



**NORTHERN TERRITORY GOVERNMENT SUBMISSION TO THE ROYAL  
COMMISSION INTO INSTITUTIONAL RESPONSES TO CHILD SEXUAL ABUSE  
PREVENTING, AND RESPONDING TO ALLEGATIONS OF, CHILD SEXUAL  
ABUSE OCCURRING IN OUT-OF-HOME CARE  
OUT-OF-HOME CARE SERVICE PROVIDERS**

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**A. Scope of submission**

1. This submission provides the Northern Territory's response to a written request from the Royal Commission into Institutional Responses to Child Sexual Abuse (**Royal Commission**) dated 19 January 2015.
2. The submission responds specifically to a document titled *Areas to be examined in Case Study 24*, which was updated on 27 January 2015. The document seeks a response to 6 major areas with 21 sub-elements in relation to out-of-home care service providers.
3. This submission has been prepared by senior staff in the Northern Territory Department of Children and Families (**DCF**).

**B. The Northern Territory's witness**

4. The Northern Territory's witness before the Royal Commission for these purposes is Simone Louise Jackson. Ms Jackson is an Aboriginal woman (Kamilaroi) who grew up in Queensland.
5. Ms Jackson has 20 years' experience in the public service in Queensland and in the Northern Territory; specifically in human services in areas such as Aboriginal and Torres Strait Islander Affairs, Correctional Services and Child Protection.
6. Ms Jackson has approximately 10 years' child protection experience at a senior level in two jurisdictions, and proficiency in regional and remote settings.
7. Ms Jackson first came to the Northern Territory in August 2011 in the capacity of Regional Executive Director for DCF in Central Australia. She is currently the Acting Executive Director, Out-of-Home Care (**OOHC**) Division, within DCF.
8. A copy of Ms Jackson's curriculum vitae is contained at Annexure A.

### **C. Contextual and structural factors in the Northern Territory**

9. Child protection is difficult work generally, and it is recognised that this work has added complications in the Northern Territory as a result of particular challenges in the recruitment and retention of suitably qualified staff, a dispersed population, high levels of social disadvantage, a large Indigenous population, vast distances and other geographical factors, and weather extremes. In many communities access is limited for up to six months of the year. These conditions all contribute to increased costs and reduced opportunities for effective service provision.
10. The Northern Territory faces substantial challenges in the provision of effective statutory child protection services within a remote Aboriginal context. In particular, infrastructure and services within a remote Aboriginal community setting can be limited and this has a bearing on the ability of all government agencies to deploy staff and deliver services in their respective areas.
11. The history of child protection in the Northern Territory, and the current laws, practices and policies for out-of-home care in the Northern Territory have been addressed in detail in Ms Jackson's statement dated 15 September 2014, which was tendered during the course of the Royal Commission's Case Study 17.
12. DCF was established in January 2011 as a stand-alone Northern Territory Government Agency responsible for child protection, out-of-home care and family support. This decision was taken by government following the release in 2010 of the Report of the Board of Inquiry into the Child Protection System in the Northern Territory.
13. The OOHC Division within DCF was established in November 2013. The OOHC Division is responsible for placements of children in care; coordination of adoptions; recruitment, assessment and support of foster and kinship carers; the operation of residential care facilities; and the coordination of therapeutic support to children in care.
14. In the Northern Territory, government manages and operates the majority of home-based out-of-home care services. All general and kinship carers are recruited, trained, assessed and supported by DCF, and DCF either runs or outsources residential care facilities for those children who are unable to be placed in a home environment.
15. Child protection and out-of-home care has been subject to significant increases in demand. In the 2013/14 financial year, DCF received 12,936 child protection reports (an annual increase of 29.7%); and commenced 4,905 child protection investigations (an annual increase of 29%). As at 30 June 2014, there were 918 children in OOHC, which represents growth of 23% over the previous 12 months.
16. Approximately 85% of children in care in the Northern Territory are Aboriginal.

**D. Recruitment, Assessment and Training of Foster and Kinship Carers and Staff in Residential Care**

17. The Royal Commission intends to examine the following specific matters in the context of the recruitment, assessment and training of foster and kinship carers and staff in residential care:-
- a. Screening of carers and staff as well as carers' household members. For example working with children check and criminal checks.
  - b. Assessment of carers and staff.
  - c. Training of carers and staff in identifying signs of sexual abuse in children, encouraging disclosures and responding to those disclosures.
  - d. How does the agency determine that National Standard 12 is implemented and monitored?
  - e. Does your agency have any other mechanisms to assess the effectiveness of the recruitment, assessment and training of carers and staff in residential care?

*Screening of carers and staff as well as carers' household members. For example working with children check and criminal checks.*

18. The *Care and Protection of Children (Placement Arrangement) Regulations* (NT) require all foster and kinship carers to hold a Working with Children Clearance prior to a child entering a placement. A copy of the Working With Children Clearance Notices Guidelines is contained at Annexure B.
19. In addition, DCF requires all adults (those aged 18 years and over) who reside with the carer to also hold a Working with Children Clearance.
20. Pre-assessment screening for all foster and kinship placements also includes:
- a National Police Check for all persons resident in the household aged 15 years and above;
  - a child protection check for all persons resident in the household aged 15 years and above, which involves a review against the list of "persons believed responsible" for substantiated abuse within DCF's case management system;
  - a requirement for all foster and kinship carer applicants to complete a questionnaire relating to their medical history and current ailments, and to obtain a certification from their general practitioner that their physical and psychological wellbeing is sound;
  - obtaining referee reports in respect of all foster and kinship carer applicants, for which referees must not be family members, must have known the applicant for at least two years, and must have visited the applicant's home; and
  - the conduct of a Carer Home Environment Safety Check by a member of the DCF Carer Assessment and Support team.
21. DCF residential care employment conditions require residential care staff to obtain two forms of criminal history clearances prior to commencement. These

are an Australia-wide (or international if relevant) criminal history check and a Working with Children Clearance. DCF is in the process of enhancing employment screening by including an additional check of the employee's child protection history.

22. These requirements are also applied to residential care staff employed in DCF-funded residential care facilities operated by external providers as part of the contractual terms and conditions for the funding arrangements.

*Assessment of carers and staff*

23. Only delegated DCF staff members are able to authorise carers and DCF does not distinguish between kinship and foster carers in the assessment process. All carers are required to have the same level of screening and assessment.
24. The recruitment process for kinship and foster carers includes the applicant's initial contact with the DCF (enquiry process), pre-service orientation and training, pre-assessment screening checks, assessment, approval and authorisation, and renewal of authorisation.
25. Kinship and foster carers are assessed against the requirements of the *Care and Protection of Children (Placement Arrangement) Regulations* which state that the Chief Executive Officer of DCF (**CEO**) may approve an individual as an authorised carer if he or she is satisfied that:
- the individual holds a valid Working with Children Clearance notice;
  - the individual is capable of meeting the responsibilities of a carer as described in Part 4 of the Regulations;
  - the individual is a fit and proper person to care for a child;
  - the individual will act in accordance with the objects and principles of the *Care and Protection of Children Act* (NT); and
  - every individual aged 15 years and above who resides with the applicant is a fit and proper person to have daily contact with a child.
26. DCF Staff are required to use the Carer Assessment Guidelines and the Authorised Carer Assessment report to record the decision-making process and its outcomes. Copies of the Carer Assessment and Approval Policy and Procedures and the Carer Assessment Guidelines are contained at Annexure C and Annexure D. A copy of the Authorised Carer Assessment Report template is contained at Annexure E.
27. The following topics are explored with the applicant, adult household members and other children residing in the home during the assessment process:
- motivation and capacity to provide care;
  - characteristics of and interaction between household members;
  - personal background;
  - social assessment;
  - relationships;

- health and wellbeing;
  - stress management; and
  - teamwork.
28. The decision to approve a person as an authorised carer is informed by evidence collected from a variety of sources including:
- the outcomes of the screening checks of the applicant and household members (Working with Children Check, Australia-wide Police History Check, Child Protection History Check, Medical Check, Home Environment Safety Check);
  - other reports and information related to the applicant's previous carer experience and personal attributes (including contact with other jurisdictions where the individual has been a carer, and contact with employers where that is considered relevant or necessary);
  - observation of and interviews with the applicant and his or her family;
  - observation and assessment of the home physical environment;
  - resources utilised through the assessment process (including notes and documents produced by carer assessment staff); and
  - feedback from trainers on the individual's skills, behaviours, and ability to comprehend relevant information.
29. The *Care and Protection of Children (Placement Arrangement) Regulations* enable carers to be authorised for a term of up to two years. As a matter of operational practice, new carers are only authorised for one year. At the end of their authorisation period all carers are subject to reassessment. Foster and kinship carers are subject to the provisions of the Carer Handbook, a copy of which is contained at Annexure F.
30. The *Care and Protection of Children (Placement Arrangement) Regulations* allow the CEO to review a carer's authorisation at any time. These reviews are conducted whenever a concern is received in relation to the carer or child, or when through the course of regular engagement DCF staff form a view that reassessment is necessary.
31. In the ordinary course, each kinship or foster carer assessment takes approximately 12 weeks to complete. For kinship carers, the requirement to assess all adult and mature members of the household can result in significant delays as kinship carer households can sometimes contain high numbers of adult occupants, and may also have a high turnover in household membership. Kinship carer placements are also often located in remote communities and there are significant financial and time costs and geographical constraints in conducting these assessments. As a result, timeframes to approve kinship carers exceed those for the approval of foster carers. Those difficulties notwithstanding, DCF has successfully recruited carers in remote communities and there are currently more than 60 remote places of care (being places outside Darwin, Alice Springs, Katherine, Tennant Creek or Nhulunbuy) that are caring for more than 70 children in care.

32. It is DCF's intention to increase home-based care options and additional positions have been dedicated to the recruitment, assessment and support of foster and kinship carers. As a result, in the last financial year DCF increased the number of foster and kinship carer households to 414 – representing an increase of 11% on the previous year and a 47% increase over five years. 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.
33. Despite these recruitment efforts and focus, the Northern Territory, does not have sufficient foster and or kinship carers to meet the number of children in care. In cases where home-based placements are not possible, shorter term options with a Family Day Care Educator are utilised.
34. The organisations providing Family Day Care are responsible for screening their carers and are subject to all of the standards and requirements governing the conduct of business as a long-day child care provider.
35. Where the child is not suited to home based care DCF can utilise residential care placements. DCF operates up to 16 residential care facilities and DCF employees a mixture of permanent, casual and contract staff. Residential care personnel have a job description which outlines their key responsibilities, with the primary objective being to “provide effective supervision, and support the safety and care requirements of young people in residential care services”. All employees are assessed against these criteria and must hold a Working with Children Clearance (Ochre Card). Where staff are engaged through labour hire agencies, those agencies are responsible for the assessment of staff. All residential care staff must comply with the DCF Residential Care Operational Manual, a copy of which is contained at Annexure G.
36. Six residential care providers are under contractual arrangements with DCF. These contracts require the organisations to deliver a therapeutic residential care service and to have staff screened and trained to deliver the service. DCF also has placements with non-government organisations through grant arrangements. Like contracts, these grants specify staffing ratios, training and staff support and these organisations are responsible for meeting these requirements. Finally, from time to time, DCF requests experienced non-government organisations to establish and provide homes for individual children under specific care requirements tailored to the child.
37. For each of the external organisations funded to provide out of home care services mentioned in the paragraph above, DCF requires that all staff meet certain requirements before being employed. These requirements are set out in contractual agreements and individual agencies are responsible for meeting these conditions and ensuring employees are appropriately assessed. For example, DCF's service specifications for general residential care requires providers and staff to submit a monthly roster and a report that identifies the number of staff who are involved in the provision of care within each residential place of care, the qualifications of those staff, any training undertaken by staff, and the number of direct care staff within the direct care staff team who are trained in Therapeutic Crisis Intervention.

38. DCF is progressively extending these service specifications to all contracted residential care providers.

*Training of carers and staff in identifying signs of sexual abuse in children, encouraging disclosures and responding to those disclosures*

39. Once approved, all foster and kinship carers are expected to undertake a program of pre- or initial-service training covering six modules. Training includes aspects of behaviour management; practical housekeeping; Aboriginal culture and cultural responsiveness; standards of care; charter of rights; concepts of 'safe' caring and protective strategies; risk management and safety; key documents for the child; understanding of harm and trauma; and managing stress and behaviour. This mandatory training is required to be undertaken before a child is placed with the carer, but in some unavoidable instances is undertaken shortly after the commencement of the placement. The modules on behaviour management, standards of care, safe caring and protective strategies deal with the identification of signs of sexual abuse in children, encouraging disclosures, and appropriate responses to disclosures of sexual abuse.
40. Additional modules are available to carers once they have completed their mandatory core training. These include elective and specialist modules and in that context DCF therapists are available to provide one-on-one psycho-education to carers in the issues of abuse and abuse prevention. Attendance at this additional training is managed by Carer Assessment and Support staff and tailored to the needs of the carer. Carers in urban areas are also invited to attend pre-service training in statutory child protection.
41. DCF has a dedicated training officer servicing the training needs of foster carers in the Greater Darwin region. The training officer has also provided support to the other regions; however it has proven difficult to provide comprehensive training for kinship carers in remote communities. As a consequence, DCF is increasing the level of "hands-on" support provided to kinship carers as a more sustainable and support of model in remote settings.
42. DCF provides residential care workers with training in Therapeutic Crisis Intervention and applied suicide intervention training. Professional residential care staff also undertake DCF's mandatory child protection training program, and orientation programs for residential care staff have been conducted on two occasions in the last 12 months. This orientation program covers a range of topics including Mandatory Reporting of Child Abuse, Duty of Care and Reportable Incidents and Responding to Sexualised Behaviour. In addition, as soon as practicable after commencement all new employees undertake training in applied first aid; applied suicide intervention; traffic light-sexual behaviours from birth to 18, and Aboriginal cultural awareness. Training participation and attendance is monitored through a monthly training report that is generated and sent to the OOH Executive.
43. DCF invites funded external residential care providers to participate in Therapeutic Crisis Intervention training.

44. DCF has recently conducted a public tender process for the purchase of a therapeutic model of care for DCF-operated residential care services. The contract was awarded to the Australian Childhood Foundation, and the services to be provided under that contract include the development and implementation of a therapeutic service model that incorporates ongoing training of all staff. The model and its training will also be offered to non-government service providers. DCF has also recently created a filled a dedicated Residential Care Training Coordinator to enhance training programs for carers employed by non-government service providers.

*How does the agency determine that National Standard 12 is implemented and monitored?*

*Does your agency have any other mechanisms to assess the effectiveness of the recruitment, assessment and training of carers and staff in residential care?*

45. Standard 12 requires that “Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care”. This standard is reflected in DCF Standards of Professional Practice and throughout DCF policy. A copy of the DCF Standards of Professional Practice is contained at Annexure H.
46. DCF produces a suite of reporting on the numbers of current carers, location of child placements, and carer registration status. Both children’s case managers and carer support staff engage with carers through regular interactions, and specialised carer assessment and support teams meet with and monitor foster and kinship carers. DCF has monthly contact with carers to assess and monitor their support needs and more frequent contact occurs when intensive support is required.
47. DCF funds the Foster Care Association of the Northern Territory to support and advocate for carers. The Association conducts its own training and peer support processes for carers.
48. External organisations providing residential care are required to produce performance reports to DCF in relation to their service delivery, staff training and qualifications.
49. DCF residential care staff are required to participate in monthly supervision with their manager. Supervision meetings cover matters relevant to wellbeing, performance and development opportunities.
50. The DCF Complaint Management System, Reportable Incident System and *Concerns about the Safety of Children in Care* policy provide mechanisms for alerting DCF about possible shortcomings in the quality of care that may result in a need for further assessment and training. Copies of the *Reportable Incident Policy* and *Concerns about the Safety of Children in Care* policy are contained at Annexure I and Annexure J.

51. Out-of-Home Care standards and monitoring processes are integrated into all current service agreements with external providers. Externally funded organisations providing residential care are required to produce performance reports to DCF on a regular basis in relation to their service delivery, compliance, staff training and qualifications, and DCF staff conduct site inspections and audits and meet regularly with external providers to review performance.
52. The Placement Unit within the OOHC Division also meets with all external service providers to discuss the placement of each child placed with that provider with a view to ensuring stability and ensuring that planned targets and outcomes such as school attendance and behavioural improvement are being met. Externally contracted service providers are also required to produce reports on their service delivery and compliance to DCF on a regular basis.

#### **E. Monitoring of Children in Out of Home Care**

53. The Royal Commission intends to examine the following specific matters in the context of monitoring children in out-of-home care:-
  - a. Who monitors children in out of home care, how is that monitoring carried out and with what frequency does it occur?
  - b. Practices which your agency has adopted in order to encourage disclosure by children of sexual abuse in out of home care
  - c. What is the mechanism by which other authorities for example, law enforcement, health and schools exchange information with the out-of-home care agency about risk of sexual abuse of the child in care?
  - d. Is there a requirement that your agency as an out-of-home care provider be accredited, registered or licensed or otherwise be subject to conditions about the provision of out of home care? If so, please describe those requirements?
  - e. What mechanisms are there for children in out-of-home-care to talk to someone outside the immediate out-of-home care placement?

*Who monitors children in out of home care, how is that monitoring carried out and with what frequency does it occur?*

54. DCF has different levels of trigger points to oversee and monitor the safety of children in out-of-home care. This includes pre-assessment (such as screening of carers and staff); contact and engagement with children in care around their safety and wellbeing; and system-wide monitoring (such as reportable incidents, and investigations of allegations of harm).
55. Case management of children in care is the responsibility of the case managers based in the three regional areas of DCF. There are approximately 200 qualified professional staff (comprised of social workers, psychologists and other relevant professions) who are responsible for providing and managing 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, in addition to a remote services workforce

comprising Remote Aboriginal Family and Community Workers, and Community Child Safety and Wellbeing Teams.

56. Under the *Care and Protection of Children Act*, each child in care must have a care plan that is reviewed initially at two months and every six months thereafter. DCF policy requires that caseworkers have contact with children in care at least once per month, and that this contact is meaningful and affords the child an opportunity to voice their opinions and any concerns.
57. DCF has experienced difficulties in meeting the requirement for monthly contact, and the percentage of children in care who have been seen by their specific case manager in a given month fluctuates between 40% and 60%. While this performance needs to improve in order to comply with policy, it is also recognised that the specification of monthly face-to-face requirements may be overly onerous, particularly considering the geographic limitations on service delivery in the Northern Territory. The requirement also does not afford sufficient recognition to the other forms of contact and engagement between children in care and staff in DCF. By way of example, children in DCF-run residential care facilities have daily contact with DCF employees, and access to In-care Support Therapists as well as non-case management staff and other non-government service providers and organisations.
58. 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.
59. The client information system incorporates various reports that enable Team Leaders and Managers to monitor and determine whether key case tasks (such as face-to-face contact and care plan reviews) are conducted in accordance with governing legislation and policy.
60. DCF requires staff to record and notify incidents that impact on any child in care. The generation of Reportable Incidents provides an opportunity for staff to document an incident formally, and to describe the actions that will be taken in response to that incident. Non-government care providers funded by DCF are also required to submit Reportable Incidents to DCF in relation to any child in the care of the CEO who is subject to an episode of concern. Ongoing analysis of reportable incidents enables the identification of facilities, children, workers or organisations that may require intervention.

*Practices which your agency has adopted in order to encourage disclosure by children of sexual abuse in out-of-home care*

61. The *Care and Protection of Children Act* requires the *Charter of Rights for Children and Young People in Care* (passed in January 2014) to be provided to all children entering care. This promotes each child's "right to feel safe and be protected" and includes contact information for the child's caseworker, the DCF complaints hotline and the Northern Territory Children's Commissioner. A copy

of the *Charter of Rights for Children and Young People in Care* and the information sheets made available to carers and staff is contained at Annexure K.

62. The DCF Mobile Outreach Service Plus team provides counselling and community education in preventing, and responding to, trauma from child abuse and neglect, including sexual assault. Community education is effective for raising awareness of approaches to prevent and respond to trauma from child abuse and neglect. The Mobile Outreach Service Plus service ensures cultural safety in the delivery of counselling through the cultural advice of the Aboriginal Therapeutic Resource Officer, who is partnered with a qualified counsellor.
63. The Child Abuse Taskforce (a joint Northern Territory and Federal Police and DCF initiative) and the Mobile Outreach Service Plus teams deliver protective behaviour services to children. The Mobile Outreach Service Plus has had a specialised Sexual Assault and Problem Sexual Behaviour team in place since January 2012. Senior Aboriginal Community Workers within the Child Abuse Taskforce were trained in Protective Behaviours in 2013. DCF also funds the National Association for the Prevention of Child Abuse and Neglect to deliver a service that is based on advocacy and the promotion of child safety, wellbeing and rights in the Northern Territory.
64. In the Northern Territory, the Ruby Gaea Darwin Centre against Rape, funded through the Department of Health, provides an education program in Darwin High Schools, specifically targeting prevention of sexual violence and development of respectful relationships.
65. The Northern Territory Department of Health also runs a Sexual Assault Referral Centre which provides a range of services, including counselling to both adults and children who may have experienced (recently or historically) any form of sexual assault. This includes medical examination of children where child sexual assault is suspected in an environment where disclosures are encouraged.

*What is the mechanism by which other authorities for example, law enforcement, health and schools exchange information with the out of home care agency about risk of sexual abuse of the child in care?*

66. The Northern Territory has universal mandatory reporting. Under s 26 of the *Care and Protection of Children Act*, any person who believes that a child has suffered or is likely to suffer harm must report that suspicion to DCF or the Police. Criminal penalties apply to individuals who do not report suspected abuse or concerns about a child.
67. In addition to the mandatory reporting regime, Part 5.1A of the *Care and Protection of Children Act* enables particular persons and bodies (including government agencies, carers, education providers, drug or alcohol treatment services, medical service providers, mental health service providers, allied health practitioners, lawyers and police officers), to share information about the wellbeing of a child without breaching privacy or confidentiality provisions.

68. Authorised information sharers may share information with any other authorised information sharer about a specific child or group of children. Information may be shared if the person or body in question has a reasonable belief that the information would help the recipient take a specified action in relation to a child or a group of children. Information that can be shared includes information about parents, carers, siblings or others if it relates to the child's safety or wellbeing.
69. More directly, DCF has staff based within the Northern Territory Police Child Abuse Taskforce that includes both Northern Territory Police and Australian Federal Police. All sexual abuse investigations are referred to and led by the Child Abuse Taskforce.
70. In targeted remote locations, Community Child Safety and Well-Being Team (**CCSWT**) practitioners develop a comprehensive understanding of the service provider networks in their communities and forge productive relationships across government and the community sector. A key component of CCSWT is the convening of local multi-agency forums to deal with the cases of individual children and families of concern, subject to family consent. The CCSWT service provides a community-based, interagency contact point for the early identification of children at risk and subsequent intervention where a community capacity response is required to ensure the safety and wellbeing of children in the community.

*Is there a requirement that your agency as an out-of-home care provider be accredited, registered or licensed or otherwise be subject to conditions about the provision of out-of-home care? If so, please describe those requirements?*

71. Not applicable.

*What mechanisms are there for children in out-of-home-care to talk to someone outside the immediate out-of-home care placement?*

72. As already described above, DCF policy requires caseworkers to visit children in care at least once a month and that this contact is meaningful and affords the child the opportunity to express their opinions and any concerns.
73. Every child in care is given opportunity and encouraged to maintain appropriate, positive relationships with significant people in their life (provided those relationships do not compromise the child's safety). This enables children in care to maintain contact with people they trust and provides a further avenue through which the child may voice any concerns.
74. Children in care participate in placement review meetings with the OOHC Division, and also have ongoing relationships with therapeutic services, other professionals, other DCF staff, and non-government service providers and organisations.
75. The *Charter of Rights for Children and Young People in Care* includes contact information for children who are not happy with their care or who consider that their rights are being compromised. This information includes contact details for

the child's caseworker, the DCF Complaints Management team and the Northern Territory Children's Commissioner. An age-appropriate version of the Charter of Rights is provided to children in care. If the child is too young to understand even an age-appropriate version, a copy of the Charter is provided to his or her carer. Copies of the Charter are also displayed in all DCF-operated residential facilities.

76. In a more general context, DCF will be participating in the National Survey of the Views of Children and Young People in Out-of-Home Care which will be conducted and reported nationally every two years (commencing in March 2015). The survey will obtain the views of children and young people in care in the Northern Territory about certain aspects of their experiences living in out-of-home care.

#### **F. Systems, Policies, Practices and Procedures for Reporting Allegations**

77. The Royal Commission intends to examine the following specific matters in the context of systems, policies, practices and procedures for reporting allegations:-
- a. What are the requirements or practices for reporting allegations of child sexual abuse within the agency?
  - b. What are the requirements or practices for reporting allegations of child sexual abuse outside of the agency?
  - c. What data is collected of these reports?
  - d. With which agencies or authorities does your agency exchange information about these reports?
  - e. Merits of a consistent national approach.

*What are the requirements or practices for reporting allegations of child sexual abuse within the agency?*

*What are the requirements or practices for reporting allegations of child sexual abuse outside of the agency?*

78. As already described above, the Northern Territory has a mandatory reporting regime established under s 26 of the *Care and Protection of Children Act*. If DCF receives a report or notification of an allegation of child sexual abuse, or if any DCF employee or contractor has concern that a child in care has suffered harm or is suffering or likely to suffer harm, or if a child in care makes an allegation of sexual abuse, that report, concern or allegation must be referred to Central Intake Team where it will be recorded as an Intake.
79. When Intakes are received regarding allegations of sexual abuse or exploitation, the DCF Central Intake Team refers the notification to the Child Abuse Taskforce (comprising Federal and Northern Territory Police and DCF staff). The Child Abuse Taskforce will determine which notifications will receive a joint criminal and child protection investigation.
80. Standards 2.9 to 2.11 of the DCF Standards of Professional Practice provide that DCF staff must ensure children in care understand their rights, raise concerns and respond professionally to adverse events and complaints. Standard 6.10

requires that children and carers are aware of their responsibility to report critical incidents and standard of care concerns, and Standard 6.11 requires DCF to take immediate action to resolve all issues, concerns and allegations.

81. In addition, the Reportable Incident policy requires all DCF staff and contracted caregivers to report incidents pertaining to any child in the care of the CEO. The placement agreement requires a carer to notify an authorised person within DCF immediately if a child: (a) is missing, has a major accident, or suffers serious illness or death; (b) any proposal for the child to travel outside the Northern Territory; and (c) any proposed change of address by the carer.
82. Foster carer induction training includes information on mandatory reporting, and the Foster Care Handbook contains details of the Child Abuse/ Child Protection Hotline. The Foster Care Handbook informs carers that should they be the subject of an allegation of inappropriate conduct, DCF will take steps to investigate and resolve the allegation as quickly and transparently as possible, to ensure the safety of child.
83. Both Intakes recorded in relation to children in care and reportable incident forms are directed to the Internal Review Unit (**IRU**), which oversees a whole-of-Department response to allegations and reports of harm or exploitation experienced by children in care.

*What data is collected of these reports?*

84. Central Intake records allegations of concern for the safety of children in care in the form of a child protection report. All reports to the DCF Central Intake are recorded on the Department's case management system (CCIS) against the subject child and/or children. The recorded details include the location, reported harm types, date of incident and alleged 'person believed responsible' amongst other details.
85. In the course of a standard Intake the allegation is assessed by a qualified professional using internationally recognised assessment and Structured Decision-Making (SDM) tools. These tools prompt professional staff to review the child's and his or her family's child protection history, to ascertain the views of third parties, and to assess the severity of the alleged harm against an actuarial model. This assessment determines whether the concerns require a departmental response, and the priority of that response.
86. Prior to August 2014, allegations about the safety of children in care followed this process. This led to some concerns 'screening-out' following assessment using the tools as the allegations did not fall within definitions of parental harm or neglect. A proportion of the concerns would instead have been dealt with through a 'standard of care' or 'breach of duty of care' process that was not captured on the client case management system.
87. Under the current *Concerns About the Safety of Children in Care* policy implemented in 2014 all allegations relating to the harm of a child in care

proceed for further action. Any allegation received is opened as a child protection investigation case requiring departmental response.

*With which agencies or authorities does your agency exchange information about these reports?*

88. At the point of receiving an allegation the IRU convenes a coordination meeting comprising DCF representatives including the staff selected to investigate the allegation, the child's case manager, the carer assessment and support team, the OOHC Placement Unit, contracts and grants management, human resources, and any other relevant DCF personnel. This meeting draws on the collective roles and responsibilities to ensure the child is safe, receives appropriate treatment, that staff or carers are stood down, and that the reported allegation receives a coordinated response.
89. This procedure is designed to address concerns that past practices may have inadvertently focused solely on investigation, or trauma response, or corrective action, without all elements effectively working together.
90. Through this process it may be that a funded residential care provider, carer, employee, family day care company, foster care association or Union is informed of some elements of the allegation.
91. The Northern Territory Children's Commissioner, the Australian Institute of Health and Welfare and the Productivity Commission collect and are provided details of the number and type of allegations concerning children in care.

*Merits of a consistent national approach*

92. As with most areas of government activity, a nationally consistent approach to the principles and definitions to be applied in receiving and dealing with allegations of sexual abuse is theoretically desirable. However the size, nature and dynamics of each jurisdiction would make a nationally consistent process or operational response difficult to deliver.
93. The existence of the mandatory reporting regime in the Northern Territory has removed doubt or ambiguity concerning what matters must be reported and effectively ensures a consistent approach across the Northern Territory.
94. Similarly, DCF's current policy in relation to reporting means all allegations about children in care are accepted for a response. This has removed a level of contention concerning certain categories of possible harm to a child in care (mainly those that may constitute neglect or emotional harm) that may not have previously received a formal response.
95. One advantage of the Northern Territory's relatively small population and relatively centralised OOHC system is that it has been able to establish an IRU that can receive and assess all allegations relating to children in care and draw together key functional managers to coordinate timely responses that lead to better client outcomes. This system would be difficult or impossible to implement

in larger Departments and jurisdictions where out-of-home care functions are separated and outsourced across multiple agencies and providers.

### **G. Systems, Policies, Practices and Procedures for Responding to Allegations**

96. The Royal Commission intends to examine the following specific matters in the context of systems, policies, practices and procedures for responding to allegations:-
- a. What does the agency do about each allegation of child sexual abuse of a child in out-of-home-care which is reported to them?
  - b. What data is collected about these actions?
  - c. With which agencies or authorities does your agency exchange information about these responses?
  - d. Merits of a consistent national approach.

*What does the agency do about each allegation of child sexual abuse of a child in out-of-home-care which is reported to them?*

97. Amendments to the *Care and Protection of Children Act* in 2013, which commenced on 1 January 2014, incorporated additional powers to investigate allegations or concerns that a child in care has suffered, is suffering, or is likely to be suffering harm or exploitation. These powers enable DCF to inspect a place, and to exercise an effective investigative function. The new provisions operate to permit the CEO:
- to conduct investigations about allegations of suspected or potential harm or exploitation relating to a child who is in the care of the CEO (s 84A);
  - to make inquiries of designated persons in order to monitor the wellbeing of children in care (s 83B); and
  - to request and access information within an investigation with provision for the protection of those who provide that information.
98. As already described above, the policy *Concerns about the Safety of Children in Care* was implemented on 1 August 2014. The Policy covers any concerns about safety that may present in out-of-home care, including exploitation and sexual abuse. The focus of the policy is to ensure a coordinated and whole of Agency response to concerns, reports and allegations of this nature. The 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 whole of Department response is recorded. The policy also established an IRU responsible for the facilitation, coordination and monitoring of all investigations into these concerns.
99. Under these legislative and policy arrangements all notifications are accepted for further assessment and/or investigation regardless of the type of living arrangement, the person against whom the allegation or report is made, or the location where the concerns arose. For example, this would cover:

- a child in care who is self-placing and harmed by an unknown member of the public;
- a child in residential care who is alleged to have been assaulted by another child in care; and
- a child in care who is harmed during reunification.

100. All reports, allegations and concerns that suggest a child in the care of the CEO has suffered, is suffering, or is likely to suffer harm or exploitation are assessed using the investigative powers conferred by s 84A of the Act. All other reports, allegations and concerns that do not fall within the scope of s 84A are assessed using the powers of inquiry conferred by s 83B of the Act.

101. The IRU conducts daily monitoring of all reports to DCF Central Intake concerning children in care and oversees the whole-of-Department response to allegations and incidents of abuse. This response includes ensuring:

- that the child's case manager engages the child and provides appropriate support through the investigation process;
- that the OOHC Division reviews the safety of the placement for this and other children as well as providing necessary support to any carer or staff member;
- that the investigating unit performs its role in a timely way; and
- that all reports and allegations of sexual abuse of children in out-of-home care are reported to the Police and investigated.

102. The IRU is co-located with the Practice Integrity team within the Professional Practice Division. This team is the central point of receipt of DCF Reportable Incidents and Complaints and conducts internal case reviews. The co-location of these functions enables the Practice Integrity team to monitor recurring issues for clients, places of care, staff and service delivery and to develop strategies to promote continuous quality improvement.

*What data is collected about these actions?*

103. Documentation of the departmental response to reports or allegations of abuse or exportation is housed in a dedicated Child Protection Investigation case independent of the child's Substitute Care case on the CCIS case management system. This recording methodology ensures that the Departmental response to each concern for children in care is transparent and not lost within the broader context of the child's case record.

104. It also means that, as from August 2014, DCF can report on the number of allegations received relating to children in care, the date the investigation commenced and closed, the outcome of the investigation (i.e. substantiated or unsubstantiated), and the primary harm type reported and, where relevant, substantiated. Further details are contained in the uploaded investigation report, case coordination meeting minutes and other relevant documents (e.g. interview notes, safety assessments, etc).

105. Investigations that substantiate that a child in care has suffered, is suffering or is likely to suffer harm or exploitation are all reported to the Northern Territory Children's Commissioner, who is able to access the investigation report and review the child's file to determine if DCF actions in response to the incident are appropriate and adequate.

*With which agencies or authorities does your agency exchange information about these responses?*

106. Allegations of harm that may constitute criminal activity will ordinarily be identified at the point of intake and referred to the Child Abuse Taskforce which determines the appropriate police and child protection response. If this has not occurred, and in the course of the investigation evidence of criminal activity subsequently arises, the Child Abuse Taskforce will be notified by the investigating staff.
107. Under s 84C of the *Care and Protection of Children Act*, the CEO must report to the Children's Commissioner all investigations where a child in care has suffered harm or exploitation.
108. DCF communicates the outcome of investigations to involved parties, including the person against whom the allegation is made, his or her employer, and the working with children Screening Authority.

*Merits of a consistent national approach*

109. As with most areas of government activity, a nationally consistent approach to the principles and definitions to be applied in responding to allegations of child sexual abuse would be theoretically beneficial. However the size, nature and characteristics of each jurisdiction would make a nationally consistent process or operational response difficult to deliver.

#### **H. Systems, Policies, Practices and Procedures for Supporting Children Who Have Been Sexually Abused in Out-of-Home Care**

110. In the context of systems, policies, practices and procedures for supporting children who have been sexually abused in out-of-home care, the Royal Commission has asked, "What does your agency do to support children who have been sexually abused in out-of-home care including providing counselling, support services, specialist services, financial assistance or recompense while in care and after exiting care?"
111. DCF provides a range of therapeutic and trauma response services to children in care, including children who may have been sexually abused in care. These children have access to specialist support through DCF's In Care Support team (comprising qualified counsellors), the Mobile Outreach Service Plus team, or through external parties including the Department of Health's Sexual Assault Referral Centre and private therapists.

112. The care plan of any child who has experienced trauma must identify the child's needs and identify strategies to meet these needs. This includes articulating the support services required and to be provided if the child is sexually abused while in care.
113. Children who have been harmed whilst in care can receive support to lodge a victims of crime compensation claim, and through a process currently being formalised DCF will refer all substantiated abuse cases to the Solicitor for the Northern Territory for that purpose.
114. All young people exiting care must have a leaving care plan. Where a child has been sexually abused in care, provision can be made in the leaving care plan for ongoing counselling.

#### **I. National Initiatives**

115. In the context of national initiatives, the Royal Commission has asked, "What has your agency done to support outcomes 2.2, 6.1, 6.2 and 6.4 of the National Framework for Protecting Australia's Children 2009-2020?"
116. Centrelink, Medicare and the Child Support Agency, as well as all State and Territory child protection agencies, are currently parties to the Information Sharing Protocol between the Commonwealth and Child Protection Agencies.
117. As already described above, Part 5.1A of the *Care and Protection of Children Act* enables particular persons and bodies having responsibilities for a child to share information to ensure the safety and wellbeing of a child.
118. The Northern Territory has participated in inter-jurisdictional discussions on the ongoing operation and effectiveness of Working with Children Clearances (**WWCCs**). The Northern Territory has maintained in-principle support for implementation of the WWCC national exemption project, but has flagged that the exemption-related amendments in the Northern Territory will be tied to a broader set of amendments to the Northern Territory WWCC provisions.

Dated: 17 February 2015

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