Northern Territory Council of Social Service Inc.

'Growing the NT fairly'

NTCOSS Submission to Northern Territory Government Department of Children and Families

Through the Eyes of a Child: Improving Responses to Victims of Child Sexual Abuse and Criminal Neglect Discussion Paper
Consultation Response Document

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Introduction

The Northern Territory Council of Social Service (NTCOSS) welcomes the opportunity to provide input to the Department of Children and Families discussion paper "Through the Eyes of a Child: Improving Responses to Victims of Child Sexual Abuse and Criminal Neglect.

NTCOSS is a peak body for the community sector in the NT and is a voice for people affected by social and economic disadvantage and inequality. The community sector in the Northern Territory is made up of community managed, non-government, not for profit organisations who work in social and community service delivery, sector development and advocacy.

The community sector plays a vital role in creating social wellbeing for all Territorians and in building safe and healthy communities by providing services that enable people to access and participate in health services, education, employment, economic development, and family and community life.

NTCOSS represents a service sector with a high level of contact with children and their families who are impacted by child abuse and the subsequent service response system.

NTCOSS, on behalf of its member organisations, welcomes the opportunity to provide a consultation response concerning the improvement of responses to victims of Child sexual abuse and criminal neglect. The importance of a bi-partisan approach concerning Child protection was stressed by the organizational representatives. Participants stressed their concern that over the last decade a number of robust, well researched reports with recommendations were produced but this valuable information appears to have lost its importance. There appears to be no continuity in service provision models and these models and approaches change as the political and bureaucratic context change. How can we achieve a safe and stable environment for children if service models and policies, ideas and implementation processes keep changing within a short time frame? Therefore a bi-partisan, whole of government, approach is seen as critical in order to provide some stability and better outcomes for children and their families in the Northern Territory.

It needs to be mentioned that participants commented on the lack of background information, the lack of detail in the discussion paper concerning the proposed model and the lack of a clear rational for choosing this model. The discussion paper provided detailed information about current Government services responding to child sexual abuse and criminal neglect yet, is lacking specific information about

Child Advocacy Centres (CAC), why DCF beliefs this model will enhance the care for children, what the core elements of this approach are and learnings from its implementation in other locations. It merely refers to one aspect of CAC, namely the aspect of "improving service coordination and support" and "how a multidisciplinary team responds. It is unclear how this is envisaged in the Northern Territory, especially in remote areas.

1. What should the objectives of the redesigned service model be?

A redesigned service model needs to have a number of different objectives. These objectives need to focus on the child and their families as well as other areas.

- Child friendly interventions and the implementation of child friendly strategies and practices (no re-traumatisation – re-victimisation)
- A child centred response to facilitate their recovery from the complex trauma they have experienced. Co-ordinated by a "team around the child" or Care Team approach. The team should be coordinated by a child advocate external to the services involved.
- Enhanced protection of children generally and during DCF process
- Empowerment and involvement of Children and their families
- Significantly better outcomes for children and their families re their needs
- Healing from distress and trauma via trauma informed service provision/framework
- Better coordination, information sharing, planning and decision making
- Ensure the "the best interest of the child" without compromising the Aboriginal Child Placement Principle and the UN Convention on the Right of the Child
- Improved evidence gathering and prosecution of offenders
- Increased accessibility of services for Children and families, especially in remote areas
- Culturally competent response to cater for the high number of Aboriginal children as well as children from Culturally and linguistically diverse backgrounds

2. What should a child-centered service model look like?

Participants mentioned during the consultation session, that Child protection processes are currently not reflecting and pursuing the needs of children and young people. Concerns were raised that risk adverse administrative processes, staffing changes and fiscal constraints limit the focus on the needs, experiences and inclusive perspective of children and Young people. Hence, the willingness and interest to pursue new avenues is welcomed as the current care and protection system is not seen as meeting the needs of children and neglects to provide young children with nurturing and secure relationships.

During the consultation participants spent some time discussing the concept of a child – centred service model and how applicable this concept is in the Northern Territory. It was seen as important to note that children cannot be seen in isolation from their families and communities. "It is a child *in* family rather than a child *or* family focus (D. Scott & O Neill, 1996).

Different aspects which underpin child-centred practice have been identified as follows

- Recognizing critical time frames in childhood and adolescence including assisting children and young people as early as possible – early in life and early in the life of the problem (National Crime Prevention, 1999)
- Taking into account the developmental needs of children and young people in all interventions
- Providing children and young people with appropriate opportunities to participate in decisions that affect them
- Promoting a collaborative approach to influencing children's multiple environments as well as the interactions among these environments (Bronfenbrenner, 2004)

It was stated that it is important to look at programs and models which were developed and introduced previously like the Family Group Conferencing (FGC) model implemented in Alice Springs in 2009. The model focused on a family decision making process between the family, kinship group, children and young people and DCF with an independent facilitator (Arney et al, 2012). This model developed a partnership agreement between the parents, other interested parties and DCF, which was then incorporated into the child's care plan (Arney et al 2012).

This model was derived in New Zealand and has been adopted by a number of different states in Australia. This approach was seen as an empowerment and advocacy model for families and their children as it provides the right of families to be involved in the decision making process, is consistent with the Aboriginal Placement Principle and can be modified to be adapted to the local context (Arney et al 2012). It is worth noting that in NSW a reduced number of Children in Out of Home care, improved educational experiences and improved family relationships was attributed to the adoption of the FGC (Holland et al, 2003). It can be said that models like the Family Group Conferencing should be implemented wherever possible to enhance the participation of children and young people in the child protection process.

The Menzies evaluation identified further that the location of the FGC service needs to be on neutral ground to enhance family involvement (Arney et al, 2012). Unfortunately the service was discontinued and reasons for this are unclear.

The importance of a care team coming together and co-ordinated by the advocate identifying the child's need as a result of the trauma was highlighted. The broader role could be to facilitate the service delivery aspects to meet firstly the child's safety but also the requirements of law enforcement, child protection, legal and other support services.

The DCF discussion paper refers to a government child advocacy model as a child centered approach. During the consultation it was mentioned that some organizations already developed child centered services – family advocacy models based on an identified need to improve outcomes for Children and Young people in the child protection system or at risk of entering the CP system. The underlying belief is to provide children, young people and families with a direct or indirect opportunity to express their ideas, wishes and plans via a worker who they trust. The aforementioned is of great importance as child protection processes, language used and paper work can be very alienating and a barrier to a meaningful engagement. Yet, NGOs already have the engagement, trust and relationship with the children, young people and families and can take on an advocacy role.

The concept of 'child advocacy to achieve a child centered approach 'created some discussion as aspects mentioned in the DCF discussion paper were unclear. Participants were unclear whether there will be a newly funded service/position to take on the advocacy role or whether it is envisaged to be a shared role amongst government departments (if so, will there be

continuity throughout the child protection involvement?) If a separate service program is planned – would it be located within DCF? Participants shared their belief that an advocacy service should be located in the NGO sector. The timeframe for child advocacy and involvement with the child, young person and family also appears to be unclear?

The high number of neglect notifications is outlined in the Children's Commissioner Annual report. The high number of neglect has been identified as an issue for a few years (2014). The Children Commissioner's report also identified the high number of Aboriginal children in the child protection system. Professionals have commented on the concentrated systemic disadvantage experienced by Aboriginal people in the NT. Hence it cannot be ignored that a link exists between neglect and poverty experienced by Aboriginal children. Aboriginal children bear a disproportionate burden of poverty and the impact it has on their development. Taking a child/family centered approach is essential to address the cycle of poverty, and the lack of access to services that restrict children's capabilities, potential and their safety. An approach is required, which addresses effective ways to address poverty, ill health, inadequate nutrition and limitations of poor or no education as a preventative strategy.

Currently different models of Child advocacy exist and the DCF discussion paper briefly refers to the Child Advocacy model (CAC). However the discussion paper only appears to focus on one aspect of a CAC, namely the involvement of a multidisciplinary team. The founder of the CAC in Alabama, United States, aimed to get more successful criminal prosecutions of child sex offenders as well as create more human and friendly conditions for children who were submitted to multiple interviews and inquiries in police stations, hospitals and social service offices (Guobrandsson, 2015). This endeavor started in the 80s and has been implemented across the world. A children's Advocacy Center provides a comfortable, private, child friendly setting that is both physically and psychologically safe for diverse populations of children and their families (Guobrandson, 2015).

Standards for CAC were developed to meet the accreditation with the National Children's Alliance. The standards below reflect the aim of housing child friendly, professional and quality services for child victims of sexual abuse under one roof.

- **Child –appropriate/ child friendly facility:** a comfortable, private setting that is both physically and psychologically safe for clients
- **Multidisciplinary team:** includes Child protection, Law enforcement,

prosecution, mental health, medical

- **Organisational Capacity:** legal entity responsible for program and fiscal operations, basic admin
- **Cultural competency and diversity:** policies, practices that are culturally competent
- **Forensic interviews:** avoid duplication
- **Medical evaluations:** specialized medical evaluation and treatment as part of the CAC team response
- **Therapeutic intervention:** specialized mental health services as part of team response at investigation and throughout subsequent legal proceedings
- **Victim support/ Advocacy:** as part of team response throughout the investigation and subsequent legal proceedings
- **Case review:** team discussion and information sharing regarding the investigation, case status and services needed by the child and family, to occur routinely
- **Case tracking:** system for monitoring case progress and tracking outcomes, suitable for all team components (Natalie Hall, 2006)

Evaluations and research results have been published on CAC's effectiveness and outcomes for children and their families. Findings were higher rates of parent and other caregiver satisfaction; children being less scared, faster law enforcement, improved medical examinations and better cost efficiency. (Jones et al, 2007). The National children's Alliance highlights that "*CACs bring together, in one location, child abuse professionals who can support the needs of the child victims and their families*" (National Children's Alliance 2007)

CACs are recommended by international and professional bodies such as the Council of Europe, the Lanzarote Committee and the Congress of Local and Regional authorities, Guidelines of Child friendly justice (2010) and the International Society for the Prevention of Child Abuse and Neglect (Guobrandsson,2015). Furthermore the United Nations Conventions on the Rights of the Child relate directly to the CAC model in that it meets article 3, 19, 34 and 39 (Guobrandsson, 2015)

An idea generated during the consultation session, which is very much related to the CAC, was the development of a one stop shop model. This was seen as a place where different issues can be addressed e.g. medical, police and where the needs of the child are paramount. This idea is seen as an opportunity to develop a very specialized child friendly collaborative service

response, which focuses on the needs of the child and young people with a trauma informed framework

The discussion paper provided by DCF appears to provide a very watered down version of the original CAC model which appears to have been very successful internationally. NTCOSS believes strongly that the children, young people and families of the Northern Territory deserve better, especially in light of the challenging socio- economic situation experienced by the families.

To introduce another model, reduced to a bare minimum, not adequately resourced and possibly doomed to failure is not a fair and just approach. Piecemeal intervention models are not the way to address this very challenging and difficult field of work. We invite DCF to enter into a genuine ongoing consultation process between the government and non-government sector to develop an effective child-centered/family approach, which does not re- traumatise children during the intervention process.

3. How could services be more cooperative and coordinated to respond to a child in situations of sexual abuse or criminal neglect?

We need common frameworks, common language across the sector, common training, shared agendas e.g.

- Trauma informed practice
- Strengths based
- Signs of safety
- Cultural competence
- Models of attachment
- Aboriginal family decision making
- Child development models- child rearing practices etc.

The integration of the Sexual Assault Referral Centre (SARC) to the Health sector has meant improved relationships with the health system and has ultimately achieved the availability of forensic assessments for children in Alice Springs. This is still an issue for children from remote areas though, who would at times have to travel long distances to access forensic services.

A coordinated care team approach facilitated by a child advocate, who advocates and stands with the child, would have only the necessary services involved, working within an agreed planned response which would coordinate service delivery and remove duplication.

Another aspect to consider is a shared understanding and response concerning worker safety. Workers who notify need to be assured that they

are safe and can continue the work they love doing. Their safety should not be compromised by actions of other key players.

The shared use of assessment tools such as the SDM tool (structured decision making) ,which are currently being used by both Central Australian Aboriginal Congress and NPYWC, are an important tool to understand decision making processes better.

The collaborative forums such as the DCF/NGO partnership meetings in Alice Springs and CAFVSAN have been really powerful in sharing information, addressing issues and have been instrumental in building on ongoing working relationships.

The cross sector orientation workshops in Alice Springs have been really worthwhile for service providers as it is a forum to share information, network and reflect on practice.

The Family Safety Framework introduced in 2012 in Alice Springs to address Family and Domestic Violence is seen as a positive example for coordinated and cooperative approaches. The Family Safety framework, which is now a component of the NT Integrated Response to Family and Domestic Violence, was introduced to ensure that safety is at the centre of the response to Family and Domestic Violence and to improve coordination amongst agencies. The framework includes a number of components such as a common assessment tool, interagency referral process, information sharing protocols and regular safety meetings. This framework has been introduced as a whole of government approach across the NT. A similar framework needs to be considered for Child Protection.

The Regional children and families partnership group (DCF & NGOs) in Alice Springs and Tennant Creek developed collaborative Practice Guidelines to enhance the working relationship between DCF and the NGO sector. This document is a reflection of the commitment to work together and to promote best practice in supporting the health and well being of children and young people, their families and community (Collaborative Practice Guidelines, 2012).

A number of different Partnership documents have been developed which aim to improve the coordination and collaboration between agencies.
Below are references, which might be of interest

- Opening Doors through Partnerships, SNAICC 2012
- The Partnership handbooks (1&2), Flo Frank and Anne Smith, 2000
- The Partnership Practice guide, Department of Human Services and Department of Health in Victoria, 2011
- Effective Practices for Service Delivery Coordination in Indigenous Communities, AIFS Resource sheet No 9

4. Does service duplication occur or are there gaps in current service delivery and if so how do you think this could be addressed?

Duplication

Duplication might occur inadvertently because the initial assessment was limited to one aspect only and did not consider all aspects of a child's circumstances, which might require a referral to another service when this could have been provided in the first instance.

Gaps

The Department of Families and Children has recently developed a Family Intervention Framework and an integral aspect is family centered practice. For the purpose of this discussion paper feedback is sought in relation to a child-centered model. Both are different and it is seen as important that the Department is consistent within their own departmental areas of work and provides a consistent model and continuity in their approach. The conflicting theoretical approaches are rather confusing and this needs to be addressed internally and made transparent.

One key aspect identified is the lack of consistency and continuity in service provision for children and young people. This is mainly due to the fact that the child is following the funding whereas the funding should follow the child e.g. age specific therapeutic services. Once a child reaches a certain age the eligibility criteria ceases rather than being based on need. This interrupts the therapeutic process, safety and advocacy process. This issue is a challenge as it relates in some instances to state and commonwealth funding agreements.

Gaps in service delivery occur because of the fragmentation of services for instance SARC have a response relating to sexual abuse – OoHC support have a response too for children in Out of Home Care– but both are limited to their mandate. The NGO sector often has a response that has a wider service delivery range than the Government sector.

One service advocating for the child and coordinating service delivery would identify clearly the child's needs and the best interventions to address these which would go a long way to alleviate duplication and gaps in service. For example – a child who was sexually abused was referred to SARC and also Relationship Australia (RA). Because SARC had engaged RA did not at the time accept the referral. Later it was identified that the child had also suffered neglect. SARC closed their involvement because they had addressed

the sexual abuse. The child was re referred to RA and engagement with the family and the child needed to be carried out by a new worker and service whereas if the needs of the child had been clearly identified following the sexual abuse disclosure a service that more fully addressed the child's needs could have been initially engaged**.**

A Charter of Rights for children and young people in care in the NT was developed by the NTG. This Charter of Rights should be extended and apply to children and young people as soon as they enter the Child protection system.

As an ongoing issue and a major gap mentioned during the consultation was the lack of current care plans for children and young people. This aspect was also identified in the Children's Commissioner's Annual Report (2014). Care plans are a vital tool to address the protection and care needs of children and young people who have been assessed as being in need of protection. The care plan will provide a clear statement about why the child is in need of protection and the roles and responsibilities of all participants in addressing the child's protection, cultural identity and care needs. The care plan provides the structure for the ongoing intervention that will occur with the child and their family. However, care plans are not consistently being developed and if so children/ young people and key stakeholders are not involved in developing the care plan. FGC provided an ideal avenue to develop care plans and ensured that the needs of vulnerable and at risk families, who have multiple and complex needs, were being met.

Lack of service provision in remote areas is a major gap. The therapeutic support for children and young people and their families is extremely limited. Children and young people need to travel to access support in Alice Springs or Darwin, which can be very unsettling.

Ongoing training and support for Kinship, relative and foster carers is paramount. The support mechanisms should be identified in the care plan which might include psychologists, remedial teachers, respite care and other health services, depending on the child's needs. Hence the importance of having current and up to date care plans developed and clearly identified support strategies needs to be emphasised. Training might involve sharing of information about changes of internal processes as well as sharing knowledge about new developments, scientific knowledge e.g. how trauma effects brain development and subsequent impact on children and young people. In addition to the care plan, carers need to be able to access support

systems flexibly and when required.

The lack of sexual and reproductive health education programs in schools is a big gap and should be included in the school curriculum. This needs to be presented in a culturally safe way and assist young people to gain a better understanding and knowledge about sexual and reproductive health.

The discussion paper does not make reference to any preventative strategies. The development of a sexual assault prevention strategy is highly recommended. The development of a strategy should be progressed in collaboration with key stakeholders and networks as well as with Aboriginal women who hold the cultural authority.

5. What systems or process can you identify that would decrease the risk of further trauma to the child and their family?

Schmied et all (2006) reviewed models of service delivery and interventions for children and young people in NSW. Their findings concerning positive improvements for children and young people with high needs were related to "*consistent, high quality and coordinated services and care which offer continuity of positive relationships and systematic therapeutic interventions*"(Schmied et al, 2006:6)

The Healing Foundation identifies the importance of being aware about the extend of intergenerational trauma experienced by the child/young person's family, as this will have to guide the intervention and therapeutic approach required (2013). It was stated by the Healing Foundation that "*critical to healing is an emphasis on restoring, affirming and renewing a sense of pride in cultural identity, connection to country and participation in community*" (2013:4) .

A suggestion was to have a Child's advocate clearly identifying the child's needs and coordinating the service delivery in meeting these needs and coordinating the response to avoid unnecessary duplicating and working alongside the child to support the child in the process.

It was mentioned that for the child's needs to be met, work and support for the family/carers in order to stabilise the family is critical, as no therapeutic intervention is successful without a stable environment. This process would best be coordinated by an "advocate service".

It was stated that the development of a care plan very early in the intervention and to have all key stakeholders involved in this process is critical to avoid confusion and uncertainty for the child, young person and family. The care plan should support a child's and young person's relationship and family connections and the young person should be an active agent in the process. Key stakeholders should be provided with copies of the mutually developed care plans which appear not to be happening consistently (2014).
The involvement of interpreters where required and information sharing is paramount as it is critical that everyone involved understands the various processes and is well prepared and informed.

Initial forensic interventions need to be provided in a child friendly environment with a support person (where requested) so as to make the child, young person feel comfortable and more at ease to share their stories.

All key players need to able to understand how trauma affects a person and need to be provided with information, key strategies and supports to deal with the impact effectively and avoid further traumatization.

6. Are there any other comments or information you would like to provide?

Section 2.1 of the discussion paper does not include Non - Government Organizations (NGO) which also applies to the child advocacy figure on page 14 of the discussion paper. The aforementioned sections only refer to Government agencies and neglect to include the non-Government sector, community members, children and young people and their families. The NGO sector is already playing a vital role in the delivery of services and needs to be included. NGO services add a lot of value to the process as they manage to engage with children and their families well, are flexible in their approach and strengthen the child protection system at a local level.
Figure 3 on page 12 depicts a visual concept regarding a coordinated approach to service delivery. It is unclear whether this figure only includes Government agencies. As mentioned above, NGOs, community members, children and young people and families appear to have been ignored in the development of this discussion paper. This figure depicts various aspects in the different circles but these would need to be developed and agreed upon collaboratively between agencies/stakeholders. It is unclear whether the information referred to above is aiming to develop a whole of government approach across the NT.

During the consultation participants expressed the strong view that any new advocacy service should be located outside the DCF government system. The concern is related to ensuring that the advocacy service is not conflicted and does not get drawn into broader DCF or other governmental issues. The model should furthermore ensure the existence of cultural authority within the process.

DCF therapeutic service is providing services for children in care. The therapeutic service needs to be supported and resourced adequately so as to provide consistent therapeutic support to children who need it. The alternative is to outsource or to base those positions with an already existing therapeutic team like e.g. Relationship Australia in Alice Springs. The alternative could be to utilize external providers, rather than placing the therapeutic support to children on hold, whenever DCF is not able to provide this service due to staffing shortage.

It may also be helpful for the development of the model to reference and establish a link to other current NTG strategies such as the Domestic and Family Violence strategy, youth justice, housing and mental health as these issues all impact on child protection. It is outside the scope of this paper to comment on structural issues impacting on Aboriginal families and their children, which lead to disadvantage and vulnerability. However, these need to be addressed as a matter of urgency so as to reduce the number of children experiencing neglect and other forms of maltreatment.

An ongoing request and recommendation over the years has been to increase Aboriginal family and community involvement in child protection decision making. The DCF discussion paper does not outline how this will be achieved.

Participants were unclear concerning the definition of child sexual abuse and criminal neglect and suggested to include a definition in future consultation documents.

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