriginal children have been quite stable over the past five years.

Figure 13: Number of Children in Care by Aboriginality, as at 30 June 2010 to 30 June 2014

Based on the numbers in Figure 13 and ABS population data, the NT out-of-home care rate at 30 June 2014 for non-Aboriginal children would be 3.5 per 1,000 and 29.6 per 1,000 for Aboriginal children (ABS, 2008 & 2009). The non-Aboriginal rate is one of the lowest in Australia and is close to half the national average of 5.4 per 1,000 (comparison rates based on 30 June 2013 data from AIHW 2014, p. 52).

Although, as noted above, the overall placement rate in the NT (14.3 per 1,000) is the highest of all jurisdictions, the rate of placement of NT Aboriginal children (29.6 per 1,000) is one of the lowest in Australia for Aboriginal children (at 30 June 2013 only Tasmania had a marginally lower placement rate of 28.5 per 1,000). The NT placement rate for Aboriginal children compares with a national
average of 57.1 per 1,000 Aboriginal children (comparison rates based on 30 June 2013 data from AIHW 2014, p. 52).

The finding that the NT’s rate of placement is the highest in the country is largely due to the high percentage of disadvantaged Aboriginal children in the NT (41% of the total). However, the finding that Aboriginal children in the NT have one of the lowest rates of placement compared with their counterparts in all other jurisdictions, 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 might be in need of statutory protection.

**Children in care by region**

As shown in Table 6, the number of Central Australian children in care as of 30 June was almost equal to the number in Greater Darwin, despite the much smaller population in Central Australia.

<table>
<thead>
<tr>
<th>Region</th>
<th>30 Jun 10</th>
<th>30 Jun 11</th>
<th>30 Jun 12</th>
<th>30 Jun 13</th>
<th>30 Jun 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Australia</td>
<td>233</td>
<td>279</td>
<td>284</td>
<td>282</td>
<td>322</td>
</tr>
<tr>
<td>Greater Darwin</td>
<td>205</td>
<td>261</td>
<td>289</td>
<td>307</td>
<td>359</td>
</tr>
<tr>
<td>Katherine &amp; Northern</td>
<td>100</td>
<td>113</td>
<td>127</td>
<td>158</td>
<td>241</td>
</tr>
<tr>
<td>Unspecified Region</td>
<td>35</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>573</strong></td>
<td><strong>657</strong></td>
<td><strong>704</strong></td>
<td><strong>748</strong></td>
<td><strong>923</strong></td>
</tr>
</tbody>
</table>

Source: DCF 2014

**Foster care places**

During 2013-14, DCF registered 172 new Places of Care (POC) or carers. In that same period the registrations of 130 existing carers lapsed. This reporting year the out-of-home care system experienced a net increase of 42 care placements.

As at 30 June 2014 there were 414 POCs in the NT out-of-home care system, which is an increase of 10 per cent from the previous year. While this is a notable increase it does not equate to the increase (23%) of children who are in care over the past year. This would indicate that on average more children are
being cared for per placement. As shown in Figure 14, there were very few (2) POC’s which were specifically registered for the purposes of Crisis Care, i.e. to provide short-term emergency care, which might be after hours or on weekends. Neither of those were Aboriginal placements. There were 168 (41%) POCs registered to provide general foster care for a broad range of children. Another 185 POCs (45%) were registered to provide care for an extended family member or a member of their kinship group. Fifty-nine (14%) POCs provided care for a specific child not related to them.

The proportion of care placements that are with extended family or kin increased last year from 40 per cent to 45 per cent. Such kinship placements help the children maintain links with family and culture. Figure 14 shows that most non-Aboriginal care places provide general foster care, whilst most Aboriginal care places provide kinship care.

![Figure 14: Places of Care by Aboriginality and Carer Type, as at 30 June 2014](image)

Source: DCF 2014
Note: Each POC could have one or more carers. If one of the carers is Aboriginal it is considered an Aboriginal placement. Due to data realignment these figures are not comparable to 2011-12 figures that were previously provided.

**The Aboriginal Child Placement Principle**

Of the children in care as at 30 June 2014, 86 per cent were Aboriginal. This is a slight increase from the last reporting period. The Aboriginal Child Placement Principle (ACPP) stresses 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. It is an ongoing challenge for DCF to respond to these requirements in a context where there are significantly fewer available adults for each child than are available for non-Aboriginal children. Based on population estimates there are just over one and a half Aboriginal adults for every Aboriginal child as opposed to just over three and a half non-Aboriginal adults to every non-Aboriginal child (ABS, 2008 & 2009).

The low number of registered carers in many Aboriginal cultural groups has also made it difficult to meet ACPP guidelines. When compared with other jurisdictions the NT has the second lowest rate of Aboriginal children being placed with Aboriginal carers (as at 30 June 2013 it stood at 43.9 per cent, AIHW, 2014, p.102). Data as at 30 June 2014, indicate that 41.7 per cent of Aboriginal children in care were placed with Aboriginal carers, a slight decrease on the previous year’s data.

Of the 41.7 per cent of Aboriginal children placed with Aboriginal carers, a large majority (81%) were placed with a relative of the child. This is a decrease from 30 June 2013 when the figure was 98 per cent.

**Types of out-of-home care**

Table 7 below shows the types of placements made for the 923 children living in out-of-home care on 30 June 2014. The two most common forms of placement were foster care and kinship care (51%) and purchased home based care (28%). Children in a residential care setting, that is, placed in house with a number of other children with full-time professional staff, made up 10 per cent of the children in care.

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>No. of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster care and Kinship Care</td>
<td>472</td>
</tr>
<tr>
<td>Purchased home based care</td>
<td>261</td>
</tr>
<tr>
<td>Residential Care</td>
<td>90</td>
</tr>
<tr>
<td>Relative(s) with Departmental financial support</td>
<td>16</td>
</tr>
<tr>
<td>Relative(s) without Departmental financial support</td>
<td>28</td>
</tr>
</tbody>
</table>

Table 7: Number of Children in Out-of-Home Care by Placement Type, as of 30 June 2014
<table>
<thead>
<tr>
<th>Placement Type</th>
<th>No. of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family group home</td>
<td>9</td>
</tr>
<tr>
<td>Boarding school</td>
<td>9</td>
</tr>
<tr>
<td>Living independently</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>25</td>
</tr>
<tr>
<td>Unknown</td>
<td>8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>923</strong></td>
</tr>
</tbody>
</table>

Source: DCF 2014

**Abuse in care**

As has been previously discussed in this report as of 1 January 2014, the Children’s Commissioner has been given the statutory role of monitoring abuse in care incidents. In the next reporting period the OCC will provide full year numbers on the abuse in care reports provided to the Office by DCF.

However, DCF have provided data on children recorded as suffering substantiated abuse while in an out-of-home care placement. In 2013-14, that number was 19 which is an increase on the 12 children reported as being abused in 2012-13.

**Case closures**

In 2013-14, 191 substitute care and guardianship arrangements were closed, a reduction from 252 (25%) in 2012-13. This helps explain much of the increase in out-of-home care numbers over the year.

In 2013-14, DCF reports the children almost exclusively (189 cases) returned to family.
Children with a disability

The Commissioner has some responsibility for complaints about services provided for children with disabilities. In some instances the main reason for a child entering the care system is that their parent(s) are unable to cope with the demands that a child’s disability poses. Providing support for high needs children and families can be particularly difficult in a remote service setting.

There were 106 children in care with a disability as at 30 June 2014, which is an increase of 25 per cent – this parallels the overall increase of children in the out-of-home care system. As shown in Table 8, children with an intellectual or learning disability made up the largest portion of these children, followed by children with a physical disability.

Table 8: Number and Percentage of Children in Care with a Disability, 30 June 2014

<table>
<thead>
<tr>
<th>Disability Type</th>
<th>No. and % of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual/Learning</td>
<td>51 (48%)</td>
</tr>
<tr>
<td>Sensory/Speech</td>
<td>3 (3%)</td>
</tr>
<tr>
<td>Physical Diverse</td>
<td>35 (33%)</td>
</tr>
<tr>
<td>Physical and Intellectual</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Not Stated</td>
<td>16 (15%)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>106 (100%)</strong></td>
</tr>
</tbody>
</table>

Source: DCF 2014

Most NT children in care with a recorded disability (37%) were based in Central Australia, a slight decrease of 45 per cent from 30 June 2013. Numbers in Greater Darwin increased slightly from 27 per cent to 32 per cent. The Katherine and Northern region recorded with an increase of four per cent (27% to 31%).

Children with disabilities tend to be on long term orders, with 70 (66%) of these children being on such an order.
Summary

In 2013-14, the identification of a significant backlog of unallocated and overdue investigations was a major development that has implications for DCF’s workload management as well as the interpretation of data over the past few years, including 2013-14. The backlog has emerged in the context of significant resource demands resulting from rapid increases in notifications received and the number of children placed into care.

Notwithstanding this problem, there were some continued positive results with respect to response times to the commencement of notifications, and in particular, the increased number of investigations commenced by DCF. However, only 43 percent of investigations are completed within the 28 day target period and 44 percent remain incomplete after 62 days.

Other stand-out findings included a very significant increase in notifications received, the continued low number of substantiations for sexual exploitation, and the very large increase in the number of Aboriginal children in care. The NT has the highest placement rate for children in care, yet one of the lowest rates for Aboriginal children in care.
CHAPTER 4
Monitoring the Administration of the Care and Protection of Children Act – Out-of-Home Care and Leaving Care Reviews

In addition to analysing operational data provided by the Department of Children and Families (DCF), the OCC conducted four case file reviews in 2013-14 examining:

- The CAPCA’s requirement for each child in care to have a care plan;
- The provision of leaving care plans;
- Case worker contact with children in care; and
- The use of Temporary Placement Arrangements (TPA);

The key findings are as follows:

**Care Plans**

- Ninety-five per cent of cases had a care plan and in 77 per cent of cases was that plan current. In 2012-13, 94 per cent of cases had a care plan but only 44 per cent of those care plans were current.

- The quality of the information contained in the care plans has improved significantly when compared to 2012-13. Some of these measures are at their highest recorded levels.

**Leaving Care Plans**

- Forty per cent of the sample of young people 15 years or older had a specific leaving care plan on file, which is an improvement on the 17 per cent figure in 2012-13. However, 60 per cent of young people in this age group still do not have leaving care plans to assist them in their transition out of care.

*continued on page 68*
Caseworker Contact with Children in Care

Caseworkers are required to regularly visit children in care. Our review found that 76 per cent of children in care had such contact with their caseworkers in the two months prior to the review date (30 June 2014). DCF guidelines state that this contact should occur once a month. The file review revealed that this contact occurred in only 65 per cent of cases. Despite the relatively modest rates of compliance, the 2014 review numbers show that there has been a marked improvement in compliance with the face to face contact targets. Last year the two month compliance figure was 69 percent and the one month figure was 52 per cent.

Temporary Placement Arrangements

- In 2013-14, there were 109 TPAs, entered into relating to 63 children. This indicates a marked decline of 43 percent from 2012-13. One regional office (Katherine) accounted for 57 per cent of all TPAs taken out.

- Twenty per cent of the TPA’s were not signed by the parent(s) and 14 per cent of the TPA’s could not be located on file (down from 44 per cent last year). These compliance levels, though still of concern, show a significant improvement on the 2012-13 review.

- Almost half (46%) of the children entered foster care at the conclusion of the TPA as opposed to 27 per cent in 2012-13. This raises questions about the way TPAs are being used.

Leaving Care Support

The Office also continued its review of Anglicare’s NT’s Moving On program, which provides a brokerage and referral service for young people going through this transition. Anglicare has also recently taken over the administration of the Australian Government funded Transition to Independent Living Allowance (TILA) in the NT. The biggest improvement relating to children leaving care has been the increased number of young people who have leaving care plans in place when they are referred to the Moving On from DCF. A continuing area of concern is the lack of accommodation services available to these young people.
Out-of-home care reviews

In addition to analysing operational data provided by the Department of Children and Families (DCF), the OCC also conducted four case file reviews in 2013-14 examining the following issues:

- The Act’s requirement for each child in care to have a care plan;
- The use of Temporary Placement Agreements;
- Case worker contact with children in care; and
- The provision of leaving care plans.

Care plan review

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

Care plan guidelines

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

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

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

The first review conducted by the OCC in 2009-10, focused on whether a current care plan was included on the child’s file and whether the basic needs of the child were identified and addressed.

In 2010-11, a review was conducted to monitor compliance with the legislative provisions relevant to care plans or the policies and practice guidelines contained in the DCF Policy and Procedures.

All the reviews conducted since 2009-10 were based on data from a sample of 10 per cent of children in the care of the CEO as at 30 June. This has been replicated this year in order to facilitate comparisons between the years. In 2013-14, a sample of 94 files (10 per cent) was randomly selected from the files of 932 children in the care of the CEO as at 30 June 2014.

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

The information held on CCIS does not generally include legal documentation that requires signatures or reports and information from other involved parties (e.g. school reports, medical assessments, therapeutic assessments or recommendations made by private practitioners). This information is stored on the child’s hardcopy file. In order to conduct the review, the Commissioner requested the sampled children’s hard-copy files for the identified time period of 1 July 2013 to 30 June 2014.

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

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

- whether the child had a current care plan;
- the content of the care plan; and
- whether children who were 15 years or older had a plan for transition to independent living.
A review of the child’s paper files provided additional data regarding the child’s involvement with DCF. Cross-checking the child’s paper and electronic files let the reviewers determine if the care plan:

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

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

**Characteristics of the Sampled Children**

In the sample of 94 children:

**Age**

21 (22%) were aged 0-4, 28 (30%) were aged 5-9, 32 (34%) were aged 10-14 and 13 (14%) were aged 15-17.

**Aboriginal status**

79 (90%) were Aboriginal and 15 (10%) were non-Aboriginal.

**Gender**

48 (51%) were female and 46 (49%) were male.
Findings

Figure 15 shows the percentage of care plans that were present and current.

Figure 15: Percentage of Care Plans Present and Current, 2009-10 to 2013-14

As shown in Figure 15, 95 per cent of the sampled children in care had a care plan in 2013-14. This level has been consistent now for three years.

The biggest change has been the large increase of care plans that are current to 77 percent. This is a 33 per cent increase from 2012-13 and is the highest level that has been recorded since the first care plan reviews were conducted in 2009-10. It would seem that there has been a concerted effort to improve the compliance levels of these care plans in making sure they are current.
Figure 16 outlines some of the key quality measures of these care plans.

The overall improvement of care plans in 2013-14 also translates to the quality of the information contained in the plans. As shown in Figure 16 all measures of quality represented have increased substantially from 2012-13. The information about daily care and control increased by 12 per cent from 2012-13. Information about identifying needs of the child and the listing of measures to address those needs increased by 17 and 15 per cent respectively. Apart from a decrease in 2012-13, these quality measures have been gradually improving since the commencement of the reviews in 2009-10. This is a positive outcome.
Table 9 shows some additional quality measures for the care plans.

Table 9: Percentages of positive results of quality measures of Care Plans, 2010-11 to 2013-14

<table>
<thead>
<tr>
<th>Measure</th>
<th>Positive Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010-11</td>
</tr>
<tr>
<td>Did the plan include clear decisions about contact between the child and other persons?</td>
<td>57%</td>
</tr>
<tr>
<td>Did the plan include clear decisions about the placement arrangements for the child?</td>
<td>51%</td>
</tr>
<tr>
<td>Were the goals in the plan concrete and achievable with clear tasks, responsibilities and time-frames?</td>
<td>55%</td>
</tr>
<tr>
<td>Did the plan reflect the overall objectives of the placement in care?</td>
<td>59%</td>
</tr>
<tr>
<td>Was the child/young person consulted regarding the care plan</td>
<td>49%</td>
</tr>
<tr>
<td>Was the family consulted regarding the care plan?</td>
<td>40%</td>
</tr>
<tr>
<td>Was the care plan provided to the parents?</td>
<td>39%</td>
</tr>
<tr>
<td>Was the care plan provided to the carer?</td>
<td>43%</td>
</tr>
</tbody>
</table>

* Children aged 0-4 were removed from this question’s results as well as four children in other age groups as it was considered not appropriate to count them given their circumstances.

As shown in Table 9, the majority of the additional quality measures that have been collected since 2010-11, have also experienced improvements since 2012-13. Most of them are at their highest levels to date. The measure with the biggest increase since 2012-13 is the presence of information to suggest that the child or young person had been consulted regarding the care plan, which increased by 59 per cent. Other measures including information about contact, placement arrangements and concrete goals, tasks and time-frames had notable increases of 32, 36 and 31 per cent respectively from 2012-13.
There still remains very little information about whether the care plans have been provided to parent(s) or carers. This has been an on-going issue since the first year of the reviews. It became more problematic when the specific section relating to which party the plan was provided to was removed from the care plan templates in 2011-12. The main evidence for this specific question was the care plan though contact notes around the plan date were looked at as well as any carer agreements that were located on the file.

Of the 94 children in the sample a total of 77 were Aboriginal. Of those children that were Aboriginal, 83 per cent of them had a specific part of their care plan which addressed issues relating to their cultural needs.
Leaving care plan review

The process of young people transitioning out-of-care requires the case worker, in consultation with the young person, their carers and their family, to consider the support needs of the young person once they exit care. This involves looking at a various aspects of the young person’s life including their health needs, accommodation requirements, education or employment opportunities, legal matters, identity and culture and support networks.

The planning process for leaving care should begin once a young person turns 15. This is specified in the National Standards for Out-of-Home Care (National Standards) (DSS, 2011) and is also reflected in DCF’s internal policy. It is critical that the transition planning starts at this age as challenges such as the transition into employment and suitable accommodation can involve long lead times.

Review process

DCF has clear policy around the planning process for young people transitioning out of care. This includes a specific checklist of the different issues a caseworker must consider and actions during this process. The review questions focussed on these processes, including the checklist.

A sample of 35 files (25% of all young in care aged between 15-17 years as at 30 June 2014 for whom a leaving care process should have begun) was randomly generated for this review. OCC staff conducted these reviews using electronic files and hard copy files, which were examined at DCF offices throughout the NT. This was done in conjunction with the other reviews that were conducted this reporting year.

Characteristics of sampled young people

Details of the sample are as follows:

Age
16 (46%) were aged 15, 11 (26%) were aged 16 and 9 (28%) were aged 17.

Aboriginal status
30 (86%) were Aboriginal and 5 (14%) were non-Aboriginal.

Gender
23 (66%) were female and 12 (34%) were male.
Findings

As shown in Figure 17, a majority (60%) of the young people had no specific leaving care plans. However, this still represents an improvement from 2012-13 where 83 per cent of the young people did not have a specific leaving care plan. The numbers for participation also represent an improvement from 73 per cent who did not participate in 2012-13 to 62 per cent this year. Where there was no specific leaving care plan but some elements of a leaving care plan were present and there was evidence of consultation, the review included those young people as being consulted.

Children who entered the care system in 2013-14

The out-of-home care system constantly has a shifting number of children who enter and leave the system. In 2013-14, a total of 396 children entered the system, which is an increase of 9 per cent from 2012-13. Children placed into care ranged from 0-17 years old, but the greatest number (166 or 42%) was in the 0-4 age group, with 60 of those being infants. There was an even split of gender, and 85 per cent of the children were Aboriginal. These children joined others already in out-of-home care.

Figure 17: Number and Percentage of Young People with specific Leaving Care Plans and Participation Levels, 30 June 2014

<table>
<thead>
<tr>
<th></th>
<th>Is there a specific Leaving Care Plan?</th>
<th>Has the young person participated in the transition process?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No / Unknown</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Yes</td>
<td>14</td>
<td>13</td>
</tr>
</tbody>
</table>

Note: The totals do not always equate to the sample size due to exclusion based on disengagement of the young person.

Even though these numbers have improved from 2012-13, it is still concerning that a large number young people do not have specific leaving care plans and so few have been consulted. This is consistent with other reports which suggest that levels of consultation and transition planning are low in the NT (McDowell, 2013). Even with the presence of specific plans, not all aspects of the young person’s transition were canvassed. The sample in this review had a larger
A change to DCF’s care plan templates has perhaps made it easier for case managers to recognise the need for young people to begin transition at age 15. A screening question requires the case manager to note whether the young person has reached 15 and therefore requires a leaving care plan. A specific part of the care plan has been set aside for transition planning.

As shown in Figure 18 there are still quite a low levels of linkage with resources and services for young people throughout the transition process. However, these figures are an improvement on those from 2012-13. The categories with the highest achievement levels were educational and training opportunities and being linked with adult health services, with 63 per cent and 53 per cent respectively. These two elements probably rate better than the others because they are often elements of normal care plans.

**Figure 18:** Number of Young People Linked to Resources and Services for Transition, 30 June 2014

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>Yes</th>
<th>No / Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred to appropriate services for their future needs?</td>
<td>22</td>
<td>12</td>
</tr>
<tr>
<td>Access to an income?</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>Possess a Medicare card?</td>
<td>29</td>
<td>4</td>
</tr>
<tr>
<td>Linked into educational and training opportunities?</td>
<td>13</td>
<td>22</td>
</tr>
<tr>
<td>Linked to adult health services?</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Linked with the Anglicare NT &quot;Moving On&quot; program?</td>
<td>23</td>
<td>11</td>
</tr>
<tr>
<td>Linked to CREATE?</td>
<td>25</td>
<td>9</td>
</tr>
<tr>
<td>Appropriate Accommodation Arrangements made?</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>Made aware of TILA?</td>
<td>29</td>
<td>6</td>
</tr>
</tbody>
</table>

Note: The totals do not always equate to the sample size due to exclusion based on active disengagement.
There also still remains very little evidence about what important information has been provided to the young person during the transition process such as implications of the expiry of their care orders, copies of medical records, court orders, birth certificates and being able to peruse their file. The provision of this type of information is crucial for young people at the stage of their life in care to be able to gain some context about the reasons why they are in care and what information they need to progress into adulthood. The only category that had a reasonable result (74%) was ‘sufficient information about the family’, which showed a 21 per cent improvement from 2012-13. However, it is likely that this information was provided incidentally, in the course of working through normal care arrangements.

**Review of caseworker contact with children in care**

*Monitoring face to face contact with children in care*

The OCC again reviewed the face to face contact frequency between caseworkers and children in care. When a child is in the care of the CEO of DCF, the Department is responsible for ensuring their safety and wellbeing. This is achieved, in part, by setting minimum standards for caseworker contact with those children.

DCF policy prescribes that, at minimum, caseworkers should have face to face contact with each child in care at least once in every four weeks. A recommendation arising from a NT coronial inquest\(^1\) highlights the need to sight all children in care at least once every two months. Therefore, in the past two reporting years, the OCC has undertaken a review to examine whether the children in care had face to face contact in the previous month and the previous two months.

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

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

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\(^1\) *Inquest into the Death of Deborah Leanne Melville-Lothian (2010) NTMC 007* at para 270
If a third party face to face contact occurs in lieu of a face to face contact with the caseworker, the next monthly contact must involve the caseworker.

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

**Review process**

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

The same sample of 94 files that was randomly generated for the care plan review (10% of all children in care as at the review date of 30 June 2014), was used to assess the level of face to face contact with the children in the care of the CEO. This was done in conjunction with the care plan review.

**Findings**

Figure 19 shows the percentages of face to face contact with children in care.

**Figure 19: Percentage Face to Face Contact by Caseworkers of Children in Care, within 1 and 2 months, 2011-12 to 2013-14**

From 2011-12 to 2013-14 the sample cases assessed for face to face contact made by caseworkers of children in care, have had mixed results. As Figure 19
shows, there were big decreases for the levels of face to face contact for both one and two months from the review date. However, in 2013-14 there has been an improvement on these figures with both the one and two month figures increasing by 13 and 7 per cent respectively. This is positive result but it is still significantly short of the achievements documented in 2011-12. It should be noted that there has been an increase of children in care from 704 on 30 June 2012 to 923 on 30 June 2014, which would place some pressure on staff attempting to maintain those compliance levels.
Review of Temporary Placement Agreements

Temporary Placement Arrangement Guidelines

Under the CAPCA, a Temporary Placement Arrangement (TPA) is a voluntary agreement between parent(s) and the CEO to transfer daily care and control of a child to the CEO for a short period of time. Unlike other forms of care and protection orders, a TPA allows a child to be taken into out-of-home care without going through a court process. Similar arrangements are used in other Australian jurisdictions.

There are clear guidelines for the use of TPAs in the Northern Territory. The purpose of a Temporary Placement Agreement is to ensure the child’s safety when it becomes evident that the child’s safety cannot be assured if they remain in the family home. This arrangement is to be a short term option and should only be used when there is a goal for the child to be reunited with the parent(s). TPA’s 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 duration.

The Commissioner determined to review compliance with DCF guidelines for this type of arrangement. The review focused on all cases where children were subject to TPAs between 1 July 2013 and 30 June 2014.

Review process

To ensure compliance with statutory, policy and procedural guidelines, investigators reviewed the electronic and hard copy files of all children who were the subject of TPAs in the period between 1 July 2013 and 30 June 2014.

In order to conduct the review, the Office of the Children’s Commissioner needed access to the DCF database, the Community Care Information System (CCIS), as well as hardcopy records.

Reviewers visited DCF offices in Alice, Katherine, Palmerston, Casuarina and Darwin Remote, reviewing both electronic and paper files of the sampled children. Information on the electronic file and hard copy files was cross-checked to ensure compliance with a number of policy and procedural requirements. For example, if a child was 15 years or over, there was a requirement that s/he co-sign the TPA with a parent. Proof of this can only be established by checking the paper file.
Initially, a search on CCIS was conducted to identify the child and provide a summary of the child’s involvement with DCF. Through CCIS, the following could be identified:

- the number of TPAs per child;
- whether the TPAs were consecutive;
- whether an assessment was undertaken aimed at improving and strengthening the parents’ ability to care;
- whether the placement details and authority were accurately recorded on the DCF computer database;
- whether the children were placed with registered carers during the time of the TPA; and
- whether the children were subject to some other form of statutory supervision arrangement at the completion of their TPAs.

Through a review of the child’s paper files, the following could be identified:

- whether TPAs were filed in the child’s paper files;
- whether the child’s TPA included the signatures of one or both parents;
- whether the TPAs were executed by an appropriate delegate; and
- whether a current care plan was on file.

**Characteristics of the children**

Details of the 63 children are as follows:

**Age**

27 (43%) were aged 0-4, 8 (13%) were aged 5-9, 22 (34%) were aged 10-14 and 6 (10%) were aged 15-17.

**Aboriginal status**

52 (83%) were Aboriginal and 11 (17%) were non-Aboriginal.

**Gender**

41 (65%) were female and 22 (35%) were male.
Findings

This review focused on children who were subject to one or more TPAs during the 12 months between 1 July 2013 and 30 June 2014. It was found that 109 TPAs had been entered into by DCF in the 2013-14 reporting year, relating to 63 children in care.

Table 10 shows that most of the children only had one TPA during the 2013-14 period. The length of time on these TPAs was evenly split between the four categories.

Table 10: Number and Percentage of Children by Number and Length of TPAs, 2013-14

<table>
<thead>
<tr>
<th>Number of TPAS</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and % of Children</td>
<td>33(57%)</td>
<td>14(22%)</td>
<td>16(25%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of TPAs in Months</th>
<th>&lt;1</th>
<th>1 to 2</th>
<th>2 to 4</th>
<th>4 to 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and % of Children</td>
<td>15(24%)</td>
<td>19(30%)</td>
<td>15(24%)</td>
<td>14(22%)</td>
</tr>
</tbody>
</table>
Figure 20 shows the number and percentages over TPA’s taken by the different regions over the last two years.

Overall, there has been a notable decrease in the number of TPA’s used in 2013-14 (109) when compared to 2012-13 (192). An examination of the use of TPA’s by DCF work unit, shows that the Katherine office over these two years has increased its proportion of total TPA’s from 40 per cent to 57 per cent, even though their use has decreased numerically from 77 to 62. The proportional increase for Katherine is due to the other DCF offices experiencing an even larger decrease in the use of TPA’s. All of the DCF offices have experienced a decrease in the use of TPA’s.
The following figures were obtained by identifying the reasoning for entering into a TPA agreement with the family. DCF policy states that it is appropriate to enter into a TPA where a family is in need of temporary relief from an immediate crisis that could result in a child being abused or neglected or placed at greater risk of abuse or neglect; it is believed the arrangement will safeguard the needs of the child where the intention is to reunify the child with the parent(s) as soon as possible.

**Figure 21: Reason for Child being subject to a TPA, 2012-13 to 2013-14**

![Bar chart showing reasons for children subject to a TPA](chart)

Over the past two years the main reasons for the children being under a TPA have been for suspected abuse or neglect and there has been little change in the use of TPAs for respite or temporary crisis situations which together account for around 10 per cent of TPAs.
As shown in Figure 22, nearly all of the children (97%) under TPA’s were placed with a registered carer while they were subject to a TPA.

**Figure 22: Placement of Children upon Termination of the TPA Event, 2012-13 to 2013-14**

One of the most concerning findings is that out of a total of 63 children under TPA’s in 2013-14, only 41 per cent of them were returned to their parent(s) at the conclusion. This percentage has dropped from 50 per cent in 2012-13, an outcome that is of concern given that primary purpose of a TPA is to provide a temporary placement option before returning a child to their parent(s). This outcome would suggest that some of the cases being presented may not be suitable for TPA arrangements. To further support this conclusion, almost half (46%) of the children in 2013-14 went into foster care at the conclusion of the TPA. This is a significant increase from 2012-13 where the relevant figure was 27 per cent.
In only 18 per cent of the cases was there an assessment aimed at improving and strengthening the parent’s ability to care for the child. A central goal relating to the use of TPAs is to ensure that the family is capable of reuniting with the child. Interestingly, only 28 per cent of children were put on a child protection order at the conclusion of a TPA event in 2012-13 - in 2013-14, this has increased to 51 per cent. This further supports the conclusion that some of the sample cases might not have been appropriately dealt with through TPA arrangements.
Figure 24 shows the levels of statutory compliance for TPAs.

**Figure 24: Level of Recording and Statutory Compliance of TPAs, 2013-14**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the TPA been signed by one or both parents?</td>
<td>87</td>
<td>22</td>
</tr>
<tr>
<td>15+ year olds who had signed?</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Has the TPA been signed by an appropriate delegate?</td>
<td>90</td>
<td>19</td>
</tr>
<tr>
<td>Was there a hard copy of the TPA on file?</td>
<td>94</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

For the above compliance measures it should be noted that where the TPA was not able to be located, a negative response was provided for all other compliance questions. The first three measures are requirements under section 46 of the CAPCA. In 2013-14, 14 per cent of TPAs matters cases did not have a hard copy on file. Twenty per cent of the TPA’s did not have at least one parent who had signed the document and out of the TPA’s that involved children aged over 15 years, 23 per cent had not been signed by the child. Furthermore, in 17 per cent of the cases, the TPA had not been signed by an appropriate delegate.
Summary of reviews

Care plan reviews

The results of the 2013-14 care plan review show that the percentage of children in the sample who had care plans remained steady at 95 percent but there has been a significant improvement in the percentage of care plans that are current – this increased by 33 per cent, from 44 per cent in 2012-13 to 77 per cent this year.

This improvement also extends to the quality measures examined throughout the review process. Measures relating to the quality of information contained in the plans, such as identifying the needs of the child (18% improvement), outlining measures to address those needs (19% improvement), information about the placement arrangement (36% improvement), and contact between parent(s) and family (32% improvement), were part of the overall improvement in 2013-14.

DCF appears to have made this particular practice area a priority in the last reporting year. As part of that focus, a new care plan template has also been created which looks to be better at prompting the case manager to provide specific information for the particular elements of the plan.

Even though there was a marked improvement on the measure regarding consultation with the child or young person and the family, there still remains very little evidence that the care plans are being provided to the parent(s) or carer. It is particularly important that a carer has access to the care plan as they play a central core role in shaping the child’s care experience and in achieving positive outcomes.

The cultural care plan is no longer separate from the main care plan. It is now contained as an element within the overall care plan template. This might be part of the reason why there has been an increase in the number of Aboriginal children having a cultural care plan. However, the depth of information relating to this aspect varied greatly across the sample of children. A large portion of these children were cared by kin and they had activities in place to fulfil the child’s cultural needs.

Leaving care plan review

The transition out of care and the planning involved in this process, has been of a concern for some time, both locally and nationally. This is the second time the OCC has reviewed leaving care plans. The review focussed on whether the plans met the requirements as per DCF’s policy.

In 2013-14 there has been an improvement in the number of young people who have a specific leaving care plan, from 17 per cent in 2012-13 to 40 per cent. It
is still of concern however, that a large majority of young people aged over 15 years do not have specific leaving care plans. Where the young person had a specific plan, the level of compliance with DCF policy relating to the aspects covered in the plan varied over the sample. However, overall the provision of services and resources identified for the young person in their plans was better than in 2012-13. On the negative side, there is very little evidence to suggest that the young people have been provided with adequate information to assist with their transitions.

In only 38 per cent of the cases reviewed was there any indication that the young person had been actively engaged in the process of planning their transition, however, this is again an improvement on the findings from 2012-13. As part of the process to improve this area of practice, DCF were provided with examples of a care plan and leaving care plan which articulated the key elements required for these plans.

**Face to face contact review**

The OCC has conducted the face to face contact review for the past three years (30 June 2012 to 30 June 2014) using the same 10 per cent sample of all children in out-of-home care that formed the basis of the care plan reviews. DCF guidelines state that this contact should occur once a month.

Our review found that 76 per cent of children in care had face to face contact with their caseworkers in the two months prior to the review date (30 June 2014), whilst the one month contact figure was only 65 per cent. Despite the relatively modest rates of compliance, the 2014 review outcomes again show that there has been a marked improvement in compliance with the face to face contact targets. Despite this, the compliance figures are both significantly short of what was achieved in 2011-12.

It is vitally important that caseworkers have regular and substantive face to face contact with children in care. This not only helps to ensure their safety but provides the children an opportunity to communicate their thoughts and opinions along with their hopes and plans.

The NT has a high number of children who are located in remote areas and this would make it hard in some cases to maintain regular contact. In spite of this, regular contact with these children should remain a priority for case workers and managers. It is positive to note the improvement this year in these measures.
Temporary Placement Agreement review

In 2013-14, there has been a substantial reduction (43%) in the number of TPAs used (109) when compared to 2012-13 (192). It is difficult to determine whether this change is, or is not, a positive one. The data raises concerns however, about the way TPAs are being used.

As with the last reporting year there tended to be a number of TPA cases where the presenting risk factors were not of a temporary nature. This seems to be borne out in the finding that in 2013-14, 46 per cent of the children on TPAs went into foster care at the conclusion of those arrangements. This contrasts with 27 per cent the previous year. Moreover, not many family strength’s assessments were performed, which is notable considering that a key purpose for a TPA is to facilitate the return of the child to a parent after assessing the parent’s ability to care for the child.

In terms of statutory compliance, most of the TPA’s were correctly signed by the parent(s) and an appropriate DCF delegate. However, there were still a significant number that were not signed properly by parent(s) (22 or 20%) or delegates (19 or 17%). In addition to this, 15 (14%) were missing from the hard copy files, therefore creating uncertainly about the TPAs' legal validity. Out of the 13 TPA’s that involved a child over the age of 15, 10 (77%) of them had been signed by the young person as is required by the guidelines.
Leaving care service options for young people

Under the CAPCA the CEO of DCF is responsible to support and provide services to children and young people who are in care. The CEO is also responsible for providing assistance to children and young people who are either transitioning out of care or have left care. The CAPCA specifies that this assistance can be provided to young people up to the age of 25. The requirement to provide this assistance was introduced along with the CAPCA in 2007 which commenced in early 2008.

For the NT, these provisions marked a maturing of the out-of-home care system, acknowledging that children and young people who leave the care system still require assistance to successfully transition into adulthood. This is particularly important for children and young people who have been in care as they often lack stable and strong social support networks.

Nationally, the need for this support is highlighted in the National Standards for Out-of-Home Care (National Standards) (DSS, 2011), which were a key component of the broader National Framework for Protecting Australia’s Children 2009-2020 (DSS, 2009). There are 13 key National Standards. Standard 13 requires that children in care who are 15 and older, are to have a plan in place in preparation for transitioning out of care. The key measures to assess this standard are 1. the number of 15 year olds and over who have a current leaving care plan, and 2. the number of young people in care who are reporting that they are receiving adequate assistance to prepare for adult life.

Both in the NT and nationally, it is accepted that the type of assistance can include support to find appropriate accommodation, education or training, employment, access to legal services, health services and counselling services. This can be in form of financial assistance such as the Australian Government’s Transition to Independent Living allowance (TILA), additional payments to contribute to transition, and the provision of a referral service to help the young person to connect with services in the wider community.

Prior to time of commencement of the CAPCA in 2008, there was no particular focus on strengthening that part of the system dealing with children and young people who were transitioning into independent living. The need for this type of service was highlighted in a concerted effort by organisations such as the CREATE Foundation, which advocates for children and young people in care.
Anglicare's *Moving On* program

In 2010, Anglicare NT won a tender from the NT Government to provide a support program for children and young people aged 15-25 who are in the process of leaving care or who have already left care. The program officially began operations in the middle of 2011. A referral to this program does not have to come from the Department of Children and Families (DCF), although there is a requirement for a leaving care plan to be provided when a referral is made by DCF. This is relevant to the leaving care plan review discussed earlier in this report.

The processes for referral to *Moving On* are outlined in DCF’s Care and Protection Policies and Procedures Manual and represent a key consideration when caseworkers are going through the leaving care process with a young person. This program seeks to provide that transitioning and after-care support to young people by assisting them with linkages to other social services and a brokerage service to fund some support services or requirements of the these young people.

**Client demographics**

Figure 25 shows the number of support events the *Moving On* program provided in 2013-14, broken up by the different age groups of the young people and gender.

**Figure 25:** Number of Support Events provided by the *Moving On* Program by Gender and Age Group, 2013-14
As shown in Figure 25, during 2013-14 a total of 70 support events for young people were provided as part of the *Moving On* program. It should be noted that some of these young people received support on multiple occasions during the 2013-14 period and therefore some were counted more than once. In total there were 54 unique young people who received support from the service.

As was the case last year, the majority of the young people receiving support were females; they accounted for 48 (69%) of the events. The largest category of young people receiving support was those aged 18-20 years, who accounted for 53 per cent of the total support events.

Figure 26 shows the number of support events the *Moving On* program provided in 2013-14, broken up by Aboriginal status and gender.

![Figure 26: Number of Support Events provided by the *Moving On* Program by Gender and Aboriginal Status, 2013-14](image)

As shown in Figure 26, there were 36 (51%) support events that involved Aboriginal young people during 2013-14. A large majority (27 or 75%) of these events involved Aboriginal females, which is consistent with overall gender balance previously highlighted. The overall percentage of Aboriginal young people receiving this support however, does not reflect the very high percentage of Aboriginal young people in care in the NT which currently runs at more than 80 per cent.
Figure 27 shows the different regions in the NT where the program is providing assistance to young people.

**Figure 27: Percentage Young People assisted by the Moving On Program by DCF Office, 2013-14**

- Casuarina: 42%
- Palmerston: 28%
- Alice Springs: 24%
- East Arnhem: 2%
- Interstate: 4%

Figure 27 shows that a majority of the young people engaging with the program were from the Casuarina and Palmerston DCF offices. Alice Springs accounted for about a quarter of all the young people, a decrease from 38% in 2012-13. The Casuarina office alone accounted for that change with a 15% increase from 2012-13.

In addition to providing services to young people who have been in the CEO’s care, Moving On also provides services for young people who have been in care interstate.
Referral Sources and service provision

As part of the service agreement with DCF, young people do not necessarily have to be referred by DCF, although their eligibility must be confirmed by DCF.

If DCF refers a young person, the referral must be accompanied by a complete leaving care plan. In 2013-14, 50 (71%) of the support events were provided to young people with a leaving care plan. This is particularly positive given that last year a significant majority of the young people receiving support did not have these plans in place when being referred.

Anglicare has indicated that this has probably been assisted by the training conducted to better inform case managers about the specifics of the program and to stress the critical importance of having a leaving care plan in place.

Figure 28: Number of Young People assisted by the Moving On Program by Referral Source 2013-14

As shown in Figure 28 and as would be expected, the largest portion of referrals to this service in 2013-14 came from DCF.
As shown in Figure 29, there are numerous reasons why young people utilise this program and, as might be expected, the most frequent reason provided (in 33 per cent of cases) seems to be the process of transitioning from out-of-home care.

**Figure 29: Primary Presenting Issues of Young People assisted by the Moving On Program, 2013-14**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>3</td>
</tr>
<tr>
<td>Lack of family and or community support</td>
<td>3</td>
</tr>
<tr>
<td>Disengagement with education or training</td>
<td>1</td>
</tr>
<tr>
<td>Transition from other care arrangements</td>
<td>1</td>
</tr>
<tr>
<td>Transition from Out of Home Care</td>
<td>23</td>
</tr>
<tr>
<td>Transition from custodial arrangements</td>
<td>10</td>
</tr>
<tr>
<td>Employment issues</td>
<td>2</td>
</tr>
<tr>
<td>Drug or substance use</td>
<td>1</td>
</tr>
<tr>
<td>Medical issues</td>
<td>4</td>
</tr>
<tr>
<td>Domestic and family issues</td>
<td>1</td>
</tr>
<tr>
<td>Non-family violence</td>
<td>1</td>
</tr>
<tr>
<td>Time out for family/other situation</td>
<td>1</td>
</tr>
<tr>
<td>Relationship/family breakdown</td>
<td>2</td>
</tr>
<tr>
<td>Inadequate or inappropriate dwelling conditions</td>
<td>2</td>
</tr>
<tr>
<td>Housing crisis</td>
<td>2</td>
</tr>
<tr>
<td>Housing affordability stress</td>
<td>2</td>
</tr>
<tr>
<td>Financial difficulties</td>
<td>11</td>
</tr>
</tbody>
</table>

It is positive to see that a number (14%) of young people are getting some form of support from this program once they have left custodial arrangements. These young people would require significant support to re-establish links to the community and social organisations. Another major reason why young people are using the program is that they are experiencing financial difficulties. As can be seen there is quite a range of reasons why young people are utilising this program.
Figure 30 shows the types of referrals made by the program.

A referral to other services is based on the needs of the young person; in some cases an individual could be referred to a number of different services. Of the 70 case presentations in 2013-14, a total of 103 referrals were made.

Figure 30 shows that 30 per cent of all referrals made by the program to other services were to link the young person with services that dealt with financial difficulties. This corresponds with the high number young people presenting with financial issues. Referrals to health and wellbeing (24%) and social and community inclusion services (17%) were also frequently utilised. Referrals to accommodation services were relatively low with only 10% of the referrals relating to this issue. The lack of these referrals may be explained by the fact that there are very few accommodation services in the NT to which a young person might be referred.
Figure 31 below shows the type of service brokered by the program.

Figure 31: Type of Service Brokered to Young People assisted by the Moving On Program 2013-14

The brokerage service provides funding for very specific needs. This might explain why over half are not defined in a specific category. Other common uses were for accommodation, training, education and employment. It should be noted that this brokerage funding is only made available once TILA funding has been exhausted.
**Summary and conclusion**

Overall, it is positive to note that a large majority of the young people have a leaving care plan in place when they are referred to the program. This is in marked contrast to 2012-13 when 78 per cent of young people did not have a plan in place prior to referral. The leaving care plan review also indicates that the transition planning processes in place in DCF have improved from 2012-13.

There have also been changes to the administration of TILA. Previously, it had been administrated by other organisations including Centrelink; recently it was handed back to child protection departments nationally to operate. In the NT, DCF, has entered into an arrangement with Anglicare to provide that service from April 2014. That arrangement will allow Anglicare to better streamline its brokerage service and integrate the administration of TILA.

Whilst it is positive that the training conducted by Anglicare regarding the program and leaving care plans has improved this area of practice, it is crucial that this training continues to occur to embed this practice, particularly given the high rate of staff turnover of case managers in DCF.

There are a lack of accommodation options in the NT. Programs exist in other jurisdictions, for example in the ACT, where there is the Housing for Young People Program (HYPP), which designates Youth Housing Managers who work with eligible young people entering social housing. The Managers assist young people through the Housing Application process and on to tenancy. The Managers also assist the young people with any issues they have during tenancy and provide support through referrals, advocacy and access to relevant information (ACT Community Services, 2014). One of the eligibility criteria for the HYPP is that the young person is transitioning out of the child protection system.
CHAPTER 5
Complaints Function

The Children’s Commissioner’s complaint management function relates to services provided for ‘vulnerable’ children. This includes those in contact with the child protection system, children with a disability, those with mental health problems, and those in youth justice and volatile substance abuse programs.

There has been a substantive change in the legislation governing the Office of the Children’s Commissioner as it has been removed from the principal child protection legislation, the Care and Protection of Children Act (the CAPCA) and placed in the new Children’s Commissioner Act 2013 (the Act). The complaints function has remained largely the same, however, a new resolution option has been added to the ways the Commissioner can deal with complaints. This gives the Commissioner the option to resolve a complaint in an expedient manner without the need for a formal investigation.

The Commissioner received 177 approaches in 2013-14; of these, 93 were deemed to be ‘approaches only’, which included requests for information and concerns that fell outside the Commissioner’s jurisdiction. The 177 approaches involved 278 children.

Eighty-five approaches were subject to a preliminary investigation. Of 84 matters that were deemed to be valid complaints and ‘dealt with’ by the Commissioner under section 23 of the Act, 41 were declined, 20 were referred to other complaint management entities, 7 went through the resolution process, and 16 were formally investigated. The 16 matters that were formally investigated involved 35 separate complaints.

Twenty-four (69%) of the specific complaint findings are still pending, or have not to date resulted in a finding. Of the 11 (31%) where investigations have been finalised and findings made, 7 complaints were upheld, 3 were undetermined, and 1 was not upheld.

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The following complaint themes were evident in 2013-14:

- a lack of support service options for children in remote settings involved in child protection services;
- inadequate assessment and supervision of kinship carers;
- poor reunification planning for children in long term placements that is not in the best interests of the child;
- inadequate child protection investigations, poor responses to the concerns of professionals, and insufficient inquiries to establish the correct level of risk associated with a child's circumstances; and
- excessive use of isolation/segregation for managing behaviour in youth detention centres.
Introduction

One of the core functions of the Children’s Commissioner is the investigation and resolution of complaints about services for vulnerable children. In addition to resolving issues in specific cases, the findings from complaint investigations provide an opportunity for the Commissioner to identify policy and process issues that need to be addressed.

The Commissioner’s complaint management function has been in operation since December 2008. This function initially applied only to children in the child protection system. Following amendments to the Care and Protection of Children Act in July 2011, the Commissioner assumed responsibility for dealing with complaints related to vulnerable children – defined as including those on youth justice orders, volatile substance abuse orders, those suffering from a mental illness, a mental disturbance, or a disability, as well as those who are in child protection system.

Those amendments also provided for the undertaking of preliminary inquiries, which allow the Commissioner to obtain further information prior to making a determination as to whether to investigate, refer or decline an approach. In addition, the Commissioner was also provided the legislative power to conduct ‘own initiative’ investigations on any matter that may form the grounds of a complaint. Child protection amendments which commenced on 1 January 2014 moved the statutory framework for the Children’s Commissioner to the Children’s Commissioner Act 2013 (the Act) from the principal child protection legislation, the Care and Protection of Children Act (the CAPCA). It also broadened the Commissioner’s complaints function to include a resolution option in dealing with complaints. The purpose of this resolution option is to deal with the complaint, if it is appropriate to do so, in a more expedient way.

Complaints management provisions

Section 10(1)(a) of the Act provides the Commissioner with the legislative power to deal with complaints about services required to be provided to vulnerable children by service providers and to monitor the ways in which service providers respond to reports by the Commissioner.

A complaint can be lodged 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 not to investigate a complaint if it is deemed the person does not have a sufficient interest in the matter to which the complaint relates.
Someone who was previously a vulnerable child can also lodge a complaint, subject to the other complaint provisions contained in the CAPCA. Complaints must normally be made within one year of the matter to which the complaint relates arising (section 22) and they can be made in writing or orally.

Section 23 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. It also provides the power to conduct preliminary inquiries (section 23(2)) in order to inform this ‘initial assessment’.

The ‘own initiative’ investigative power is set out under section 28(2) of the Act. This enables the Commissioner to investigate matters that may form the basis of complaints, irrespective of when the matter occurred and whether or not a complaint was lodged. Section 24 provides for a complaint to be declined on the grounds that the Commissioner has decided to undertake an ‘own initiative’ investigation (section 24(1)(h)) that covers the substance of the complaint.

### Grounds for a complaint

There are only two grounds for a complaint:

- that the ‘service provider failed to provide services’ that were ‘reasonably expected’; or

- that the services provided ‘failed to meet the standard’ that was ‘reasonably expected’ (section 21).

- The Commissioner does not have the authority to deal with complaints that do not pertain directly to services provided for vulnerable children. For example, any complaints that refer to an administrative action by a NT Government agency, such as the rejection of an application to be a foster carer, would be directed to the agency or the NT Ombudsman. A complaint about the actions of a professional (such as a social worker or psychologist) may need to be referred to the Ombudsman or the relevant professional board.

### Services and service providers

The Act provides the following definition of a service provider:

- a public authority, or anyone acting for a public authority, who has taken or is taking an action in relation to the child as a vulnerable child; or
• an operator of child-related services who provides, or is required to provide, the services in relation to the child as a vulnerable child (section 20).

A service provider is either a NT public authority (such as a government agency) or a person or body acting for that authority under an arrangement (such as a non-government organisation). However, the Act specifically excludes a court from the definition of service provider (section 6).

The complaints function pertains only to the quality or absence of reasonably expected services. However, a precise definition of services is not provided in the Act. The closest the Act comes to providing a description of services is the following:

• ‘the required services include any services relating to the care or wellbeing of the child’ (section 21(2)).

The term ‘service’ in this context therefore relates to the care and wellbeing of a vulnerable child. This appears to include (for DCF) any of the actions outlined in Chapter 2 of the CAPCA including investigations, assessments, and services provided, as well as the quality of services provided whilst the child is in out-of-home care (OOHC), a residential program or in juvenile detention.

Although the legal definition of ‘services’ is imprecise, it does suggest that services are distinct from ‘decisions’ made by authorised officers. The Commissioner would investigate 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 would consider whether the outcome was in the best interests of the child.

**Complaint management process**

Much of Part 4 and 5 of the Act is taken up with detailed procedural requirements for the processing of complaints. It covers who can make complaints, the initial assessment, reasons for declining to deal with a complaint, the interested parties that must be notified at different stages of the investigation process, where complaints might be referred, how information can be accessed and how matters are finalised. It also provides the option for the Commissioner to conduct an ‘own initiative’ investigation.

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

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

For general enquiries or other approaches that are beyond our jurisdiction, every effort is made to ensure that complainants are given information to assist them in accessing the most relevant body or agency to address their concerns.

Where complainants want to make a child abuse notification, the Commissioner provides the contact details for the child protection hotline and in some cases supports the complainant in making such a notification.

In assessing an approach, a significant amount of time is taken up by a senior investigative officer to ensure that the correct information is provided to the complainant, although there are clearly approaches that require no further action.
The initial assessment

The Commissioner has a number of options to deal with an approach that satisfies the criteria for a complaint. These include:

- to investigate the complaint;
- to resolve the complaint without an investigation;
- to decline to deal with it; or
- to refer the complaint to another person or body (section 23(1)).

The decision to decline a complaint can only be made on specified grounds, for example, that the complaint lacks substance (section 24(1)(a)), or the complainant does not have a sufficient interest in the matter (section 24(1)(f)).

Preliminary inquiries power

Section 23(2), allows for the Commissioner to make preliminary inquiries prior to making a determination on whether to investigate a complaint, resolve a complaint, refer it to another agency for investigation, or to decline it on specified grounds. Prior to this, the decision was made on the basis of the complaint’s content or on information already to hand.

A key benefit of being able to conduct preliminary investigations is that less time is spent on formally investigating straight-forward matters that might readily be dealt by referral to the Agency or service that is the subject of the complaint. Moreover, matters that clearly lack substance (or supportive evidence) can be declined prior to a formal investigation being conducted, therefore providing a timely outcome for complainants and conserving staff resources. The process also allows the investigators more time to focus on complex and substantive complaint issues.

The provision to conduct preliminary inquiries has had a major impact on the way in which the Commissioner’s complaint management function operates. The preliminary investigation is briefer and less formal than a full investigation as it does not require the creation of a written investigation plan or the preparation of a full investigation report. However, it does involve the review of electronic documentation and a summary of the evidence, both of which can be time consuming. The option to conduct preliminary inquiries has allowed the Commissioner access to additional information on which to make a determination and this has streamlined the complaint management process, significantly changing the ways complaints are dealt with.
Processing obligations

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 this time other information may be sought in order to come to a decision and the 28 day period may be extended.

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

Procedural fairness

Under provisions contained within the Act (section 29) there is a requirement that a draft copy of the investigation report be provided to the service providers, giving them the opportunity to make comment regarding any findings or recommendations made by the Commissioner. This has encouraged discussion on the findings and recommendations before they are finalised. It has however, significantly lengthened the time it takes to conclude investigations.

Unreasonable complainants

As with the majority of complaint management agencies, the Commissioner has to deal with a small number of complainants who flood the office with emails, faxes and documents that may be irrelevant, repetitive, threatening or abusive. In some instances the materials have also been forwarded to a number of other agencies, members of parliament and the media.

The management of these complainants is time consuming and often stressful. Investigative staff always strive to ensure that such complainants are treated with respect, fairness and courtesy and that decisions are made on the facts presented rather than the behaviour of the complainants involved.
Complaint statistics

Approaches

The Commissioner received 177 approaches in 2013-14 compared with 110 the previous year. These approaches involved 278 children or young people. Initially, 83 approaches were deemed to be enquiries only or to involve matters outside of our jurisdiction.

Examples of these approaches included requests for information or complainants with concerns about interstate child protection systems. Some approaches involved people wishing to make child abuse notifications.

Figure 33: Mode of Contact of Approaches to OCC, 2010-11 to 2013-14

As shown in Figure 33, the most common method of contacting the OCC was by telephone, which represented 101 (57%) of the total approaches. The remaining categories were in person 20 (11%), email 38 (21%), and written 18 (10%). From 2010-11 to 2012-13, the methods by which people approached our office remained relatively stable, with only gradual increases experienced in approaches by telephone. In 2013-14, a pronounced increase was experienced in all categories except the in person method, which increased slightly from 2012-13.
Throughout this Chapter a number of complaint summaries are provided. These summaries highlight a range of issues dealt by the Office during the 2013-14 year. In order to ensure confidentiality, some of the case facts have been changed along with names, locations and other identifying details.

Concerns in relation to a young person in detention receiving therapeutic support services

I received a complaint from a very concerned mother alleging that the Department of Correctional Services (DCS) was refusing to allow her 14 year old daughter to continue with the psychological counselling she commenced prior to her detention. The complainant stated that her daughter had been regularly attending a psychologist to address a number of issues relating to her emotional and psychological wellbeing.

According to my complainant, her daughter had told her that Youth Workers at the detention centre had advised her they would not be taking her to see her psychologist, as they did not have enough staff. This was particularly concerning to the mother given the nature and complexities of her daughter’s behaviours and the fact that her child had established rapport with treating medical and allied health professionals.

At the time of this complaint, the child had been in detention for approximately two weeks and the mother was becoming increasingly concerned about her daughter’s capacity to regulate her behaviours without the assistance of medication.

Taking into consideration the nature and seriousness of information provided to me, I decided the most effective and efficient method of dealing with this complaint was to resolve the matter without an investigation.

My investigators met with DCS and established that not only were they aware of the child’s needs, but they had already contacted the child’s psychologist and arranged an appointment time. I was also able to establish that DCS had requested input from the psychologist as to how best to case manage the child in detention.

Feedback received from the complainant was that she was very happy and relieved that her concerns had been addressed in a timely manner.
Preliminary inquiries

Of the 177 approaches received by the Commissioner, investigative staff conducted 85 preliminary inquiries to assess whether the information provided by the complainant met the grounds for a complaint and/or whether, on initial examination, the material on file suggested there was substance to the complaint. In 10 matters it was considered that the information did not meet the legal criteria for a complaint and the matter was listed as requiring no further action. Adding these to the 83 other matters identified earlier in the process, a total of 93 matters were considered to be approaches only, rather than complaints.

Complaint management options

Figure 34: Initial Assessment Decisions by Type, 2013-14

Eighty-four complaint matters were dealt with by the Commissioner under section 23 of the Act. As shown in Figure 34, 41 were declined on the basis that they either lacked substance or otherwise did not meet the criteria for a valid complaint; 20 matters were referred to other investigative bodies; 7 matters went through the resolution process which involved OCC staff; and 16 matters were investigated by OCC staff. In the case of referrals to other investigative bodies, the Commissioner monitored the outcomes of the referrals.
In 2013-14, there was an increase in the number of preliminary inquiries by 17 and in the number of complaints declined by 24. There was a slight reduction in the number of complaint matters that were investigated and referred. Seven matters were also handled by way of resolution, which was not a complaint option in 2012-13.

The 84 complaint matters comprised a total of 142 separate complaint issues.

**Complaints investigated by the Commissioner**

In this reporting year, the Commissioner investigated 16 complaint matters involving 35 complaint issues.

Of the 35 complaints issues that were received during 2013-14 that have been or are being investigated, 22 were in relation to vulnerable children in the child protection system; two related to vulnerable children with a mental health issue; and two were from vulnerable children under a Youth Justice order. A number of other complaints received during 2012-13, were also under investigation. In 2013-14, an ‘own initiative’ investigation also commenced.

Quite often these investigations are complex and substantial resources are required to conduct them. A single complex investigation can require many months of investigation and the involvement of multiple staff members.

Of the 35 complaint issues received and investigated in 2013-14, there were 24 for which the findings were still pending on 30 June. Of the 11 complaints where investigations have been finalised and a finding made, 7 complaint issues were upheld; 3 were unable to be determined; and 1 was not upheld.
Inadequate response to child protection notifications made by professionals

I received a complaint from a professional on behalf of a 14 year old girl who lives on a remote community in the NT. My complainant advised that he had made a number of notifications to DCF, outlining his concerns about the child’s long term exposure to parental neglect.

According to the complainant, he had informed DCF that in his professional opinion, the child was not receiving adequate parental support and that no one was taking responsibility for her welfare. The child’s mother was reported to have a debilitating illness and her father was in prison. The child had attended a boarding school interstate but had been expelled following a violent episode with another student.

My complainant further noted that he had informed DCF that the child was moving between different houses on the community and engaging in a number of serious high risk behaviours, including the use of alcohol, drugs, and the inhaling of volatile substances. He also stated that the last time he saw the child she looked unkempt and was asking for food. The child had recently lost her close friend to suicide and he was concerned about her emotional wellbeing.

The complainant advised that in his opinion the child needed to be taken into care to ensure her safety and protection needs were being met.

My investigation established that despite DCF not actioning the complainant’s notifications, they were involved with the child as a family support case and that she was reluctant to engage with them. DCF was able to negotiate with a member of the child’s family to take full responsibility for the child, including ensuring she had stable accommodation, and that she would support the child attending the local health clinic. DCF also committed to visiting the child when staff travelled to the community to monitor her situation.

In reviewing the response from the Department it was apparent that there were a number of difficulties in connecting with and maintaining regular contact with children living on remote communities. In particular the highly transient lifestyle of many of the young people adds to the complexities of assessing or providing follow-up support. It was also identified that there is a lack of counselling and support services to assist young people deal with complex community and social issues.
Complaint themes

The following complaint themes were evident in 2013-14:

- a lack of support service options for children in remote settings involved in child protection services;
- inadequate assessment and supervision of kinship carers;
- poor reunification planning for children in long term placements that is not in the best interests of the child;
- inadequate child protection investigations, poor responses to the concerns of professionals, and insufficient inquiries to establish the correct level of risk associated with a child’s circumstances; and
- excessive use of isolation/segregation for managing behaviour in youth detention centres.

Recommendations

At the completion of an investigation, the Commissioner is required to provide a draft report to the service provider investigated, including any recommendations for ameliorative action or service improvement. The Commissioner is required to monitor the outcomes of all recommendations made to the service providers. The Commissioner was satisfied with the response by the agencies to most recommendations made to them following investigations.

Based on the 11 investigated complaints that had been finalised by 30 June 2014, a total of 15 recommendations were made. At the time of the writing of this report, a number of investigations were still in their draft phase and the recommendations had not yet been provided to service providers.

Completed recommendations included the:

- reviewing of current policy relating to child protection notifications;
- re-assessing the capacity of parent(s) to ensure the wellbeing of their children;
- assessing the most appropriate services being provided to the family (therapeutic, behavioural or otherwise) to strengthen the family and minimise the risk to the child; and
- revising of case management and allocation practices for children in youth detention.
The Commissioner monitors the response of Agencies to recommendations that have been made. In contrast to previous years, there were a number of initially unsatisfactory responses to requests for information on progress in addressing recommendations. I am now satisfied that the issues of concern have been addressed.
An inadequate response to the needs of a child with problematic sexualised behaviour.

I received a complaint from a professional working in a remote town expressing concerns about a 10 year old boy who resides in a remote community and has a long history of sexualised behaviours, which have escalated to the extent that he was charged with sexual offences against young girls. The investigation into the allegations of sexual offending was conducted by NT Police.

At the time of the offences, the child was living with members of his extended family and not attending school. The child’s home life was considered to be very unstable, with concerns about the number of persons residing in the home and about the carer’s willingness to accept the boy’s behaviour as being problematic.

In the complainant’s opinion there was a complete absence of therapeutic and protective responses by a number of service providers. She had made a number of notifications to DCF regarding this child and in her opinion the response had been minimal.

In reviewing the information regarding this matter, I was able to establish that the concerns of my complainant were shared by a number of other agencies and that a co-ordinated response was required to deal with the problem from a holistic perspective.

Taking into consideration the serious nature of this matter, I decided to seek a resolution to this complaint by co-ordinating a meeting with key service providers and agencies involved in order to determine their respective roles and contributions to the provision of protection and safety for the child as well as the potential victims of his behaviours.

The outcome was that DCF stated that it would seek out and fund the services of a specialist in the assessment and treatment of adolescent sexual offenders whilst the other Agencies committed to continuing support for the child and his carers.
Complaints resolved by the Commissioner

As previously stated, the resolution power relating to complaints commenced on 1 January 2014. This complaints option has therefore only been in force for six months of the reporting year.

Seven complaint matters involving 11 children were resolved by OCC staff. Nine of those children were involved in the child protection system and 2 were involved in the youth justice system. There were 11 separate complaints issues that were handled by way of resolution. The purpose of conducting a resolution is to provide an outcome to the complaint in an expedient manner. This is particularly crucial for complaints about matters that are time sensitive.

Complaints referred to other investigative bodies

Twenty complaint matters involving 33 children were referred to other investigative bodies. There were a total 36 separate complaint issues that were referred. The referrals are made to various complaints bodies including internal complaints units within DCF and the Department of Correctional Services (DCS). The referrals have remained stable when compared to the previous reporting year. This is based on the OCC’s current practice of in most cases, conducting preliminary inquiries to provide the Commissioner with more information with which to assess the complaint. This has led to the early identification of more straightforward matters which are deemed to be suitable for referral to the original service provider.

The Commissioner monitors the ways in which those referred bodies deal with the complaint. In this reporting year there were a number of issues relating to the adequacy of the investigations conducted by some of these complaint bodies. These issues have largely been addressed and the Commissioner overall was satisfied with the outcomes of his complaint referrals to other agencies. In cases where the Commissioner was not satisfied, a request was made to the involved agency to re-evaluate the outcome of the investigation. The referrals included complaints relating to the adequacy of child protection investigations, the standard of care for children, (including carer conduct in out-of-home care), the conditions of correctional facilities, placement and assessment of care arrangements, issues of contact with children in care, the provision and/or implementation of care plans or leaving care plans, and parental concerns about the wellbeing of their children in out-of-home care.
Complaints declined

As shown in Table 11, a total of 60 separate complaint issues were involved in the 41 complaint matters declined. The most common reason for such declines was that the complaint lacked substance. In most such cases findings from the preliminary investigation revealed that there was little likelihood that the complaint would be upheld.

Table 11: Number of Declined Complaint Issues by Reason for Decline, 2013-14

<table>
<thead>
<tr>
<th>Reason for Decline</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>An own initiative investigation has commenced</td>
<td>2</td>
</tr>
<tr>
<td>Complainant does not have a sufficient interest</td>
<td>1</td>
</tr>
<tr>
<td>Complainant failed to provide specified information</td>
<td>3</td>
</tr>
<tr>
<td>Complainant has withdrawn the complaint</td>
<td>1</td>
</tr>
<tr>
<td>Complaint has already been dealt with by the OCC or someone else</td>
<td>3</td>
</tr>
<tr>
<td>Complaint involves Court or Tribunal proceedings</td>
<td>6</td>
</tr>
<tr>
<td>Complaint lacks substance</td>
<td>44</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>
Concerns regarding reunification

I received a complaint from a non-Aboriginal foster carer who has been caring for a six year old Aboriginal girl since she was three weeks of age. The family had moved interstate when the child was an infant and at that time both the Department and the child’s mother had given consent for the child to accompany them. The complainant stated that DCF had now commenced planning to return the child to her mother, a move she felt would be traumatising to the girl and ultimately not in her best interests.

Since living interstate, the child had integrated into the foster carer’s extended family and was enrolled in school at a local school. She was also involved in a number of age appropriate sporting and leisure activities.

According to the complainant, the child’s mother had, on a number of occasions been supported to visit her daughter and she had also been welcomed into the family. The complainant advised that they regularly brought the little girl back to the NT so that she could have contact with members of her extended family. The complainant advised that she kept a life book for the little girl so that she would know where she came from and the importance of her cultural heritage.

During the times the little girl visited the NT, members of family would come and spend time with her, which my complainant felt was very important for the child. The complainant stated that the child’s mother had, on a number of occasions, expressed her desire for the child to remain with her foster family.

My complainant was concerned DCF’s decision to commence reunification was not taken in the child’s best interests, but was based largely on an inappropriate application of the Aboriginal placement principle.

The outcome of this matter was that the child remained with her foster family, however, it was of concern to me that the mother’s wishes regarding her daughter’s care arrangement had been ignored. Moreover, the potential psychological harm to the child resulting from a forced removal from her long-term carers did not appear to have been given due consideration in the case planning.

The child is now the subject of care orders until she reaches the age of 18, and the foster family has been advised that she will remain in their care.
Profile of vulnerable children involved in the complaints process

In 2013-14, a total of 142 vulnerable children and young people were the subject of a complaint. Of these children, 74 or 56% were male. This is similar to the pattern in 2012-13.

Table 12: Relationship of Complainant to Vulnerable Child, 2013-14

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Departmental Officer</td>
<td>2</td>
</tr>
<tr>
<td>Parent/Family Member</td>
<td>73</td>
</tr>
<tr>
<td>Foster Carer</td>
<td>28</td>
</tr>
<tr>
<td>Friend/Neighbour</td>
<td>1</td>
</tr>
<tr>
<td>Hospital/Health Centre</td>
<td>4</td>
</tr>
<tr>
<td>Legal Profession</td>
<td>4</td>
</tr>
<tr>
<td>Medical Practitioner</td>
<td>2</td>
</tr>
<tr>
<td>Non-Government Organisation</td>
<td>2</td>
</tr>
<tr>
<td>School Personnel</td>
<td>1</td>
</tr>
<tr>
<td>Self</td>
<td>8</td>
</tr>
<tr>
<td>Social Worker/Welfare Worker/Psychologist</td>
<td>4</td>
</tr>
<tr>
<td>Unknown</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>142</strong></td>
</tr>
</tbody>
</table>

As shown in Table 12, the most common category of the complainant's relationship with the vulnerable child was a parent or family member of the child, which accounted for 73 (51%) of the total. This was also the most common relationship category in 2012-13.
As shown in Figure 35 a substantial majority 92 (78%) of the vulnerable children were Aboriginal. This is consistent with other data (see Chapter 3) that highlights the over-representation of Aboriginal children in the care and protection system as well as other vulnerable child categories such as the Youth Justice system.

Table 13: Vulnerable Children who were the Subject of a Complaint, by Age Group, 2013-14

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Declined</th>
<th>Investigations</th>
<th>Referrals</th>
<th>Resolutions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>21</td>
<td>8</td>
<td>2</td>
<td>5</td>
<td>36</td>
</tr>
<tr>
<td>5-9</td>
<td>15</td>
<td>6</td>
<td>9</td>
<td>2</td>
<td>32</td>
</tr>
<tr>
<td>10-14</td>
<td>22</td>
<td>7</td>
<td>15</td>
<td>2</td>
<td>46</td>
</tr>
<tr>
<td>15-17</td>
<td>12</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>18+</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>72</strong></td>
<td><strong>26</strong></td>
<td><strong>33</strong></td>
<td><strong>11</strong></td>
<td><strong>142</strong></td>
</tr>
</tbody>
</table>

As shown in Table 13, a large portion of the children (114 or 80%) were under the age of 15. This is generally consistent with the age group demographic found in the child protection system. This year saw an increase in the percentage of children in the 0-4 age group being subject to complaints.
Inappropriate Kinship Care

I received a complaint that DCF had not adequately assessed the safety and wellbeing of four young siblings who were in kinship care with an elderly relative who did not appear to have the capacity to provide a safe environment for the children.

The children were reported to have entered the kinship care arrangement following critical concerns surrounding their mother’s inability to provide an appropriate level of care. The concerns included an extreme lack of hygiene in the family home, neglect, the mother’s mental illness and her alcohol misuse.

Several child protection notifications were made after the children entered the kinship care arrangement. These concerned the carer allowing the mother to have access to the children whilst intoxicated. However, no action was taken by DCF despite evidence that the children were spending extended time with their mother.

The children’s circumstances improved after reunification with their father and I was able to finalise my investigation satisfied that there were no longer any child protection concerns.

However, I determined that the service provided by DCF was inadequate as there had not been a thorough assessment of the kinship carer’s capacity to adhere to the safety plan.

I was concerned that these children may have suffered emotional and psychological harm as a result of ongoing exposure to parental alcohol misuse and the resultant neglect.
In 2012-13, it involved 16% of all the children; this year the 0-14 year group accounted for 25 per cent of the total group. In 2013-14, there was also a large increase in children involved in declined complaints, which is consistent with the increase in those complaints.

Table 14: Vulnerable Children who were the Subject of a Complaint, by Domestic Circumstances, 2013-14

<table>
<thead>
<tr>
<th></th>
<th>Declined</th>
<th>Investigation</th>
<th>Referral</th>
<th>Resolution</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Services</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Extended Family</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Out-of-Home Care</td>
<td>46</td>
<td>10</td>
<td>17</td>
<td>8</td>
<td>81</td>
</tr>
<tr>
<td>Juvenile Detention Centre</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Parents</td>
<td>7</td>
<td>10</td>
<td>6</td>
<td>1</td>
<td>24</td>
</tr>
<tr>
<td>Residential Care Facility</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Youth Refuge</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>8</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>72</td>
<td>26</td>
<td>33</td>
<td>11</td>
<td>142</td>
</tr>
</tbody>
</table>

As shown in Table 14, the majority (57%) of the children were residing in out-of-home care when the complaint was lodged. Another large group of children (17%) resided with their parent(s). Approximately 8 per cent of these children were detained in a juvenile detention centre.

**Discussion**

The most significant development for the OCC this year was the commencement of the Act. With respect to the complaints function, the new option to resolve a complaint by resolution prior to investigation, has had an impact on the entire complaint management process. In particular, some complaint matters that would have proceeded to a full investigation in the past, can now be resolved in a much more expedient manner. This often results in a better outcome for vulnerable children as well as service providers. It also contributes to a much more efficient complaints management process.

The office has also experienced a significant increase (by over 60%) in the number of approaches to the office in the past year. This indicates an increased awareness of the office and its functions in the broader community and amongst stakeholders.

There has been a continued strong use of the preliminary inquiry powers which help to determine the most appropriate course of action in dealing with complaints and helps to avoid unnecessary and time consuming investigations.
This year these powers were used on 85 occasions, up from 68 the previous year.

Last year a particularly strong theme in the complaints related to an under-response by DCF to the concerns of notifiers. This theme is still strongly present in the complaints received, but problems relating to the assessment and management of kinship placements are also prominent, as are complaints about the lack of support services and poor planning for re-unification.
References


