



DEPARTMENT OF CHILDREN AND FAMILIES

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Our Ref: DCFD2014/3956
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Senator Rachel Siewert
Committee Chair
Community Affairs References Committee
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Dear Senator

**RE: NORTHERN TERRITORY SUBMISSION TO THE SENATE
COMMUNITY AFFAIRS REFERENCES COMMITTEE INQUIRY INTO OUT
OF HOME CARE**

Thank you for your letter of 11 August 2014, to the Hon Adam Giles MLA, Chief Minister of the Northern Territory (NT), inviting the NT Government to provide a submission to the Community Affairs References Committee Inquiry Into Out of Home Care.

The provision of out of home care is the responsibility of the Department of Children and Families and as such, your correspondence was referred to the Department to coordinate a submission on behalf of the NT Government.

The submission has been endorsed by the NT Government and is enclosed for your consideration.

Should you require any further information, please do not hesitate to contact Ms Jane Baldock, Director, Intergovernmental Relations

Thank you for the opportunity to provide input into this matter.

Yours sincerely

Jodeen Carney

29 / 10 / 14

STANDING COMMITTEE ON COMMUNITY AFFAIRS: INQUIRY INTO OUT OF HOME CARE

NORTHERN TERRITORY GOVERNMENT SUBMISSION

This submission is focused on:

- factors driving child protection in the Northern Territory;
- the current legislation guiding child protection;
- increasing demand for out of home care services;
- the out of home care service model;
- monitoring mechanisms for safety and wellbeing; and
- strategic improvements to out of home care.

1. CHILD PROTECTION DRIVERS IN THE NORTHERN TERRITORY

Child protection seeks to assist families and communities to ensure children and young people are raised in a safe environment where they can reach their full potential. It is difficult work generally and is made more complex in the Northern Territory by a range of factors. These include difficulties in recruitment and retention of suitably qualified staff, a small and dispersed population with a large proportion of Indigenous people, vast travel distances and other geographical factors, and weather extremes, which all contribute to increased costs and reduced service provision. In many communities access is limited for up to six months of the year. Infrastructure and services within Aboriginal community settings are also limited and this impacts all agencies with regards to being able to accommodate staff and deliver quality services.

The Northern Territory faces similar issues to other jurisdictions in providing effective statutory child protection services within remote locations, however it is well documented that there are also levels of social and structural disadvantage for Aboriginal people that impact disproportionately on child protection outcomes in the Territory.

Despite changes over time to the provision of welfare, high rates of welfare dependency, or 'passive welfare', are still seen to be particularly debilitating in communities, contributing to social and economic disengagement which can lead to the general breakdown of personal and family responsibilities and community governance mechanisms which assist in keeping children cared for.

Reviews into the debilitating effects of welfare by Dr Luke Buckmaster and Michael Klapdor¹ suggest welfare has a 'corrosive' or 'corrupting' influence on its recipients. Further highlighting how recent welfare policy debates in Australia have contributed to a policy focus on targeted income support payments to those most in need with a strong focus from participation requirements and the means tested conditions of entitlement towards instead the living conditions of those being targeted and whether the behaviour of welfare recipients is actually contributing to their disadvantage.

¹ Dr Luke Buckmaster and Michael Klapdor (2010) *Tackling 'corrosive' welfare* Commonwealth of Australia

In recent years, there have been a number of reforms targeting the personal behaviour of welfare recipients which have had a direct impact in the Northern Territory and include:

- Income management (or 'welfare quarantining'), under which a portion of a recipient's payments is set aside for 'priority needs', such as food, rent and utilities. This measure was introduced as part of the Northern Territory Emergency Response in 2006, and;
- The School Enrolment and Attendance through Welfare Reform Measure, which uses case management and the threat of payment suspension/cancellation to encourage parents to enrol their children in school and take steps to ensure attendance.

The overarching purpose of these measures is to address the health and welfare needs of children living in families dependent on income support. A further purpose is to encourage people to move from 'passive welfare' to participation in employment and/or education.

While the Department of Children and Families (DCF) has not undertaken specific research into the relationship between welfare dependency and child abuse notifications, a range of studies including most recently work undertaken by Andrew Forrest², also point to the serious disincentive that welfare dependency poses on participation through learning, training and work.

Welfare dependency has, and in many cases supports addictive and damaging habits that remove the incentive and often even the ability to learn, train or work" (Forrest, p. 128). "Many local leaders told us that the root of this failure is 'sit-down' money. It leaves people idle and bored with time on their hands. It means they have the time and the money to buy drugs and alcohol, and so lose interest in work and study." (Forrest, p. 191). A common thread in the numerous reports discussed in this submission is the importance of investing early to change the life outcomes of Australia's most disadvantaged and at-risk children. "To stop the cycle of disparity we need to achieve more than the elimination of poor drug and alcohol choices. We need to support pregnant mothers to have healthy pregnancies through prenatal programmes and continue to support their children through intensive early childhood development programmes and effective methods of schooling (Forrest, p. 68).

Limited employment and economic development opportunities, poor public and private infrastructure, seriously overcrowded accommodation, high rates of intergenerational trauma, domestic and family violence and abuse of alcohol and other drugs are factors at play. Conditions such as Foetal Alcohol Spectrum Disorder may be under reported and access to appropriate support services can be very limited.

Cultural and language barriers arise with nearly 30% of people identifying as Aboriginal or Torres Strait Islander. Over 100 Aboriginal languages are spoken and for many Aboriginal people, English is a third or fourth language. In the remaining population, there are over 100 nationalities, with over 25% born overseas and 37% speaking a language other than English at home.

2. CARE AND PROTECTION OF CHILDREN ACT 2007

The Northern Territory *Care and Protection of Children Act* 2007 (the Act), provides DCF with the mandate to intervene in the lives of vulnerable children and families. In doing so, the Department has the authority to:

- protect children from harm and increase their safety and wellbeing;
- support and improve the wellbeing of children in care;
- provide parenting and family support to assist families to minimise harm; and strengthen capacity.

² Forrest, A. (2014) *the Forrest Review, Creating Parity*, Commonwealth of Australia

Under the Act a child is in need of care and protection if:

- the child has suffered or is likely to suffer harm or exploitation because of an act or omission of a parent of the child; or
- the child is abandoned and no family member of the child is willing and able to care for the child; or
- the parents of the child are dead or unable or unwilling to care for the child and no other family member of the child is able and willing to do so; or
- the child is not under the control of any person and is engaged in conduct that causes or is likely to cause harm to the child or other person.

There are a number of pathways for a child to enter care: Provisional Protection for 72 hours, a Temporary Protection Order for 14 days (that can be extended once), or a Protection Order granting daily care and control or parental responsibility to a specified person. The CEO may also enter into a voluntary agreement with the child's parents to provide a temporary placement arrangement for the child. In most cases parental responsibility is granted to the CEO but sometimes it is granted to a family member or unrelated carer where it is considered to be in the best interests of the child.

Section 12 of the Act refers to the Aboriginal Child Placement Principle, which outlines the principles specific to placing Aboriginal children in care by recognising the role and importance of kinship groups, representative organisations and communities in promoting the wellbeing of Aboriginal children. It prescribes that an Aboriginal child should, as far as practicable, be placed in close proximity to their family and community.

The *Care and Protection of Children (Placement Arrangement) Regulations* provide for the nomination and approval of an individual as a carer and provide for their responsibilities. Part 2 deals with eligibility to become an Authorised carer including the requirement to:

- hold a clearance notice;
- be capable of meeting the responsibilities of a carer; and
- be a fit and proper person to care for a child considering, criminal history, experience caring for children, health, character references and any other matter the CEO considers relevant.

Part 2 also requires that each mature person who resides with the individual is a fit and proper person to have daily contact with a child, taking into account their criminal history. Under the Regulations a mature person is someone at least 15 years of age. Carers can be authorised for up to 2 years and the CEO may at any time take measures to review the approval of a carer.

The Regulations also provide for the approval of an emergency carer where the CEO is satisfied that the individual is capable of meeting the responsibilities of a carer for a short period of time, taking into account any matter the CEO considers relevant and that each mature person who resides with the individual is a fit and proper person to have daily contact with a child taking into account any matter the CEO considers relevant. The approval of an individual as an emergency carer is in force from the time the child is placed with the individual to midnight three days later, or, if earlier, the date on which the individual is nominated by the CEO to be an Authorised carer. Part 4 sets out carer responsibilities.

Recent amendments to the Act, relevant to out of home care include:

- powers to request persons mentioned in 83B of the Act to give specified information about the child or another person (for example, a family member of the child) that directly or indirectly relates to the wellbeing of the child (83B);

- the power to conduct investigations where there are concerns about a child in care (s.84A) and for the purposes of the investigation a person mentioned in section 83B(1)(d) to (1) may be requested to give the CEO access to specified information about the child;
- reporting substantiated harm to the Children's Commissioner (s.84C(b));
- changes to the way children are represented in Court (Division 6A);
 - a legal representative appointed on the order of the Court for a child must act on the instructions of the child if the child is of sufficient maturity and understanding to be able to give instructions in relation to the proceedings; or otherwise
 - act in the best interests of the child regardless of any instructions from the child and present the views and wishes of the child to the Court. It is presumed, unless the contrary is proved that a child who is under 10 years of age does not have sufficient maturity and understanding to be able to give instructions;
- the 2014 introduction of a Charter of Rights for Children and Young People in Care.

The Act also makes it a requirement that all children entering care be provided with a copy of the *Charter of Rights for Children and Young People In Care* (Charter of Rights), which is an important step in the development of a more child-focused out of home care system in the Northern Territory. The Charter of Rights was passed in January 2014.

3. INCREASING DEMAND FOR OUT OF HOME CARE SERVICES

Child protection and out of home care has been subject to significant increases in demand, with sharp and sustained rises in notifications, substantiated cases and children entering and remaining in care.

During 2013-14³ the Department:

- received 12,940 child protection reports (an annual increase 29.7%);
- commenced 4,906 child protection investigations (an annual increase of 29%);
- substantiated 1,667 cases of child abuse (an annual increase of 22%); and
- provided care to 932 children in out of home care (an annual increase of 24.5%).

In 2012-13, DCF forecast that there would be 802 children in out of home care as at 30 June 2014, an expected annual growth rate of 7 per cent. On 30 June 2014, there were 932 children in out of home care in the NT an increase of 25% in the previous 12 months, a 47% increase over the last three years and a 90% increase over the last five years. 85% of these children were Aboriginal and 10% had been assessed and classified at a complexity level 4, the highest rating for complex and challenging behaviours.

Of the 932 children in out of home care as at 30 June 2014:

- 522 (56%) were in either foster or kinship care households;
- 264 (28%) were in purchased home based care arrangements;
- 99 (10%) were in Residential Care facilities; and
- 5 (0.5%) were placed in other arrangements such as group home services and independent living arrangements.

The primary source of the growth is a decrease in children exiting out of home care. DCF is working to investigate the drivers to the decrease and to progress options to improve the transition of children from out of home care where this is warranted. This includes bolstering family support and reunification options, the introduction of long term parental responsibility orders under the Act, guardianship for family members and adoption.

³ 2013-14 data extracted from the Community Care Information System (CCIS) on 1 August 2014

These initiatives are still in their infancy and, even with concerted effort, it is unlikely they will have an effect on out of home care demand for at least the next three years.

In 2014-15, the Northern Territory anticipates spending \$79 M on out of home care services, almost half (49%) of the total child protection budget of \$160 M. This includes some redirected funding for additional staff to recruit, assess and support foster and kinship carers, improving long term care options for children and to improve management and accountability of out of home care services, providing better outcomes for children.

In 2012-13, the Australian Institute of Health and Welfare reported that 6.7% of children in the Territory are receiving child protection services, compared with an Australian average of 2.6% of all children.

The *Report on Government Services* (RoGS) examines the performance and expenditure of all Australian governments providing education, justice, emergency management, health, community services and housing services. Chapter 15 of the report provides comprehensive comparative jurisdictional data on protection and support services which covers child protection services and out of home care services.

Data for 2012-13 released in RoGS 2014 highlights that expenditure on the child protection system per child is significantly higher in the Northern Territory than other states and territories and that the Northern Territory spends more per child and per day in out of home care than any other jurisdiction.

In 2012, 44% of the Northern Territory's population were living in remote or very remote areas. This presents a significant service delivery challenge for the Northern Territory Government, particularly in the provision of services which require a high degree of face-to-face interaction. The large land area and relatively sparse population also prevents the Northern Territory Government from accessing the same economies of scale available to the larger populations of other jurisdictions.

In response to the identified need and increased demand for child protection services in the Northern Territory, the Northern Territory Government has made a significant financial investment in improving the child protection system. This has included considerably increased spending in the areas of staffing, particularly Indigenous staffing in very remote areas, and increased support for foster and kinships carers.

With respect to out of home care expenditure in recent years, the Northern Territory has been increasingly relying on non-Government provider paid placements due to the growth in demand. This increased the average cost per night for out of home care and has been acknowledged as a significant cost driver. DCF is actively recruiting carers to increase the numbers of foster and kinship carers in the Northern Territory child protection system. A range of initiatives including tendering for residential care services and restructuring for residential care services and restructuring of internal services have been introduced to maximise efficiencies and outcomes for children in out of home care.

4: OUT OF HOME CARE SERVICE MODEL

Out Of Home Care continuum

The Northern Territory, like other national and international jurisdictions, considers home based care as most appropriate for children in out of home care. Kinship care is the preferred option in recognition of the importance of children remaining connected to their families and communities. This is of particular significance for Aboriginal children who comprise around 80% of the out of home care population at any given time.

In contrast to most other jurisdictions the Northern Territory Government manages and provides the majority of home based out of home care services. All general and kinship carers are recruited, trained, assessed and supported by DCF, and the Department either runs or outsources residential care facilities for those children who are unable to be placed in a home environment.

In August 2014, DCF finalised the Continuum of out of home care. The Continuum is a blueprint of out of home care service types, specifically designed for the Northern Territory's context. The Continuum establishes a consistent set of definitions and expectations for out of home care services. The Department is currently defining the services and is planning to transition them over the next 18 months.

Case management of children in care

The Department is organised into five operational areas comprising child protection services across three geographic regions, an out of home care Division and a Remote Services Division. Three Divisions centrally based in Darwin provide support, advice and system design for these operational areas. They are the Policy and Research, Professional Practice and Finance and Corporate Services Divisions (see Appendix 1).

Case management of children in care is the responsibility of the case managers based in the three regional areas of DCF. There are 235 qualified professional staff (social workers, psychologists and other relevant professions) that are responsible for providing ongoing case management to children in care, including family access, reunification, court work and care planning. DCF also employs a large number of Aboriginal Community workers and Case Support workers.

All children are assessed prior to entering care using a complexity assessment tool with the outcome linked to specific care types and casework support. Where necessary, Behaviour Management Plans are developed. In instances where the young person may be a risk to themselves or others a Safety Plan is developed in consultation with the carer or residential care worker.

DCF policy requires case workers to meet with children in care at least once every month and that this contact be meaningful and afford the child an opportunity to voice their opinions and any concerns. In addition to case worker contact, children in care also participate in monthly meetings with the Out of Home Care Division and will have relationships with therapeutic services, other DCF staff, and non-government service providers and organisations.

The percentage of children in care who have been seen by their case manager in a given month can fluctuate around the 40% to 60% mark. While this measure needs to improve, it is also recognised that the specification of monthly face-to-face requirements may be too onerous, particularly considering the geographic limitations on service delivery in the Northern Territory, and may not afford sufficient recognition to the other forms of contact and engagement with staff in the DCF and its contracted service providers.

In order to safeguard the wellbeing of all children in the CEO's care, the Act requires that a care plan be prepared and implemented for each child, and reviewed at specified times and in specified circumstances. An interim care plan must be prepared and implemented for a child in the care of the CEO who does not have a Protection Order in force.

The legislative requirements relating to both types of care plans are the same, except that the purpose of the interim care plan is to meet the immediate needs of the child. The care plan is much more comprehensive and applicable throughout the child's time in the CEO's care - and is subject to regular review.

Care plans provide details about how a child's needs will be met while in care and are a point of reference for continuous reflection to identify the outcomes that have been achieved for a child in care.

It is Departmental policy that a child's care plan outline what activities the child or young person will be involved with to support and preserve their sense of cultural identity and connection to country; and how these activities link with contact arrangements that support the development of the child or young person's cultural identity.

All caseworkers are required to undertake Aboriginal Cultural Practice training and consult with Aboriginal staff and Aboriginal Cultural Advisors assist in ensuring that services are provided in a culturally sensitive way. The use of interpreters is also encouraged and advised through guidelines for staff.

The number of children in care with a current care plan has been rising since September 2013 such that by 31 March 2014 just over three quarters (76%) had a current care plan. This is a major improvement over the last 12 months as the number of children within the system continues to grow.

Foster and kinship care

The Department recognises that home based care is the best form of placement for vulnerable children and is working to increase the proportion of children in foster and kinship care as a more cost effective and better placement option for children.

In the last year DCF has increased the number of foster and kinship carer households to 414 – an increase of 11% on the last year and a 47% increase over five years and as at 30 June 2014, 56% (522) of the children in Out of Home Care in the Northern Territory were in foster or kinship care.

In addition to increasing the number of carer households, DCF has also been working consistently to ensure that children and young people in care are placed as close to their family and community as possible. DCF has successfully recruited carers in remote communities and currently has over 60 remote places of care (being outside Darwin, Alice Springs, Katherine, Tennant Creek or Nhulunbuy) that are caring for over 70 children.

Neither DCF policy nor the *Care and Protection of Children (Placement Arrangement) Regulations* (the Regulations) distinguish between foster and kinship carers. The Regulations stipulate that all adults providing home based care to a child on orders must undergo an assessment and authorisation process, including a criminal history check.

Recruitment and Approval

Delegated DCF officers are the only individuals able to authorise carers in the NT. The recruitment process for a carer includes the applicant's initial contact with the Department (enquiry process), pre-service orientation and training, pre-assessment screening checks, assessment, approval and authorisation and renewal of authorisation.

Pre-assessment screening checks for carers include:

- Working with Children Clearance,
- national Police Checks;
- child protection history checks;
- medical report;
- character referee reports;
- physical home environment check, and
- referee check for current or prior carer experience.

In addition, each mature person who resides with the carer is assessed as a fit and proper person to have daily contact with a child taking into account their criminal history.

Additional resources have been allocated to the Out of Home Care Division to enhance its capacity to complete its assessments in a timely manner.

The Regulations detail the eligibility and approval of authorised carers, emergency carers and articulate the responsibilities of a carer. Under the Regulations carers can be authorised for a term of up to two years – however under DCF policy new carers are only authorised for up to one year and all carers are subject to reassessment if they are to be authorised for a further period beyond their current authorisation.

Training

Once approved all foster and kinship carers are expected to undertake a program of pre- or initial-service training on a number of issues relating to children in care comprising of six modules. Training includes aspects of behaviour management, Aboriginal culture and cultural responsiveness, concepts of 'safe' caring, and protective strategies, understanding of harm and trauma and managing stress and behaviour.

DCF has a dedicated foster carer trainer position and foster carers are also invited to attend pre-service training in statutory child protection. DCF is also currently partnering with the Foster Care Association of the Northern Territory to identify carer competencies and develop a more comprehensive program. Foster Care NT is an NT wide representative body (funded by DCF) to provide mentoring, support and advocacy for foster and kinship carers.

Contact and support

DCF is improving its monitoring of carers through the Out of Home Care Division which is increasing the specialisation of carer assessment and support teams to meet with and monitor carers. Under DCF policy, and the new Standards of Professional Practice, carers are contacted at least once per month "to assess and monitor their support needs and more frequent contact occurs when intensive support is required".

Carers sign a Placement Agreement each time they receive a child into their care. They are also required to meet regularly with Caseworkers and Carer Assessment and Support staff; notify the department of any changes to the child's needs or circumstances of the carer; and notify the department of any changes in household membership, travel plans or incidents or circumstances regarding the safety of the child.

DCF supports carers to manage children with difficult behaviours by engaging them in the development of a child's care plan and by ensuring that children have an Essential Information Record which details critical information about the needs of the child. Access is also provided to therapeutic services for the children and Foster Care NT is funded to independently support carers.

Challenges for foster and kinship care

The formalisation of kinship care assessment to the foster carer requirements has increased the standards expected of kinship carers, whilst at the same time resulting in more children and carers remaining within the out of home care system (i.e. it formalises placement with kin outside of a reunification process).

Challenges in assessing and supporting carers in remote communities include:

- quality of housing;
- obligations regarding resource sharing and household members;
- cost of goods and services;
- overwhelming responsibilities which already exist for many carers;

- geographical distances and weather conditions;
- restricted access due to community matters, e.g. funerals;
- low numbers in each location requiring one on one training;
- limited opportunity for support networks; and
- regular changes in the membership of the household.

The Department recognises the need to authorise specialist carers who are suitable to care for children with high needs and is working towards a plan of increased overall carer numbers, including greater specialisation of the carer cohort.

Purchased Home Based Care and Family Day Care

To manage the increasing number of children in care and a limited number of available foster and kinship carers, DCF utilises purchased arrangements for children in care.

These placements are provided by either private (for-profit organisations) or non-government agencies who supply home based care for children, typically these services are provided by home based child care services who have diversified from long day child care into out of home care service delivery.

At 30 June 2014 264 (28%) of children in care were in purchased home-based care placements.

These placements are established on an as-needs basis for as long as required and are negotiated individually. The organisations providing this form of care are responsible for screening their carers (e.g. working with children clearance and police check) and all of the quality requirements of a long-day child care provider. They are not assessed to the same extent as foster and kinship carers and as a result the Department is transitioning away from this service type.

Residential care

In the Northern Territory, residential care is provided both by the Department and contracted external agencies. DCF operates 13 residential care facilities and has funding agreements in place with eight external providers to deliver 19 services, ranging from individual placement arrangements through to residential care facilities.

As at 30 June 2014, there were 99 children (10.6 %) in out-of-home care who were placed in residential care facilities. This comprised 67 in external and 17 in DCF-run facilities.

Across the Territory there are approximately 70 people employed by DCF in residential care related roles (i.e. either directly in facilities or in supporting roles). Until recently, most DCF Residential Care staff were employed as contracted shift workers however as a result of the Out of Home Care reform DCF is establishing permanent positions for residential care (PH4) staff to address casual availability.

Generally the staffing supervision requirements within a residential care facility is one staff member for every 2 children and no instance of a worker being alone in facility. The largest residential care facility has a maximum occupancy of 6 children and is reserved for children at the highest complexity rating. All other facilities have a maximum of four child placements.

Externally provided Residential Care

DCF revised its model in 2013 to establish appropriate price settings and service expectations. Contracts were awarded for the provision of General Residential Care (GRC) services in April 2014. Since then, DCF has worked with successful providers to establish facilities and transition children.

The new GRC services provide a tailored service for children suffering trauma from abuse and neglect. The goal of the service is to assess and stabilise complex behaviours and transition children to less intensive placement types, like foster and kinship care.

Both the Contract and Grants Management Unit and the Out of Home Care Division conduct inspections and placement meetings with all contracted services to review performance, and address any concerns. Case management staff visit children in their place of care and provide feedback and information on the quality of care being provided.

5: MONITORING MECHANISMS

The Northern Territory Out of Home Care system encompasses a number of requirements for monitoring children in care to ensure their safety and wellbeing. The Department's information system captures and records key client and activity information to enable effective exception and performance reporting to line management and the Executive.

The Department receives information about the quality of its system through the production of regular performance reports, audits, and case reviews. It also receives, records and analyses complaints, critical incidents and external investigations and reviews.

The Department has multiple systems to monitor and ensure that all information, disclosures and allegations that a child in care has been abused or neglected are received, recorded and acted upon. This includes a requirement that all concerns are reported and recorded at Central Intake, that adverse events impacting on children in care are documented on a reportable incident form, and that allegations of harm or abuse are opened as a specific case, coordinated by an Internal Review Unit located in the Practice Integrity Unit in the Professional Practice Division.

Reportable Incidents

The Department requires all staff, contracted service providers and carers to record and notify the Department of any incidents that impact on a client. Reportable Incidents give the Department a way of formally documenting an incident and monitoring the actions that are taken in response, as well as analyse the trend and thematic patterns of incidents.

In 2013-14 there were 392 incidents, of which 10 percent were rated at the highest rating, and 48 per cent concerned residential care services. The most frequent incident type (29 percent of incidents) was absconding and the next most frequent incident was assault or threatening behaviour by a child in care. Ten individual children in care comprised 37 percent or 144 of the reported incidents.

Monitoring through contracts

The Northern Territory is strengthening the assessment, selection and monitoring of all agencies. DCF requires, through contract conditions, that all staff in purchased home-based or externally provided residential care, meet certain requirements before being employed or engaged to care for a child in care. This includes a Working with Children Clearance and Criminal History check.

The majority of current agreements have referenced the NT organisational standards, which require organisations to have appropriately qualified or skilled staff; with a requirement for induction, orientation, supervision and performance review. All new contracts will incorporate the requirements that have been referenced in the general residential tender.

There are a range of mechanisms to assess the performance and accountabilities of services with respect to safety and care, such as reporting obligations under grant agreements and/ or contracts, scheduled inspection of services and face to face visits with all children in care in accordance with DCF policy.

Harm or exploitation of a child in care

Amendments to the Act in 2013 added a new power to investigate allegations or concerns that a child in care has, is, or is likely to be suffering harm or exploitation. This legislative amendment was necessary to resolve an issue that the CEO's investigation power only applied when a child was in need of care and protection (due to the act or omission of the parent). This clarified legislative provision enables DCF to inspect a place, and apply investigative powers under section 84A and 84B of the Act.

Harm or exploitation of a child in care has the same definition of harm and exploitation as applies to all children in the Territory. Harm includes any significant detrimental effect caused by any act, omission, or circumstance on: the physical, psychological or emotional wellbeing or development of the child. Exploitation includes sexual and any other form of exploitation of a child including sexual abuse or involving the child (as a participant or spectator) in an act of a sexual nature, prostitution, a pornographic performance.

To improve the application of this new legislation, a new Concerns about the Safety of Children in Care Policy was implemented on 1 August 2014. This policy requires that any concerns about the safety or wellbeing of a child in care are reported to Central Intake and an investigation case opened on the child's electronic case file, through which a strategic, and whole of Department response will be recorded. The new policy also establishes an Internal Review Unit responsible for the coordination and monitoring of all investigations into these concerns.

The Internal Review Unit conducts daily monitoring of all reports to DCF Central Intake about children in care and oversees the whole of Department response to allegations and incidents of abuse – this includes ensuring the child's case manager engages the child in appropriate support and supports them through the investigation process, the Out of Home Care Division reviews the safety of the placement for this and other children as well as providing support to any carer or staff member, the investigating unit performs its role in a timely way and that all allegations of or disclosures about sexual abuse of children in out-of-home care are reported to the Police and investigated.

All concerns about a child in care involving a possible sexual offence are allocated to the Northern Territory Child Abuse Taskforce for investigation. The Child Abuse Taskforce is a joint group comprising the NT Police, Australian Federal Police and DCF staff who are specialised in investigating criminal child sexual abuse.

The new policy ensures that all concerns about children in care are entered on an open case so that there is a history of all concerns and actions recorded on the child's Departmental file. The policy is not restricted to children currently in care, and applies to children who were previously in care.

The role of the Northern Territory Children's Commissioner

A core function of the NT Children's Commissioner is to monitor the ways in which suspected or potential harm to, or exploitation of, children in care is dealt with. DCF must

report to the Children's Commissioner all investigations where a child in the CEO's care has suffered harm or exploitation. This gives the Children's Commissioner scrutiny and quality control to individual investigations as well as the Department's processes and policy response to abuse in care.

In addition to individual case reports to the Children's Commissioner, DCF provides a range of data and information to assist the Commissioner to monitor the performance of the child protection system. Through his annual report, the Children's Commissioner makes comment in relation to DCF's performance as a part of his function to monitor the Act.

On a day to day basis the Children's Commissioner also investigates complaints in relation to DCF services to children and conducts own motion investigations. In 2013-14, the Children's Commissioner completed sixteen complaint investigations into services provided by the Department. DCF cooperates with these investigations and considers all of the recommendations made by the Children's Commissioner.

6. STRATEGIC IMPROVEMENTS

Improvements to Out of Home Care

Since its establishment as a stand-alone Department, DCF has been progressively reforming and improving the sophistication of its service programs.

Specific measures include:

- the formation of the Out of Home Care Division as a major step in DCF's improvement of the service system to:
 - increase scrutiny and accountability of placements through a centralised placement unit; and
 - improve carer assessment and support, designed to increase the home-based care opportunities available to children in care;
- improved placement matching and updated processes and forms to better assess the needs of children entering care or changing placement;
- clearer service specifications, contracts with external providers, and guiding documents such as the Charter of Rights and Standards of Professional Practice to increase the quality of out of home care through greater accountability and transparency; and
- articulating a vision for the out of home care service system through the out of home care continuum. This includes:
 - increasing the number and specialisation of foster and kinship carers;
 - improving the availability of short term home-like placements for children in regional and remote communities (whilst kinship carers are assessed); and
 - the replacement of purchased home based care with better targeted home-based and residential service.

Cross agency co-ordination

While recent efforts have been focused on reviewing and establishing a more formal approach to out of home care functions, the next phase will be to embed them and to consolidate relationships across government and the non-government sector to improve the coordination of services for crossover clients.

This work is being undertaken with agencies delivering disability and health services, education, correctional services and housing support to develop child safety and wellbeing responses. Health and education are important components of care plans as children entering care often have unmet needs in these areas. The number of crossover clients who also come into contact with the Youth Justice system is relatively small in the Territory however the needs of these young people are often great and their care and support very resource intensive. There is further scope for robust and collaborative processes for case planning and monitoring and working with the families of these young people.

Royal Commission into Institutional Responses to Child Sexual Abuse

DCF is monitoring the activities and reports of the Royal Commission Into Institutional Responses to Child Sexual Abuse and participating as appropriate to determine where services can be improved, child safe practices can be supported and children can be safeguarded. Further attention can be directed to case management and therapeutic services for children who display sexualised behaviour and may pose a threat to other children. DCF has recently rolled out a small program of training and material in relation to childhood development (Tune into Little Ones) which could be built on to assist the workforce to recognise and respond to the signs of potential abuse, sexualised behaviour and potential offending by children. Efforts are also underway to improve staff capability to facilitate disclosures.