Report into Northern Territory Families and Children Intake and Response Processes
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## Glossary

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Executive Summary

This report into the Intake and response services of Northern Territory Families and Children (NTFC) was requested by the Minister for Child Protection on 3 November 2009. The request was made pursuant to section 260(1)(e) of the Care and Protection of Children Act (the Act), for a report which:

- reviews the effectiveness and timeliness of Intake processes within NTFC;
- reviews the capacity of the NTFC Intake system;
- identifies and reviews assessment tools and processes, having regard to the public comments and cases referred to above;
- reviews the capacity of the Intake system to identify infants at high risk of harm;
- reviews the capacity of NTFC to respond to matters proceeded to investigation; and
- reviews the processes in place to manage unallocated child protection investigations.

The letter from the Minister noted that the context for this request was a number of media reports alleging that there were problems with the responsiveness of NTFC to child protection reports made by “medical professionals and others”. The Minister also noted that similar concerns had been raised with respect to the case of an infant that had died.

The report begins with a review of the legislative basis of the NTFC Centralised Intake Team (CIT) and the methodology employed in the investigation. This is followed by a review of the tools and processes involved in assessing notifications in CIT.

With respect to the timeliness and effectiveness of Intake processes, it was noted that measures of response timeliness show a clear improvement over the past year and that in 84% of the highest risk Category 1 cases investigations are commenced within the 24 hour target time frame. However, response rates for the other two categories, although showing some improvement, remain stubbornly low. In the period from 8 December 2008 (when the new Act commenced) to 31 October 2009, a total of 1,190 cases were not actioned within the target time frame. Most (890) involved Category 3 cases but 300 of these were in Categories 1 and 2. It was noted that all child protection services around the country were struggling with poor timeliness rates and that some worked to less restrictive time targets.

CIT also has a target to complete or ‘outcome’ notifications within 24 hours. No current data on this target were available, but there were indications that it is proving difficult to achieve. At the time of this investigation there was a backlog of 370 cases awaiting an outcome.
With respect to effectiveness, it was noted that there are no widely-recognised indicators, but that the weight of complaints from professional groups and others suggests that there may be serious problems in this respect. There have certainly been a number of publicly-aired allegations to the effect that the CIT has either failed to respond to or has wrongly categorised notifications and that this has led to injuries and even death. Although some of the more extreme allegations aired in the media were later shown to be false the Children’s Commissioner has investigated a number of specific matters that do raise concerns about the effectiveness of CIT.

From the weight of complaints it is clear that professional groups often lack confidence in the Intake services and that some of this is related to a lack of feedback once a notification has been made. Under the new Act there is specific provision for the furnishing of feedback to notifiers but the processing delays in CIT along with the serious delays in commencing investigations make it difficult to provide timely feedback and thus fuel a lack of confidence. The lack of confidence in CIT is particularly apparent in rural and remote areas. Where professional groups and services lack confidence in CIT, its effectiveness, which is largely founded on the referral roles of professional personnel, is necessarily compromised.

With respect to the capacity of the NTFC Intake system, the report found that in the last year there has been a very significant increase in the number of notifications received by CIT – up 69% on the previous year without a corresponding increase in staff numbers. In the Intake team where there is a notional capacity of eight staff, the team has been operating with a daily average of less than five. This has contributed to large work backlogs, a rapid turnover, and an increasingly inexperienced team. In addition, it has been very difficult to recruit staff qualified at the Professional 2 level which is the preferred staffing level for this work. A recent external review into the CIT made a number of recommendations to improve the efficiency of the service and thus to increase capacity. This report supports those recommendations.

With respect to the assessment tools and processes, there was a discussion of the particular assessment tools being used and their focus on imminent risk to the apparent exclusion of risk related to cumulative harm and potential harm. It was also noted that assessment decisions were strongly influenced by factors such as the evidence requirements of the courts, the availability of support services for families, the availability of foster and residential care options, and work backlogs facing the teams responsible for actually conducting the child protection investigations. There was a discussion of the need for a major shift in focus away from a focus on investigation and surveillance (sometimes called the ‘forensic’ approach) to the provision of support to vulnerable families to enable them to safely care for their children.

Focusing on the capacity of the system to identify infants at high risk of harm the report notes that the NTFC Care and Protection Policy and
Procedures Manual (the Manual) contains very little specific guidance for workers in this respect. The Initial Danger Assessment (IDA) contains one item that suggests there may be unique risk issues with young children under the age of two years but these are not spelt out. As noted in the discussion on instrumentation, there is little emphasis on ‘potential’ harm that may be caused to infants or on the need for proactive case planning to ensure that an infant’s longer-term wellbeing needs are addressed. It is recommended that NTFC develop a specific initiative to ensure that the safety, wellbeing and stability needs of infants and young children are addressed. Issues were raised with respect to the weight given to the opinions of medical and allied personnel who have had contact with referred children and to the need for the precise protective roles and responsibilities of NTFC and other government agencies, to be clarified.

With respect to the capacity of NTFC to respond to matters proceeded to investigation, the report draws attention to the very large backlog of cases that awaited the commencement of formal investigation. At the time of this report, NTFC reported that as of 31 October 2009 there were 785 cases for which a child protection report investigation was due but had not yet commenced – 345 of these were at one office. It was noted that most (but not all) of these were of Category 3 matters but a small number of these cases were likely to involve children at high risk of harm. It was concluded that NTFC needs to urgently address this backlog and address the underlying staff shortages across the NTFC offices.

The report identified few formal approaches that were in place to manage unallocated child protection investigations. To date the approach seems to have involved the re-prioritising of cases so as to focus efforts on those of the highest risk, to temporarily re-assign staff, and, in some cases, and to create temporary trouble-shooting teams that are sent in to clear backlogs in particular offices.

It is concluded that amongst the issues raised in this report, the three most pressing concerns involved problems with the instrumentation and processes involved in assessing notifications, the need for effective support services to which vulnerable families can be referred, and the urgent need to address the serious and chronic workforce issues that are directly leading to unacceptable delays in conducting child protection investigations.
Recommendations

Recommendation 1
That NTFC immediately review its training program for CIT staff members to ensure that all workers receive training in core child protection issues, critical decision making and cultural awareness as part of their orientation program for working in CIT.

Recommendation 2
That NTFC give urgent consideration to the findings of a recent review of Intake Services undertaken Mr Jay Tolhurst (2009), and in particular those recommendations addressing efficiency concerns.

Recommendation 3
That the staffing level of CIT is increased by two full-time workers and a systematic review of caseloads and other workforce needs in CIT be undertaken by NTFC.

Recommendation 4
That NTFC consider the development of an initiative focused on the longer-term safety and wellbeing of infants and young children who come to its attention. This might be modelled on the ‘One Chance at Childhood’ initiative of the Department of Communities in Queensland but should also include guidelines for case classification at Intake as well as ongoing case management.

Recommendation 5
That NTFC policies and procedures be amended to reflect the principle that the opinions of medical and allied personnel who have worked directly with infants and young children and their caregivers, should be afforded ‘special consideration’ in assessing the risk status and wellbeing of children and when intervention decisions are made.

Recommendation 6
Given that the workforce issues faced by both the CIT and some NTFC offices are particularly chronic and are having a serious adverse impact on NTFC’s ability to ensure the protection of children, that NTFC act to immediately address the backlogs involving initial assessments and case allocations and to give priority to implementing the recruitment and retention strategies developed by their internal review team.
Introduction

On 3 November, 2009, the Honourable Malarndirri McCarthy MLA, the then Minister for Child Protection, requested a report into Northern Territory Families and Children (NTFC) Intake and response processes pursuant to section 260(1)(e) of the Care and Protection of Children Act (the Act). This followed a number of media reports alleging that the Department of Health and Families (DHF) through NTFC had failed to adequately respond to notifications of harm. The Minister also had concerns about the responses of NTFC Intake processes in a case involving the death of a baby.

The Minister requested a report which:

- reviews the effectiveness and timeliness of Intake processes within NTFC;
- reviews the capacity of the NTFC Intake system;
- identifies and reviews assessment tools and processes, having regard to the public comments and cases referred to above;
- reviews the capacity of the Intake system to identify infants at high risk of harm;
- reviews the capacity of NTFC to respond to matters proceeded to investigation; and
- reviews the processes in place to manage unallocated child protection investigations.

An interim briefing on the issues in question was provided to the Minister for Child Protection as requested, on 20 November 2009.
Methodology

A number of approaches were used in the gathering of information for this report. Data was requested from NTFC on a number of management and performance measures. These data pertained to staffing levels, unfilled positions, and response times from notifications to investigations, outstanding notifications, and backlogs in undertaking child protection investigations, and training and supervision. Current NTFC policies and procedures were obtained and reviewed as well as relevant inter-agency protocols, documentation relating to intake planning processes and formal reviews. Of particular significance for this report was an external Review that was undertaken into the Intake Service by Jay Tolhurst (June 2009) and documentation relating to the planned introduction of the Structured-Decision-Making (SDM) process. Key personnel within NTFC with a role relating to Intake or response mechanisms were also interviewed. These included management representatives and supervisors as well as Intake workers. Information was also obtained from professional personnel external to NTFC who had expressed concerns about the responses of the Intake system. Other information that contributed to the report included complaint issues and themes derived from the Commissioner’s complaint management functions which were detailed in his 2008-09 Annual Report.

The Legislative Basis for NTFC’s Intake Function

The Care and Protection of Children Act (the Act) requires that the Minister for Child Protection acts to protect children from harm and exploitation. Specifically, the objects of Chapter 2 Part 1 of the Act are to ensure that the Minister, the CEO (now the Chief Executive or CE of the Department of Health and Families, (DHF)) and authorised officers “have the power to take appropriate actions to:

(i) Protect children who are in need of protection…” (s. 24(b))

All adults in the NT are required by the Act to report to the police or DHF if they believe that a child “has suffered or is likely to suffer harm or exploitation” (s.26(1)(a)(ii)).

The Act goes on to provide for the CEO to “make inquiries about a child if the CEO receives information that raises concerns about the child’s wellbeing” and that “On completing the inquiries, the CEO must decide whether any further action should be taken for the child…” (s. 32 (1) & (2)).

After making such inquiries, the Act goes on to specify the powers of the CEO and the Police to investigate “to determine whether a child is in need of protection” (s.35 and 36).
The Centralised Intake Service

To carry out the statutory requirements around the receiving of reports and making inquiries, NTFC developed the Centralised Intake Team (CIT) which commenced operations in November 2006 and was extended to cover the whole Territory in June 2007 (the Community Welfare Act (repealed)). This was a key component of a broader Child Protection Reform Agenda dating from 2003-04. The context for the shift to a centralised intake model included a raft of concerns about variations in the quality and timeliness of responsiveness and differing assessment thresholds being used in child protection offices across the Territory. There had also been concerns about the accuracy of intake data recording which complicated workload management and reporting processes.

According to the NTFC Care and Protection Policy and Procedures Manual (the Manual) the primary function of CIT is to respond to notifications or reports about actual or suspected harm to children and, where necessary, to conduct an inquiry (s. 32). There is one telephone number for the whole of the NT that members of the public can call if they have concerns about the safety and wellbeing of children. This telephone system is manned by staff from the CIT and is located at the police headquarters in Berrimah along with the Child Abuse Taskforce (CAT), a joint NTFC/Police investigation unit which was established around the same time and that focuses on criminal investigations involving acts of 'serious' physical and sexual abuse and extra-familial child abuse matters.

Following the receipt of a notification and the completion of any inquiry, workers from the CIT ‘outcome’ each notification and may refer cases that require a child protection investigation to a regional NTFC office for actioning. There are a number of other ‘outcome’ options available to Intake workers including the classification of a notification as a ‘Family Support’ (case requiring referral to a service provider); a ‘Protective Assessment’ (usually young people with challenging behaviours), a notification requiring ‘No Further Action’ or simply noting the matter as an ‘Intake Event’. Where a notification is ‘outcomed’ as requiring ‘no further action’, this may be due to insufficient information, the information provided does not meet the requirements of the Act. The guidelines that govern these processes are contained in the NTFC Manual.

Intake workers use a screening assessment tool called the Initial Danger Assessment (IDA) to help evaluate incoming notifications. The tool involves a set of items that Intake workers rate in order to determine whether the facts around a matter indicate that a child has suffered or is likely to suffer harm or exploitation. There is no formal scoring system associated with the IDA, with the Intake workers making a subjective evaluation of risk based on the pattern of responses to the IDA items.
If a matter is one that requires a child protection investigation, the Intake worker classifies it on a three category risk scale before sending it to a NTFC office for workers to conduct a child protection investigation. Part of a child protection investigation requires the case manager to complete a Full Danger Assessment (FDA).

A Category 1 classification (also known as Child in Danger) requires that formal investigation commences within 24 hours of the receipt of the notification; A Category 2 classification (Child at Risk) requires the investigation commences within three days; and a Category 3 classification requires an investigation to commence within five days. In any case, NTFC policy requires that the outcome of a notification should be determined within 24 hours.

At the time of this report, CIT had a funded staffing compliment of eight Intake workers, two team leaders (the second commenced in August 2009), and one Manager. An After-Hours team (comprising 4 permanent staff and 2 casual staff) receive calls after 4:00pm each week day and on weekends. This team responds in-person to urgent matters.
The Effectiveness and Timeliness of Intake Processes

NTFC have been collecting and reporting on response ‘timeliness’ data now for a few years and current data was used in this report. An evaluation of ‘effectiveness’ is somewhat harder to undertake as there are no clear effectiveness criteria that are generally accepted or that form the basis of state or national child protection reports. This being the case, the discussion on effectiveness relies more on information and complaints from various stakeholders and other reports such as those of the Children’s Commissioner that outlines complaint themes and issues.

Data on Response Timeliness

Starting with the issue of timeliness, DHF reported in 2008 that it was able to meet the 24 hour response requirement for Category 1 classifications in 73% of the cases. The three day response requirement for Category 2 classifications was met in only 38% of cases and the five day response requirement for Category 3 classifications was met in only 14% of cases.

For the 2008-09 year, the responsiveness rates had improved to 83% for Category 1; 48% for Category 2; and 23% for Category 3.

Up-to-date data was obtained for the current report. These data (for investigations commenced between 8 December 2008 and 31 October 2009) indicate that the responsiveness rate for Category 1 cases was running at 84%; for Category 2 cases it was 58%; and for Category 3 cases it was 33%. Translated into actual numbers, 1,190 matters were not investigated within the required time frames (54 in Category 1; 246 in Category 2; and 890 in Category 3).

Worrying as this data is, it should be noted that the problem of response timeliness is one that is shared by all Australian jurisdictions. In his recent report on the Human Services Child Protection Program in Victoria, the Ombudsman there observed that whilst “the department met the performance targets established for cases classified as requiring an immediate response. At no point has the department met the target for all other reports which were not classified as requiring an immediate response” (Ombudsman Victoria, p. 9). It might also be noted that the Victorian Dept of Human Services’ Intake process operates under more generous time frames which provide for response targets of 48 hours for the most urgent cases followed by 14 days for less urgent ones.

NTFC policy requires that CIT provides an outcome for notifications within 24 hours. At the time of this investigation no data were available on the precise number and percentage of matters that were processed within this 24 hour time frame but there was a current ‘backlog’ of 370 matters waiting a formal ‘outcome’ suggesting that the 24 hour target is proving difficult to meet.
The report by Jay Tolhurst (2009) indicated that from time to time there have been backlogs of low priority cases that have had to be “written off” without a formal outcome being recorded or a case being created on the client management data system. Staff from CIT indicated to this Inquiry that this only happened rarely and involved matters that were likely to require ‘No Further Action’ (or ‘Not Proceed’). However, NTFC accepts that any such “write-offs” are unacceptable as they have the potential to involve children who remain at high risk of harm.

NTFC has developed a Quality Improvement Strategy in the past 12 months and the improvement in response timeliness rates appears to be an outcome of this strategy. However, the response rates for Categories 2 and 3 cases remain stubbornly low meaning that children classified as requiring a child protection investigation are consistently failing to receive one in a timely manner. At the time of this investigation, NTFC reported that there were, as is noted later in this report, some cases in which investigations have not been commenced for periods in excess of five months.

**The ‘Effectiveness’ of CIT**

With respect to the issue of effectiveness, the purpose of the CIT is to provide an effective, timely triage system whereby notifications of harm and exploitation can be initially assessed, categorised in terms of priority, and then actioned by the relevant NTFC office. Clearly, where there are long delays in the processing of notifications and where some reports may be “written off”, the effectiveness of the service is compromised. But there are other ‘effectiveness’ questions that pertain to the ability of the service to accurately assess risk and thus protect children, to the issue of providing feedback to notifiers and the related issue of gaining the trust of stakeholders.

For most of the three years since the establishment of the CIT there have been few public complaints about the actual risk classifications allocated by Intake workers although there have been ongoing concerns about the lack of feedback to notifiers. However, in the months preceding this report, there were a number of media reports alleging a lack of response to notifications by Intake and NTFC offices and there have been public allegations by health and welfare professionals that the system fails to appropriately classify and then respond in cases that they have deemed to be at high risk. There have been specific allegations that this failure to appropriately classify and act has led to serious injury and even death.

Media reports do not constitute a sound basis for the determination of facts in such matters and in one recent case several media outlets reported that a baby known to the DHF had died as a result of physical assault. The Coroner was obliged to issue a statement the following day to the effect that there were no indications that the baby had died as a result of abuse. However, there is cause for concern where allegations about a deficient response by NTFC are made by skilled professionals working in child protection or allied services. In
one highly publicised case the professional notifiers maintained that they had notified NTFC of the risk to a baby but their evaluation had not been accepted. The baby was subsequently assaulted resulting in serious injury. This matter is currently under investigation by several different authorities.

In an individual case examined by the Children’s Commissioner it was found that there were apparent deficiencies in NTFC’s Intake response mechanisms. Specifically, the screening tools used appeared to focus primarily on issues of imminent risk rather than cumulative harm and there were no specific guidelines around the assessment of infants and very young children. It was subsequently recommended that CIT workers give “special consideration” to the opinions of medical and allied personnel who have worked directly with the focal children and families.

Similar concerns about the processing of notifications have been expressed by complainants to the Children’s Commissioner in the NT. In his Annual Report 2009 for 2008-09, he noted that a theme in the complaints received was that there had been a poor response to both notifications and complaints.

In the Commissioner’s Report, it was noted there has been a marked decline in the percentage of notifications that resulted in outcomes leading to a child protection investigation and in substantiations following these investigations. In 2002-03, 58% of notifications resulted in an investigation whereas in 2008-09 only 38% did so. The relevant percentages for substantiations were 28% and 13%. These reducing percentages are of concern as they indicate either that the thresholds for determining harm have been getting higher (resulting in fewer abuse/neglect cases that are being identified) or that NTFC is receiving an ever increasing number of notifications that lack substance. Either way, the recent trends do indicate that there may be an increasing gulf between the understanding of the public and that of the NTFC workers about the indicators of harm and the thresholds that are used for classification and substantiation.

It does appear that, along with all other jurisdictions in Australia, there has been a focus in child protection assessment on issues of actual or imminent risk of harm to the point that many situations involving lower levels of harm or cumulative risk have tended to be minimised or ignored. The risk in cases where there is cumulative harm may not be imminent but it may be just as high as in Category 1 and 2 cases and the research indicates that the longer term outcomes may actually be as serious, if not worse, for the affected children (see for example, Flaherty & Goddard, 2008; and Hildyard & Wolfe, 2002). The assessment tools being used in the NT (both the IDA and the FDA) certainly seem to focus on immediate physical and sexual harm rather than chronic neglect. This issue of the instrumentation and thresholds being used for the determination of risk is explored in the section of this report that looks at assessment tools and processes.

One measure of effectiveness pertains to the confidence that members of the public and professional notifier groups have in the service. Although there is no
formal survey data on confidence in the CIT system, there is no shortage of anecdotal material that suggests a broad lack of confidence. Many of the complainants to the Children’s Commissioner expressed a lack of confidence in the CIT and in professional forums addressed by the Commissioner, health and welfare professionals were almost universally negative. The lack of confidence in CIT seems to be particularly acute in rural and remote areas. Service providers in these areas have questioned the ability of a centralised system based in Darwin to understand the local issues involved. Jay Tolhurst in his review of the NTFC Intake Service observed that “Staff working in remote areas reported to this Review that they have had, and continue to have, reservations about the Central Intake model”. He goes on to suggest that local staff have:

“nuanced local knowledge of these communities, the families that live in them, and the issues that affect them. They have close working relationships with the workers who staff these local services. They feel that they are in a far better position than Intake in faraway Darwin to assess the seriousness and urgency of CP concerns that arise in these communities.” (p. 49).

Some of this sentiment may be the result of CIT being a relatively-new innovation but the pervasive negativity suggests at best a failure to communicate the purpose and limits of what the service can provide and at worst, a systemic failure to meet expectations.

It is likely that the forthcoming Inquiry into Child Protection Services in the NT will be looking at the appropriateness of the CIT model and the extent to which it meets the needs of vulnerable children and families across the NT.

Some of the negativity of the various reporting groups is centred on the issue of feedback rather than the nature of the risk classifications being made. A consistent theme from notifiers is that they feel their reports disappear once they are made and they are unaware of whether the matter has been investigated and what the outcome of the investigation has been. The Children’s Commissioner has been told that in some cases notifiers feel obliged to make multiple reports in the hope that the case will eventually be picked up, a process that ends up adding further stress to an already overburdened system. The imperative of providing feedback to notifiers was noted in the Little Children are Sacred Report (Wild and Anderson, 2007, p.100) and there are specific provisions in the new Act for such feedback to be provided (s. 29(2)). NTFC reports that feedback is now being routinely provided to professional notifiers but is unable to provide figures on the percentage of notifications for which this has occurred.

Another approach to the issue of effectiveness is to examine the longer-term outcome of Intake risk classifications. For example, it is possible to look at cases that were initially classified as being at lower risk (say, ‘outcomed’ as Category 3 or family support matters) and then determine the percentage that are re-notified and classified as being as Category 1 or Category 2 cases. It
cannot be assumed that a later re-classification as high risk denotes a failure of the classification system as risk status can be expected to change over time. However, if such re-notification data is routinely collected it could provide one measure of effectiveness over time that is not currently available. NTFC was unable to provide such data in time for the present report but this should be available for the broader Inquiry into Child Protection to commence shortly.

Given that there were over 6,190 notifications in the 2008-09 financial year that were evaluated by CIT, it is difficult to determine whether the relatively-few reports of harm to children following what are inaccurate-classifications, constitute evidence of the systemic failure of CIT or reflect the nature of any risk-management system. All risk management systems, by definition, accept that some level of risk will remain. Where the safety and wellbeing of children is at stake however, any failures to ensure safety must always be carefully investigated and any potential systemic and practice problems addressed. Several such areas of problematic practice have been identified in this report.
The Capacity of the NTFC Intake System

It is clear that the CIT system is experiencing serious capacity problems. The sheer number of notifications being received by the service has been increasing rapidly. In the 2007-08 year the 3,668 reports received represented an increase of 23% over 2006-07. However, that increase was relatively small compared to the 69% increase experienced in 2008-09 with 6,190 notifications being received and processed. Each notification has to be assessed and the service estimates that it takes an average of an hour to process each one, with some involving multiple hours of work. CIT has not received any increase in staffing in the last 12 months although some casual support has been provided to help clear up notification backlogs from time to time.

The CIT has a full-time equivalent (FTE) staffing level of eight Intake workers, two team leaders (the second starting in August 2009) and one manager. The after-hours team has four full-time and two casual workers. The management of CIT observed that although the program is funded for eight Intake workers, there has only been one week this year when all eight were on duty and they have averaged less than five on duty throughout the year, less than two-thirds of the total allocation. The reasons for staff being absent include various types of annual and sick leave and unfilled positions caused by a high turnover of staff. It should be noted that all human service organisations in the NT struggle with workforce problems, and that child protection agencies around the country report similar challenges (see, for example, the data from Queensland in Humphries, Harries, Healy, Lonne, Mendes, McHugh & Sheehan, 2009). All the direct practice areas of NTFC have high staff turnover rates and those in the CIT appear to be consistent with most other work areas. That being said, the staffing problems in CIT are serious and chronic. For example, there have been five different team leaders in the last 12 months and at times there have been only two Intake workers on duty.

The Manual contains the following ‘practice standard’:

\[ \text{Intake will be carried out by an experienced P2 worker who is closely supervised by a team leader.} \]

\[ \text{All workers who conduct intake will have received core child protection training including training in intake processes and decision-making (7.1.2).} \]

Despite these clear standards, CIT has been having difficulties attracting suitably qualified and experienced workers and providing them with the necessary training. At the time of this investigation, only three (FTE 2.6) of the eight Intake workers were Professional 2’s with the remainder being Professional 1’s. Moreover, because of the shortages, NTFC has sometimes used newly-qualified graduates in CIT who have yet to undertake their formal child protection training and who have no practical experience in the field. Some of these have recently arrived from the UK. A review of recent training programs provided to CIT staff revealed that most (but not all) had received
some training in broadly-related areas but that there did not appear to be a systematic approach to training. Some workers had not undertaken the introductory course in child protection and only two had training in ‘critical decision-making’, the core skill requirement in CIT.

Recommendation 1
That NTFC immediately review its training program for CIT staff members to ensure that all workers receive training in core child protection issues, critical decision making and cultural awareness as part of their orientation program for working in CIT.

The high workloads resulting from the exponential increase in notifications along with the continued staffing challenges have led to morale problems, a falling-away of normal supervision arrangements, and a chronic backlog of notifications awaiting finalisation. At the time of this investigation, there was a backlog of 370 cases that were awaiting a formal outcome. This was down from a reported peak of almost 400. Staff noted that this backlog had arisen since July when there had been a concerted effort involving casual staff and overtime hours to eliminate the backlog and thus enable the introduction of a new data management interface for CIT. Most of the backlog involves cases with lower risk classifications but such children may still remain at risk of harm.

**System Efficiencies**

In addition to the issue of staffing numbers, actual system capacity also depends on the efficiency of office processes which, in turn, determine how many notifications are processed in a given period of time. The Review undertaken by Jay Tolhurst (June 2009) identified a number of areas in which efficiencies might be found. The following are some of the efficiency issues he identified:

- There have been problems with the database interface such that information cannot be entered directly onto the system. This means that workers must keep notes that are entered later when there is time. A newly created ‘Intake Event’ screen has not materially changed the method and time required for entering data.

- CIT has been receiving an increasing number of e-mailed notifications. Most such notifications require follow-up telephone interviewing of the notifiers to obtain all the information required to formally ‘outcome’ the cases. This can be an inefficient process as there are often delays in contacting the notifiers and some resent having to provide further time and information. Inevitably, the further checking delays the finalisation of an outcome. Some Intake services interstate do not accept written notifications and Mr Tolhurst suggested that consideration be given to limiting the sources from which an e-mailed or written notification is accepted.
• One of the time-consuming aspects of Intake pertains to the enquiries that Intake workers make (to notifiers and others involved with a child) to help inform their decision-making. As the Intake services in some jurisdictions do not make such enquiries and assess the notification solely on the basis of the information to hand, Mr Tolhurst suggested that consideration be given to the guidelines on making such enquiries and whether they constitute a critical requirement.

• Mr Tolhurst’s review drew attention to a number of tasks that might be undertaken by clerical staff rather than professionally qualified workers and suggested that attention to such matters of task allocation would appreciably improve the efficiency of CIT processes, allowing professionally qualified workers to spend more time actually receiving and assessing notifications.

• A number of technical and mechanical problems were identified such as a telephone system that is unable to manage more than two incoming lines at a time. This technical problem needs to be urgently addressed as workers have indicated that it has led to frustrated reactions from potential notifiers.

Recommendation 2
That NTFC give urgent consideration to the findings of a recent review of Intake Services undertaken Mr Jay Tolhurst (2009), and in particular those recommendations addressing efficiency concerns.

Both Mr Tolhurst’s report and existing staff members observed that the Intake backlog was reduced to zero on one occasion earlier in the year. This coincided with the one week that all eight Intake staff members were on duty. On another occasion, the backlog was reduced by staff working many overtime hours with casual staff being brought in to assist. In considering the chronic workforce shortages, the high level of turnover, and the high caseload backlogs, Mr Tolhurst concluded that an immediate increase in two full time workers in the Intake team was needed to ensure that the safety needs of children and families was addressed. This review of Intake services concurs that an extra two staffing positions need to be provided for CIT as a matter of urgency and that a systematic exploration of workforce needs and caseloads in CIT should be undertaken by NTFC in light of the rapid increase in notifications.

Recommendation 3
That the staffing level of CIT be increased by two full-time workers and a systematic review of caseloads and other workforce needs in CIT be undertaken by NTFC.
Assessment Tools and Processes

The Intake Process

As has been noted, Intake workers provide a gatekeeping and triage service, assessing whether the focal child requires a service and what level of service might be involved.

There are four major components to the Intake process, and these include:

- gathering of information and reviewing the history of contact between NTFC and the child or family.
- based on the information gathered, deciding whether a response is required in accordance with the provisions of Chapter 2 of the Care and Protection of Children Act 2007 (prior to December 2008 the Community Welfare Act 1983)
- a decision on the type and urgency of a response (i.e. a child protection response, family support or protective assessment). If a child protection response is required, the case may be ‘outcomed’ as a Child in Danger – 24 hour response time, Child at Risk – 48 hours response, or a Child Concern – 5 day response).
- all information received as part of the notification is recorded, including the decisions made.

The quality of information gathered at the Intake phase is extremely important as it will often determine the way NTFC responds. The NTFC Manual outlines the process by which Intake workers are required to conduct the different phases of the Intake process including what support information and documentation is required.

The Initial Danger Assessment and Cumulative Risk

Where a child protection investigation is indicated, the Intake worker is required to assign a response priority and the Initial Danger Assessment (IDA) is the tool that is provided:

“to assist the intake worker to identify the appropriate response category and must be completed on all Child Protection reports that are accepted for investigation” (NTFC Manual, 7.9).

The IDA assists in the identification of parental and child behaviours or conditions that may be associated with a child being in danger of harm, and thus facilitates the prioritisation process (i.e. into one of the three risk categories - Child at Risk, Child in Danger, Child Concern).

The focus of the IDA items tends to be on imminent risk to the child, for example it has items such as: ‘Parent/caregiver behaviour is currently violent or out of control’; and ‘child is very fearful of parent/caregiver or other people living
in or frequenting the home’. This sets the tone for the assessment focus, implicitly suggesting that where the risk is less imminent it may be less significant. The labels given to the response-time categories themselves (e.g. Child in Danger and Child at Risk) suggest levels of severity rather than degrees of response urgency and this can inadvertently lead to mis-classifications and result in delays or otherwise deficient responses.

On the IDA there is only one question (from a total of 17) that directs the Intake Worker to consider historical events and the unfolding story of a child’s experience. Thus, the focus tends to be on current harmful events, and cases which involve physical harm and sexual exploitation. Incidents of neglect need to be of an extreme nature to attract a higher-level classification. To identify cases where there is cumulative harm and neglect (or the potential for it) an ‘in-depth’ assessment is required that considers past notifications, the broader family history, what previous interventions have been provided, and what outcomes (if any) were achieved.

**Other Influences on the Assessment Process**

It should be noted that decision-making at Intake is also influenced by a number a factors in addition to formal policy and assessment tools. For example, the Family Matters Court is involved in the determination of protective orders where children are found to be at risk and the thresholds of proof for abuse and neglect adopted by the court indirectly affect the way NTFC staff frame their task and present documentation. Court processes are heavily influenced by evidence and such evidence is more readily found in cases involving physical and sexual abuse. Inevitably, such processes help to frame an NTFC worker’s understanding of what constitutes risk and what evidence will be needed to obtain formal protection orders.

Another powerful influence is an Intake worker’s understanding of what services are available to support parents, to intervene therapeutically, or provide alternative care settings for children. Where such services do not exist or are hard to locate, there are subtle pressures on the decision-making process which can also lead to poor assessments. For example, if an Intake worker is aware that family support services are not available for families (as is the case in many remote communities), they may be more likely to pragmatically assess a lower-risk notification as ‘no action required’. Likewise, an Intake worker may be aware that there is a large backlog of unallocated cases in a particular region and thus be inclined to avoid higher risk ‘outcome’ classifications which add to the already over-stretched case loads. This review was informed that there is a current total backlog of 785 cases in regional offices which require a child protection investigation, 345 of which are from one office alone. In his recent report on child protection services in Victoria, the Ombudsman identified this ‘conditional’ nature of risk assessment and the extent by which risk thresholds are influenced by context. He observed
that “the degree of tolerance of risk to children, referred to as the ‘threshold’, varies across the state according to the local office’s ability to respond.” (p. 32).

It might be noted that if recent NTFC data trends hold steady, 71% of all notifications that are ‘outcomed’ as requiring child protection notifications will involve Aboriginal children. Thus, approximately 557 of the 785 cases awaiting investigation are likely to involve Aboriginal children. Population data from the Australian Bureau of Statistics (2007) indicate that in the NT there are 22,540 Aboriginal children aged from 0-14 (the age group involved in the vast majority of child protection reports) – thus the estimated 557 Aboriginal cases awaiting investigation comprise almost 2.5% of the entire Aboriginal child population (0-14 years) of the NT. That being said, it is probable that some children may be the subject of multiple cases resulting from re-notifications.

**Forensic Investigation versus the Provision of Support**

The failure to focus on issues of cumulative risk and broader issues of neglect is not a problem that is unique to the Northern Territory. In his recent report, the Victorian Ombudsman observed:

> “Throughout my investigation, it has been apparent that the department’s capacity to respond is so stretched that cumulative harm to children has not been given the priority and attention it should” (p. 11).

In recent years there has been a strong focus on the reform of child welfare systems right across the Anglophone world, driven by the strong evidence that such systems are almost universally in crisis and failing to protect many children (see, for example, Lonne, Parton, Thomson & Harries, 2009). It is clear from recent research that child protection systems in all jurisdictions are struggling to keep up with rapid increases in the number of notifications being received. In the NT there has been a 69% increase in notifications in the past financial year alone. One of the consistent themes to arise from this emerging research and practice focus is the pressing need for child protection systems to shift resources from a focus on detection and risk processing determined by notions of imminent risk (sometimes called the ‘forensic’ approach) to the provision of supports to enable families to more appropriately care for their children. A reactive, forensically-orientated system will never be able to address the underlying problems that lead to abuse, and, over time, because of increasing caseloads and restricted resources, will not even be able to provide the immediate safety that children require.

A shift away from a reliance on forensic abuse detection would require not only a broader understanding of what constitutes risk for children over time, but the development of services on the ground that can provide the support that struggling parents need. This shift of focus has been advocated in the recent Report of the Special Commission of Inquiry into Child Protection Services in NSW (Wood, 2008). The NSW government has committed to a change in the risk thresholds used in child protection such that the Department will only
process matters involving ‘significant risk’. However, it sees the regional roll-out of comprehensive family support initiatives as a key component of the system reforms especially for families who are vulnerable but where children are not at imminent risk. In the NT there have been some initial steps in this direction, most specifically through the establishment of what is termed the Differential Response Framework (DRF) in Central Australia through which some lower-risk child protection cases can be diverted to active family support rather than a forensically-orientated investigation and surveillance.

It is likely that the Inquiry into child protection services in the NT will be addressing the issue of the overall configuration of services and, in particular, the needs for a richer array of family support options that can provide assistance to vulnerable families, and particularly Aboriginal families in remote and rural areas.
The Capacity of the System to Identify Infants at High Risk of Harm

NTFC has no formal policy regarding the identification of infants at risk, and there is only one item on the IDA that identifies the age of the child as being a risk factor. The first item of the instrument states... “The child is under two years of age and this is a report of alleged maltreatment”. While this item does acknowledge the age of the child as being a risk factor, this is not specific enough to highlight the extremely high level of vulnerability associated with a newborn infant nor does it prompt for the consideration of broader issues of safety, wellbeing and stability. The NTFC Manual (section 7 – p.27) does provide some advice in relation to reports about unborn children which requires the Intake worker to enter the details of risks to the infant onto the electronic client data system and to refer to a NTFC work unit if considered appropriate. The aim of recording this data is to allow for assistance to be provided to a family that will reduce the likelihood of the infant being harmed when born.

As has been noted, the skewing of risk assessment tends to discount the role of historic factors and cumulative harm but it is just as problematic in cases where there is potential harm. An example of this skewing of risk assessment is the case of a newborn in a hospital nursery, who is notified because social workers have concerns about the parenting capacity of the infant’s single mother with mental health problems. Such a case is likely to be ‘outcomed’ as a Family Support matter because the child is currently safe and any risk is possible, not imminent. In reality, the child may be ‘in danger’ over time because of the mother’s inability to provide for its needs.

The system at present is not designed to ensure the provision of comprehensive assessments of parenting capacity where actual harm has yet to occur nor are there guidelines that specify who is responsible for ensuring that such assessments should be undertaken and who will case manage such cases over time. There have been recent cases in the NT where the ongoing safety needs of infants and young children have not been adequately assessed because their circumstances did not meet the imminent risk criterion.

In Queensland the child protection department has developed a program to address the specific safety and wellbeing needs of infants and toddlers. The ‘One Chance at Childhood’ initiative of the Department of Communities is designed to “enhance safety, wellbeing and permanency outcomes for babies and toddlers (aged 0-4 years)” through the provision of specialist and intensive services (Queensland Child Guardian, 2008, p. 20). The ongoing safety and wellbeing needs of infants and young children in the NT would be greatly enhanced by the provision of a similar scheme here in the NT. Such a scheme would provide another assessment category for notifications involving infants and a service response mechanism tailored to address the specific needs of infants and families.
Recommendation 4

That NTFC consider the development of an initiative focused on the longer-term safety and wellbeing of infants and young children who come to its attention. This might be modelled on the ‘One Chance at Childhood’ initiative of the Department of Communities in Queensland but should also include guidelines for case classification at Intake as well as ongoing case management.

The Opinions of Medical and Allied Personnel

With respect to the assessment of newborn infants and others who come to the attention of medical and allied personnel, there have been a number of complaints from such personnel that their professional opinions do not carry sufficient weight in the assessment process. Many personnel in medical and allied professions have close working relationships with the focal children and their families which provide them with a valuable insight into issues of risk. Moreover, in a hospital setting, such personnel often have specific expertise in child protection matters. This review recommends that NTFC procedures and training be amended to ensure that the opinions of medical personnel (and those in allied professions) are given special consideration in assessment and intervention decision-making.

Recommendation 5

That NTFC policies and guidelines be amended to reflect the principle that the opinions of medical and allied personnel who have worked directly with infants and young children and their caregivers, should be afforded ‘special consideration’ in assessing the risk status and wellbeing of children and when intervention decisions are made.

The Protective Roles and Responsibilities of Government Agencies

This investigator is aware of a number of instances in which there have been marked differences of opinion between NTFC workers and external professionals over the precise protective roles and responsibilities of NTFC. On occasion this has led to serious stresses on working relationships and has threatened to impact on the wellbeing of vulnerable children. The persistence of tensions between NTFC Intake workers and external professionals and agencies suggests that greater attention needs to be paid to ensuring that the precise roles and responsibilities of the various human service agencies and, in particular those involving health-related and child protection workers, are made clear.
The recently-completed Wood Commission in NSW recommended (and the government there has accepted) that all statutory human service agencies assume a more formal role in child protection, to the extent that all such agencies (including Health, Education and Disability Services) and some major hospitals, will now establish their own child wellbeing units to advise staff, process child protection concerns, refer families for support, and determine whether any concern reaches the new ‘significant risk’ threshold for referral to the formal child protection agency (the Department of Community Services). As noted earlier, this initiative also involves a commitment to the establishment of a rich array of family support services to be offered to vulnerable families across that state.

It is unclear whether a similar process and outcome would be desirable or possible in the NT, but it is clear that all government agencies, including health services and education, have critical protective roles to play in the lives of children and families and that these roles need to be clarified and formalised. It is noted that one of the terms-of-reference of the forthcoming Inquiry into Child Protection in the NT involves a focus on the interactions between various government departments and other agencies involved in child protection. The clarification of such roles and responsibilities is a necessary precursor to positive collaboration.
The Capacity of NTFC to Respond to Matters Proceeded to Investigation

When CIT ‘outcomes’ a case in one of the ‘proceed to investigation’ categories, it is referred to a NTFC work unit for a child protection investigation (which, amongst other things, involves the completion of a Full Danger Assessment). The inability of the work units to commence investigations in a timely way, is clearly the most pressing problem facing the child protection system in the NT. As indicated earlier, data obtained from NTFC indicates that currently (31 October figures) 84% of investigations in Category 1 cases commence within the 24 hour target time frame; 58% of Category 2 cases commence within the three day time frame; and 33% of Category cases commence within the five day time frame. NTFC advised that there were currently 785 cases which had been ‘outcomed’ as ‘proceed to investigation’ (i.e. they were classified in one of the three risk categories) but for which investigations had not commenced. The majority of such children were in risk Category 3 but some were from Category 2 and in one office alone there was a backlog of 345 cases awaiting the commencement of an investigation.

Staffing pressures in the work units mean that there are simply not enough workers on duty each day to process these referrals in a timely manner. When there are chronic staffing shortages the focus of attention shifts inexorably to the highest risk categories and backlogs build up of cases that workers feel are of less urgency. However, as discussed earlier, such cases may involve high levels of risk and all should be investigated within five days of the receipt of the initial notification. This review is aware of cases that waited in excess of five months for investigations to commence and there have been occasions on which senior staff have agreed to “write-off” some Category 3 cases because of the long time period that has elapsed since the notification was made. These observations are consistent with those of Lonne et al (2009) in their study of child protection systems around the world. They found that “there is compelling evidence that the level of staff turn over is so high as to make staffing the key organizational issue in child protection systems, which depend upon highly skilled and experienced staff to undertake successful interventions (p.68).

In summary, it appears that chronic staffing shortages have led to serious delays in responding to notifications in a timely manner and in actually commencing the formal child protection investigations.
The Processes in Place to Manage Unallocated Child Protection Investigations.

There is no formal policy contained in the NTFC Care and Protection Policy and Procedures Manual advising on the management of unallocated cases. However, NTFC have introduced a number of strategies to address this situation including the re-prioritising of the already prioritised child protection notifications. This will often mean that the focus of attention shifts to the highest risk categories being actioned, with cases that are less urgent either being actioned outside the prescribed time frames or left unallocated. As mentioned previously, this review has been advised of occasions on which senior staff have approved the “writing-off” of some Category 3 (Child Concern) cases because of the long time period that has elapsed since the notification was made.

In attempting to manage the unallocated cases, NTFC has also introduced a number of informal strategies. These include a time-limited ‘blitz’ to address backlogs that involves the employment of casual staff and the working of overtime hours, the temporary transfer of staff between offices, and the creation of temporary trouble-shooting teams that are sent to particular ‘hot spots’.

Recommendation 6

Given that the workforce issues faced by both the CIT and some NTFC offices are particularly chronic and are having a serious adverse impact on NTFC’s ability to ensure the protection of children, that NTFC act to immediately address the backlogs involving initial assessments and case allocations and to give priority to implementing the recruitment and retention strategies developed by their internal review team.
Conclusion

This report has highlighted a number of challenges facing the Centralised Intake Team of NTFC and has made a series of recommendations designed to help address some of these challenges. In some instances, it has been noted that the forthcoming Inquiry into the Child Protection System in the NT, will be addressing similar issues of concern. Of the issues highlighted in this report, the three that stand out as having the most immediate and significant bearing on the safety and wellbeing of children are: (1) the questions raised about the instrumentation and processes used to determine risk levels, and in particular, the strong focus on imminent risk along with a relatively weak imperative to consider risk relating to cumulative and potential harm; (2) the lack of family support services to which vulnerable families can be referred, especially in rural and remote areas. This has a direct bearing on the risk assessment process; and (3) the serious and chronic workforce problems in both the CIT and the regional offices that are leading to unacceptable delays in assessing notifications and in commencing child protection investigations.
References


Ombudsman Victoria (2009). Own Motion Investigation into the Department of Human Services Child Protection Program.


