



Office of  
**The Children's Commissioner**  
N O R T H E R N   T E R R I T O R Y

# ANNUAL REPORT

**2015  
2016**



## Office of the Children's Commissioner



### Postal

Office of the Children's Commissioner  
PO Box 40598  
Casuarina NT 0811



### Telephone

08 8999 6076



### Freecall

1800 259 256



### Facsimile

08 8999 6072



### E-mail

[childrenscommissioner@nt.gov.au](mailto:childrenscommissioner@nt.gov.au)



### Twitter

@NTChildCommish

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## Letter to Parliament

The Honourable Natasha Fyles MLA  
Attorney-General and Minister for Justice  
Parliament House  
DARWIN NT 0801

Dear Minister

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

Yours sincerely



Ms Colleen Gwynne  
Children's Commissioner  
31 October 2016





# Message from the Commissioner

## Snap Shot

## Complaints

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# Abbreviations

## A

ABS	Australian Bureau of Statistics
ACCG	Australian Children's Commissioners and Guardians
ACCP	Australian Centre for Child Protection Group
ACPP	Aboriginal Child Placement Principle
ACT	Australian Capital Territory
Act	<i>Children's Commissioner Act 2013</i>
AIHW	Australian Institute of Health and Welfare

## C

CAPCA	<i>Care and Protection of Children Act 2007</i>
CCIS	Community Care Information System
CCTV	Closed Circuit Television footage
CDRPC	Child Deaths Review and Prevention Committee (NTG)
CEO	Chief Executive Officer
CIT	Central Intake Team
Commissioner	Children's Commissioner Northern Territory

## D

DCF	Department of Children and Families (NTG)
DCM	Department of the Chief Minister (NTG)
DCS	Department of Correctional Services (NTG)
DoH	Department of Health (NTG)

## F

FTE	Full Time Equivalent
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## H

HYPP	Housing for Young People Program (ACT)
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## I

IOMS Integrated Offender  
Management System

## O

OCC Office of the Children's  
Commissioner

OoHC Out-of-Home Care (DCF)

OPCAT Optional Protocol to the  
Convention Against Torture

## S

SDM Structured Decision Making

## M

Manual Territory Families Policy  
and Procedures Manual

MLA Member of the Legislative  
Assembly (NTG)

## P

PO Protection Order

POC Placement of Care

PP Provisional Protection

## T

TILA Transition to Independent  
Living Allowance

TPA Temporary Placement  
Arrangement

TPO Temporary Protection Order

## N

NGO Non-Government Organisation

NT Northern Territory

NTG Northern Territory Government

## R

Reporting Year The period from 1 July  
2015 to 30 June 2016



# Explanatory Notes

The *Care and Protection of Children Act 2007* (CAPCA) Part 1.4, section 13 provides the following definition for the term Aboriginal:

- a) a descendant of the Aboriginal people of Australia; or
- b) a descendant of the Indigenous inhabitants of the Torres Strait Islands.

In accordance with the legislative definition, a decision was made to use the terms Aboriginal and non-Aboriginal throughout this report except when quoting a document that specifically uses the term Indigenous. When making comparisons with national data where the term Indigenous may have been used, we have substituted it with the term Aboriginal to ensure consistency.

In August 2016 following the Northern Territory general election, a change of government occurred. This resulted in a government restructure and amendments were made to the agency responsible for child protection, previously known as Department of Children and Families (DCF). Territory Families was established as a merger of government departments responsible for service delivery to children and families in the NT. Although the amendments were made outside of the reporting period, this report refers to the newly established Territory Families in lieu of DCF.

# Report Summary

This report covers the discrete functions and responsibilities of the Children's Commissioner and areas of responsibility.

- **Snap Shot** provides a general overview of the office of the Children's Commissioner Northern Territory including staffing, key highlights, activities and major achievements of the year.
- A summary of the Office of the Children's Commissioner (OCC) complaint function is provided at **Complaints**, including an analysis of data with notable trends identified, and how complaints received have been dealt with.
- **Investigations** provides an overview of the OCC investigations, including outcomes of complaint investigations and own-initiative investigations, as well as details of the recommendations pertaining to these investigations monitored by the OCC.
- **Monitoring** summarises the outcomes of case reviews relating to the care and protection of vulnerable children including young people leaving care, cases where a Temporary Placement Arrangement (TPA) has been applied, and abuse in care data and trends. This chapter also includes key operational data relating to the responsibility for monitoring the administration of the CAPCA; this includes an in-depth review of four key areas of practice.
- The future priorities and planned strategic reform activities my role will engage in are set out in **Looking Ahead**, and provide an overview of the key principles for the OCC to be promoted through our various functions and powers.



# Message from the Commissioner

I am pleased to present a new and revised 2015-16 Annual Report, the ninth of the Children's Commissioner of the Northern Territory (NT). This report aims to provide a visually concise summary of outcomes for vulnerable children and young people, particularly those engaged in the NT child protection, out-of-home care (OoHC), and youth justice systems. Recent machinery of government changes has aligned the departments responsible for these systems under the newly established Territory Families. This is likely to provide the Office of Children's Commissioner (OCC) with a more streamlined ability to effectively monitor system responses to vulnerable children and young people.

Current data monitoring by the OCC is limited to the administration of the CAPCA, therefore the scope of analysis undertaken with respect to young people engaged in the youth justice system is limited insofar as it relates to the young person's primary interactions with the child protection system.

This report has been prepared pursuant to section 43 (1) (a) of the *Children's Commissioner Act 2013* (the Act).

The *Care and Protection of Children Act* (CAPCA) provides a legislated framework regulating my role and providing specific responsibilities that enables this position and office to operate as an independent review body.

Throughout the 2015-16 reporting year the OCC has effectively fulfilled the core functions as prescribed in the Act. As detailed in the 'Complaints' and 'Investigations' sections of this report, the numbers of approaches and complaint matters dealt with highlight the workload facilitated. Furthermore, the OCC finalised a number of investigations and an own initiative investigation. Through the complaints management function and investigations completed the OCC continues to focus on building its capacity to identify systemic issues affecting vulnerable children and monitoring recommendations to address these issues.

The operational data analysis incorporated in the 'Monitoring' section of this report clearly depicts the sustained increases to the workload managed by Territory Families through the increased number of notifications of potential harm to children and young

people. Police remain the highest notifiers, as a result of enforcing their reporting obligations for children exposed to domestic violence. More interestingly, numbers of notifications received from health, school and other professionals have increased signalling an increase in community awareness and understanding of child abuse and neglect.

The majority of substantiated notifications are neglect. These substantiations require a statutory response, and continue to overburden the child protection system. The OCC advocates for an increased focus on early intervention and prevention, to provide more holistic and coordinated support sooner to assist in the diversion of families from entering or re-entering the statutory systems. A child protection differential response system is one such solution. Such a system would see lower-risk families referred to appropriate generalist support services, as opposed to being the subject of a report and investigation by the statutory child protection department. Should this become an option, the prospective role the non-government sector could play in delivering early intervention programs and services to vulnerable children, young people and their families is important to consider.

However, it is important to note that due to amendments to Territory Families regional structure the data provided for the purposes of this annual report is not regionally comparable, and therefore there is operational analysis previously conducted that is not able to be duplicated in this reporting period. The OCC look forward to stability within the new Territory Families regional structure in the coming years to enable consistent analysis.

As a result of the case reviews undertaken to examine care planning, leaving care planning and Temporary Placement Arrangements (TPAs) outlined in OoHC, also under the 'Monitoring' section, a number of notable key issues arise. It is encouraging to note that previously high levels of TPA use across regions is decreasing, with Katherine, previously the biggest user of TPAs, not recording a single TPA in this reporting period. However, client file management needs attention. This was an absence of critical client information and documentation in the sample of files reviewed. For example, a large proportion of young people leaving care do not have hard copy or electronic specific plans to assist them in their transition out of care. Additionally, low levels of accommodation support is provided to these young people and the majority did not have appropriate accommodation arrangements identified. This is critical issue due to the housing accessibility issues and current public housing wait lists experienced by Territorians.

Also under 'Monitoring' is an in-depth analysis of substantiated harm and exploitation cases relating to children in OoHC, referred to as 'abuse in care'. Through the analysis completed the OCC is developing a greater understanding of practice and system issues concerning the quality and standards of care that children require when they are removed from their families and placed in out-of-home care. Furthermore, it is of significant concern that during the 2015-16 year, 10 children were abused on more than one occasion. The OCC continues to work with Territory Families to rectify issues identified through informed policy and practice development.

An overarching issue of great concern for the role of the Children's Commissioner is the continued over-representation of Aboriginal children and young people across all statutory systems. The numbers of Aboriginal children represented in the systems are disproportionate, and they continue to grow annually. A better understanding of the scope and breadth of socio-economic issues faced by Aboriginal families and communities is imperative to effectively addressing over-representation and to improve outcomes.

I look forward to increased collaboration and engagement across NT government agencies to give effect to child-centred policy and practice. This is a commitment of the current government. Early investment in the health, education and wellbeing of the NT's children and young people will address

issues at an early age to prevent social and health problems developing later on.

In July 2016 the ABC Four Corners program aired a report into failings within the youth detention system in the NT. This report raised significant community interest in child abuse and harm. As a result, Prime Minister Malcolm Turnbull announced a Royal Commission into the Protection and Detention of Children in the NT. Although, the Royal Commission commenced outside of the reporting period it is important to note the potential influence this may have on the ongoing role of the Children's Commissioner of the NT and the function and oversight mechanisms facilitated by the OCC.

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



**Ms Colleen Gwynne**  
**Children's Commissioner**  
**31 October 2016**

# Snap Shot



## Our Vision

“Children and young people in the Northern Territory are safe and well.”

### Vulnerable Child

**Vulnerable child** is described in the *Care and Protection of Children Act 2007* (CAPCA) and can include children in contact with the child protection system, disability services, mental health services, youth justice, and volatile substance abuse programs, in addition to cases where the child or their family members are seeking 'child related' services such as social services.

## Our Mission

Promote the safety and wellbeing of vulnerable children and young people through independent monitoring, community awareness activities and impartial investigation services that drive service quality improvement and policy development.

## Our Key Principles

- Provide quality services
- Promote awareness about issues affecting vulnerable children
- Influence legislation, policies and programs that impact on vulnerable children
- Ensure the Office of the Children's Commissioner is accountable and effective

## Our Core Business

- Deal with and manage enquiries and complaints
- Identify and investigate issues affecting vulnerable children
- Monitor reform and legislative issues
- Contribute to policy and standard setting
- Public education
- Provide support for the Child Deaths Review and Prevention Committee (CDRPC)



# The Commissioner



## Who is the Commissioner?

On 11 June 2015 Ms Colleen Gwynne was appointed as the Northern Territory (NT) Children's Commissioner.

Colleen has over 25 years of experience with the NT Police reaching the rank of Commander before taking on a Senior Executive Role with the NT Government.

She has lead a broad range of operational and specialist areas including major crime, drug and organised crime, domestic violence, prosecutions, child abuse, public housing safety and youth services and has been in charge of five local policing commands across the Territory.

Colleen has formal qualifications in leadership, criminal justice, investigations and a graduate of the FBI National Academy and the Management of Serious Crime Course.



# Office of the Commissioner

The OCC has 8.5 Full-Time Equivalent (FTE) positions: Children's Commissioner, Manager Investigations, Manager Complaints and Administration, Two Senior Investigation Officers, Senior Policy Officer, Research and Legal Officer, Business Manager 0.5 FTE, Administration Officer.



# Role and Functions of the Commissioner

The Commissioner is an independent statutory position established under provisions contained in the *Children's Commissioner Act 2013* (the Act).

The Commissioner promotes the interests of vulnerable children and represents their interests with government and in the community.

The Commissioner has responsibility for six core functions contained in the Act:

- dealing with complaints about services provided to vulnerable children and monitoring service providers' response to any reports by the Commissioner. The Commissioner also has an 'own initiative' investigative capacity;
- undertaking inquiries related to the care and protection of vulnerable children;
- monitoring the implementation of any government decisions arising from an inquiry conducted by the Commissioner or any other inquiry relating to the care and protection of vulnerable children;
- monitoring the response of the Territory Families to allegations of the abuse of children while they are in out-of-home care;
- promoting an understanding of and informing public discussion about the rights, interests and wellbeing of vulnerable children; and
- monitoring the administration of the *Care and Protection of Children Act 2007* (CAPCA) insofar as it relates to vulnerable children.



The Commissioner undertakes a number of other tasks including:

- providing information and advice to Government and Ministers in matters pertaining to vulnerable children;
- responding to issues involving national policy related to child protection and child wellbeing, either independently or in collaboration with Children's Commissioners, Guardians and Ombudsmen from other Australian jurisdictions; and
- convening the *Child Deaths Review and Prevention Committee* (CDRPC), which aims to reduce and prevent child deaths in the NT. The Office of the Children's Commissioner (OCC) provides secretariat, administrative and research support to the CDRPC.

# Our Performance

## Highlights and Achievements 2015-2016

The last reporting period was the first full annual term for Children's Commissioner Ms Colleen Gwynne. Over the period a number of important inquiries and investigations were completed by the office in relation to the care and protection of vulnerable children. Of significance is the Commissioner's Own Initiative investigation report on services provided by the Department of Correctional Services at the Don Dale Youth Detention Centre, Darwin (August 2015). The findings and recommendations of this investigation will be re-examined through the *Royal Commission into the Protection and Detention of Children in the Northern Territory*. The Royal Commission is independent from government and is responsible for determining its own process. The Letters Patent, issued 1 August 2016, formally appointed the Honourable Margaret White AO and Mr Mick Gooda as Royal Commissioners and provided the terms of reference for the inquiry.

The key activities, events and achievements from July 2015 to June 2016 are summarised below.

### **Secretariat Responsibilities for the NT Child Deaths Review and Prevention Committee**

The Office of the Children's Commissioner (OCC) continued its role as the Secretariat for the Child Deaths Review and Prevention Committee (CDRPC).

There were three meetings held over the year. One literature review was undertaken by Menzies School of Health Research regarding injury related child deaths in the NT. This review was deemed by Parliament in June 2016.

A copy of the literature review and the CDRPC Annual Report for 2015-2016 can be found on the OCC website.

Over the 2015-16 period a number of important inquiries and investigations were completed, including the Own Initiative investigation report on services provided at Don Dale Youth Detention Centre.

## National Involvement

### Conferences, Seminars and Forums

The Commissioner and OCC staff members both attended and or presented at several conferences, seminars and forums across the Territory and nationally.

These included the CREATE Conference – Youth for Change, Good Beginnings Australia – Prevention of Violence Against Children, National Foster and Kinship Care Conference and the Batiba Guwiyal Conference.

The Commissioner also accepted an invitation to be part of the Royal Commission Private Roundtable – Making Organisations Child Safe.

The OCC also continued to meet with several non-government organisations, peak bodies and professional groups to further promote the role of the Commissioner.

### Australian Children's Commissioners and Guardians Group (ACCG)

The Commissioner continues to be an active member of the Australian Children's Commissioners and Guardians Group. This group is made up of Commissioners, Guardians and Advocates around Australia and New Zealand, the group provides the opportunity to have a united voice on prevalent issues affecting children and young people across Australia and New Zealand. The group meet biannually and for this reporting year the Commissioner attended meetings in November 2015 and May 2016. The group also produced a paper on "*Human rights standards in youth detention facilities in Australia: the use of restraint, disciplinary regimes and other specified practices*" which was finalised in April 2016.

The OCC's Legal and Research Officer spent time at the Australian Centre for Child Protection (ACCP) in Adelaide, the ACCP is a vital resource for this office as we continue to promote an evidence based approach to child protection.

The ACCP has an emphasis on fairness, commitment to excellence and has a clear focus on children. The ACCP's principles are that child abuse and neglect is preventable, children deserve the best and new knowledge and insights can change the lives of children. We endeavour to continue to grow this partnership in the new reporting year.

The Commissioner attended the CREATE *Youth for Change Conference* which was held in Brisbane in October. The OCC maintains a positive working relationship with CREATE and recognises their excellent work in providing a voice to children and young people in out of home care. The conference gave young people, carers, sector workers and academics a chance to learn, share experiences and participate in the conference activities and sessions over 3 days.

*The Prevention of Violence Against Children - Research, Policy and Practice Symposium* took place on 17 - 18 November 2015 in Brisbane.





Its purpose was to promote and facilitate communication, discussion and collaboration in working towards effective change in the prevention of violence against children.

In February the Commissioner attended the *Batiba Guwiyal Conference* in Brisbane. This was a national initiative to facilitate collaborative efforts in tackling the impacts of child sexual assault on Aboriginal individuals, families and communities.

As part of the *Royal Commission into Institutional Responses to Child Sexual Abuse* roundtable discussions were held on Making Institutions Child Safe. The Commissioner attended in Sydney in April 2016.

The Commissioner participated in a roundtable held by the National Children's Commissioner on the *Optional Protocol to the Convention Against Torture* (OPCAT), this formed part of the broader work being carried out by the National Children's Commissioner into the implementation of OPCAT in Australia. OPCAT would provide an independent National Preventative Mechanism for places of detention, adding an additional layer of protection for the special needs and interests of young people in detention.

By providing presentations to various non-government and government bodies, peak organisations and professional bodies, the Commissioner and her staff seek to raise awareness about issues affecting vulnerable children in the NT and to inform stakeholders about regulatory provisions such as complaint and monitoring procedures.

## Interaction with Legislation

### **Proposed Sex Offender and Child Homicide Offender Public Website (Daniel's Law) Bill 2015**

The OCC provided comment on the *Proposed Sex Offender and Child Homicide Offender Public Website (Daniel's Law) Bill 2015*. The OCC did not support the establishment of a public register for offenders due to the absence of any evidence to support its success. The OCC provided detailed research and advice to stakeholders who consulted with the office. The Bill was not enacted into legislation.

### **Youth Justice Amendment Bill 2016**

*Youth Justice Amendment Bill 2016* was introduced in 2016 making amendments to the Youth Justice Act. The Bill amended the use of restraints from "handcuffs or similar device" to "approved restraint" being a "mechanical device". The new definition was to comprise of four categories – handcuffs, ankle cuffs, waist restraining belts and safety equipment. It also broadened the circumstances and justification for the use of restraints on young people in detention. The OCC did not support this Bill in its entirety.

## Engagement with Children and Young People in Care

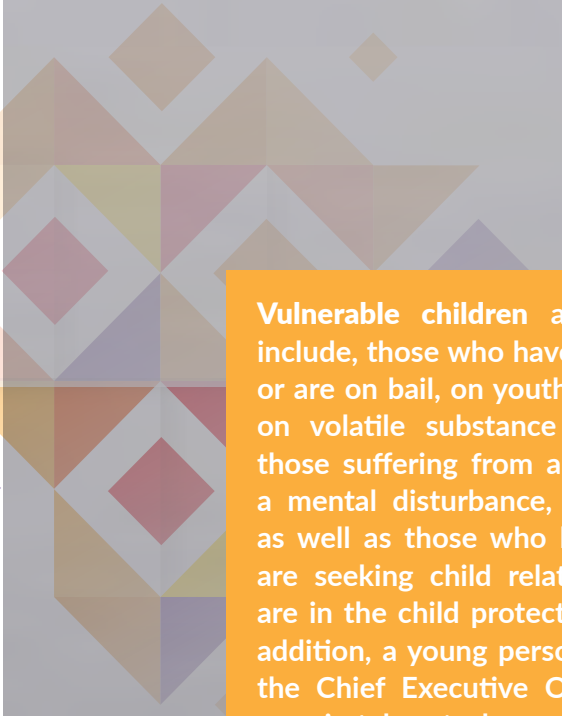

The OCC attended a number of events and meetings involving children and young people in care, along with their carers including the CREATE Christmas party and the Kentish Children and Young Persons Awards. These events give the carers or children an opportunity to raise any issues they may have about their care experience whilst also giving OCC the chance to explain their role to the children.

The Commissioner continues to use a twitter account to engage with children and young people and to promote accessibility to advice, information and various events for children, stakeholders and organisations which deal directly with children. The account provides those organisations with information about activities the Children's Commissioner is conducting, other relevant events, and relevant policy topics that might be of interest. However the OCC currently has limited capacity to facilitate this engagement at desired levels.



# Complaints Function

One of the core functions of the Office of the Children's Commissioner (OCC) is to deal with complaints that relate to services provided to 'vulnerable' children. Section 10 (1) (a) of the *Children's Commissioner Act* (the Act) provides the Commissioner with the legislative power to deal with these complaints.



**Vulnerable children** are defined to include, those who have been arrested or are on bail, on youth justice orders, on volatile substance abuse orders, those suffering from a mental illness, a mental disturbance, or a disability, as well as those who have sought or are seeking child related services or are in the child protection system. In addition, a young person who has left the Chief Executive Officer's (CEO's) care is taken to be a vulnerable child (section 7).



## Services and Service Providers

The Act provides the following definition of a service provider:

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

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

The complaints function pertains only to the quality or absence of reasonably expected services. Although there is no precise definition of 'services' provided in the Act, it does suggest that 'services' are distinct from 'decisions' made by authorised officers. The Commissioner deals with the circumstances surrounding the decision, including whether legislative, policy and practice standards were complied with in making the decision.

In accordance with the principles

underlying the Act, particularly section 5(1)(a), the Commissioner considers whether the outcome of the decision was in the best interests of the child.

## Complaint Management Provisions

A complaint can be lodged by a vulnerable child or an adult acting on behalf of a vulnerable child (Section 20). The legislation does not specify who such adults may be or their relationship with the child, but the Commissioner has the discretion to decline to deal with a complaint if it is deemed the person does not have a sufficient interest in the matter to which the complaint relates.

Complaints must normally be made within one year of the matter to which the complaint relates, however the Commissioner may accept a complaint after this one year period if the Commissioner considers it appropriate to do so in the public interest or because of special circumstances (Section 22) and can be made in writing or orally. Section 23 of the Act sets out the options available to the Commissioner on receipt of a complaint, the grounds on which a complaint may be investigated, resolved, declined or referred, and the timeframe for making the initial decision.

## Grounds for a Complaint

A complaint must be made on one of the following grounds:

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

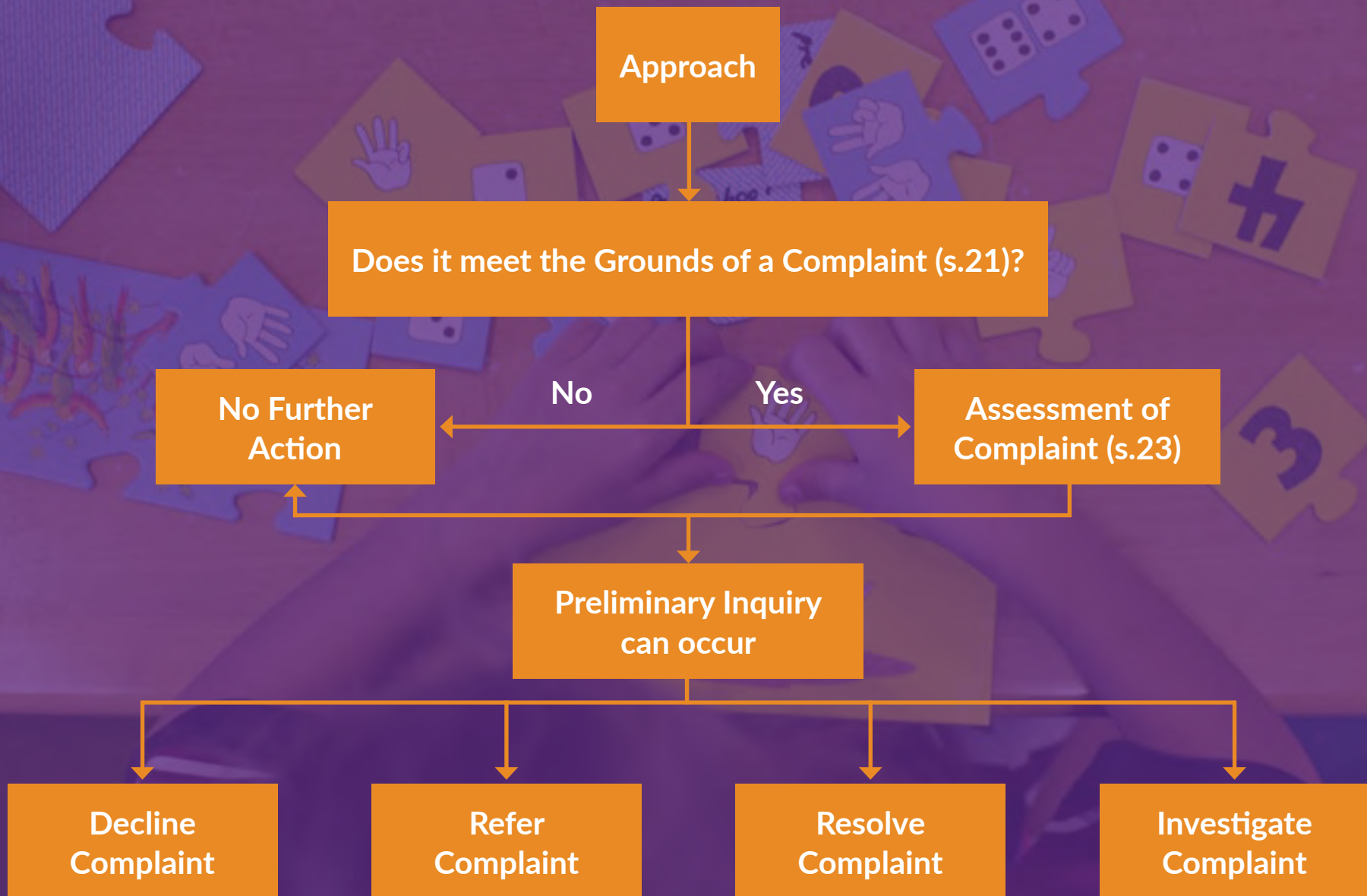
## Complaint Management Process

Parts 4 and 5 of the Act clearly set out the procedural requirements for processing a complaint. Included is, who can make a complaint, the initial assessment, the reasons for why the Commissioner may determine not to deal with a complaint, where complaints can be referred, the interested parties that must be notified, how information can be accessed and how matters are finalised.

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



**Figure 1:** Complaint Management Process



# Approaches to the Office

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

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

If it is determined that the complaint constitutes a child abuse notification, the Commissioner provides the contact details for the child protection hotline and in some cases makes the notification.

The Commissioner received **231 approaches** in 2015-16, compared with 202 in 2014-15. Of these, **141** were deemed to be enquiries only or to involve matters that fell outside of the Commissioner's jurisdiction. This is a **62 per cent increase** from 87 in 2014-15, and can be attributed to an increase of complainants determining not to formalise a complaint with the Commissioner after discussion with investigative staff, and instead taking their issues of concern directly to the relevant service provider to resolve.

231

Approaches received

## Initial Assessment of a Complaint

The Commissioner has a number of options to deal with an approach that satisfies the grounds for a complaint (Section 23).

These include, to:

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

Section 23 (2) states the Commissioner may also make preliminary inquiries prior to making an initial assessment of the complaint. Preliminary inquiries may involve; the review of relevant documentation, CCTV, site inspections or speaking with the child.

Of the **231 approaches received** by the Commissioner, investigative staff conducted **88 preliminary inquiries** to assess whether the information provided by the complainant met the grounds for a complaint and/or whether, on initial examination, the material obtained from a child's file suggested there was substance to the complaint.

88

Number of  
Preliminary Inquiries

The Act provides the Commissioner with a period of 28 days in which to make a decision on what course of action to take. During this time other information may be sought and the 28-day period may be extended. As soon as practicable after the Commissioner assesses the details of the complaint, the complainant must be informed of the decision, whether it be to investigate, resolve, refer or decline the complaint, as well as the Chief Executive Officer of the relevant agency and service provider.

Under section 23 of the Act, the Commissioner dealt with **90 complaint matters** involving **108 children**. This is an average of 7.5 complaints per month. This is a **22 per cent decrease** from the 115 complaint matters dealt with in 2014-15.

This can be accounted for by the substantial increase in complainants deciding, after consultation with our Office, to take the matter directly to the service provider in an attempt to resolve before formalising a complaint with the Commissioner. Given this, complaints being dealt with by the Commissioner are generally those of a more complex nature and/or those that have been unable to be resolved by the service provider with the complainant.

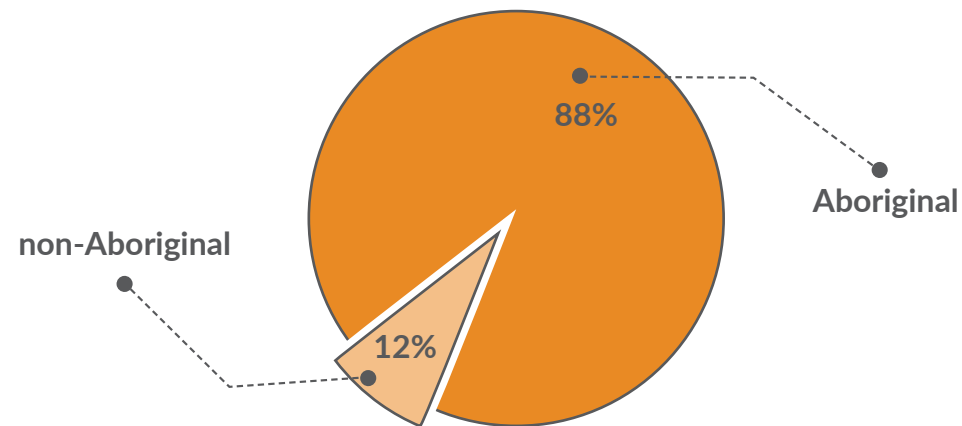
90

Complaints

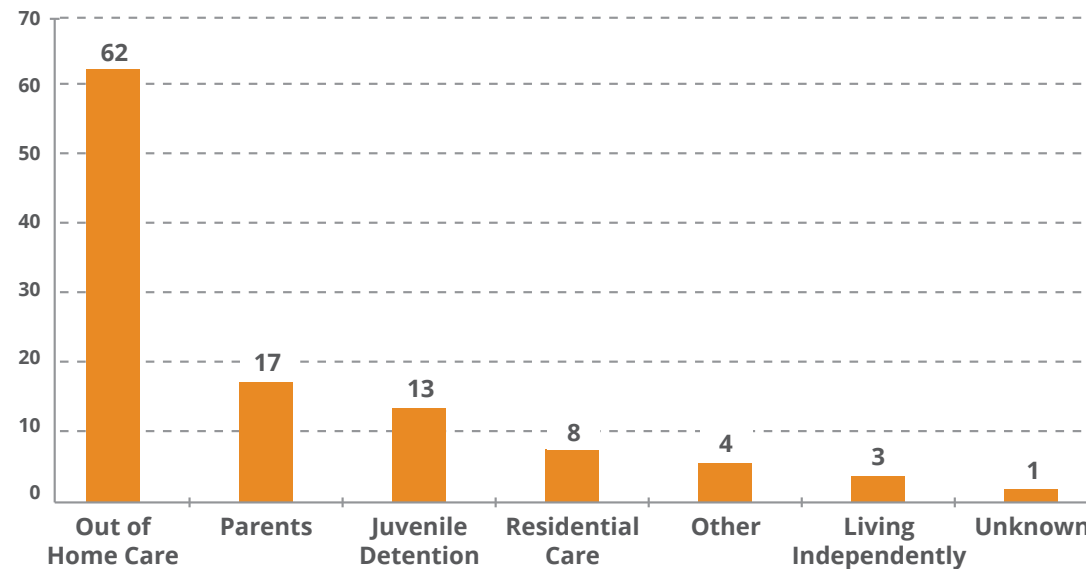
## Profile of Children Involved in the Complaints Process

In 2015-16, a total of **108** vulnerable children were the subject of a complaint. As shown in **Figure 2**, of these, **88%** were **Aboriginal** and **12% non-Aboriginal**. The majority of children subject of a complaint were residing in Out-of-Home-Care (OoHC), refer **Table 1**.

**Figure 2:** Aboriginal Status of Vulnerable Children who were the Subject of a Complaint, by Aboriginal Status, 2015-16



**Table 1:** Vulnerable Children who were the Subject of a Complaint, by Domestic Circumstances, 2015-16







## Complaints Declined by the Commissioner

Section 24 of the Act clearly sets out specific grounds for when the Commissioner may decline to deal with a complaint.

The Commissioner may only decline to deal with a complaint if satisfied there is provision to do so in accordance with section 24. In 2015-16, **33 complaints were declined** by the Commissioner in accordance with section 24 of the Act. This is a **31 per cent decrease** from 48 complaint matters declined in 2014-15.

As shown in Table 2, the most common reason for the Commissioner determining not to deal with a complaint was that the complaint lacked substance, which was based on the preliminary inquiries made by investigative staff.

33  
Number of  
Complaints Declined

**Table 2:** Number of Complaints Declined by Reason for Decline, 2015-16

Reason for Decline	
Lack substance	18
Own Initiative investigations	7
Matter has been satisfactorily dealt with	6
Complainant has withdrawn the complaint	2

## Complaints Referred by the Commissioner

In 2015-16, **50 complaint matters** were referred to other investigative bodies. The referrals were made to various complaint bodies, including internal complaints units of Territory Families, Department of Correctional Services (DCS), the Department of Health (DoH) and Police. The number of referrals made by the Commissioner remains consistent with a **2 per cent increase** from the 49 in 2014-15.

The Commissioner monitors the ways in which those complaint bodies deal with the complaint. In this reporting year, not dissimilar to last, there were a number of issues relating to the adequacy of the investigations conducted by some of these complaint bodies. In these cases the Commissioner requested the relevant agency to make additional inquiries and provide additional information.

50

Complaints Referred

2

Number of  
Complaints Resolved

## Complaints Resolved by the Commissioner

The Commissioner may decide to resolve the complaint without an investigation if it is determined appropriate in the circumstances, having regard to the nature and seriousness of the complaint, in order to provide an expedient outcome for complaint matters that may be time sensitive.

In 2015-16, **2 complaint matters were resolved** by the Commissioner. Of these, one involved a child suffering from a mental illness and subsequently receiving services provided by the DoH. This resolution resulted in policy reform pertaining to vulnerable children receiving in-patient mental health services. The second involved a child in the child protection system and this child's OoHC placement. The resolution resulted in a review of this child's circumstances and an alternate OoHC option provided for the child.

## Complaints Decisions Undetermined by the Commissioner

There were **6 complaints received** that were under assessment at the end of the 2015-16 reporting period where the Commissioner had not yet made a decision on what course of action to take.

# Complaint Trends

In 2015- 16, the following complaint trends were evident:

Inadequate management and transparency of the classification assessment processes for young people in youth detention

A lack of appropriate planning and action taken to address the safety and wellbeing of children in OoHC 'self-placing'

Inadequate and/or inappropriate OoHC kinship care placements for children in remote areas and departmental monitoring of such

The use of force and restraint of young people in youth detention

A lack of appropriate therapeutic OoHC placement options for children with significant and complex needs

Inadequate access arrangements between children in care and their family or significant others (previous long term carers)

Inadequate child protection investigations, poor responses to the concerns raised by professionals, and insufficient inquiries to establish the correct level of risk associated with a child's circumstances

# Investigations

In this reporting year, the Commissioner finalised **5 investigations**, including **1 own initiative investigation**. It is envisaged that two other investigations will be finalised at the time the Annual Report is released. The **2 outstanding investigations** involve complaints about the adequacy of Territory Families (formally DCF) case management of vulnerable children.

The number of investigations commenced during this reporting period decreased. This reflects the complex nature of the allegations investigated this year, which required far more in-depth investigative work. However, **80%** of the investigations were **completed within 12 months**.

5

Investigations Finalised  
(including own initiative investigation)



The most significant investigation this year was the own initiative investigation regarding services provided by NT Department of Correctional Services (DCS) to young persons detained at the Don Dale and Alice Springs Youth Detention Centres.

The investigation incorporated numerous complaint issues and focused on systemic issues affecting young people placed 'at-risk' and the use of restraints. The investigation included an analysis of all relevant reports recorded on the Integrated Offender Management System (IOMS), a review of available closed-circuit television footage (CCTV), inspections of both facilities, a review of policy and operating procedures and interviews with complainants and witnesses. The Commissioner also exercised her powers under section 35(1)(b) of the *Children's Commissioner Act* to **compel a total of 32 persons to give information and answer questions.**

During the investigation phase both DCS and the Department of Health (DoH) were provided with an opportunity to respond prior to the report being finalised. As a result of this consultative process **21 recommendations were made.** Monitoring of and reporting on the recommendations will be achieved by quarterly progress reports.

7

Complaint Issues  
(excluding own initiative investigation)

The remaining **4 investigations** comprised of **7 complaint issues**, **5** of which were **upheld**, while **6 ancillary issues** were identified across **3** of the **investigations**. All of these investigations focused on services provided by Territory Families to vulnerable children.

The general theme of these investigations were issues in relation to inadequate safety assessments, child protection investigations and case management. One investigation centred on a placement arrangement that was not in accordance with the intent and provisions of the *Care and Protection of Children Act 2007* (CAPCA).

This particular investigation was initially referred to Territory Families for further investigation, however the Commissioner was not satisfied with the response received and deemed it appropriate for the Office of the Children's Commissioner (OCC) to investigate it further. An issue that was highlighted in two separate investigations was the level of understanding of cumulative harm amongst Territory Families workers.

A total of **29 interviews** were conducted in accordance with section 35(1)(b) of the Act. The interviews proved to be an invaluable tool for gathering information and identifying the issues and possible avenues to rectify the short-comings of operational policy and associated practices.

During this reporting year, the Commissioner has shifted focus of recommendations emanating from investigations to address the broader and systemic issues that are subject of previous complaints. The Commissioner has also focused on fulfilling the obligations found at section 29(2)(b) of the Act, which allows for the Commissioner to recommend

TOTAL  
61

Section 35(1)(b)  
Interviews Conducted

a responsible service provider or responsible agency take specified actions within a specified time in relation to the matter.

Of the **21 recommendations** made in relation to the recent **own initiative investigation** (commonly referred to the 'at-risk' investigation), **5** of the recommendations made are also relevant to the DoH.

**8** of the recommendations centred on reviewing or developing of policy and operational procedures. **7** recommendations focused on training, while **1** recommendation related to review operational capacity for the High Security Unit at Don Dale to be staffed 24/7. A further recommendation regarding compliance with the minimum standards of detention outlined in the *UN Rules for the Protection of Juveniles Deprived of their Liberty*.

The recommendation to strictly prohibit the use of the Emergency Restraint Chair and the use of the Hoffman Tool to strip clothing from young person's refusing to change into 'at-risk' clothing are significant.

The remaining **18 recommendations** made in the **4 finalised investigations** involved Territory Families. **5** of those recommendations related specifically to the current circumstances of the children subject of the investigation.

**5** recommendations were associated with training of information recording on *Community Care Information System* (CCIS), Structured Decision Making (SDM) Screening Tools and cumulative harm, while **2** recommendations required

39

Recommendations  
Review / Development  
of Policy and  
Operational Procedure

Training, review and audits  
Addressing current circumstances  
of the vulnerable child

reviews of compliance of the SDM Safety Assessments and SDM Intake Screening Tool. **4** recommendations focusing on reviews of specific policy and procedures, **1** recommendation relating to a review of all 'Family Way' placement arrangements in Alice Springs and **1** recommendation was to report on the development of a Therapeutic Residential Care model.

In contrast to previous years, the OCC has been playing a more active role in ensuring that the recommendations made in the investigation reports are being addressed by the relevant service provider within the designated time-frame. The Commissioner is **overseeing 46 specific actions**, by way of quarterly progress reports. **7** of these recommendations relate to the own initiative investigation regarding services provided by DCS at the Don Dale Youth Detention Centre (Behavioural Management Unit) finalised in the previous year.

Of the **46 recommendations the Commissioner is monitoring, 3** have been fully implemented and the remaining **43** are being actively addressed by the relevant service providers. The **3** recommendations that have been fully implemented regarding specific concerns relate to the wellbeing of the vulnerable child.

# 46

## Recommendations being monitored

Clarification was sought on the response of DCS regarding the recommendations of the previous own initiative investigation. It is expected that these issues will be addressed in the next progress report.

Clarification was also sought from Territory Families on one progress report, as the Commissioner remained concerned that adequate safety assessments had been conducted as per one of the recommendations. Territory Families addressed the concerns of the Commissioner and provided an adequate update in the following progress report.

The Commissioner notes that significant collaboration between DCS and DoH is underway to safeguard that action plans are activated to ensure the recommendations made in the recent own initiative investigation are addressed.

# CAPCA Monitoring — Operational Data

This Chapter contains child protection and Out-of-Home-Care (OoHC) operational data requested by the Office of the Children's Commissioner (OCC) as part of monitoring functions. It also has a brief analysis on some legislative reforms that have occurred over the previous 18 months, particularly the commencement of the provisions relating to Permanent Care Orders and the Charter of Rights for Children in OoHC.



## NOTIFICATIONS

In 2015-16 the total notifications received by Territory Families was **20,465** – **20 per cent** increase from 2014-15

Of the 20,465 notifications received:

**78 per cent** related to **Aboriginal** children

**84 per cent** were received from **professionals**, of which **40 per cent** were from Police

**Neglect** accounts for **43 per cent** and remains the most common notification category

## SUBSTANTIATIONS

**1,797** notifications were **substantiated** – **12 per cent** decrease from 2014-15

## INVESTIGATIONS

**7,862** notifications proceeded to **investigation** – **11 per cent** increase from 2014-15

## OUT-OF-HOME CARE

**1,020** children in OoHC as at 30 June 2016

**89 per cent** are **Aboriginal** children, of which only **36 per cent** were placed with Aboriginal carers

**Children with disabilities** accounted for **112** of the total 1,020 children in OoHC



A key function of the Commissioner is monitoring the administration of the *Care and Protection of Children Act 2007* (CAPCA) 'in so far as it relates to vulnerable children' (section 10 (1)(c) of the *Children's Commissioner Act 2013* (the Act)). The primary focus relates to Chapter 2 of the CAPCA, *Safeguarding wellbeing of children*. Chapter 2 contains most of the child protection provisions, including the administrative powers of the Chief Executive Officer (CEO) of Territory Families and the various legal orders that can be put in place to protect children.

The Commissioner monitors the administration of the CAPCA in a number of ways. One is through a review of statistical data, assessing operational processes and looking at historical trends, regional differences and the ongoing overrepresentation of Aboriginal children in the child protection system.

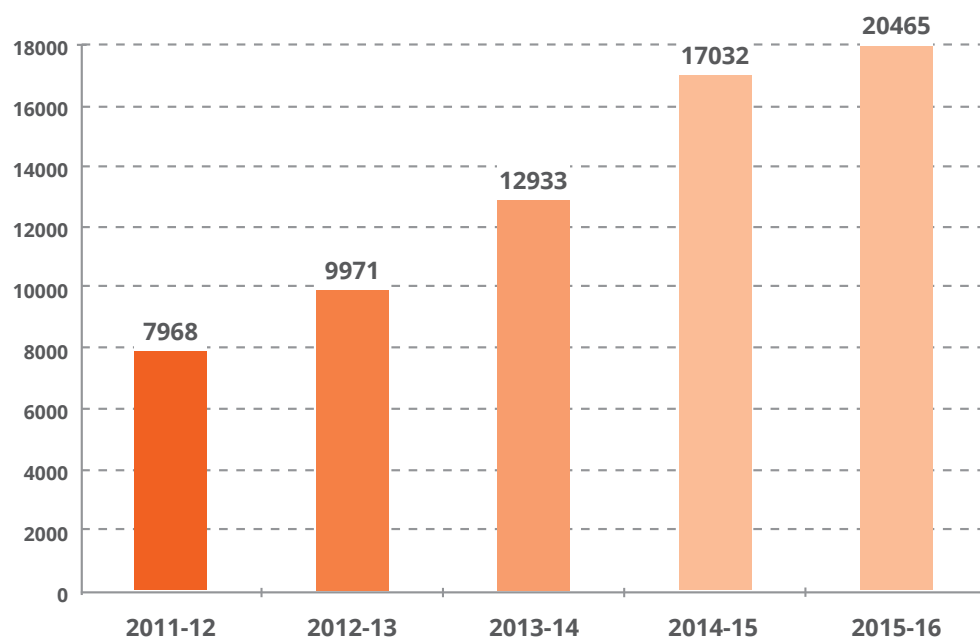
The child protection system is a complex one and the Commissioner reviews a number of components in order to assess patterns and trends. Each year the OCC submits to Territory Families a detailed request for historical and operational data.

The requested data relates to notifications, investigations, substantiations, OoHC and case closures, as well as detailed questions about administration throughout the year. Some requests were for snapshot data as at 30 June, and some for the entire year. In a number of cases data was requested for a five-year period, with the focus this year being on the period 2011-12 to 2015-16, to track trends over time.

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

# Notifications

**Figure 3:** Number of Notifications, 2011-12 to 2015-16



Source: Territory Families 2016

## Number of Notifications

In 2015-16, Territory Families received **20,465 notifications** of potential harm to children and young people.

For the last five years, Territory Families has experienced yearly high growth of notifications of potential harm to children. As shown in [Figure 3](#) there continues to be a pattern of increases in notifications since 2011-12 through to 2015-16. Over that period notifications have increased by 157 per cent.

## Source of Notifications

Since 2011-12 there has been a very significant increase in the number of notifications originating from Police. In 2015-16, **Police notifications increased by 16 per cent**, which is lower than in previous years. There has been a larger increase in notifications from Health, School and other professionals over this period, being 29, 18 and 21 per cent respectively.

Table 3 shows that **professionals account for 84 per cent (17,257) of the notifications** received in 2015-16. This is similar to the 2014-15 total of 85 per cent (14,480). This is largely due to the roles of these personnel and the contact they have with children and families, it is reasonable that they account for most notifications.

The non-professional category, which includes parent/s or guardians, relatives, extended family members or neighbours, accounted for just 9 per cent (1,812) of the total notifications. Anonymous or other notifiers made up the remaining 7 per cent in 2015-16.

The large number of Police notifications are attributed to the Police enforcing its reporting obligations for children exposed to domestic violence. This reporting year, Police still remain the highest notifying category by a substantial margin and the number has increased by 1,098 since 2014-15. Over the previous two years Police were the main source of notification increases, however Health (733 increase), School (503 increase) and Other Professionals (443 increase) have contributed more evenly to the overall increases in notifications experienced in 2015-16.

**Table 3:** Number of Notifiers by Category, 2014-15

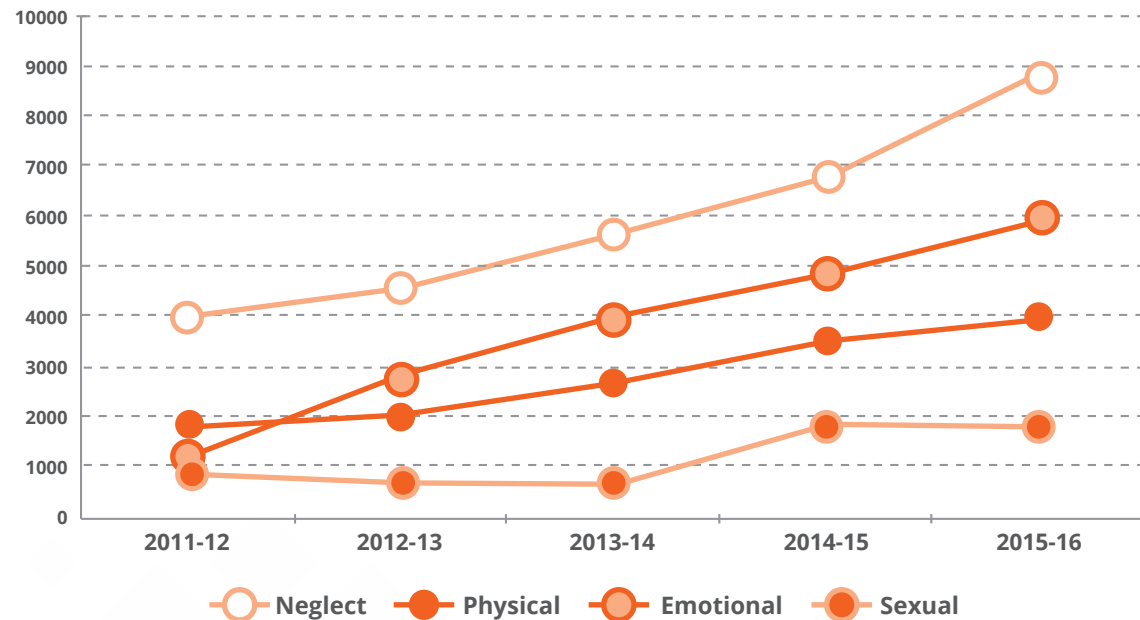
NOTIFIER CATEGORIES	NO. OF NOTIFICATIONS RECEIVED
<b>Professionals</b>	
Police	8108
School Personnel	3278
Hospital/Health Care	2360
Medical Practitioner	218
Other Health Personnel	716
Childcare Personnel	44
Social Worker	319
Departmental Officer	953
Non-Government Organisation (NGO)	1261
<b>Non-Professionals</b>	
Subject Child	20
Parent/Guardian	701
Sibling	8
Other Relative	688
Friend/Neighbour	395
<b>Other</b>	
Anonymous	310
Other	1086
<b>TOTAL</b>	<b>20465</b>



## Notifications by Abuse/ Neglect Type

**Neglect notifications** continue to make up the largest category accounting for **43 per cent of the total**. As shown in **Figure 4**, neglect has been the most common type of notification over the five year reporting period. The second most common category is emotional abuse, which in 2015-16 represents 29 per cent of all notifications. Physical abuse notifications account for 19 per cent of the overall notifications made to Territory Families. In 2015-16 sexual exploitation notifications made up around 9 per cent of total notifications. This has slightly decreased from 11 per cent of total notifications received in 2014-15. This early indication of gradual decline of sexual exploitation notifications needs to be considered should it continue in the next reporting period.

**Figure 4:** Number of Notifications by Abuse/Neglect Type, 2011-12 to 2015-16

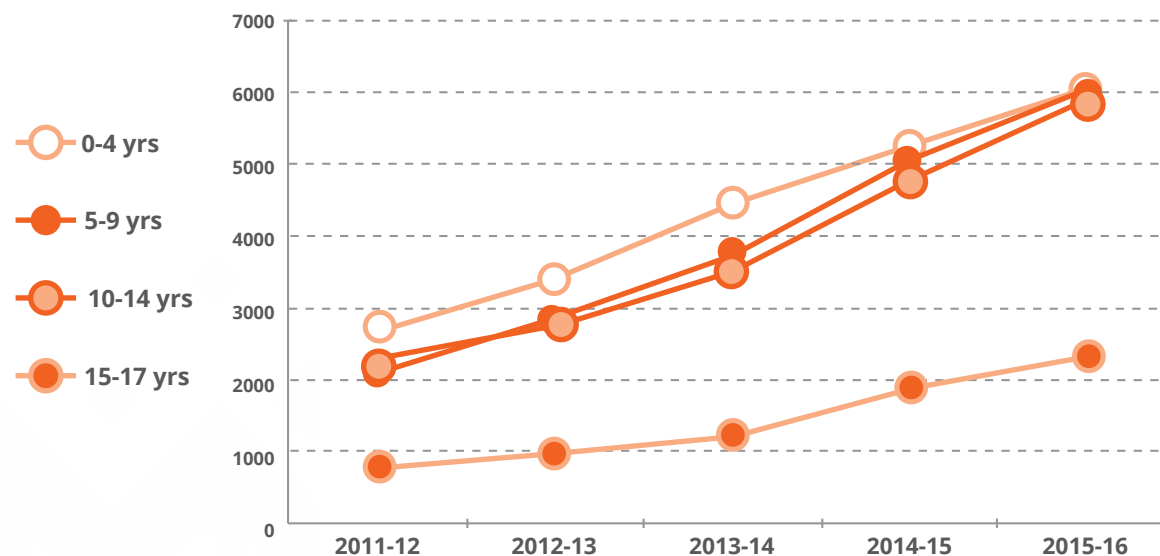


Source: Territory Families 2016

The **20,465 notifications** made to Territory Families **involved 10,851 children**, which represents on average 1.9 notifications per child. It should be noted a child is counted more than once if their birthdays occur between notifications, which results in the notification being recorded for both age groups. This also occurs where notifications are made about different types of abuse, for example the same child may show up in the 'physical abuse' and 'sexual exploitation' categories.

As in previous years, boys and girls are equally represented in the notifications.

**Figure 5:** Number of Notifications by Age, 2011-12 to 2015-16



Source: Territory Families 2016

## Notifications by Age of Child

As shown in Figure 5, children under 14 years of age are more likely to be notified than older children. **Children aged 0-4 have the highest number of notifications.** However, in 2015-16 the higher age groups, 5-9 (19%), 10-14 (24%) and 15-17 (26%), experienced larger year-to-year increases than the youngest age group 0-4 (15%).

It can be seen in Figure 5 that the 0-4 years group has been consistently responsible for the highest number of notifications, however in 2014-15 the next two age groups (5-9 and 10-14 years) have increased to a similar level.



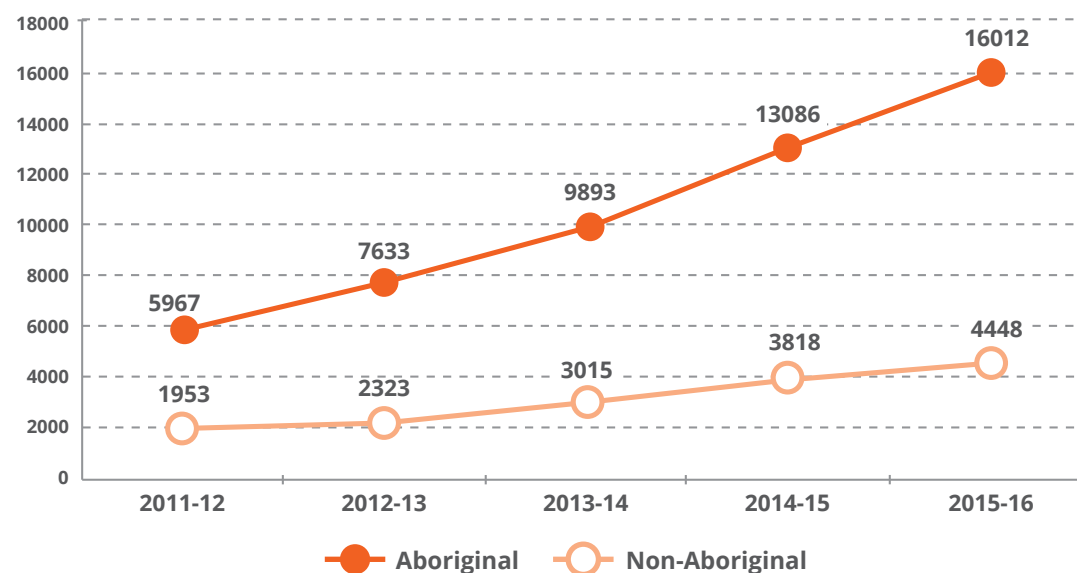
## Notifications by Aboriginality

Aboriginal children continue to account for a disproportionate number of abuse/neglect notifications. They comprise less than half of all children in the Territory but account for **78 per cent of notifications**.

Over the past five years notifications made about Aboriginal children have remained consistent (77 per cent average).

As shown in Figure 6, most of the recent increase in notifications has involved Aboriginal children. The numbers for non-Aboriginal children have also increased over the past five years. In 2015-16, notifications for Aboriginal children **increased by 22 per cent** compared to non-Aboriginal children, which increased by 17 per cent. Since 2011-12, notifications involving Aboriginal children have increased by 168 per cent whilst notifications involving non-Aboriginal children have increased by 128 per cent.

**Figure 6:** Number of Notifications by Aboriginality, 2011-12 to 2015-16



Source: Territory Families 2016

Notes: Notifications with unknown status not displayed.

## The Outcomes Of Notifications

When a notification is made, an authorised person within Territory Families determines the immediate investigation priority based on an initial assessment of risk. Out of the total 20,465 notifications made in 2015-16, **12,603 (62%) were 'screened out'** i.e. determined not to represent a significant detriment to the child's wellbeing, dealt with in other ways, or are still awaiting determination. The percentage of screened out notifications was slightly lower than in 2014-15.

### Urgency Ratings

The notifications that are 'screened in' for further investigation by the child protection system are provided with a priority levels that are based on the imminence of risk to the child and urgency of response.

The urgency ratings are:

- Priority 1 – investigation to commence within 24 hours;
- Priority 2 – investigation to commence within 3 days;
- Priority 3 – investigation to commence within 5 days; and
- Priority 4 – investigation to commence within 10 days.

**Table 4:** Percentage of Investigations Commenced within Required Time-Frame, 1 July 2015 to 30 June 2016

CATEGORY	1 JULY 2015 TO 30 JUNE 2016
Priority 1	96%
Priority 2	89%
Priority 3	88%
Priority 4	89%

Source: Territory Families 2016

As shown in Table 4, the **response times for Priority 1** investigations have remained high (**96%**). This is an increase of 7 per cent from 2014-15 (89%). From 2015-16, Priority 2, Priority 3 and Priority 4 have experienced substantial increases of 11, 17 and 27 per cent respectively.

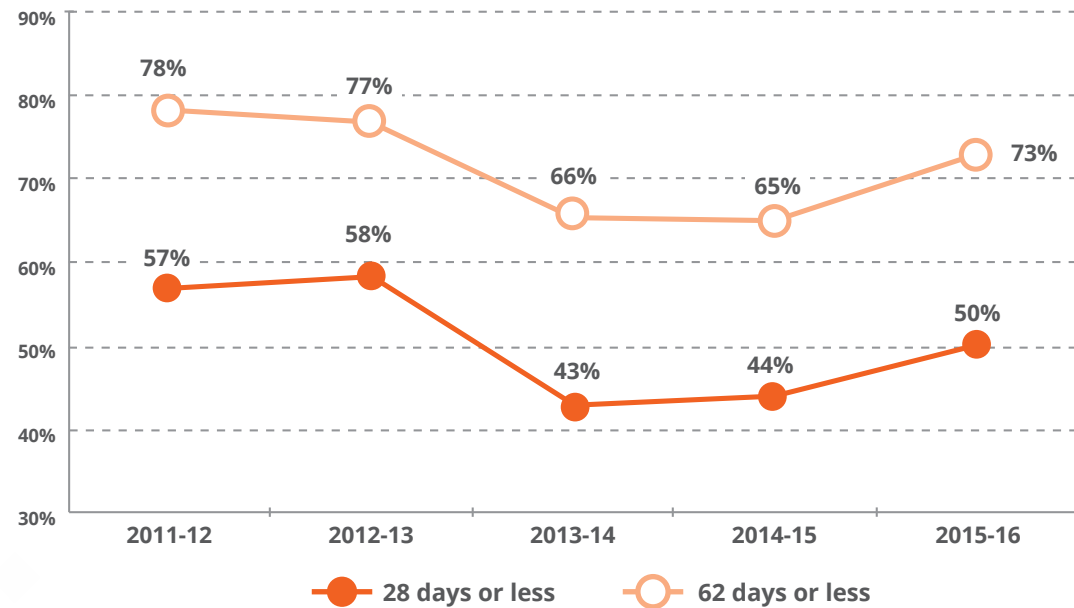
## Timeliness of Investigations

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

Figure 7 shows the percentage of investigations that were completed over a five-year period within the 28-day and 62-day time frames. The significant decrease experienced in 2013-14 of on-time investigation completions has changed in 2015-16. Territory Families continue to be experiencing a large increase in the number of investigations undertaken (see Figure 8).

It is surprising that the 2015-16 figures for **completed investigations have slightly improved** from 2014-15 given considerable increases in investigations Territory Families (see Figure 8). This might be partly due to Territory Families' work to streamline child protection processes by rolling multiple investigations that have commenced involving the same family group into one investigation.

**Figure 7:** Percentage of Completed Investigations within 28 days and 62 days, 2011-12 to 2015-16



Source: Territory Families 2016



## Unallocated and Overdue Investigations

As set out by Territory Families policy an unallocated investigation is one that has been screened in but has yet to commence. It is acceptable for a small number of these unallocated investigations to exist in the system as a 24-hour time period is allowed to allocate the investigation. However large numbers, pose a risk to children, as child protection concerns are not being evaluated in a timely manner. The pool of unallocated and overdue (unresolved) child protection investigations had increased in previous reporting years, however 2015-16 has seen a **significant decrease in the number of unallocated investigations.**

As of 30 June 2016, Territory Families reports **74 unallocated investigations** compared to 244 in 2014-15. This represents a **70 per cent decrease.**

## The Outcomes Of Notifications

As shown in [Figure 8](#) the past five years has seen an exponential increase (157%) in the number of child abuse/neglect notifications. There are notable increases in the number of investigations commenced in 2013-14 (29%) and 2014-15 (45%). However, in 2015-16 **investigations commenced** have only seen a **10 per cent increase.**

Over the five year period the number of substantiated notifications have had slight variable changes annually, though only a **3 per cent increase** from 2011-12 to 2015-16.

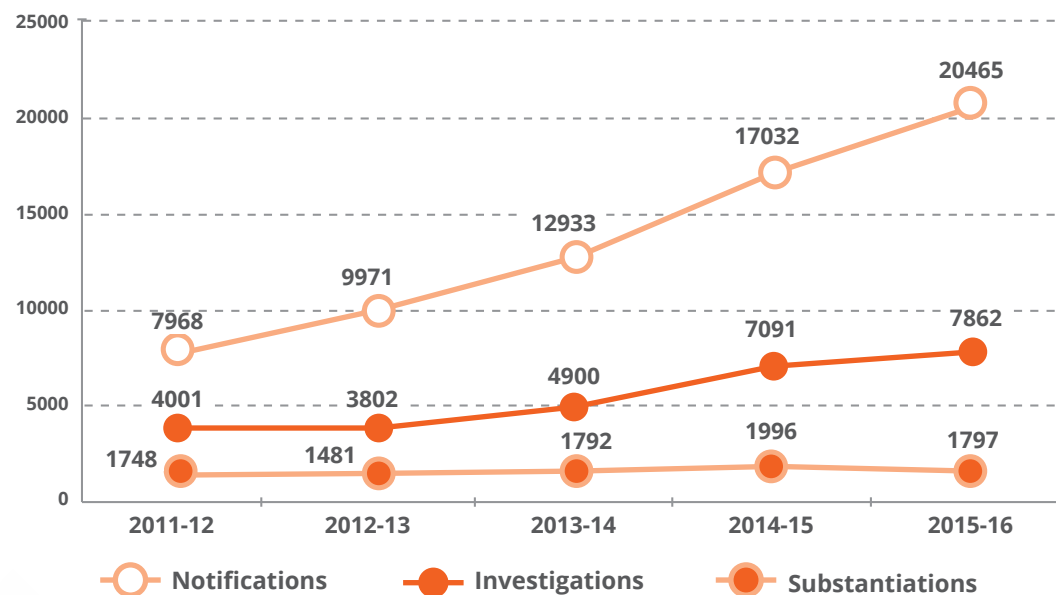
At the end of each financial year there are a number of investigations not yet completed, which, based on previous years, tends to add around 3 to 10 per cent to the reported number of substantiations in the following year. Due to these overdue investigations, the latest substantiation numbers are even further underrepresented.

Another impact on the substantiation numbers is Territory Families' new process of streamlining multiple investigations into one investigation. For the investigations that are rolled up into one it only allows for one possible outcome when in the past those multiple investigations could have led to multiple substantiations.

As Territory Families has experienced an increasing number of notifications over the past five years, invariably an increasing number of notifications are screened out, i.e. the notification is not investigated because it does not meet the threshold of risk where significant detriment to the wellbeing of child is likely to be established. In 2015-16, **12,603 notifications were screened out**, an **increase of 2,662** from 2014-15. The increase in notifications being screened out relates to the sheer number of notifications Territory Families is receiving, as well as how effective the screening process is in identifying the higher risk cases for investigation. It stands to reason that if the screening process were effective, the percentage of investigations being substantiated would be higher. However, this is difficult to conclude particularly given the complications around multiple investigations being rolled into one investigation, as this reduces the number of substantiated outcomes.

Prior to 2014-15, there appeared to be no clear relationship between the notifications received and the numbers investigated. However, the last two years have seen the number of investigations increase along with the notifications, which can be seen as a positive, particularly in this reporting period as the increase in notifications come from several categories of notifier. This suggests that those notifications are resulting from not just focussed efforts by one group (such as Police) to improve their reporting obligations but are based on genuine child protection concerns. The proportionate increase in investigations also suggests that they are genuine concerns. However, the increase in investigations being commenced has placed pressure on the system and contributed to the increasing number of overdue investigations.

**Figure 8:** Number of Notifications, Investigations and Substantiations of Abuse/Neglect, 2011-12 to 2015-16



Source: Territory Families 2016

Note: Caution should be used when analysing figures from the most recent year displayed as some child protection investigations from that year have not concluded and therefore are not represented in the figure.



## Substantiations by Aboriginality

Historically, the substantiation rate for Aboriginal children in the NT was significantly lower than the national average. However, in recent years the substantiation rate for NT Aboriginal children is above the national average (AIHW, 2016, p.28). For NT non-Aboriginal children the rate is also above the national average.

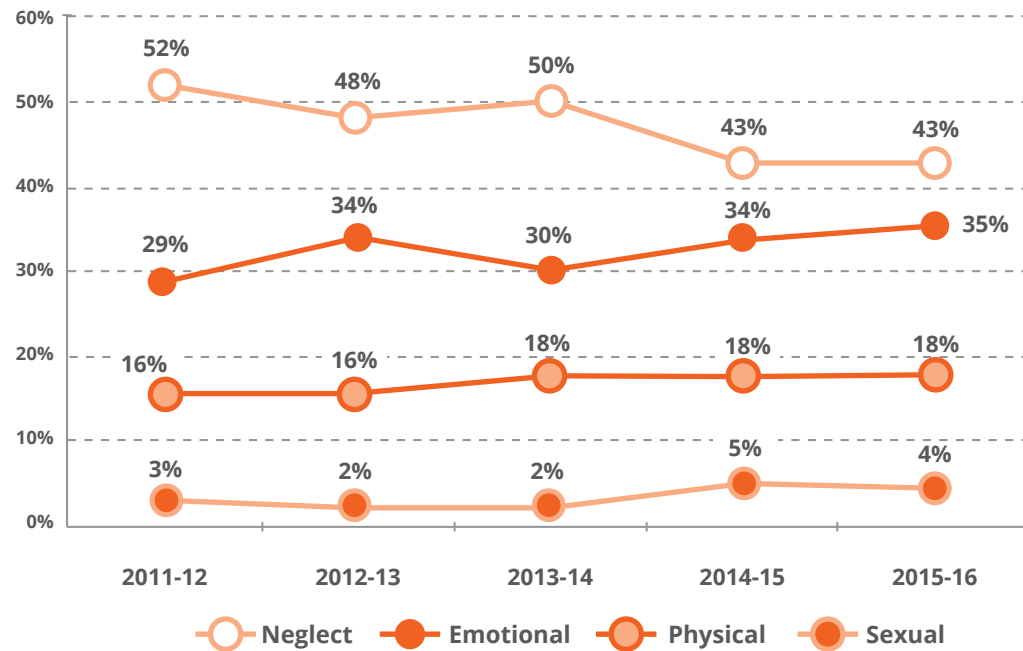
Data in 2015-16 indicates that 1,625 NT Aboriginal children were subject to a substantiation, which yields a rate of 60.8 per 1,000 Aboriginal children aged 0-17 years (Australian Bureau of Statistics (ABS), 2014). This is substantially above the most recently reported 2014-15 national rate (39.8 per 1,000 in AIHW, 2016, p.28). The NT Aboriginal substantiation rates are higher this year because of the overall increase in substantiation numbers. Over the past few years the NT's rate has overtaken the national rate.

## Substantiations by Abuse/Neglect Type

Figure 9 shows that the proportion of substantiated notifications varied widely by type, with neglect accounting for almost half of all substantiations and sexual exploitation just 4 per cent.

The proportion of substantiated reports that involve neglect remain consistent in 2015-16. In 2015-16, substantiated child sexual exploitation reports have decreased by 1 per cent. In 2013-14 a classification error with sexual exploitation matters, was discovered and the re-classification of some matters has returned the sexual exploitation substantiations to previous levels.

**Figure 9:** Substantiations by Type of Abuse/Neglect, 2011-12 to 2015-16 (percentages)



Source: Territory Families 2016

## Repeat substantiations

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

In 2014-15, **1,794 children were the subject of a substantiation of abuse or neglect** irrespective of when the notification was received<sup>1</sup>. Of these, **403 (22%)** were the subject of a **repeat substantiation within 12 months**. This means that although Territory Families had recognised that abuse or neglect had occurred, the response of the agency was not sufficient to ensure the safety of the child. The 2014-15 figures are consistent with those for 2013-14 (23%). It remains of continued concern that such a high percentage of children are being re-exposed to risk following previously substantiated abuse or neglect.

As shown in **Table 5**, **91 per cent (366)** of the children involved in these re-substantiations are **Aboriginal**. This is a reflection of the over-representation of Aboriginal children in the child protection system generally.

<sup>1</sup> The previously reported 2014-15 numbers are slightly changed due to data settling.



**Table 5:** Number of Children Experiencing Repeat Substantiations after being Substantiated, in 2014-15, by Aboriginal Status

HARM DESCRIPTOR (ORIGINAL SUBSTANTIATION)	NO. OF CHILDREN
Aboriginal	366
Non-Aboriginal	37
<b>TOTAL</b>	<b>403</b>

Source: Territory Families 2016

# Child Protection Authorities and Activities

Once Territory Families has determined that a child has been abused or neglected, it must decide whether it is appropriate to support the family to minimise the risk to the child or to make alternative arrangements to ensure the safety of the child.

## Authorities

Orders or arrangements that affect the guardianship rights of children and place those rights with the CEO of Territory Families are contained in the CAPCA. Broadly, these authorities can be categorised as follows:

**Order on Adjournment** – a matter has proceeded to court and has been adjourned;

**Protection Order (PO) Daily Care** – where the CEO has daily care and control of a child, but does not carry the sole Parental Responsibility of the child. Daily care and control usually involves decisions involving the basic needs of the child such as the provision of a safe home, access to food, clothing etc. Parental Responsibility usually involves decisions that affect the broader context of a child's upbringing e.g. religious affiliation, non-emergency medical treatment, what school will they attend, etc;

**PO Supervision Direction** – the CEO does not have daily care and control but must supervise the protection of the child such as the placement of the child;

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

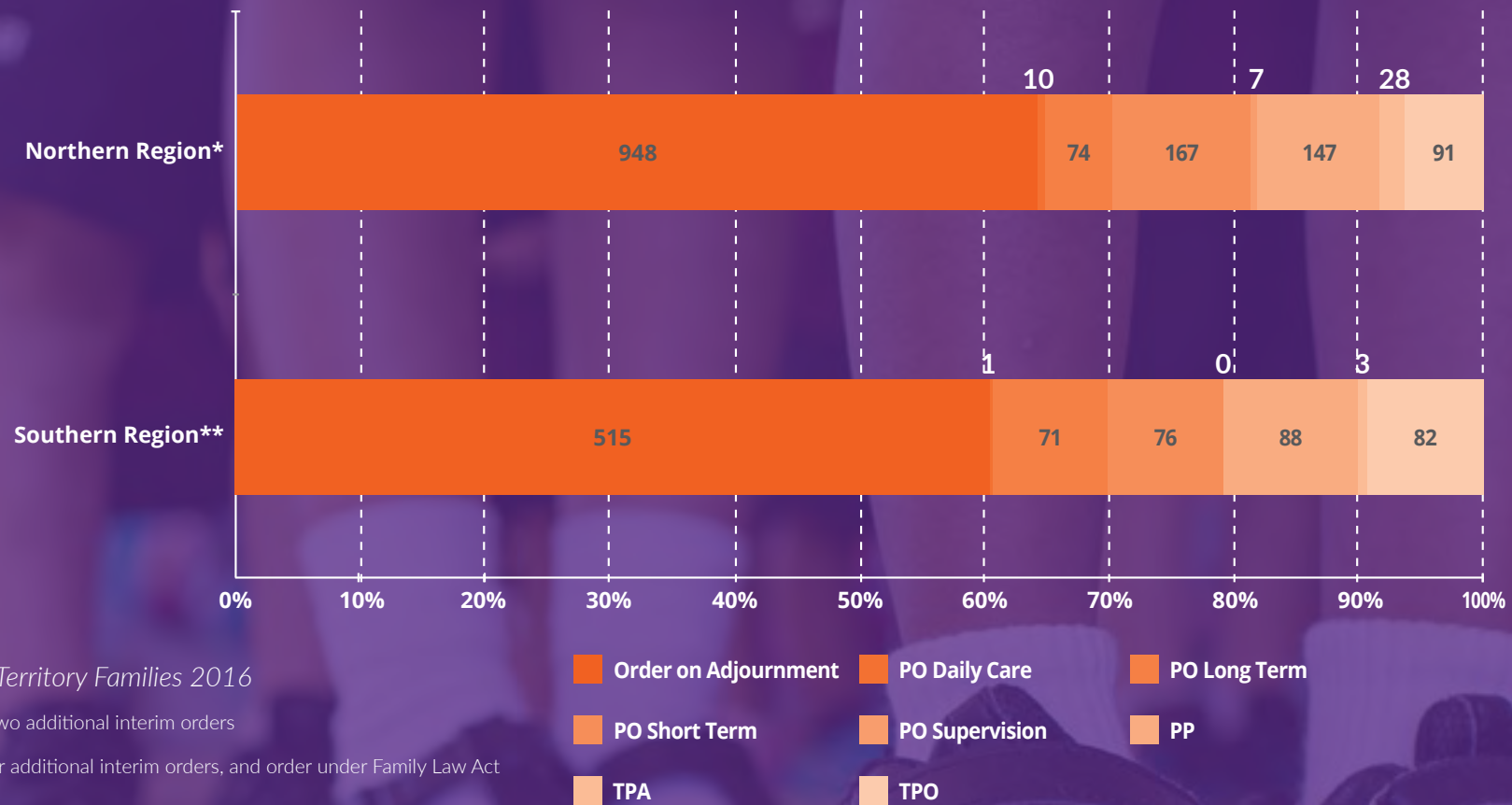
**PO Short Term** – involves an order of the court that gives Parental Responsibility and Daily Care and Control rights to the CEO for a period less than two years (usually taken out where reunification of the child with the parent/s is a distinct possibility with targeted family support services);

**Provisional Protection (PP)** – where a child can be taken into the CEO's care where there is an urgent threat to the child's wellbeing (this can last up to a period of 72 hours);

**Temporary Placement Arrangement (TPA)** – the CEO can enter into a voluntary agreement with the parent/s of a child to take the child into care for a period of up to two months. Such an arrangement is intended to address temporary crises and the arrangements can be renewed for a maximum of six months; and

**Temporary Protection Order (TPO)** – this is an order of the court, which grants a temporary period of guardianship, initially for 14 days. It is usually an interim measure when longer-term POs are being sought.

**Figure 10:** Authority Types by Region, 2015-16



In the 2015-16 reporting period Territory Families consisted of two regions, known as **Northern** and **Southern** Regions.

The previous reporting period encompassed three regions, being Greater Darwin, Katherine/Northern and Central Australia.

The majority of the previous Greater Darwin area has now been absorbed into the Northern Region, while the Southern Region consists of the previous Central Australia Region, as well as Katherine.

Of concern is the significant numbers of **orders on adjourment** in both regions. In 2015-16 there are 948 in the **Northern Region**, which is **64 per cent** of the total number of orders/authorities. In the **Southern Region** there are 515, which is **62 per cent**.

## Length of orders

The AIHW reports on the length of time children had been on orders at the time the orders were discharged. Table 6 provides a comparison of the different jurisdictions.

As can be seen in Table 6, in 2014-15 the **NT has the highest percentage (39.7%) of orders that had been in place for a period of less than three months.** This is substantially higher than the Australian average. The high number of orders that were put on adjournment may account for some of the orders that were less than three months, although this would also apply in other jurisdictions. It should also be noted that, in the context of this table, if an order is discharged and within 5 days another order is taken out, it counts as one discharge. **The NT also has the highest percentage of orders that lasted less than a year.**

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

**Table 6:** Length of Time Continually on a Child Protection Order at Time of Discharge from Order by State/Territory, 2014-15 (as a percentage of total)

STATE/TERRITORY	SHORT TERM (MONTHS)		LONG TERM TERM (YEARS)	
	<3	0 to <12	1 to <2	4 or more
NSW	21.0	34.2	8.5	47.2
VIC	9.7	47.6	26.9	10.6
QLD	14.4	25.1	26.7	25.6
WA	4.4	13.4	13.5	14.3
SA	37.3	42.9	15.3	31.3
TAS	25.5	37.3	23.8	20.1
ACT	19.1	30.6	16.0	33.6
NT	39.7	54.2	13.2	7.4
AUSTRALIA	14.8	8.5	21.2	11.0

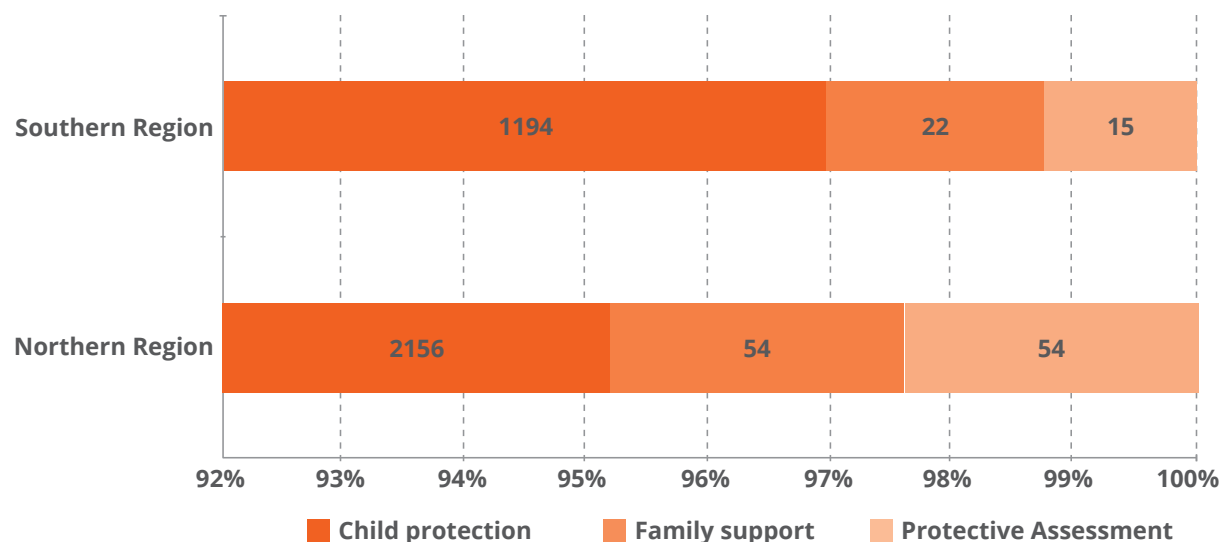
Source: AIHW 2016 (adapted from table A21)

Note: AIHW caveats apply

## Activities

The above orders and authorities facilitated account for only a portion of the total activities undertaken by Territory Families. Other activities include the provision of family support without having to address the child's guardianship status and the undertaking of protective assessments. Protective assessments may be undertaken for: Centrelink referrals under the Youth Protocol; referrals from the Youth Court; extra-familial child sexual assault investigations where there are no allegations of parental involvement; or circumstances where a child is not under control and is engaging in behaviour likely to cause harm, in the absence of parental abuse or neglect (section 20(d) of the CAPCA). A total of **69 protective assessment cases** were commenced in 2015-16, a significant **decrease of 80 per cent** from 2014-15 (352) protective assessment cases.

**Figure 11:** Number and Percentage Mix of Open Cases by Type of Activity and by Regional Office, as at 30 June 2016



Source: Territory Families 2016

Figure 11 provides a snapshot of such activities as at 30 June 2016. In the 2015-16 reporting period Territory Families consisted of two regions, known as Northern and Southern Regions.

The previous reporting period encompassed four regions being Greater Darwin, Katherine, Central Australia and Territory Wide Services. The majority of the previous Greater Darwin

area has now been absorbed into the Northern Region, while the Southern Region consists of the previous Central Australia Region, as well as Katherine.

Specialised Territory-wide services such as the Child Abuse Taskforce teams have very different activity profiles than those of the regional offices. The regional office profiles are relatively similar, with statutory child protection activities dominating the cases.



## Out-of-Home Care (OoHC)

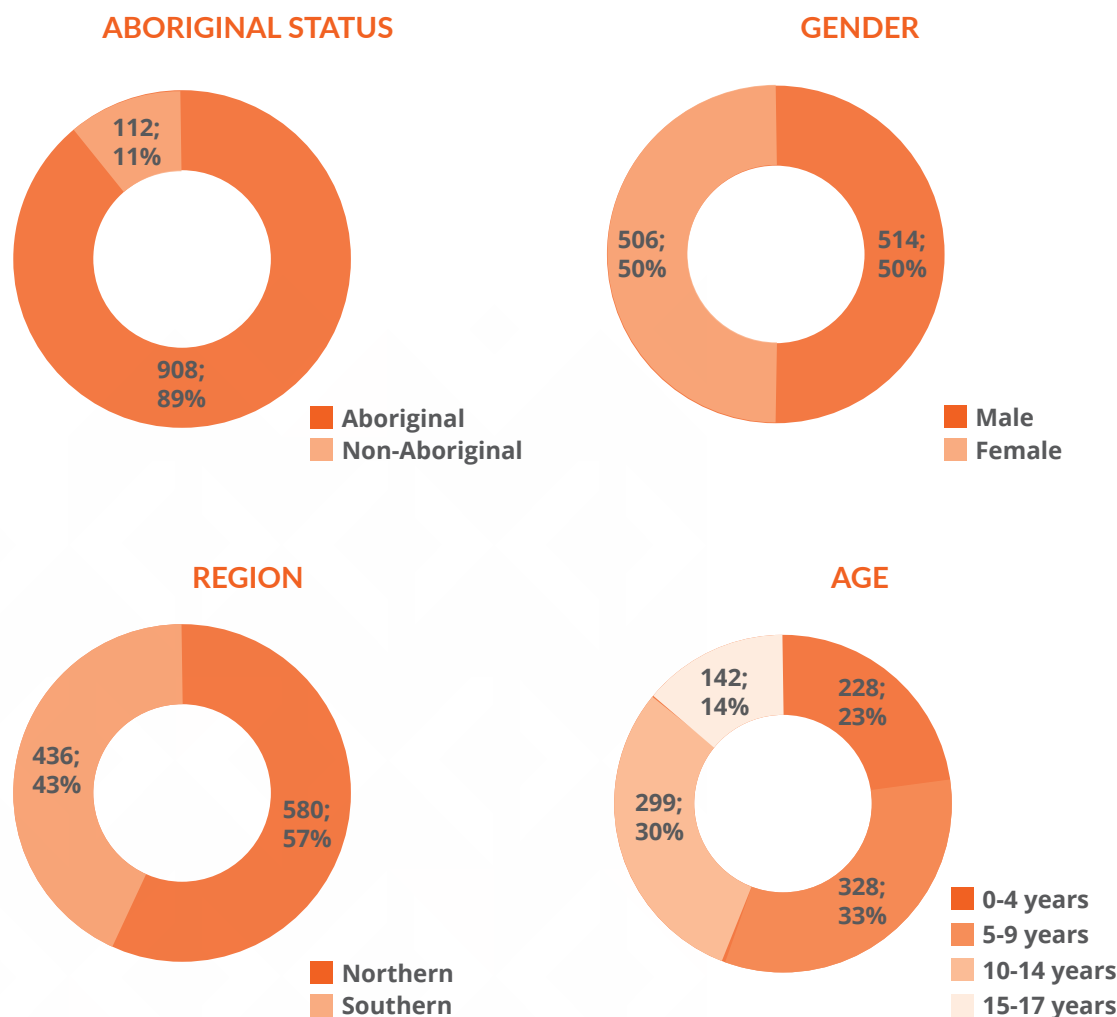
The removal of children from their family homes is never an easy choice for child protection workers, however, in certain circumstances it is unavoidable due to the risk of harm posed by some parent/s or guardian/s. On 30 June 2016, **1,020 children** were recorded as being in some form of statutory OoHC in the NT. This is only a **2 per cent increase** from 30 June 2015.

### Children who Entered the Care System in 2015-16

The OoHC system has a constantly shifting number of children who enter and leave the system. In 2015-16, a total of **315 children entered the system**, which is a **decrease of 6 per cent** from 2014-15 and is the lowest number of children to enter OoHC in five years. Of these **84 per cent were Aboriginal** children, which is similar to the percentage of Aboriginal children in the system overall. These children joined others already in OoHC.

## A Snapshot of NT Children in Out-of-Home Care as at 30 June 2016

**Figure 12:** Children in Care by Aboriginality, Gender, Age and Region, as at 30 June 2016



## Children in OoHC by Aboriginality

It can be seen in [Figure 12](#) that a significant majority of children in care are Aboriginal. The number of Aboriginal children in care has increased each year over the past five years, with an overall increase of 56 per cent since 30 June 2012. In the past year the number of **Aboriginal children in care has increased by 3 per cent**, which is significantly less than the 10 per cent increase reported in 2014-15. In contrast, the **numbers for non-Aboriginal children have been quite stable** over the past five years. The growth in the OoHC numbers in the NT is exclusively Aboriginal children.

Based on the numbers in [Figure 12](#) and ABS population data, the NT OoHC rate at 30 June 2016 for non-Aboriginal children is 2.9 per 1,000 and 34.0 per 1,000 for Aboriginal children (ABS, 2013 & 2014). The non-Aboriginal rate is one of the lowest in Australia, almost half the national average of 5 per 1,000 (comparison rates based on 30 June 2015 data from AIHW 2016, p. 54).

Although, as noted above, the overall placement rate in the NT (16.0 per 1,000) is the highest of all jurisdictions, the rate of placement of NT Aboriginal children (33.4 per 1,000) is one of the lowest in Australia for Aboriginal children.

At 30 June 2015 only Tasmania had a lower placement rate of 22.5 per 1,000. The NT placement rate for Aboriginal children compares with a national average of 52.5 per 1,000 Aboriginal children (comparison rates based on 30 June 2015 data from AIHW 2015, p. 51).

The finding that the NT's rate of placement is the highest in the country is largely due to the high percentage of disadvantaged Aboriginal children in the NT. However, the finding that Aboriginal children in the NT have one of the lowest rates of placement compared with their counterparts in all other jurisdictions, is harder to explain. On virtually every measure of wellbeing Aboriginal children and families are more disadvantaged than their counterparts in other jurisdictions, it might therefore be expected that more rather than fewer might be in need of statutory protection. This is particularly evident over the past few years where the NT Aboriginal substantiation rates for abuse or neglect have actually overtaken comparable Australian figures. Yet the Aboriginal placement rates have remained one of the lowest in Australia.

## Foster Care Places

During 2015-16, Territory Families registered **177 new Places of Care (POC)** or carers. In that same period the registrations of 152 existing carers lapsed. This reporting year the OoHC system experienced an **11 per cent increase** in POCs.

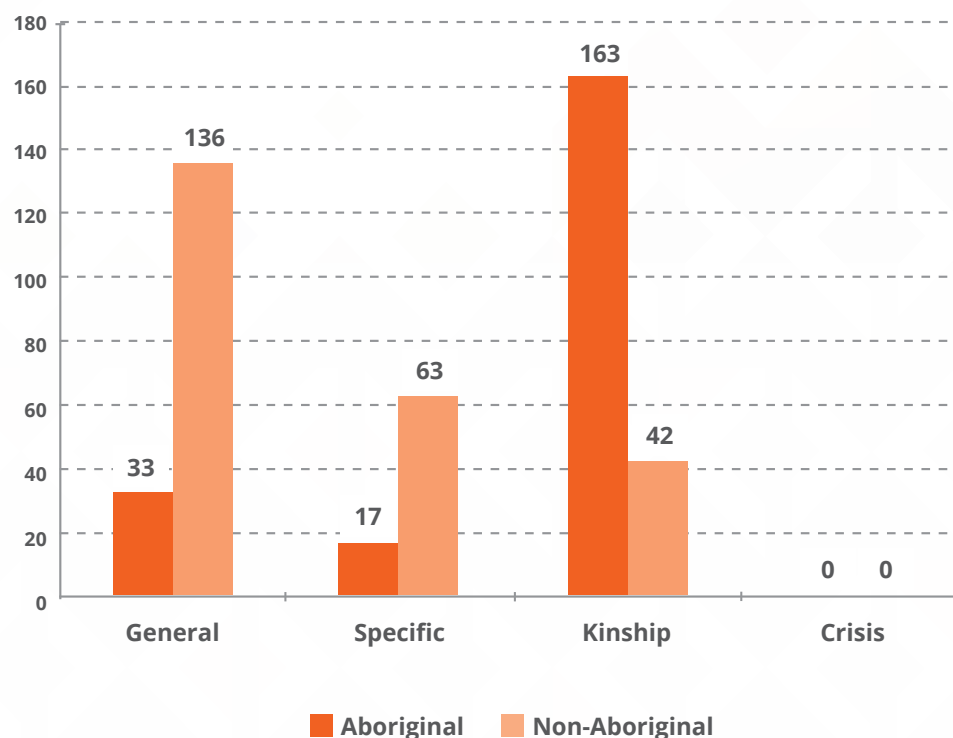
As at 30 June 2016, there were **454 POCs** in the NT OoHC system, which is an **increase of 5 per cent** from the previous year. As shown in Figure 13, there were no POCs specifically registered for the purposes of Crisis Care, i.e. to provide short-term emergency care, which might be after hours or on weekends. In 2014-15 there were only 2 POCs specifically registered.

There were 169 (37%) POCs registered to provide general foster care for a broad range of children. Another 205 POCs (45%) were registered to provide care for an extended family member or a member of their kinship group. A further 80 (18%) POCs provided care for a specific child not related to them.

The proportion of care placements that consist of extended family or kin has further decreased from 47 per cent in 2014-15 to 45 per cent in 2015-16. Such kinship placements help the children maintain links with family and culture.

Figure 13 shows that most non-Aboriginal care places provide general foster care, whilst most Aboriginal care places provide kinship care.

**Figure 13:** Places of Care by Aboriginality and Carer Type, as at 30 June 2016



Source: Territory Families 2016

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



## The Aboriginal Child Placement Principle

As at 30 June 2015, 89 per cent of children in OoHC were Aboriginal. This is a slight increase from the last reporting period. The Aboriginal Child Placement Principle (ACPP) stresses the importance of cultural continuity and prioritises a child being placed with direct kin or, failing this, with someone who speaks their language and shares their culture, rather than a member of another Aboriginal group, or a non-Aboriginal person. One of the main challenges facing Territory Families is to meet these requirements when there are fewer available adults for each Aboriginal child than for non-Aboriginal children.

The low number of registered carers in many Aboriginal cultural groups has also made it difficult to meet ACPP guidelines. When compared with other jurisdictions, the NT has the **lowest rate of Aboriginal children being placed with Aboriginal carers**. As at 30 June 2015 it stood at approximately 35 per cent (AIHW, 2016, p.105).

Of the 35 per cent of Aboriginal children placed with Aboriginal carers, a large majority (82%) were placed with a relative of the child.

## Exiting Out-of-Home Care

In 2015-16, **305 children exited OoHC** which is an increase from 2014-15 (257). The number of children entering care is higher than the number exiting the system, hence the increase of children in OoHC as at 30 June 2015.

In 2015-16, Territory Families reported that **195 OoHC cases were closed** and the child returned to family.

## Children with a Disability

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

As at 30 June 2016, there were **112 children with a disability in care**, which is a **10 per cent increase** from 2014-15 (102). As shown in [Table 7](#), children with an **intellectual or learning disability (44%) made up the largest portion** of these children, followed closely by children with a physical disability (37%). Children with a physical disability have increased the most over the last year.

Numbers of NT children with a disability were evenly dispersed across the Northern and Southern Region.

Children with disabilities tend to be on long-term orders. In 2015-16 **72 (64%)** children with a disability in care **were on a long-term order**.



**Table 7:** Number and Percentage of Children in Care with a Disability, as at 30 June 2016

DISABILITY TYPE	NO.AND % OF CHILDREN
Intellectual/Learning	49 (44%)
Sensory/Speech	6 (5%)
Physical Diverse	36 (32%)
Not Stated	20 (18%)
<b>TOTAL</b>	<b>111</b>

Source: Territory Families 2016



# Monitoring Investigations of Harm and Exploitation of Children in Out-of-Home Care

This Chapter analyses data provided by Territory Families on the substantiated cases of harm and exploitation of children in the Out-of-Home Care (OoHC) system, referred to as 'abuse in care'.

## Abuse in Care Management Provisions

Children are placed in OoHC when it has been assessed that separation from their family is needed to ensure that their safety, protection and care needs are met. There is an expectation that once in care, the child will be provided with a safe, supportive and therapeutic environment, while working towards family reunification or an alternative stable placement option. Children in OoHC come from backgrounds of social and economic disadvantage, are often traumatised when they enter OoHC, and are amongst the most vulnerable in our community. Poor placement decisions, and neglectful or exploitative practices by carers and practitioners can often exacerbate this trauma.

The National Standards for OoHC (DSS, 2011) were introduced to drive improvements in the quality of care to children and young people in the OoHC system, and to influence change to ensure children in OoHC have the same opportunities as other children to reach their potential.

It is vital that, when children are taken into care, everything possible is done to ensure that their care and protection needs are met and that they are able to engage in activities that will optimise their capacity to achieve their individual goals.

Territory Families Care and Protection Practice Manual outlines the process that delegated officers must follow when allegations are received about the quality and standard of care provided to a child in OoHC, whether care has been compromised or is not of the required standard. The policy dictates that a new child protection case must be opened each time a fresh notification is received and that all concerns must be assessed by members of the Central Intake Team (CIT) in accordance with section 84A of the CAPCA.

Depending on the severity of the abuse allegations, the case will be 'outcomed' as either a Priority 1 or 2 rating (requiring a 24-hour or 72-hour response respectively). The child protection investigation must be completed within 28 days. As part of the investigation, the child must be interviewed, as well as the person believed to be responsible.

The focus is to ensure the safety of the child and any other children who may also have been harmed, or be at risk of harm, in the placement. Where it has been assessed that a child has been harmed, it is expected that interventions will be taken to minimise the effects of the abuse and to determine a suitable and appropriate placement for the child.

Part 2.2 Division 4 – Monitoring the wellbeing of children in the Chief Executive Officer's (CEO) care, *Care and Protection of Children Act (CAPCA)* provides the CEO of Territory Families with the power to investigate allegations of harm and/or exploitation of children in Out-of-Home Care (abuse in care) and to respond accordingly. The intent of this provision is to ensure that Territory Families meets its legislative responsibility to children in the CEO's care, which is to safeguard their wellbeing.

Section 84C of the CAPCA also requires the CEO to notify the Children's Commissioner of all cases where a child protection investigation has substantiated allegations of harm or exploitation of the child in Out-of-Home Care.

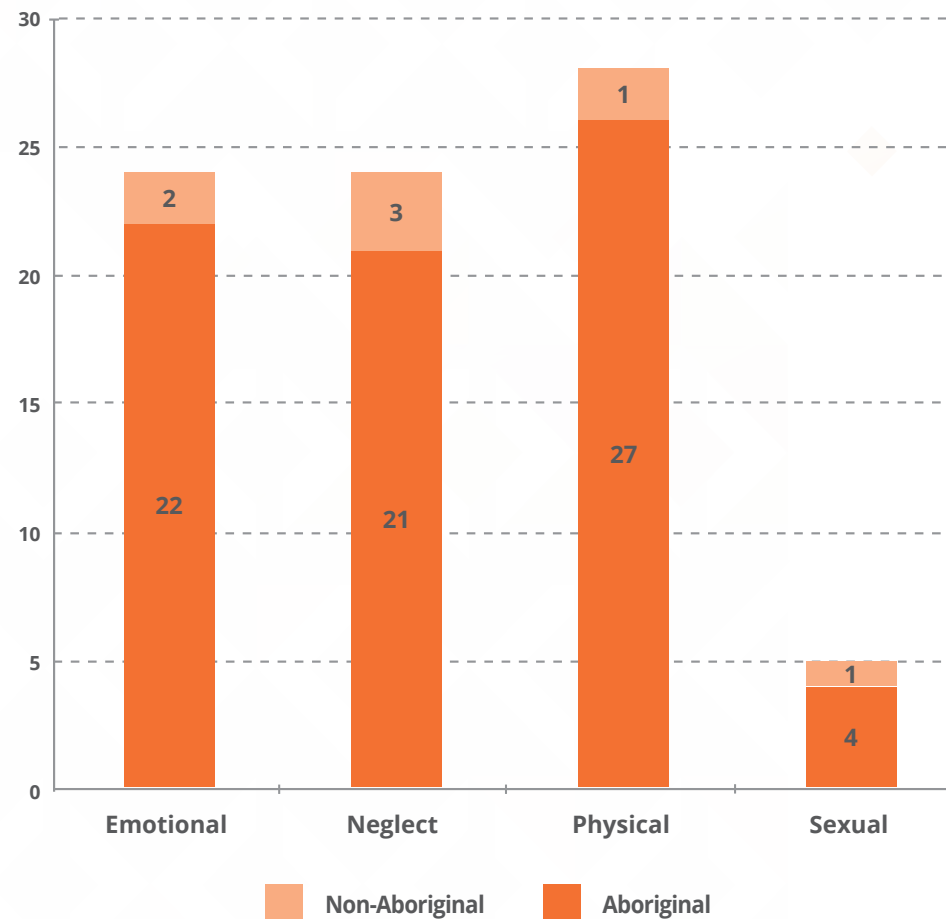
Furthermore, section 10(1)(f) of *Children's Commissioner Act 2013* (the Act), specifies that the Commissioner is to monitor the ways in which the CEO deals with suspected or potential abuse in care matters. Based on these factors, a decision has been made to include a detailed summary of the substantiated cases of harm and exploitation of children in Out-of-Home Care in this year's Office of the Children's Commissioner's Annual Report.

## Cases of Abuse of Children in Out-of-Home Care

On 30 June 2016 there were 1,020 children in the Out-of-Home Care (OoHC) system, with 315 children entering the system in the 2015-16 reporting period. Of the total number of children in care as of 30 June 2016, **908 (89%)** were **Aboriginal** and **112 (11%)** were **non-Aboriginal**.

Between 1 July 2015 and 30 June 2016 the CEO of Territory Families notified the Commissioner of **81 cases** of harm and exploitation, involving **70 children** in OoHC, of which **10 children were subjected to multiple cases of abuse**. 4 males and 5 females were each subjected to harm and exploitation on 2 occasions, with 1 female having been abused on 3 separate occasions. In total these 10 children experienced 21 incidences of abuse in care.

**Figure 14:** Number of Abuse in Care Cases by Abuse Type and Aboriginality, 2015-16





## Types of harm and exploitation

The **most common form of harm and exploitation was physical abuse**, with 28 (34%) cases followed by 24 (30%) cases of emotional abuse, 24 (30%) cases of neglect and 5 (6%) cases of sexual harm and exploitation. This has deviated from last reporting period in which emotional abuse was recorded as the most common form of harm and exploitation.

Child abuse can take many forms and rarely does a child experience only one form of harm. Many children who are sexually abused will also be emotionally and physically abused. In order for the child protection investigation outcome to be substantiated, it must be assessed that the child has suffered, is suffering, or is likely to suffer harm or exploitation in accordance with section 15 of the CAPCA.

In this reporting period the Commissioner has reviewed the primary abuse type, recorded by Territory Families.

As shown in [Figure 14](#), the most common form of harm and exploitation was physical abuse with 28 (34%) cases, followed by 24 (30%) cases of emotional abuse, 24 (30%) cases of neglect and 5 (6%) cases of sexual harm and exploitation.

Of the total **28** cases of physical abuse:

- **27 (96%)** involved **Aboriginal** children and **1 (4%) non-Aboriginal** children.

Of the total **24** cases of emotional abuse:

- **22 (92%)** involved **Aboriginal** children and **2 (8%) non-Aboriginal** children.

Of the total **24** cases of neglect:

- **21 (88%)** involved **Aboriginal** children and **3 (12%) non-Aboriginal** children.

Of the total **5** cases of sexual exploitation:

- **4 (80%)** involved **Aboriginal** children and **1 (20%) non-Aboriginal** child.





Further analysis of the 2015-16 substantiated notifications of abuse of children in OoHC is as follows:

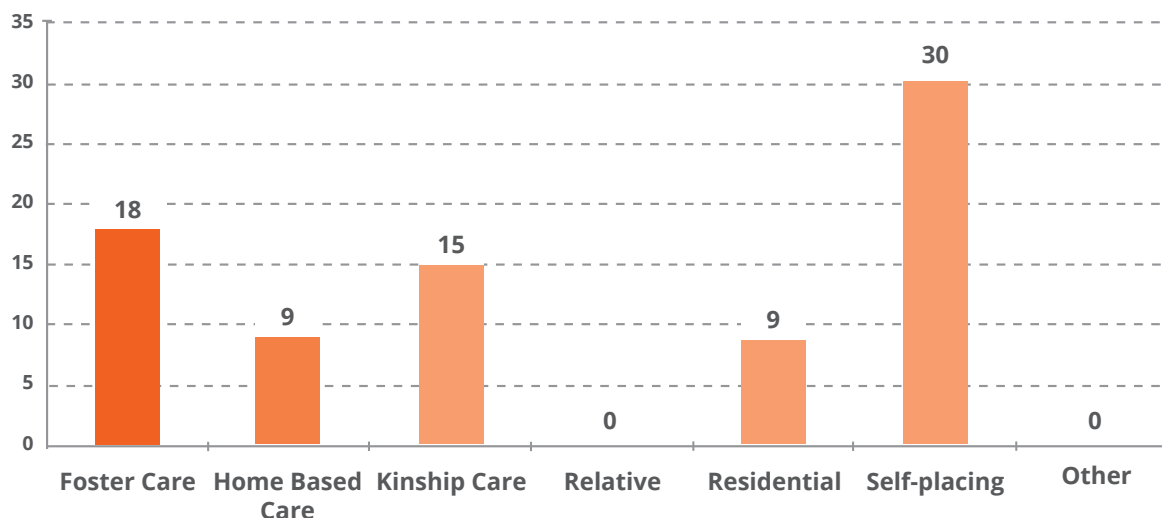
- of the **81 cases, 73 (90%)** cases involved Aboriginal children (comparable to the proportion of Aboriginal children in care) and 8 (10%) cases involved non-Aboriginal children.
- of the **10 children** subjected to multiple cases of abuse in care, **10 (100%)** were Aboriginal children and 0 were non-Aboriginal.
- **50 (62%)** of cases were **females** and **31 (38%)** cases were **males**. The majority of cases, **32 (40%)**, occurred in the **15 to 17 age group**, 20 (25%) in the 10 to 14 age group, 17 (21%) in the 5 to 9 age group and 10 (12%) in the 0 to 4 age group\*.
- there were **28 (34%)** cases of **physical abuse**, **24 (30%)** cases of **emotional abuse**, **24 (30%)** cases of **neglect** and **5 (6%)** cases of **sexual harm and exploitation**.
- the highest number of cases of harm and exploitation occurred where children and young people have self-placed 30 (37%). Of the total 81 cases of harm and exploitation of children **39 (48%)** cases the child **remained in the placement**, **41 (51%)** of the children were **removed from their place of care** and 1 (1%) is undefined.

\* 2 young people were 18 years of age

## Harm by Placement Type

As indicated in Figure 15, the most cases of harm and exploitation 31 (38%) occurred where children and young people have self-placed, 18 (22%) cases in foster care, 15 (19%) cases in kinship care placements, 9 (11%) cases involved home based care, 8 (10%) cases in residential care.

**Figure 15:** Number of Abuse in Care Cases by Placement Type, 2015-16



There has been a significant increase in the numbers of cases of harm and exploitation where children and young people have self-placed. In 2014-15 only **6 cases** (5% of the total 110) involved children and young people who had self-placed. In 2015-16 there are **31 cases** (38% of the total 81). However, in 2015-16 there has been a **26 per cent decrease in the total substantiated notifications of abuse of children in OoHC**. This is a result of decreases in cases of harm and exploitation involving children in foster care (38%), kinship care (44%) and residential care (53%) from 2014-15.

However, this year the department provided the Commissioner with an additional **26 substantiated cases** involving **27 children** that were reported to the department in 2014-15, though were not substantiated until the 2015-16. This would ordinarily indicate a more significant decrease in both the numbers of substantiated cases and the number of children involved between 2015-16 and the previous years, however at the time of writing this report it was unclear how many, if any, 2015-16 reports of concern in care have not been provided to the Children's Commissioner because of not having finalised.

Given this, a definitive decrease from the previous year could not be determined.



## Multiple Cases of Harm and Exploitation

One of the measures used by the Commissioner to monitor the quality of care provided to children in OoHC is whether there have been previous allegations of abuse to that child. As this is the first time the Commissioner has extensively reviewed cases of abuse in care, it is not possible, at this stage, to draw conclusions about many of the **95 children** who had been abused prior to 2014-15. When reviewing the case files of the children, it was concerning to note that most had a long and extensive involvement in the child protection system.

In the 2015-16 reporting period, there were **21 cases** involving **10 children** who had suffered **multiple cases** of harm and exploitation in OoHC. It is disturbing to note that Territory Families failed to provide 10 children with a place of safety.

Of the 21 cases, 8 involved substantiated cases of emotional harm, 5 cases of neglect, 7 of physical harm and 1 case of sexual harm and exploitation. In 3 cases the abuse occurred while the children were in kinship or foster placements, 2 cases the children were in residential care, 1 case involved a child in home based care and the remaining is of the cases the young people were listed as 'self-placing'.

The cases involved 2 children in the 10-14 age group, 6 young people in the 15-17 age group, and 1 child in each of the 5-9 and 0-4 age groups.

## Investigations Commenced and Completed Within Required Time Frames

In recognition of the importance of dealing with allegations relating to the abuse of a child in OoHC, Territory Families requires all investigations be outcomed as either a Priority 1 or 2.

Of the **81 cases**, **21 were outcomed as Priority 1**, requiring a 24-hour response time frame, **50 cases were outcomed as Priority 2**, requiring a 72-hour response. **7 cases were given a Priority 3** rating, requiring a 5-day response. There were **3 cases categorised as 'unknown'**. It is unclear as to why this occurred given the directions outlined in Territory Families' new Concerns about the Safety and Wellbeing of Children in Care Policy.

Of the Priority 1 child investigations 10 (48%) were commenced within the required response time frame, though only 9 (18%) of the Priority 2 investigations were commenced. All of the Priority 3 investigations were commenced within the required response time frame.

Of the 81 cases investigated, only 21 (26%) were completed within the 28 days, 60 (74%) of the investigations were not completed within the specified time.



## Child Interviewed

Of the 81 cases of abuse in care, Territory Families case managers interviewed the children involved in **72 of the cases**, in 9 cases the children were not interviewed. This is a result of the child/children either refusing to be interviewed and/or unable to be located, or were too young.

However, in reviewing case files, it would appear that where the children were too young to be interviewed, Territory Families case managers had sighted the child.

## Person Believed to be Responsible Interviewed

In **55 (68%) of the cases** the person believed to be responsible for the harm and exploitation of the child was interviewed as part of the investigation, in 26 (32%) cases the person was not interviewed.

The Child Abuse Task Force (CAT) or NT Police were either notified or involved in 44 (54%) of the 81 cases of abuse in care. The exact level of involvement appeared to be dependant on the allegations, however in the majority of cases involving sexual exploitation there was some level of involvement.





## Conclusion

In the 2015-16 reporting period there were **81 cases** of harm and exploitation of **70 children** in OoHC. This represents a substantial percentage of children in OoHC given that on any given day the number of children in care is around 1,000 (1,020 as at 30 June 2016).

Results suggest that Territory Families is committed to ensuring allegations of harm and exploitation of children in OoHC are responded to promptly and in accordance with the processes outlined in the Territory

Families Care and Protection Practice Manual (Concerns about the Safety and Wellbeing of Children in Care Policy).

Of concern is the number of cases, 31 out of the total 81, of children and young people being abused where they have self-placed, primarily with family members. Placing children with family is the preferred placement option based on the premise that the child will be less traumatised living with people they know in an environment that is also familiar. Where the child and

carer are not familiar prior to the placement there is a belief that a shared family relationship is more likely to promote the child's sense of identity and allow them to retain ties to family and community.

Of continued concern is the number of children abused in foster care. In 2015 16, **18 (22%) cases of harm and exploitation were substantiated** where children and young people were in a foster care placement. The question arises as to the level of screening,



adequacy of training and support to carers, and the level of monitoring of these placements by Territory Families.

In 2014-15 there were 27 cases of harm and **exploitation in kinship care**, compared with **15 cases** in 2015-16. This is a **44 per cent decrease**. A recommendation was made in the 2014-15 report to examine whether kinship carer assessments were completed for the cases where harm and exploitation had been substantiated. Of the 15 cases, all kinship carers had a Place of Care (POC) identification number i.e. they were registered and endorsed carers.

It was pleasing to note that of the 81 cases, the greater majority of the investigations were commenced within the prescribed timeframes and, depending on age, the child in care was interviewed or sighted as part of the investigation. However, there has been a decline in the number of people believed to be responsible for the abuse were interviewed. In some cases this was not possible for a number of reasons, including the child's refusal to identify the alleged perpetrator.

Nationally and internationally there is emphasis on the family as the best place for children to live and, if they are removed, to reunite them as expediently as possible. The expectation is that the child will be placed into a nurturing, safe environment and that they will be provided with high quality, consistent care. Many of these children have already experienced trauma, neglect, abuse, and exposure to family and community violence. For them to be placed in OoHC resulting in further abuse is unacceptable.

The safety and wellbeing of children in OoHC should be given paramount consideration by everyone involved in any and all aspects of their care. It is acknowledged by the Commissioner that the majority of NT children in OoHC do receive quality care from dedicated and committed carers. However it is of immense concern that 10 children were abused not only once while being in care but on a number of occasions.

We owe it to those children who are, for whatever reason, placed in OoHC to ensure that they receive a high standard of care.



# CAPCA Monitoring – Out-of-Home Care Data

In addition to analysing operational data provided by Territory Families, the OCC conducted case file reviews examining:

- The CAPCA requirement for each child in care to have a care plan
- Caseworker contact with children in care
- The provision of leaving care plans
- The use of Temporary Placement Arrangements (TPAs)

# Key Findings

## CARE PLANS

**94 per cent** of the sample children had a care plan and **85 per cent** of the plans were current. These are very similar to the 2014-15 results of 97 per cent and 82 per cent respectively.

## TEMPORARY PLACEMENT ARRANGEMENTS

In 2015-16, there were **32 TPAs** entered into relating to **25 children**. This indicates a marked decline of **35 per cent** from 2014 15 and **71 per cent** from 2013-14.

**12 per cent** of the TPAs were not signed by the parent/s or an appropriate delegate (**13 per cent decline**) and **38 per cent** of the TPAs could not be located on file (increase from **22 per cent** last year). Although there were less TPAs used in 2015-16 there continues to be an increase in the proportion that were missing from the files.

Only **20 per cent** of the children entered foster care at the conclusion of the TPA compared to **28 per cent** in 2014-15. This is indicative of the TPAs being used appropriately.

## LEAVING CARE PLANS

**27 per cent** of the sample of young people 15 years or older had a specific leaving care plan on file, which is significantly less than **42 per cent** in 2014-15. A large proportion, **73 per cent**, do not have specific leaving care plans to assist them in their transition out of care.

## CASEWORKER CONTACT WITH CHILDREN IN CARE

Caseworkers are required to regularly visit children in care. Our review found that **65 per cent** of children in care had contact with their caseworkers in the two months prior to the review date (30 June 2016).

Territory Families guidelines state that this contact should occur once a month. The file review revealed that this contact occurred in only **65 per cent** of cases. These rates have not improved from the 2015 review numbers, which were **76 per cent** for the two months and the one-month figure was **65 per cent**.

## LEAVING CARE SUPPORT

The Office reviews outcomes of Anglicare NT's Moving On program, which provides a brokerage and referral service for young people going through this transition. Anglicare facilitates the Australian Government funded Transition to Independent Living Allowance (TILA) in the NT.

The Moving On program is supporting more young people than ever before. Availability of accommodation services continues to be a critical concern with young people adding to the increasing numbers of homeless people. Most of the referral and brokerage services provided by Moving On relate to this issue. Government services need to ensure appropriate public housing options and support is available to these young people.

## Out-of-Home Care Reviews

### Care Plan Review

As part of the broader Out-of-Home Care (OoHC) review process the OCC reviewed a sample of care plans for children who were under the care and protection of the Chief Executive Officer (CEO) of Territory Families over the 2015-16 period. The key aim of the care plan review is to monitor Territory Families compliance with Part 2.2, Division 2 of the *Care and Protection of Children Act 2007* (CAPCA). This part of the CAPCA requires the CEO to have a clear, comprehensive and well-measured plan for every child on a statutory order or administrative arrangement. Care plan reviews have been conducted for seven consecutive years and, along with the general review of these care plans, some analysis of the trends over the last four years has been included.

### Care Plan Guidelines

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

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

### Review Process

This care plan review is based on data from a **sample of 10 per cent of children in the care of the CEO as at 30 June 2016**, which enables a comparison with the previous four years. A sample of **105 files (10%)** was randomly selected from the files of 1,020 children in the care of the CEO as at 30 June 2016.

In order to conduct the review, the OCC accessed the Territory Families database, known as the Community Care Information System (CCIS). Independent access to CCIS (by arrangement with Territory Families) was essential as this system holds most of the Territory Families client records.

Hard-copy files were also accessed, as the CCIS does not generally include legal documentation that requires signatures nor reports and information from other parties, such as school reports, medical assessments, therapeutic assessments or recommendations made by private practitioners. This information is stored in the child's hard-copy file.

In order to conduct the review, the Commissioner requested the sampled children's hard-copy files for the period 1 July 2015 to 30 June 2016. Reviewers

visited Territory Families offices in Alice Springs, Katherine, Palmerston, and Casuarina reviewing both electronic and hard-copy files of the sampled children relevant to each Territory Families office.

The review involved a series of steps, involving electronic and hard-copy information.

An initial search of CCIS identified the child and provided a summary of the child's involvement with Territory Families. Through CCIS the following key pieces of information could be identified:

- whether the child had a current care plan;
- the content of the care plan; and
- whether children who were 15 years or older had a plan for transition to independent living.

A review of the child's paper files provided additional data regarding the child's involvement with Territory Families. Cross-checking the child's paper and electronic files let the reviewers determine if the care plan identified:

- the needs of the child across all the life domains and specified measures to address these needs;

- the cultural needs of the child;
- decisions in relation to the daily care and control of the child;
- decisions about the placement arrangements for the child and the overall objectives of the child's placement in care;
- decisions about contact between the child and other persons;
- the strengths of the child and family; and
- the care plan goals, required tasks, responsibilities and time frames.

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

### Characteristics of Sampled Children

105 CHILDREN				
AGE	0-4 Years old	23 (22%)	Female	58 (55%)
	5-9 Years old	34 (32%)	Male	47 (45%)
	10-14 Years old	35 (34%)	Aboriginal	97 (92%)
	15-17 Years old	13 (12%)	Non-Aboriginal	8 (8%)



## Findings

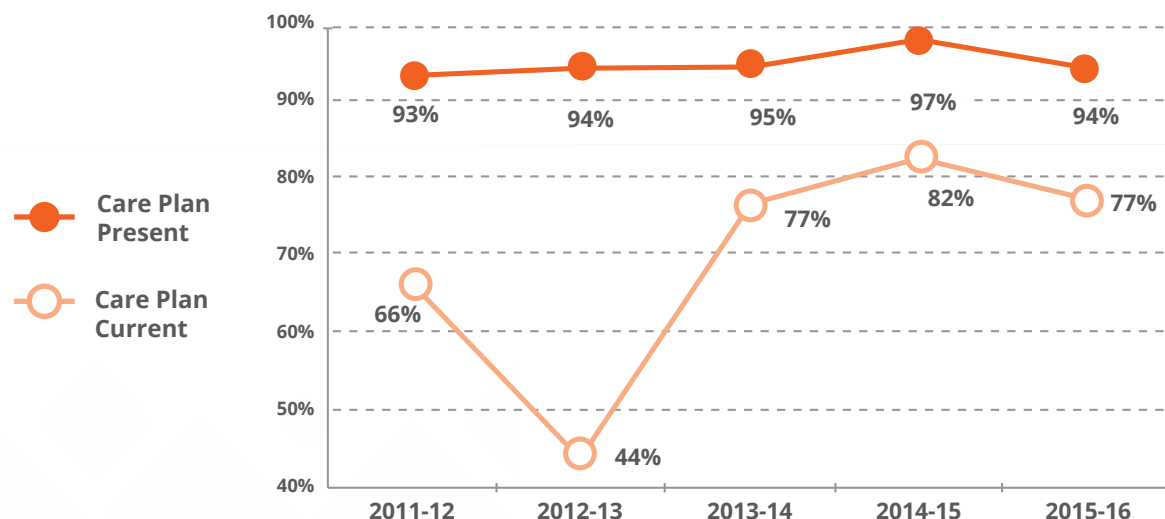
As shown in Figure 16, **94 per cent** of the sampled children in care **had a care plan** in 2015-16. These high levels have now been maintained for a period of four years.

In 2012-13 there was a substantial decrease in the **percentage of current care plans**, there has since been effort by Territory Families to ensure that care plans remain current. However 2015-16 has seen a **decrease to 77 per cent**, the same levels as 2013-14, and will require a focus to ensure compliance increases over the next 12 months.

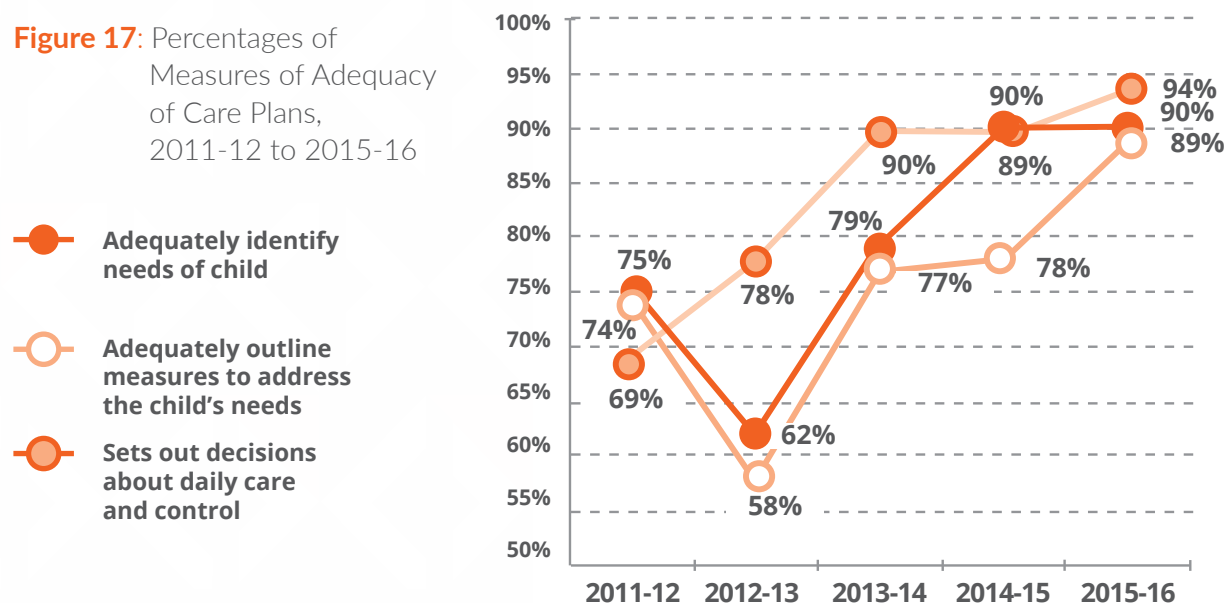
As shown in Figure 17, identification of the child's needs in the sample care plans remained consistent in 2015-16. A 5 per cent increase in care plans establishing decisions about daily care and control is noted. The adequacy of case plans outlining measures to address the child's needs increased by 10 per cent from 78 per cent in 2014-15 to 88 per cent in 2015-16, which is positive.

There has been a continual improvement in the quality of these measures since the reviews began, with the exception of 2012-13.

**Figure 16:** Percentage of Care Plans Present and Current, 2011-12 to 2015-16



**Figure 17:** Percentages of Measures of Adequacy of Care Plans, 2011-12 to 2015-16



As shown in Table 8 a key positive change is the increase in care plans being provided to parents. This has risen significantly from 0% in 2014-15 to 56% in 2015-16. Other notable increases were care plans being provided to carers, from 25% in 2014-15 to 68% in 2015-16, and information in the plan relating to the goals being concrete and achievable with clear tasks, responsibilities and time frames care plans increasing by 22% in 2015-16.

There were a few areas that had small declines in 2015-16. These were a 10% decrease in number of plans that recorded clear decisions about contact between the child and other persons, and an 11% decrease in family consultation regarding case plans.

Of the 105 children in the sample for 2015-16, **97 were Aboriginal**. 80 per cent of Aboriginal Children had a plan that adequately addressed issues relating to their cultural needs. This represents an increase of 8 per cent from 2014-15.

**Table 8:** Number of Declined Complaints by Reason for Decline, 2015-16

Reason for Decline					
	2011-12	2012-13	2013-14	2014-15	2015-16
Did the plan include clear decisions about contact between the child and other persons?	66%	58%	90%	92%	82%
Did the plan include clear decisions about the placement arrangements for the child?	59%	54%	90%	87%	88%
Were the goals in the plan concrete and achievable with clear tasks, responsibilities and timeframes?	72%	42%	73%	67%	89%
Did the plan reflect the overall objectives of the placement in care?	69%	64%	79%	89%	91%
Was the child/young person consulted regarding the care plan?	12%	10%	72*%	73*%	78*%
Was the family consulted regarding the care plan?	19%	51%	77%	80%	69%
Was the care plan provided to the parents?	4%	1%	1%	0%	56%
Was the care plan provided to the carer?	25%	5%	7%	25%	68%

## Summary - Care Plan Reviews

The results of the 2015-16 care plan review show that the percentage of children in the sample who had care plans slightly decreased from 97 per cent in 2014-15 to 94 per cent in 2015-16. The percentage of care plans that are current decreased by 5 per cent to 77 per cent.

Since 2014-15, there were a number of improvements in the quality measures examined throughout the review process, including increases relating to adequacy of case plans outlining measures to address the child's needs identifying the needs of the child (10%), care plans provided to the parent/s (56%), and to carers (43%).

The 2015-16 **increase in number of care plans being provided to parent/s and carers is encouraging**. This may be attributed to the previous OCC recommendation to incorporate additional detail in the consultation section of the care plan template to record whether the care plan had been provided to the relevant parties.

It is important that parents and carers are provided access to the child's care plan as they play a central core role in shaping the child's care arrangements.

The effective involvement of parents and carers in identifying the child's care needs will support the achievement of positive outcomes. Furthermore the CAPCA necessitates consultation with the child's family in any decision making.

Also promising is the **slight increase (8%) in children with an adequate cultural element in their care plan**. From 2013-14 to 2014-15 a 11 per cent decrease was noted, which may be attributed to the change to the care plan template which merged the cultural care plan. As a result, a high level of variance was identified in the depth of the information included in the cultural element of the care plan.

Although the majority of improvements to the quality measures of care plans were maintained, key measures such as decisions about contact between the child and others, and family consultation regarding care plans have declined.

The development of care plans for children on statutory orders or administrative arrangements requires a sustained focus for the next 12 months to ensure better quality and improved implementation.



## Leaving Care Plan Review

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

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

### Review Process

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

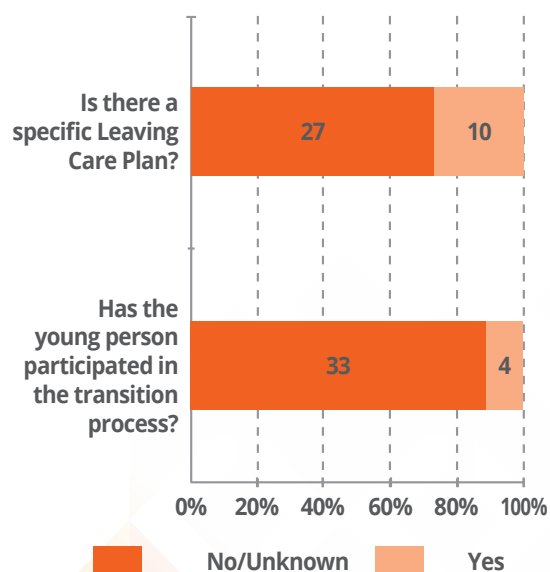
A sample of **37 files (25% of all young people in care aged between 15-17 years** as at 30 June 2016) was randomly generated for this review. Electronic files and hard-copy files were examined by OCC staff at Territory Families offices in conjunction with the other reviews conducted this year.

However, for this reporting period further analysis of the key aspects of young people's transition support is examined using only the sample case files in which there is a specific care plan. This is **10 (27%) of the total 37 files**.

### Characteristics of Sampled Young People

37 YOUNG PEOPLE				
AGE	15 Years Old	17 (46%)	Female	19 (53%)
	16 Years Old	13 (35%)	Male	18 (47%)
	17 Years Old	7 (19%)	Aboriginal	29 (79%)
			Non-Aboriginal	8 (21%)

**Figure 18:** Number and Percentage of Young People with Specific Leaving Care Plans and Participation Levels, as at 30 June 2016



As shown in Figure 18, **73 per cent** (27) of the sample of young people had **no specific leaving care plans**. This is a 15 per cent decline from 2014-15 in which 58 per cent did not have one.

The number of **young people participating in a transition process** has also significantly declined from 14 (39%) in 2014-15 to **4 (10%)** in 2015-16. Considering the numbers of young people leaving care have remained consistent over the four years from the 2012-13 reporting period (average = 35 files sampled annually), the numbers of specific leaving care plans developed, and support and planning provided for young people transitioning out of care is continuing to decline.

Approximately **46 per cent** of the 37 files reviewed were **young people aged 15**. Out of those 15 year olds **only 18 per cent had a specific plan**. Territory Families care plan template provides a screening question for case managers to inform them of the need for young people to begin leaving care planning at age 15. Although this screening exists, further training and education around the requirement for 15 year olds to have leaving care planning is required.

As shown in Figure 19, of the 10 files with a specific leaving care plan, there appears to be moderate levels of linkage with resources and services for young people throughout the transition process.

Apart from the 100 per cent rate for young people possessing a Medicare card, the elements that rate better than the others are access to an income, links to education and training, health services and interacting with CREATE.

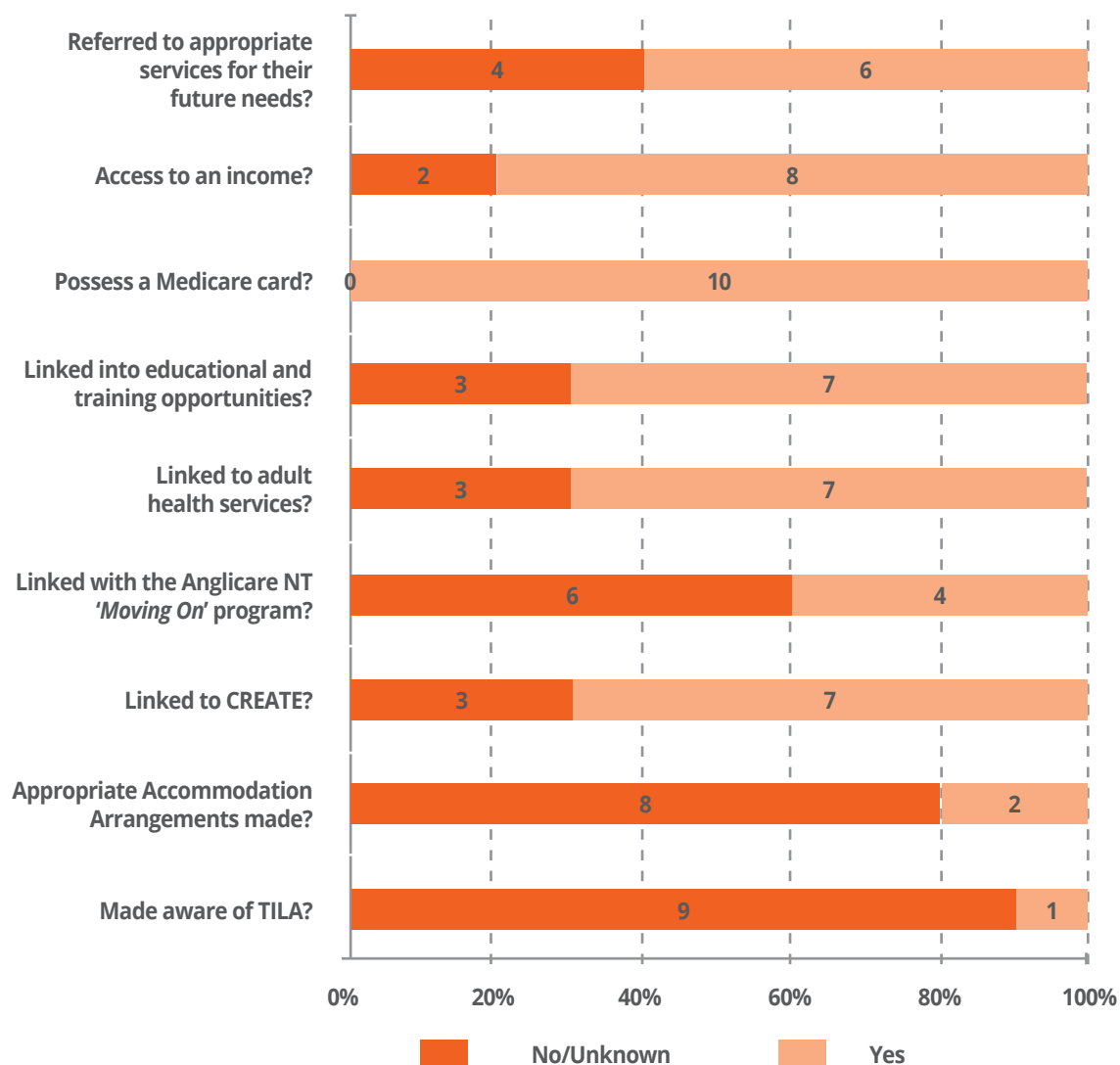
The 2014-15 report identified little evidence available of what information has been provided to the young person during the transition process.

This review examined the 10 files to assess the level of information provided. Positive evidence was found of young people possessing copies of their birth certificates (100%), court orders (100%) and sufficient information/support to maintain/re-establish links with their natural family (90%). As noted in previous reports family information is provided incidentally, in the course of working through normal care arrangements, such as having contact arrangements with family or being in a kinship care placement.



Of concern is the limited accommodation support to young people leaving care. Of the 10 files reviewed **80 per cent had not had appropriate accommodation arrangements** made. More concerning is that 2 of the 10 files were 17 year olds who had not had appropriate accommodation arrangements made, nor been made aware of the Transition to Independent Living Allowance (TILA).

**Figure 19:** Number of Young People Linked to Resources and Services for Transition, as at 30 June 2016



## Summary - Leaving Care Plan Review

This is the fourth time the OCC has reviewed leaving care plans. The review generally focussed on whether the plans met the requirements of the Territory Families policy, with a further examination of the 10 files with a specific leaving care plan.

The transition out of care, and the planning involved in this process, has been of concern for some time, both locally and nationally. In the NT the small numbers of young people leaving care allow for coordinated and holistic support for effective transition to independent living, particularly intensive transition support to 17 year olds. In 2015-16 however, this is not occurring.

In 2015-16, there continues to be significantly low numbers of young people with leaving care plans or who had participated in the process. It is still of concern that a large number of young people (73%) aged over 15 years do not have specific leaving care plans. Of particular concern was that 82 per cent of the 15 year olds in the sample had no specific care planning, even though it is clear under national standards and Territory Families policy that planning needs to be commenced for young people in care who are 15 years. This requires further promotion and reinforcement of internal policy and procedure for both existing and new Territory Families staff, and to also ensure compliance with the National Standards for OoHC.

Links with external support services such as *Moving On* and CREATE were variable. Of the young people with a specific care plan only 40 per cent were linked with Anglicare's *Moving On* program, though 70 per cent linked to CREATE.

Substantial effort is required over the 2016-17 period to increase the overall levels of support and planning for young people transitioning out of care as this is a critical period in their lives. The substantially low levels of accommodation support, including awareness of TILA, requires significant improvement due to housing accessibility issues and public housing wait lists. More generally an increase in the development of specific leaving care plans is required to improve on the 10 files (27%) of the total 37 sample files.



## Review of Caseworker Contact with Children in Care

### Monitoring Face-to-Face Contact with Children in Care

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

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

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

If a caseworker cannot have face-to-face contact with a child within the four week period, they must arrange for a third party to do so. The caseworker's superior must endorse this decision and document the reasons in the child's file.

If a third party face-to-face contact occurs in lieu of a face-to-face contact with the caseworker, the next monthly contact must involve the caseworker.

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

## Review Process

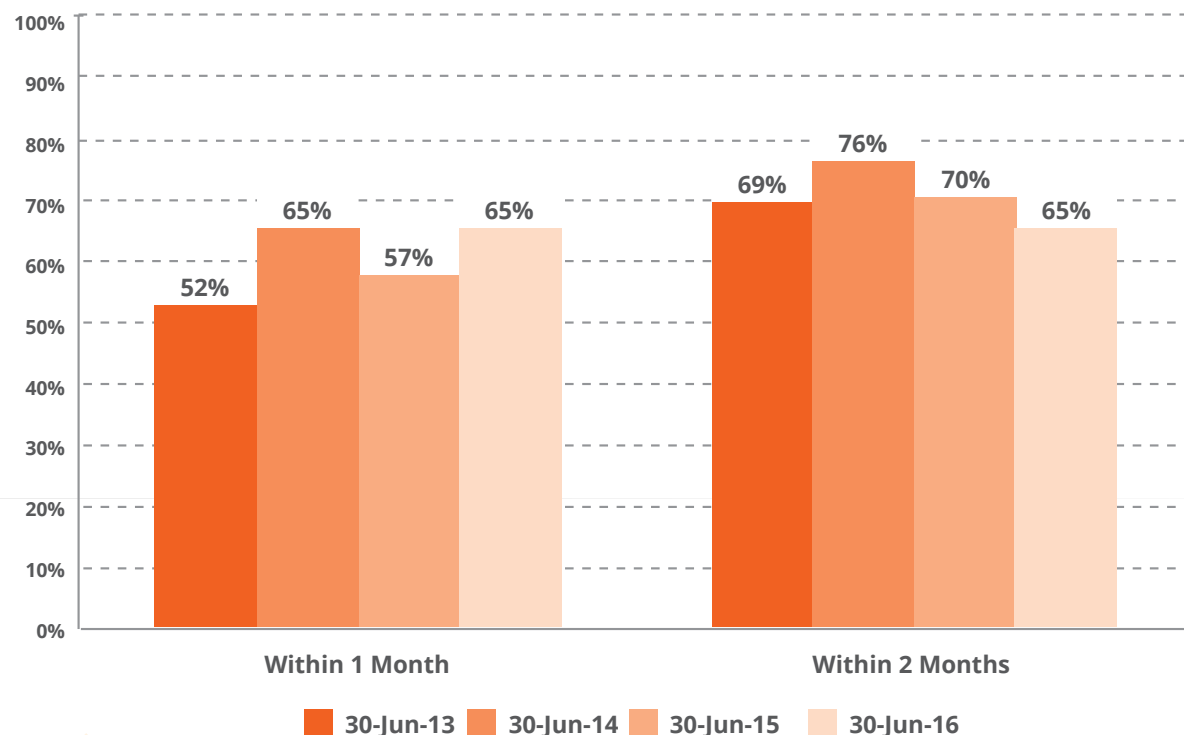
It is Territory Families policy that all contact arrangements to monitor the safety and wellbeing of the child, whether through the child's caseworker or a third party, are documented in the child's care plan and recorded as a service event in CCIS.

The same sample of 105 files that was randomly generated for the care plan review (10% of all children in care as at the review date of 30 June 2016), was used to assess the level of face-to-face contact with the children in the care of the CEO. This was done in conjunction with the care plan review.

## Findings

Over the past four-year period the cases assessed for face-to-face contact have shown mixed results. As [Figure 20](#) shows, the results for 30 June 2014 were the highest throughout the four-year period. The figures for 30 June 2016 have slightly improved for visits within 1 month from 57 per cent to 65 per cent. However for visits within 2 months contact have declined from 70 per cent to 65 per cent. It should be noted that there has been an increase of children in care from 748 on 30 June 2013 to 1020 on 30 June 2016, which would place some pressure on staff attempting to maintain those compliance levels. More remote regions and regions with trans-border complications, face increased difficulties meeting face-to-face contact targets.

**Figure 20:** Percentage Face-to-Face Contact by Caseworkers of Children in Care, within 1 and 2 months, 30 June 2013 to 30 June 2016



### Summary - Face-to-Face Contact Review

The OCC has conducted the face-to-face contact review for the past five years using a 10 per cent sample of all children in OoHC. It is imperative that caseworkers have regular and substantive face-to-face contact with children in care. This not only helps to ensure their safety but provides the children with an opportunity to communicate their thoughts and opinions, hopes and plans.

As discussed, Territory Families guidelines state that this contact should occur once a month and past coronial inquests have recommended that there be a face-to-face at least once every two months. Therefore, this review looks at both timeframes from the review date.

Our review found that **65 per cent** of children in care had face-to-face contact with their caseworkers in the **two months prior** to the review date (30 June 2016), whilst the **one-month** contact figure was **65 per cent**.

Different regions in the NT experienced varying levels of compliance in this area. Regardless, regular contact with these children must remain a priority for caseworkers and managers.



## Review of Temporary Placement Agreements

### Temporary Placement Arrangement Guidelines

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

There are clear guidelines for the use of TPAs in the NT. The purpose of TPAs is to ensure the child's safety when it becomes evident that the child's safety cannot be assured if they remain in the family home. This arrangement is to be a short-term option and should only be used when there is a goal for the child to be reunited with the parent/s. TPAs can be entered into for a period of up to two months at a time and subsequently extended for up to six months in total.

The Commissioner determined to review compliance with Territory Families guidelines for this type of arrangement. The review focused on all cases where children were subject to TPAs between 1 July 2015 and 30 June 2016.

### Review Process

To ensure compliance with statutory, policy and procedural guidelines, investigators reviewed the electronic and hard-copy files of all children who were the subject of TPAs in the period between 1 July 2015 and 30 June 2016.

In order to conduct the reviews of Care Plans, Leaving Care Plans and TPAs, the OCC required access to the Territory Families database, the Community Care Information System (CCIS), as well as hard-copy records.

Reviewers visited Territory Families offices in Alice Springs, Katherine, Palmerston, and Casuarina to review both electronic and paper files of the sampled children. Information on the electronic file and hard-copy files was cross-checked to ensure compliance with a number of policy and procedural requirements. For example, if a child was 15 years or over, there was a requirement that he or she co-sign the TPA with a parent. Proof of this can only be obtained by checking the paper file.

Initially, a search on CCIS was conducted to identify the child and provide a summary of the child's involvement with Territory Families. Through CCIS, the following could be identified:

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

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

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

## Findings

This review focused on children who were subject to one or more TPA during the 12 months between 1 July 2015 and 30 June 2016. It was found that **32 TPAs** had been entered into by Territory Families relating to **25 children**.

## Characteristics of Sampled Children

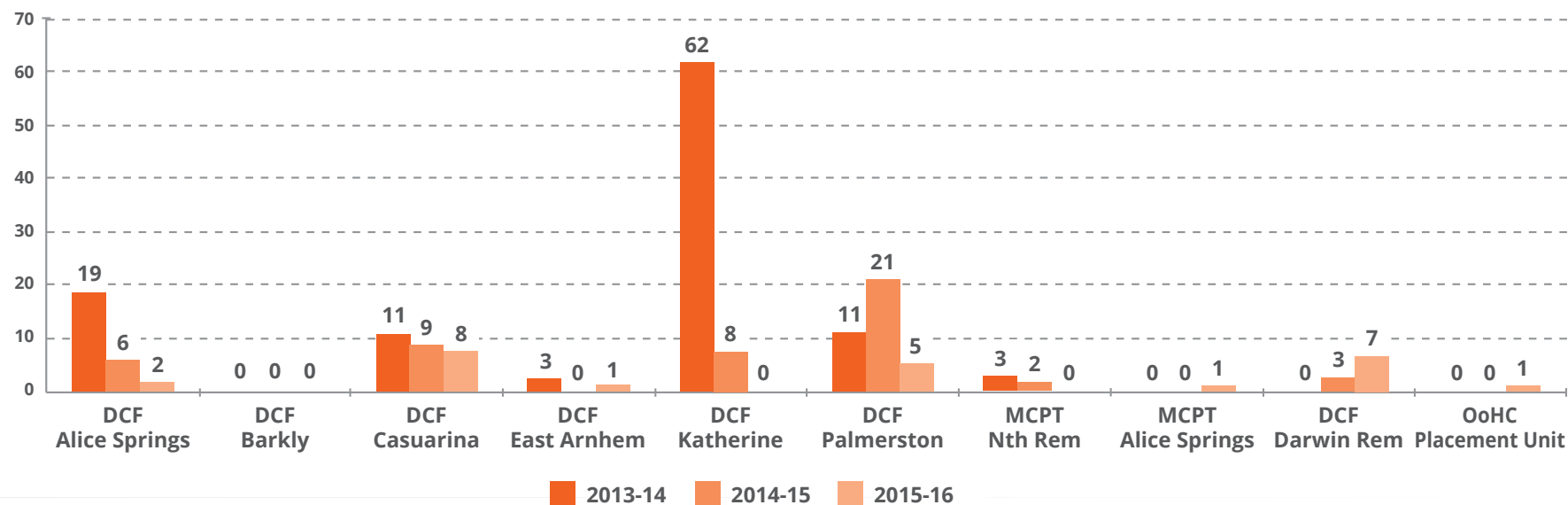
25 CHILDREN			
AGE	0-4 Years old	6 (24%)	Female
	5-9 Years old	3 (12%)	Male
	10-14 Years old	13 (52%)	Aboriginal
	15-17 Years old	3 (12%)	Non-Aboriginal
		11 (44%)	14 (56%)
		20 (80%)	5 (20%)

**Table 9:** Number and Percentage of Children by Number and Length of TPAs, 2015 16

Number of TPAs				
	1	2	3	4
Number and % of Children	20 (80%)	4 (16%)	0 (0%)	1 (4%)
Length of TPAs in Months				
	<1	1 to 2	2 to 4	4 to 6
Number and % of Children	11 (44%)	2 (8%)	8 (32%)	4 (16%)

Table 9 shows that a majority **(80%)** of children only had **one TPA** during the 2015-16 period. Many of the children **(44%)** were on **TPA arrangements for less than 1 month**.

**Figure 21:** Number of TPAs by Territory Families Work Unit, 2013-14 to 2015-16



In the 3 years from 2013-14 to 2015-16 there was a **77 per cent decrease** in the number of **TPAs used** by Territory Families from 109 to 25. In 2015-16, Casuarina and Darwin Remote offices were on par as users of TPAs; Casuarina 8 (32%), and Darwin Remote 7 (28%).

When comparing the use of TPAs by Territory Families work units over the 3 year period Alice Springs office have experienced a substantial decrease in use of TPAs from 2013-14 (19) to 2015-16 (2) which is a 89 per cent decrease.

Usage of TPAs by the Palmerston office has fluctuated from 2013-14 (11), increasing by 91 per cent in 2014-15 (21) and then decreasing by 76 per cent in 2015-16. More important to note is the significant

decrease in TPA use by the Katherine office. In 2013-14 Katherine were the biggest users of TPAs (62). In 2015-16 no TPAs were used by the Katherine office. In previous reports the increased TPA use by Katherine office was noted and recommendations made to reduce use.

The following figures relate to the reason for entering into a TPA with the family. Territory Families policy states that it is appropriate to enter into a TPA where a family is in need of temporary relief from an immediate crisis that could result in a child being abused or neglected or placed at greater risk of abuse or neglect.

It is believed the arrangement will safeguard the needs of the child where the intention is to reunify the child with the parent/s as soon as possible.

As with previous years, in 2015-16 the main **reasons** for the children being under a TPA have been for **neglect (60%)**. Previously children entering care under a TPA because of a temporary crisis was on the rise, however since 2013-14 there has been a significant decrease from 11 in 2013-14 to 3 in 2015-16.

**Figure 22:** Reason for Child being Subject to a TPA, 2013-14 to 2015-16

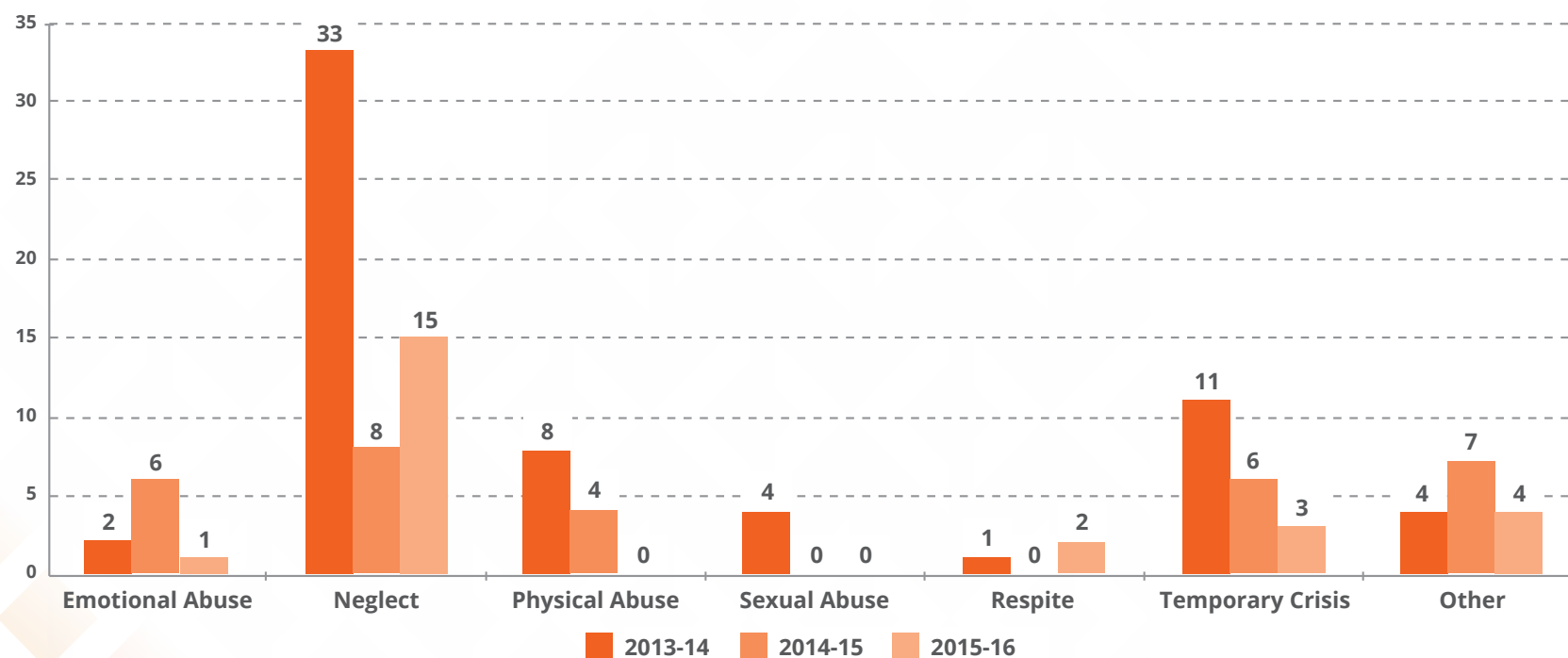


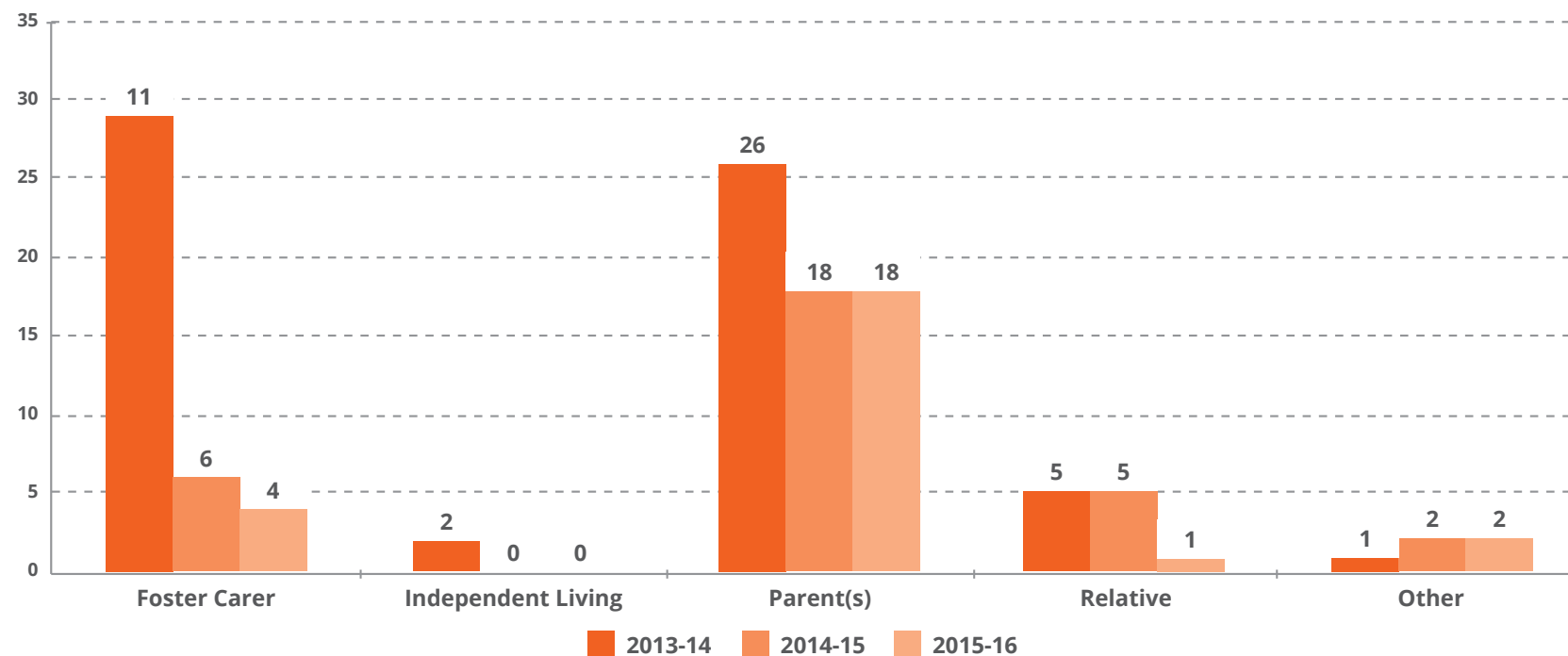


Figure 23 shows where the children were placed at the conclusion of the TPA. This is indicative of whether the TPA was used as a temporary measure to prevent harm or if there was an underlying child protection issue that would have been better dealt with by applying for child protection orders.

In 2015-16, there has been an **increase** in the proportion **(72%) of children who return to their parent/s** at the conclusion of the TPA. In 2014-15, the percentage was 58 per cent. This increasing percentage of children returning to their parents is indicative of TPA being used for their intended purpose.

To further support this conclusion, numbers of **children entering foster care on conclusion of a TPA reduced to 16 per cent** in 2015-16 compared with 19 per cent in 2014-15.

**Figure 23:** Placement of Children upon Termination of the TPA Event, 2013-14 to 2015-16



**Figure 24:** Support Provided to Child and Family and Outcome of TPA, 2015-16

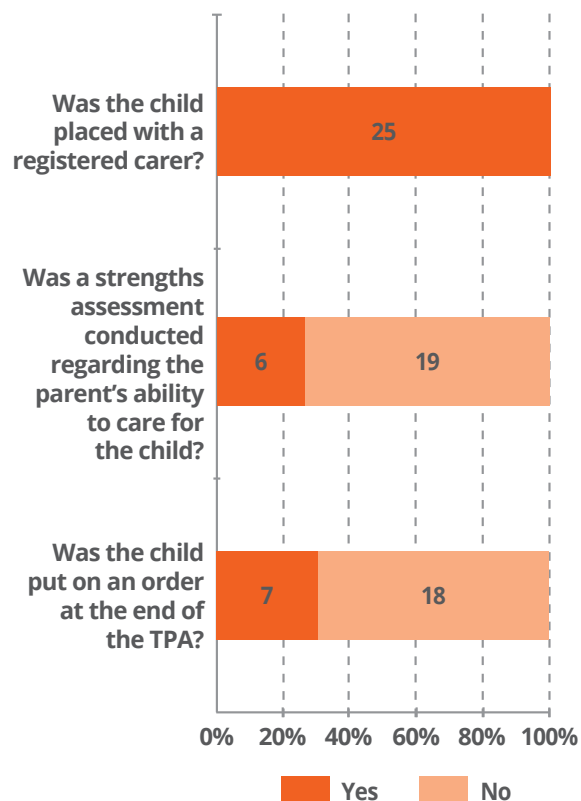
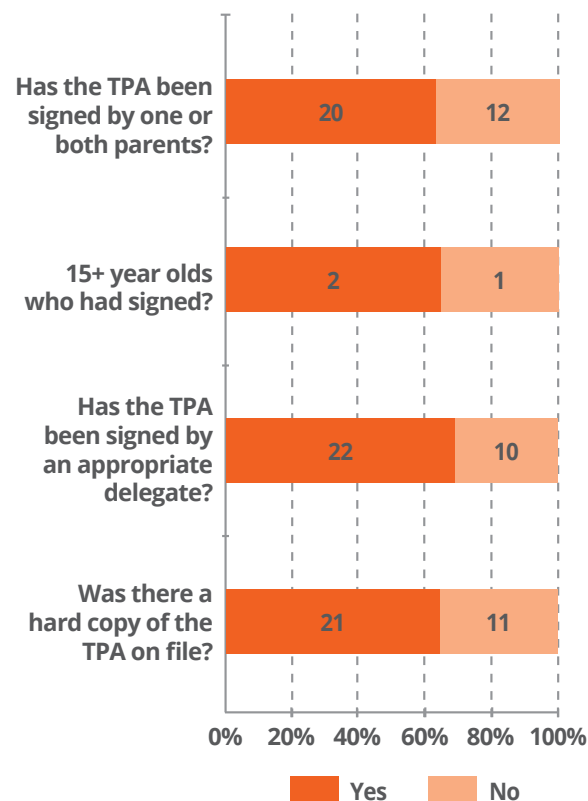


Figure 24 shows all of the children were placed with registered carers when under the TPA.

An **assessment of the parent's strengths is a critical element** in the process of a TPA as it is a central goal of a TPA to ensure that the family is capable of being reunited with the child. In **only 24 per cent** of the cases there was an assessment aimed at improving and strengthening the parent's ability to care for the child. This is a significant **decline from 42 percent in 2014-15**.

In 2015-16, **only 28 per cent** of children were put on a **child protection order at the conclusion of a TPA** event compared to 35 per cent in 2014-15. This is a further indication that TPAs in 2015-16 have been used more appropriately.

**Figure 25:** Level of Recording and Statutory Compliance of TPAs, 2015-16



For the compliance assessment measures contained in [Figure 25](#) it should be noted that where the TPA was not able to be located, a negative response was provided for all other compliance questions.

The first three measures are requirements under section 46 of the CAPCA. In 2015-16, **34 per cent of 32 TPAs taken out did not have a hard-copy on file**, which is an increase from 2014-15 (22%). **38 per cent of TPAs were not signed by at least one parent** or an appropriate delegate. Of the TPAs that involved young people aged over 15 years, **33 per cent had not been signed by the young person**.

### Summary - Temporary Placement Agreement Review

In 2015-16, the **substantial reduction (42%)** in the number of **TPAs used (32)** continued as compared with 2014-15 (49). The review results indicate that TPAs are being used more appropriately. The proportion of children being placed back with their parents at the conclusion of the TPA event (72%) increased by 14 per cent from 2014-15. There were **also less children being placed on child protection orders at the end of a TPA** event in 2015-16 (28%) when compared to 2014-15 (35%). Both these findings indicate more appropriate use of TPAs in 2015-16. However, only in 24 per cent of cases a family strengths assessment was performed. This is a substantial decrease from 2014-15 where it was performed in 42 per cent of cases. The use of family strengths assessment is critical to improving the assessment of a parent/s situation to better determine the protection needs of the child, and facilitating the return of the child to the parent/s (i.e. reunification).

In terms of statutory compliance, **11 of the 32 (34%) TPAs taken out in 2015-16 could not be located on file**. As a result, we were able to determine if the parent/s or appropriate delegates had signed the TPAs. Out of the 3 TPAs that involved a child over the age of 15, 1 (33%) of them had not been signed by the young person as required by section 46 of the CAPCA. This result also has been affected by the missing TPA documents.



## Leaving Care Service Options For Young People

Under the CAPCA the CEO of Territory Families is responsible for supporting and providing services to children and young people in care. The CEO is also responsible for providing assistance to children and young people who are either transitioning out of care or have left care. The CAPCA specifies that this assistance can be provided to young people up to the age of 25. This provision effectively acknowledges that young people who leave the care system often lack strong, stable social support networks and continue to require assistance to successfully transition into adulthood.

Nationally, the need for this support is highlighted in the National Standards for Out-of-Home Care (DSS, 2011), which was a key component of the broader National Framework for Protecting Australia's Children 2009-2020 (DSS, 2009). There are 13 key National Standards. Standard 13 requires that young people in care who are 15 and older, are to have a plan in place in preparation for transitioning out of care.

The key measures to assess this standard are the number of:

1. 15 year olds and over with a current leaving care plan; and
2. young people in care reporting that they are receiving adequate assistance to prepare for adult life.

Types of assistance may include: support to find appropriate accommodation; education or training; employment; access to legal services; health services; and counselling services. This may be in the form of financial assistance such as the Australian Government's Transition to Independent Living Allowance (TILA), additional payments to contribute to transition, and the provision of a referral service to help the young person connect with services in the wider community.

### Anglicare's *Moving On* Program

The NT Government fund Anglicare NT to provide a support program for young people aged 15-25 in the process of leaving care, or who have already left care.

*Moving On* seeks to provide that transitioning and after-care support by assisting young people with links to other social services and a brokerage service to fund support services.

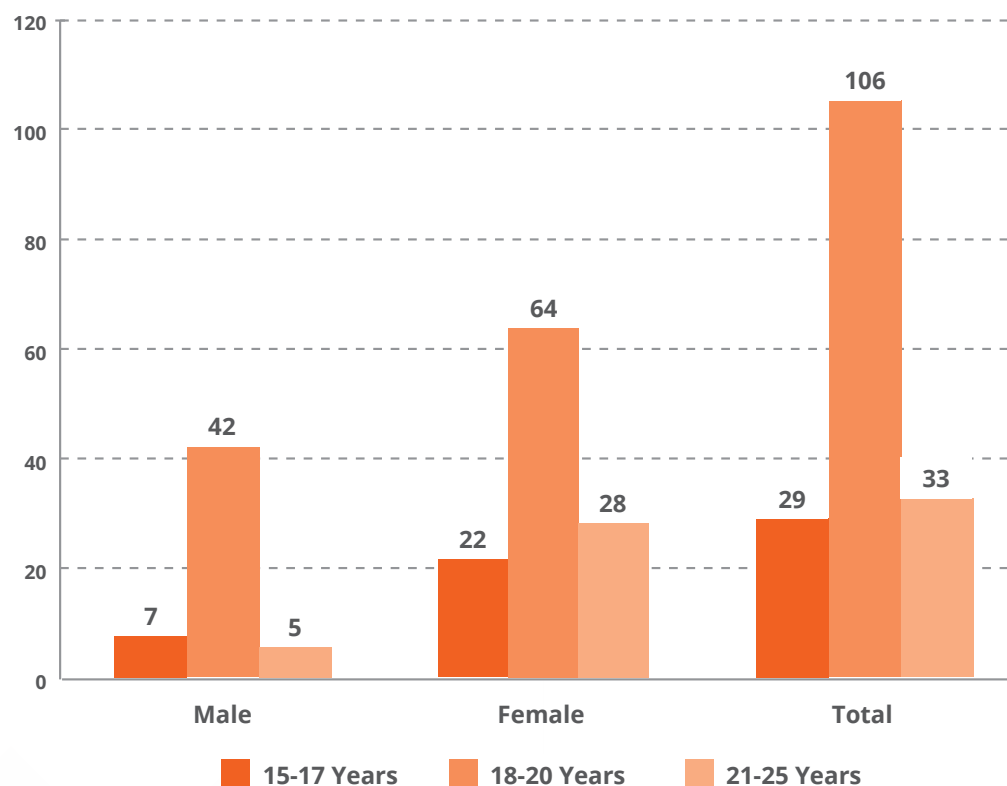
The processes for a referral to *Moving On* are outlined in the Territory Families Care and Protection Policies and Procedures Manual and represent a key consideration for caseworkers going through the leaving care process with a young person. Referrals to the program are only accepted once Territory Families verify that the young person has been in care.

## Client Demographics

As shown in Figure 26, a total of **169 support events** for **113 young people** were provided as part of the *Moving On* program in 2015-16. Some of these young people received support on multiple occasions during that period.

Consistent with previous year's statistics, the majority of young people receiving support were **females, accounting for 114 (68%)** of the events. The largest category of young people receiving support was **18-20 year olds**, who **accounted for 63 per cent** of the total support events. This is not surprising as the *Moving On* program targets young people transitioning to adulthood.

**Figure 26:** Number of Support Events Provided by the *Moving On* Program by Gender and Age Group, 2015-16



**Note:** One client was within the 26-35 year age range which is not reported.



**Figure 27:** Number of Support Events Provided by the *Moving On* Program by Gender and Aboriginal Status, 2015-16

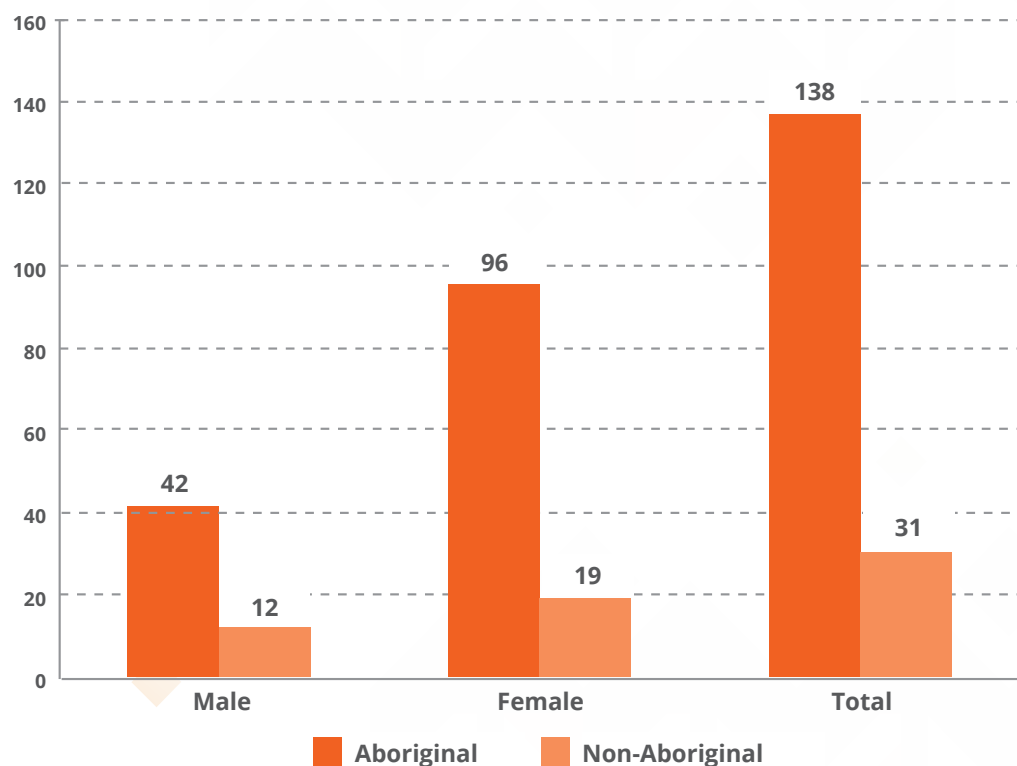
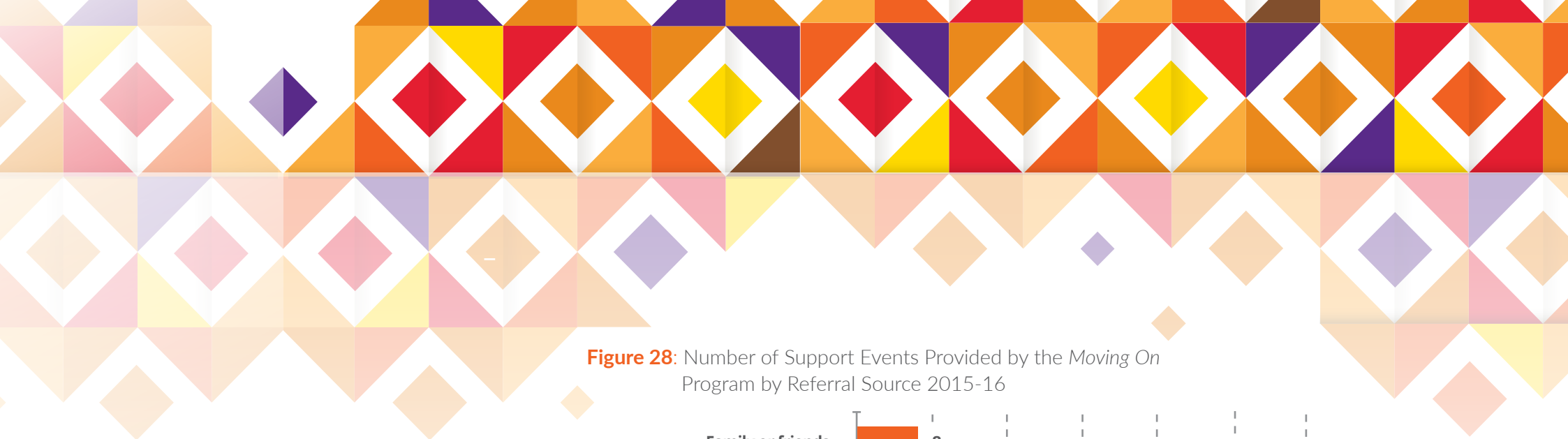


Figure 27 shows there were **138 (82%)** support events that involved **Aboriginal** young people during 2015-16. Females accounted for 96 (70%) of these events, which is consistent with the overall gender balance of children and young people in care in the NT. The overall percentage of Aboriginal young people receiving this support has increased substantially to 51 (67%) from last year. This is close to the very high percentage of Aboriginal young people in care, which currently runs at more than 85 per cent.

### Referral Sources and Service Provision

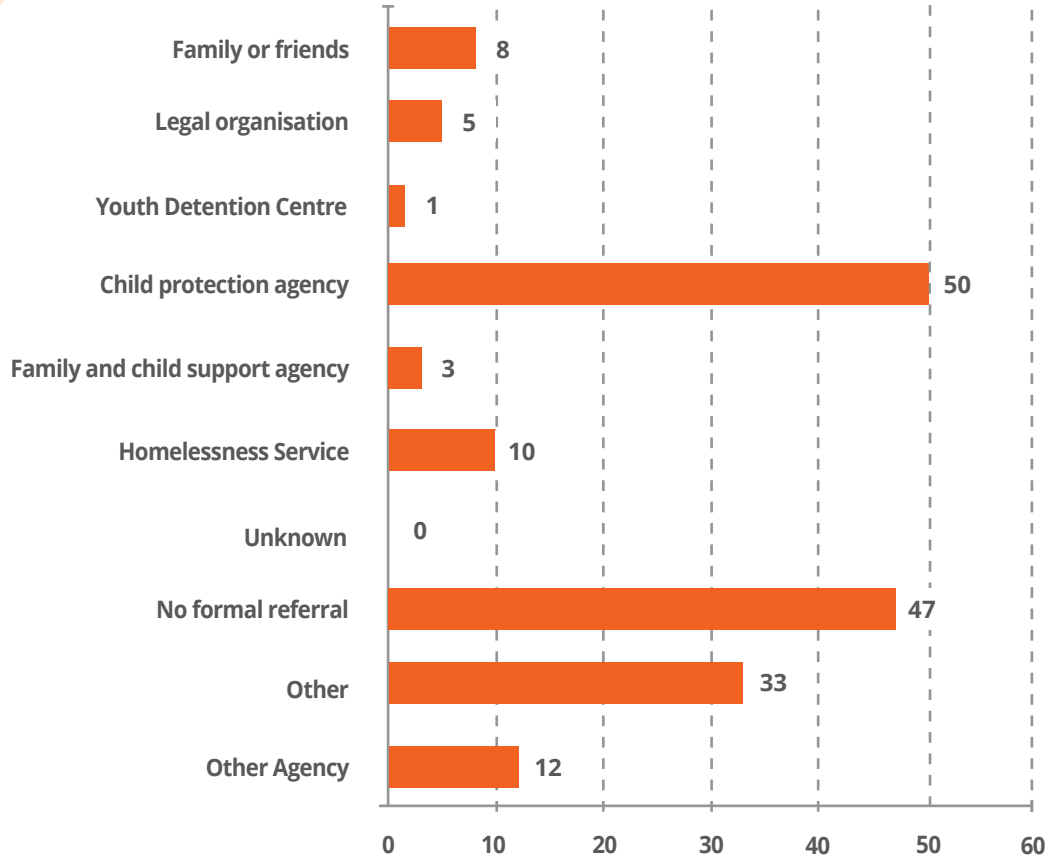
As part of the service agreement with Territory Families, young people do not necessarily have to be referred by Territory Families but their eligibility must be confirmed by Territory Families.

If Territory Families refers a young person, the referral must be accompanied by a complete leaving care plan. Out of the number of ongoing support events in 2015-16, **66 per cent had a leaving care plan.**

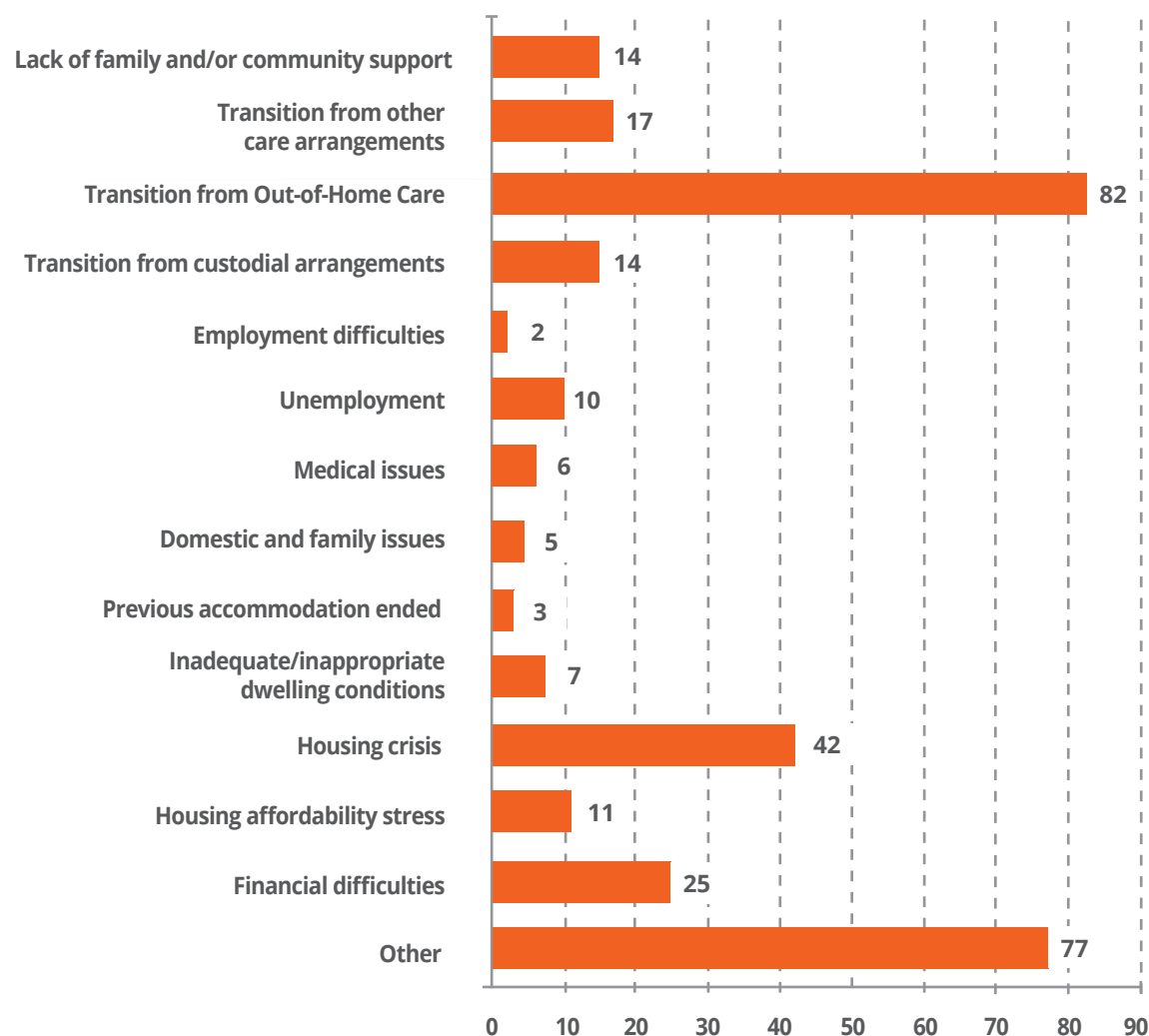


**Figure 28:** Number of Support Events Provided by the *Moving On* Program by Referral Source 2015-16

As shown in [Figure 28](#), the largest portion of referrals to this service in 2014-15 came from Territory Families. The second largest category is when young people are coming into contact with the service where there has been no referral from a support agency.



**Figure 29:** Primary Presenting Issues of Support Events  
Provided by the *Moving On* Program, 2015-16

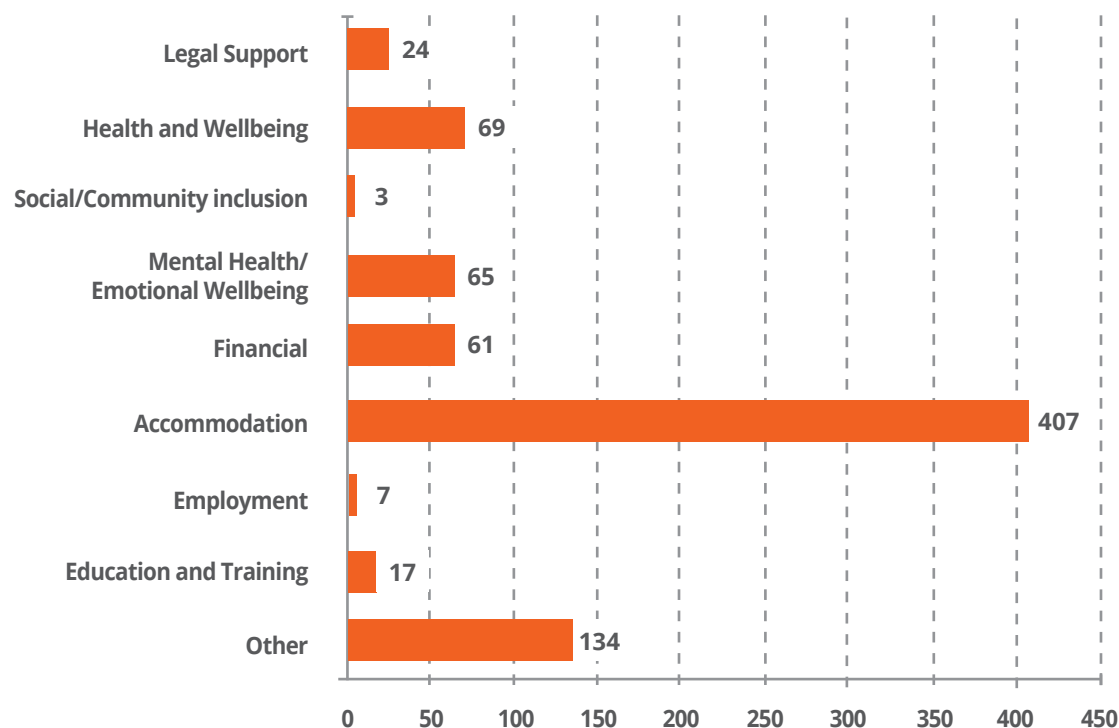


As shown in Figure 29, there are numerous reasons why young people utilise this program. Of the 315 presenting issues for 2015-16, the **most frequent reason provided (26%) is transitioning from OoHC**. Financial issues and accommodation were also common reasons for presenting to the program.

There are certainly a variety of reasons why young people are utilising the *Moving On* program. It should be noted that while Figure 29 captures the main reason, in a lot of these cases young people present with a multitude of issues.

Figure 30 shows the types of referrals made by the program.

**Figure 30:** Type of Service Young People were Referred to by the *Moving On* Program, 2014-15



Referral to other services is based on the needs of the young person and in some cases an individual may be referred to a number of different services.

Of the 169 support events in 2015-16, a total of **787 referrals** were made. This is a substantial increase from the 2014-15 referrals, which were 414.

Figure 30 shows that a **majority (52%)** of all referrals were **linking the young person** with services that dealt **with accommodation**. The issue of accommodation is constant for young people who are transitioning out of care. This is particularly the case in the Top End where housing stocks are limited and expensive. To meet their accommodation needs, some young people are being referred to homelessness services during their transition period. This is concerning as some do not meet the eligibility criteria to access this type of service.

Referrals for health and wellbeing (9%), mental health/emotional wellbeing services (8%) and financial services (8%) were the next most common.

## Summary and Conclusion

Overall, it is positive to note that a large majority of the young people have a leaving care plan in place when they are referred to the program. However, Territory Families needs to continue to ensure that all young people transitioning out of care have adequate leaving care plans in place. In 2015-16, we have seen a significant increase in the number of times young people being supported by the *Moving On* program.

In 2014, Anglicare took over the administration of TILA, the Australian Government funded program aimed at providing some monetary support for young people transitioning out of care. The integration of TILA with existing Anglicare programs has been reportedly successful. The processing times for young people's applications for TILA have reduced significantly since the integration.

Training for Territory Families staff continues to be conducted by Anglicare regarding the program and leaving care plans, which has assisted with improving this area of child protection practice. It is crucial that this training continues to embed this practice, particularly given the high rate of staff turnover amongst case managers.



When looking at the types of services young people are being referred to and the proportion of brokerage funding used, securing accommodation stands out as being the biggest issue facing young people using the Moving On program. This has been raised in a number of Children's Commissioner's Reports. The Australian Capital Territory (ACT) Housing for Young People Program (HYPP) is an example of a program that assists with this issue. HYPP provides assistance with housing applications, tenancy issue and support through referrals, advocacy and access to relevant information (ACT Community Services, 2014).

Currently, a large portion of these young people in the NT are being forced to engage in homelessness programs because of the lack of accommodation options available to them during this process. This is contrary to the intention and design of these homelessness programs.

A concerted effort is required by Government, particularly Territory Families and the Department of Housing, to ensure there is adequate public housing stock available for these young people. Support programs similar to the HYPP and the provision of public housing stock would help minimise the risks involved in transitioning and lead to better outcomes in the lives of these young people.



# Looking Ahead

The OCC through its functions and powers and the framing of report recommendations shall promote child protection and youth justice systems based on the principles of the **Best Interests of the Child** being of paramount importance and at the centre and forefront of all we do, that both systems are **culturally appropriate and responsive** through their practice, policies and procedures, **early intervention and prevention** are central to reducing the number of children and young people encountering either system, that given the nature of prevention there is **shared service delivery and collaboration** across government, non-government and community and that both child protection and youth justice be solidified with an **evidence based, best practice** approach to system design, reform, and practice delivery to ensure best possible outcomes for our children and young people.

A major issue in child protection is the moral dilemma which arises as a result of facilitating a statutory protection system for children whilst encouraging families to care for their own, this all with the **best interests of the child** at the centre.

Child protection decisions and actions must consider the protection of the child from harm, the protection of the child's rights and the promotion of the child's development. When children's best interests are the focus of intervention, the child's family are involved in decision making and empowered to take control of their own circumstances. This approach assists families to develop their own solutions to their situation, and to explore options for the ongoing care and placement if required.

The child's best interests, as a principle, requires a holistic view of the child's experience rather than applying fragmented practice approaches. Consideration must also be given to strengthening family relationships and ensuring family responsibility is maintained. In relation to an Aboriginal child, this is critical as it is in an Aboriginal child's best interest to promote and protect their culture, heritage, spiritual identity, family and community connection.

Aboriginal children make up on average 75 per cent <sup>1</sup> of the Child Protection notification cohort (and regularly in excess of 90 per cent of the Youth Justice cohort). There has been little variance

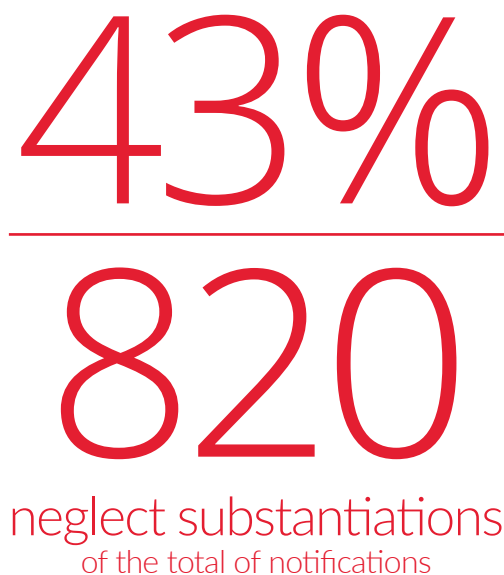
in this percentage over the past 5 years and little to indicate that it may change in the coming years. In addition, in 2015-16, 85 per cent of investigations substantiated related to an Aboriginal child. Considering the unique context of the NT with a far higher proportion of Aboriginal Territorians than other states and territories, and the vast majority of children in the OoHC system and youth justice system in the NT being Aboriginal, the implementation of culturally appropriate and responsive practice, policies and programs is required. The additional cultural overlay brings with it further challenges for consideration in decision making.

Child protection, fundamentally a statutory system, is based on western notions of family and therefore is not as easily attributable to Aboriginal families. For an Aboriginal child the definition of family is more complex as it is based on cultural notions of not only relations but also obligations, for example the shared responsibility for the care of an Aboriginal child amongst family members, and also with community members, is common and is contrary to the traditional western notions of nuclear family.

<sup>1</sup> For the period to 2015-16

As previously outlined, over the past five years there has been a marked increase in notifications ranging from 20-32 per cent per year, since 2011-12 there has been a 157 per cent increase. The past year saw a 20 per cent increase, from 17,032 to 20,465. If notifications continue to increase at a similar rate for the next five years, the system will be receiving in excess of 50,000 notifications by 2020. Considering the ongoing increases and the potential future system blow out, immediate focus should be placed on the promotion and utilisation of services available. Increased awareness through community engagement and education is required. Parallel to this is the need for operational reform to ensure that our child protection system is equipped to deal with notifications. There must be an avenue to divert children and their families to appropriate early intervention and generalist support as an alternative to statutory intervention to more effectively engage lower risk cases.

The largest category of notifications and substantiations remains **neglect**, in 2015-16, **42.8 per cent (8,758)** of the total of notifications were neglect.



43%

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820

neglect substantiations  
of the total of notifications

The second largest category is Emotional Harm making up a further 29 per cent of notifications and 35 per cent of substantiations. We hear much about taking a public health approach to child protection, such an approach could have a significant effect on the reduction of neglect and emotional harm by **early intervention and**

**prevention.** Providing a level of universal support to our families provides support, and safe environments for our children, risk factors can be addressed and reduced and when issues arise a targeted back up is available to those in need. Early intervention and prevention have become the focus of child protection and family support service reform in recent years due to the broader scope of socio-economic issues families are facing e.g. domestic and family violence, mental health, homelessness and drug and alcohol misuse. *'Protecting Children is Everyone's Business'* the National Framework for Protecting Australia's Children promotes the public health approach and early intervention so *'Children and their families access adequate support to promote safety and intervene early'* and *'Risk factors for child abuse and neglect are addressed'*.<sup>2</sup>

Effectively supporting families through the establishment of strategies and programs that provide more holistic and coordinated family support is a priority, and will assist in diverting families from entering or re-entering the child protection and young people entering the youth justice systems. Prevention is always better than a cure,

<sup>2</sup> National Framework for Protecting Australia's Children 2009-2020, pg. 11



and similarly preventative approaches are more cost effective and have more positive effects on the community.

There are best practice examples of government and non-government engagement and collaboration in other Australian jurisdictions where there is a common and shared understanding of responsibility for upholding children and young people's wellbeing, and where a differential response system can be facilitated.

The above highlights the importance of early intervention and the need to adequately monitor and report children and young people at-risk of interaction with child protection and the youth justice

system, from there in order to achieve positive results it is necessary to take a whole of government approach to our communities most vulnerable. **Shared Responsibility and Collaborative Service Delivery** is fundamental in ensuring positive outcomes for vulnerable children. Shared Responsibility is particularly relevant to those "dual-order" young people who find themselves on a Care Protection Order and Juvenile Community Corrections Order / in Youth Detention concurrently.

The socio-economic issues that exist across the Territory cannot be resolved by one agency alone and true collaboration will ensure the most efficient use of resources and the most effective mode of operating.

Poor parenting (particularly child neglect and abuse) and poor school performance / early school leaving are the two primary factors influencing the onset of offending <sup>3</sup>. This highlights the critical intersect between key service systems such as education, health and child protection and their responsibility in the prevention of children and young people becoming at-risk.

It is well noted in published research, Royal Commissions and coronial inquiries that child protection and youth justice systems across the country have developed with limited understanding and implementation of **evidence based and best practice** interventions and strategies. A wealth of research exists around the globe to provide education and insight to policy makers seeking informed system reform. The OCC will continue to promote the use of academia and research as the foundation for building an improved child protection and youth justice system with positive outcomes for the children and young people involved.

**At 30 June 2016 there were 11 children who were confirmed to have both a Juvenile Community Corrections Order and a Care Protection Order. There were an additional 11 children on a Care and Protection Order who had a placement type of "Corrective Establishment" as at 30 June 2016.**

3 Arresting Incarceration : pathways out of Indigenous imprisonment / Don Weatherburn

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