

In the Best Interests of the Child?

Determining the Effects of the Emergency Intervention on Child Safety and Wellbeing

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Introduction

In 2006 the Northern Territory Government established a Board of Inquiry to identify and report on concerns of serious child sexual abuse in Aboriginal communities. While the inquiry found that 'child sexual abuse was serious, widespread and often unreported' (Wild and Anderson, 2007a: 16) in the Northern Territory (NT), it also stressed that Aboriginal people are not the only victims and perpetrators and that they were willing to solve problems and support their children. Furthermore, the inquiry identified a complex array of social problems arising from entrenched poverty and disadvantage, which were contributing factors in the sexual abuse of Aboriginal children and violence within their communities. Breaking the cycle of poor health, education and housing, alcohol and drug abuse, unemployment, gambling and pornography, while strengthening Aboriginal culture and control, underpinned the inquiry's 97 recommendations to government (Wild and Anderson, 2007a).

The *Ampe Akelyernemane Meke Mekarle: 'Little Children are Sacred'* report, released on 15 June 2007 (Wild and Anderson, 2007a), shocked many Australians and jolted the Howard Government into action. This action took the form of the hastily constructed legislative framework for the Northern Territory Emergency Response (NTER) (outlined in Calma's contribution to this issue) known generally as 'the Intervention'. While the NTER was, purportedly, a response to the inquiry's report, it adopted few of its recommendations (Howard-Wagner, 2007), opting to bypass community consultation and participation, override the Territory's statutory powers and suspend human rights legislation based on the justification that children's safety was paramount.

It is important to note that, initially, the suite of NTER measures was introduced to address specific child protection concerns in Aboriginal communities. As such, it legitimised a 'traditional' child protection approach of policing, investigation, treatment and monitoring. However,

this child protection ‘intervention’ was not conducted by the Territory’s statutory child protection authority but by the Australian Defence Force (ADF), the Federal Police and other government representatives, under instruction from the Federal Government and on a much broader scale. Effectively, whole communities were subject to a child protection investigation. Members of the ADF’s NORFORCE units and Federal Police officers were despatched to Aboriginal communities and a Violence and Child Abuse Intelligence Taskforce was established to conduct targeted intelligence operations within NT Aboriginal communities. Alcohol, identified as ‘the gravest and fastest growing threat to the safety of Aboriginal children’ (Wild and Anderson, 2007b) and, more recently, as a contributing factor in 20 per cent of child protection cases across Australia (Laslett et al, 2010), was banned in ‘prescribed areas’ of the NT, consisting of 73 remote Aboriginal communities and town camps. The supply and possession of pornography was also banned in these areas. Safe houses were established in larger communities and a new Mobile Child Protection team was created to better meet the demand on child protection regional offices for front-end forensic investigations and related casework. Universal child health checks assessed children’s medical and family history, with follow-up treatment provided through a strengthened primary health care service and a service to respond to traumatised children (the Mobile Outreach Service, now known as the MOS Plus service).

In reflecting upon the initial impetus for the NTER and what the patterns of child abuse and neglect have been in the NT in the past five years, it appears that the focus of the NTER has shifted considerably. It is no longer a strategy to specifically address child sexual abuse in Aboriginal communities in the NT but a component of the *Closing the Gap* policy to address Indigenous disadvantage. *Closing the Gap* was introduced in December 2007 following an agreement by the Council of Australian Governments (COAG) to work in partnership to achieve a range of targets to reduce Indigenous health, educational, economic and social inequalities (Australian Government, 2009a) (see also Burns’ article in this issue). The Rudd Government’s review of the NTER (Australian Government, 2009b) acknowledged that both the Australian and NT governments needed to ‘reset their relationship with Aboriginal people based on genuine consultation, engagement and partnership’ (emphasis added) and uphold Australia’s human rights obligations and principles outlined in the *Racial Discrimination Act 1975* (Cth). This raises questions about the current scope, purpose and effectiveness of the NTER in improving outcomes for children through its ‘normalisation’ under *Closing the Gap*.

Residual Compared with Responsive Child Protection Systems

What we now know about ‘traditional’ child protection approaches is that they are not effective in addressing the complex and chronic issues underlying child abuse. Contemporary child protection systems have their origins in the models initially implemented by governments in response to Kempe and colleagues’ (1962) seminal piece identifying the battered child syndrome. Child protection services were originally established to respond to physical abuse and the detection of signs of physical assault (eg, bone fractures). These systems were incident-driven, forensically focused, reactive processes to respond to concerns about the wellbeing of children (PeakCare Queensland, 2007). These systems later expanded their focus to include child sexual abuse, neglect, emotional abuse and witnessing family violence, as the knowledge about the physical and psychological harms to children from these acts of omission and commission by caregivers grew. It is true that a reliance on residual systems which respond when harm to children is suspected may improve detection of child abuse and neglect, but, unless prevention efforts are included alongside more coercive measures, there will be little impact on the incidence of child abuse and neglect (Smallbone et al, 2008). Despite the growing evidence on the effectiveness of prevention, child protection systems have not incorporated this knowledge (Garrison, 2005).

The unilateral measures of the Intervention ignored the complexities of the behaviours involved in child abuse and neglect and the variations between individuals, families and communities that it targeted. For example, some of the sexual abuse reported in the *Little Children Are Sacred* report suggested that sexual problem behaviours between children themselves will not necessarily be affected by a law and order approach but may be more responsive to a therapeutic and community education approach (O’Brien, 2009). Similarly, there are often intergenerational traumas in families in which abuse and neglect occurs: these must be addressed for cycles of abuse to be broken (Lyons-Ruth and Jacobvitz, 1999). The most frequently substantiated form of child maltreatment in the NT – neglect – could best be addressed by attending to some of the issues embedded in poverty and social disadvantage (such as overcrowding, poor social norms and substance misuse) and promoting parental skill development in relation to children’s safety and general wellbeing (Chaffin, 2004; Gershater-Molko et al, 2002). Only now is the NT beginning to see concerted efforts in some of these areas through community education and development work, together with therapeutic efforts regarding the abuse and neglect of children.

Limitations on the Measurement and Monitoring of the Impact of the NTER on the Safety and Protection of Children

While the Intervention was introduced in response to significant concerns about the safety and wellbeing of children in the Territory, a system to measure and monitor both the existing level of safety and wellbeing of children and any beneficial changes as a result of the Intervention was not implemented. All analysis of the impacts has been limited to post hoc survey or systems data analysis (Australian Institute of Health and Welfare (AIHW), 2009b; Brimblecombe et al, 2010; Central Land Council, 2008). Outputs, such as the number of children to have a health check, the number of people under income management, and the number of police deployed, have typically been valorised as indicators of the success of the NTER, but they have no necessary validity as a measure of the wellbeing of children.

There are a number of limitations on the ability to determine the effectiveness of the NTER using child protection systems data, such as child protection notifications, substantiations and the number of children in out-of-home care. Some of these limitations include the heterogeneity of specific measures within the NTER, alternative explanations for changes in systems data (for example, changes in organisational policy and capacities) and the bluntness of child protection systems data as a monitoring tool.

For example, notifications to the child protection intake service in the NT increased by 69 per cent between 2007-2008 and 2008-2009 (see Figure 1 (*over page*) (AIHW, 2009a; 2010). Is this a measure of success of the NTER? Since the NTER set out to raise worker and community awareness about child abuse and neglect and also the mandatory reporting requirements of the NT, an increase in notifications of child abuse and neglect might be thought to indicate successful intervention in relation to these matters. On the other hand, since the NTER was simultaneously directed to strengthening law and order enforcement measures, it might be reasonable to predict that, over time, reports of child maltreatment would actually decline. Therefore child protection systems data are too blunt to provide indicators of the success or otherwise of the NTER with regards to the prevention of and response to child abuse and neglect.

In relation to the increasing number of reports of child maltreatment, we need to ask if they have translated into more actual substantiations of abuse and neglect. In fact, the percentage of substantiated child protection intake reports rose by just 13.4 per cent over the 2007-2008 to

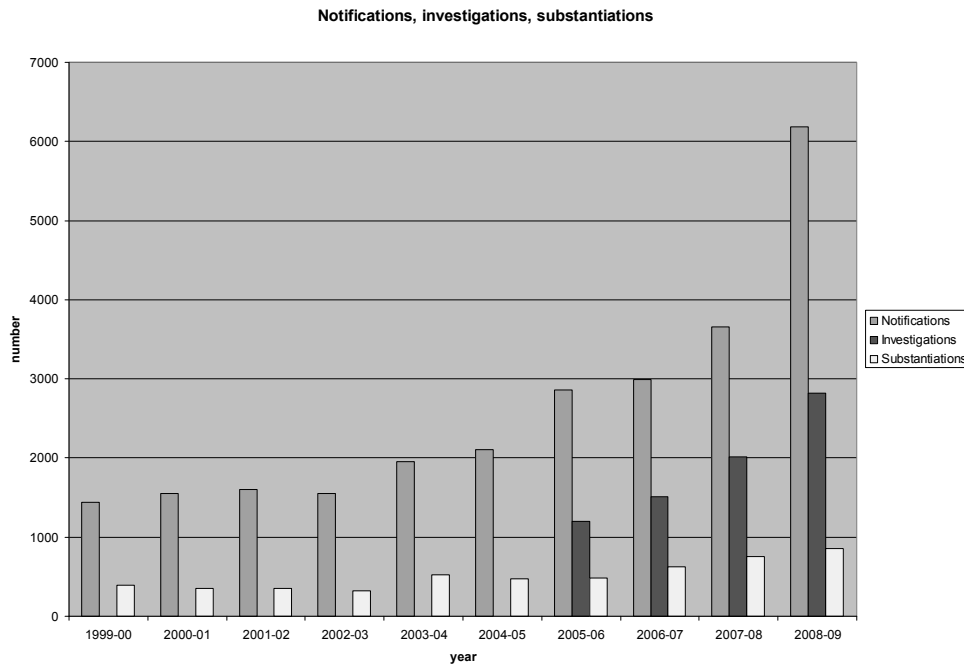


Figure 1. Changes in the number of notifications, investigations and substantiations in the Northern Territory over the past decade (based on AIHW, 2006; 2007; 2008; 2009a; 2010).

2008-2009 period (AIHW, 2009a; 2010). The explanation for the disparity between the greatly increased number of reports and the less rapid increase in the number of substantiations seems to lie in the changing nature of reporting. It would appear that the child protection service in the NT is now the recipient of a heightened number of concerns being raised about the general health and wellbeing of children, but that most of these complaints are not seen as serious enough to warrant a child protection response. On the other hand, these complaints may be an important reflection of risks and difficulties faced by children and families and unmet need for family support and preventive services in the NT.

The NTER initially focused on child sexual abuse. The incidence and prevalence of child sexual abuse is difficult to quantify, with broad agreement that official reports underestimate the scope of the problem (Smallbone et al, 2008: 18). Figure 2 shows the change in the types of abuse and neglect which are the primary concern in substantiated cases of child maltreatment. It is important to note that ‘despite the dire warnings’ of the widespread prevalence of child sexual abuse in Aboriginal communities that ‘legitimised’ the NTER, little evidence of child

sexual abuse has been uncovered (Aboriginal Medical Services Alliance of the Northern Territory, 2008). From Figure 2 it does appear that there was an increase from 2006-2007 to 2007-2008 in the number of substantiated cases where the primary concern was child sexual abuse. But, clearly, child neglect has become the predominant concern in substantiated cases. Also, it is important to note that a number of the cases of child sexual abuse described in the *Little Children Are Sacred* report referred to cases of children with problem sexual behaviours and to extra-familial child abuse, which would not necessarily be reflected in the child protection statistics but would be dealt with by other means (for example, a referral to police or to other services).

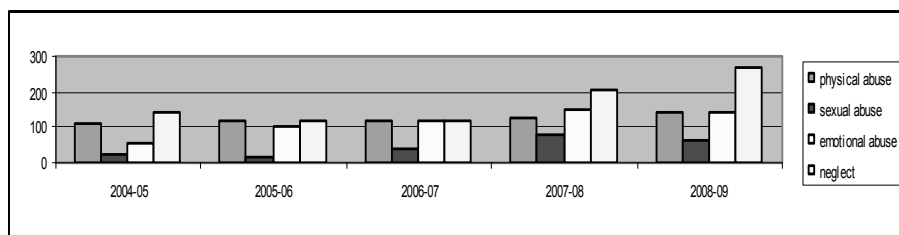


Figure 2. Numbers of substantiated child protection cases for the different subtypes of child abuse and neglect (based on AIHW, 2006; 2007; 2008; 2009a; 2010)

Assumptions Underlying Measures in the NTER – Income Management as an Example

Growing attention is now being paid to the impacts of specific measures within the NTER. One important measure which recently gained parliamentary approval for expanded implementation across Australia (via the *Social Security and Other Legislation Amendment (Welfare Reform and Reinstatement of Racial Discrimination Act) Act 2010* (Cth)) is income management. While we recognise the limitations of examining any single measure in such a broad initiative as the NTER, income management for families involved in the child protection system is, potentially, a critical issue in the incidence of child neglect. Income management refers to the reduction of direct cash payments to welfare recipients by ‘quarantining’ a proportion of their income in special accounts. Purchases using quarantined income can be made through electronic funds transfer at point of sale (EFTPOS) from individual client accounts using a BasicsCard in participating retail outlets. Quarantined income in these accounts may not be used to purchase items such as tobacco and alcohol. The number and kinds of goods and services for which the BasicsCard can be used has rapidly widened to include goods and services from community stores

and services as well as from a growing number of retailers in major regional centres and Darwin, which all now accept BasicsCards. Purchases include tickets for air and land travel, fuel and many other goods and services, including whitegoods, clothing, toys and equipment. Not all quarantined funds are paid into the BasicsCard account. A proportion of funds are paid into another account, colloquially called 'the bucket' by remote community members. To access funds in 'the bucket', the account holder must ring a call centre and give identifying details in order to authorise a transfer to the BasicsCard account. This measure is intended to promote savings and enhance individual client control of personal income. Some individuals elect not to use the bucket but to have all income paid direct into the BasicsCard.

The impetus to introduce income management arose before the Intervention, under the influence of the concept of 'mutual responsibility' in social welfare. In arguing for the need to move beyond 'passive welfare', advocates like Noel Pearson (2000) have argued for the extension of conditional programs of entitlement like income management in order to reduce the 'trap' of welfare dependence, improve social outcomes and encourage active participation in the economy. In addition to the indiscriminate form of income management introduced in parts of the NT pursuant to the *Social Security and Other Legislation Amendment (Welfare Payment Reform) Act 2007* (Cth), versions have been developed in parts of Queensland and Western Australia (Billings, 2010). The new NT income management program is in its infancy, therefore its effectiveness has not yet been fully evaluated.

In July 2008 the Central Land Council (CLC) published the results of a survey (administered by interview) of Aboriginal residents in six communities in Central Australia to examine awareness, acceptability and perceived impacts of a range of measures under the NTER in their first months of operation: this survey included questions about income management and numerous other initiatives. The proportion of people in communities surveyed who were subject to income management ranged from 32 to 70 per cent. Perceptions varied widely: in some communities the majority of respondents wanted income management scrapped and in others the majority of respondents thought it was 'good' or needed only small changes (CLC, 2008). The authors noted that the evaluation design was made difficult by the lack of a publicly available and testable policy framework for the NTER.

This problem was partly overcome in a more recent study of the impact of income management conducted by the Australian Institute of Health and Welfare (2009b). The study proposed a program logic (AIHW, 2009b: 73) to model the mechanisms by which income management was expected to meet its objectives. These included implementation objectives

and timelines relating to the establishment of the payments system and participation of retailers, and also three sets of objectives concerning outcomes for families and individuals. These objectives were:

- (1) to promote socially responsible behaviours;
- (2) to ensure priority needs of families are met; and
- (3) to reduce cash available for consumption of restricted items.

It was expected that families would spend more of their income on priority needs, leading to improvements in food choices and food security; there would be increased ability to plan for expected expenses; and there would be reduced 'humbugging' or nuisance demands for cash. Assumptions about how income management might lead to outcomes at either individual or community levels and how these outcomes might promote the safety and protection of children were not articulated in the model.

The limitations of these early studies make it difficult to draw any firm conclusions about the actual impact of income management in the NT. Without baseline data for comparisons of pre- and post-NTER responses, analysis was limited to survey data alone. However, both studies found varied perceptions in regard to:

- an understanding of the purpose and implementation of income management (with people fearing that income had been reduced);
- access to quarantined funds in different locations, as well as administrative burdens on clients and limitations in choice of where managed moneys could be spent;
- whether there had been increased expenditure on food and children;
- whether drinking and gambling had been reduced or increased;
- the level of contributions by young men to food and household expenditure;
- the discriminatory nature of blanket reform of income management, with calls for the targeting of welfare payments;
- the impact on money management skills.

The rationale for the NTER and its many specific measures was to reduce risk and improve outcomes for Aboriginal children. Any credible assessment of the effectiveness of income management must be able to test whether it has improved the flow of resources to the children of managed social welfare recipients – either directly to them or indirectly in terms of improvements to the general level of consumption and availability of resources in the households in which they live. Advocates of the program have claimed (and continue to claim) a wide range of sometimes diffuse benefits, drawing on anecdotal and more or less

systematically gathered qualitative reports to support them. There is in fact no hard evidence of beneficial outcomes for children – such as, reductions in neglect, improvements in nutrition and general wellbeing – whose parents are subject to income management (cf, an attempt to measure and evaluate outcomes of the child protection scheme of income management trialled in WA (FaHCSIA, 2010)). For such a large public investment and with so much expected to flow from it, the investment in evaluation strategies to develop evidence for impact and effectiveness was alarmingly low.

What is income management likely to affect?

The primary mechanisms of income management are the reduction of cash payments and the quarantining of remaining income, which cannot be used to purchase tobacco, alcohol and cigarettes. Necessarily, these measures must have brought about at least some change in purchasing activity and, possibly, the pattern of income distribution in households and communities affected by them. However, they may not necessarily lead to linear improvements in purchases of ‘healthy foods’ or to a reduction in alcohol sales at the community level, as has been claimed. There may have been a range of adjustments in purchasing behaviour within different communities. And beyond any aggregate effect on community-wide purchasing behaviour, there are likely to be different impacts on individual families.

At point of sale, the use of the BasicsCard, together with the elimination of restricted items, can be expected to have produced some change in purchasing patterns. Simple observation of people stocking up on household necessities with the BasicsCard may produce the appearance of healthier, more responsible purchasing. But no-one has yet advanced a plausible theory to suggest that people under income management will stop actually wanting or intending to buy restricted items. It is more likely that people wishing to buy cigarettes or alcohol will develop the means to ensure they have the cash to make those purchases. The study by Brimblecombe et al (2010) suggests that, although income management may have had an initial impact on spending behaviour on restricted items, this was not sustained. It may have been followed by an adjustment in strategies to preserve access to cash for these purposes.

Any impact of income quarantining both on total sales of foodstuffs and on restricted items like alcohol and cigarettes is likely to be affected by the overall availability of cash from all sources. The availability of cash will depend on the number of persons within a family or network who are in receipt of wages. In different communities there is considerable variation in the proportion of people subject to income

management and in receipt of wage incomes. The more cash income that is available, the more easily adjustments can be made to ensure that purchase of restricted items can be maintained. Sales of alcohol and other restricted items and their consumption by individuals whose welfare income is managed may not necessarily decline at all.

On the other hand, it may be the case that many children have been the beneficiaries of the BasicsCard system, such that they get greater access to healthy food and enjoy the general fruits of better rationing

of household budgets. If this is so, this could be an important indicator of the impact of the income management scheme on the serious phenomenon of child neglect. Such an effect needs to be investigated by looking at expenditure within households and household networks that support children – it may not be evident in total sales of food and other items at the community level.

Other domains of impact – impact on relationships and household functioning

If reducing the amount of available cash and restricted purchasing of some items affects the pattern of household functioning and maintenance over time, can we assume that there will be direct effects in areas such as domestic conflict and other sources of child risk? Given the complexity of determinants of these risks, such an assumption may be unwise at the community or broader population level. There is a need to model household or family types and community contexts to identify circumstances in which income management may be expected to have differential effects.

Differential effects may relate to the different family situations of persons under income management. For example, the impact on risk may not be the same in extended family settings where there is pooling of incomes and other coping strategies, compared with isolated individual households in an urban non-Indigenous setting, where managed income may be the primary income source. Thus, impacts may vary widely between suburban Darwin and some remote Indigenous communities, corresponding to variation in family arrangements.

Community context may also be important. For example, in ‘wet’ communities and ‘dry’ communities, and in communities where there are proactive strategies regarding alcohol, family support and community safety, there are likely to be different impacts on alcohol availability and purchasing. Income management may be more effective where there are combinations of policies, services and practices at work, such as parenting skills training, intensive family support services and targeted alcohol management plans.

The following case study highlights some of the impacts and future possibilities of income management for one family living in different urban and remote settings up to the beginning of 2010.

Case study

A young woman called RT from a remote island community in the NT had three children ranging in age from under six months to 10 years of age. She and her children's father were heavy drinkers and had lived in numerous extra-urban communities and households and had also lived an itinerant heavy-drinking lifestyle in Darwin for considerable periods of time. How did income management affect her trajectory?

Before income management, during their itinerant life in and around special lease communities and camps of Darwin, RT and her partner were in constant conflict with their kinfolk: they would try to stay with these relatives, or to leave the children with them, while they would go off to drink. They may or may not have left some money to pay for the children's food. RT, her partner and their children would frequently be ejected from such households and move on; sometimes the father would live alone, sleeping rough, while RT and the children stayed in someone's house. During periods of considerable violence during heavy drinking, the children would most often be left to stay with RT's parents, who at the time lived in Darwin. On a number of occasions the baby was left alone with near strangers or indifferent relatives for a day at a time. The two parents' cash incomes would be dissipated by their own drinking and by the demands of their drinking partners, including RT's brothers, within a day or two at most. Exasperated relatives frequently threatened to report her to child welfare.

The period after the inception of income management coincided with a violent turn in the parents' relationship, leading RT to live in the two households of her parents and an aunt. She would often go off to drink, disappearing into the bushes around Darwin with a cask in one hand, the baby on her other hip.

For a time she was noticeably aggressive towards her family because of the reduction in her ability to secure cash and the family's refusal to give her cash in exchange for her store card income. Instead, the BasicsCard could be left with her parents or other householders to compensate them for the care of the children and for feeding her. Cash was used wholly to purchase alcohol.

In the context of her persisting unsatisfactory behaviour in Darwin, funds in 'the bucket' enabled her older kin to take the children to their home community and to leave the BasicsCard to provide for them there. The family's view was that it was up to RT to return to her children, and they expected this to happen. Left alone in Darwin, she did indeed follow them to her community, leaving the children's father in Darwin. The family would not have used their own cash to intervene in this way prior to the income management scheme.

RT then lived with her children in the household of a non-drinking aunt. She attended a parenting program and enjoyed the encouragement of teachers and her parents. The community leadership had imposed a ban on mothers of small children from buying any alcohol or drinking at the club. Over the last two years, while under this prohibition, her drinking has declined, but she has spent available cash on marijuana. Nevertheless, the children have been more consistently fed and clothed than in the three years before income management. She now rents the house of her aunt independently by herself. She lives there with her children and is supported by a non-drinking sister. The children's father visits occasionally.

In RT's trajectory, income management is clearly only one influence. Other favourable factors were the actions and support of her older kin and the policies regarding drink in her home community. However, income management almost certainly was an important factor in relationships with the households of kin both in Darwin and at home, eventually providing her with the resources to return home and independently care for her children. RT regularly has surpluses in the bucket that enable her to take or send the children to Darwin to stay with their grandparents, or to arrange to have things bought for them there. Recurring access to a small surplus was unthinkable in the days before income management, except with a one-off baby bonus or other exceptional payment.

This scenario does not only apply to heavy drinkers like RT. Income management can help young parents to secure the situation of their children through payments made with the BasicsCard. Unable to sustain a household independently, many young parents have mobile lifestyles that see them move (with or without their children) between communities as they deal with often difficult relationships with partners. In some respects, income management is a tool for the older householders on whom young parents are dependent, enabling them to ensure continuity of basic resources (electricity, fuel, and soap among other items) that the young family needs. For many families, income management may help to stabilise household relationships marked by pervasive conflict and struggles over responsibility for children, who are frequently threatened with abandonment either by parents or by those in whose care they have been left.

Under the revised scheme of income management introduced in June 2010 (see the article by Billings and Cassimatis in this issue), welfare quarantining may be used as both a threat and as an incentive for targeted groups of welfare recipients (including, 'vulnerable' welfare recipients, those involved with child protection and long-term unemployed) to modify behaviour and to ensure that children are engaged in required activities such as school or childcare. The above case study raises a number of questions for this new scheme: does income manage-

ment contribute to family functioning by enabling struggling households, like those in which RT has lived, to retain resources for children while at the same time enabling partial preservation of marital relationships and some abatement of the effects of alcohol abuse? These are potentially important outcomes, though it is far from clear how widely distributed they might be. Given the variability of context and family type, we believe that unambiguous, easily measured effects of the income management framework will be difficult to find.

The likely effects of the move from the initial (2007) race-based income management program in prescribed areas of the NT to the revised version of income management which aims to target struggling individuals like RT are hard to assess. The new welfare provisions mean that age and disability pensions, among others, are no longer automatically income-managed, so that there may be more cash incomes in RT's network. Does this dilute the effects of the intervention and reduce the incentive for individuals like her to leave income management? Given the dependence of young parents on other kin, the new targeted scheme may not necessarily have any additional impact as an incentive to ensure that children are attending school and participating in other required activities. Paradoxically, the scheme may reinforce that dependence and fail to promote individual parental responsibility for children – at least without other complementary family support initiatives in addition to the case management associated with the scheme. The evaluation of impacts of the targeted scheme will therefore need to be sensitive to the adjustments made by individuals in family settings in a range of community contexts.

Conclusion – The New Context for Protecting Children in the Northern Territory

The Intervention brought badly needed funding and new services and programs into the NT. Unfortunately, these initiatives were also based on an incomplete understanding of the nature of child abuse and neglect in the Territory; the need for sound knowledge was overwhelmed by the government's need to be seen to act. The new initiatives increased pressure on child protection systems without providing sufficient resources to existing bodies or an emphasis on prevention. Given the lack of an evidence base and the imperfect assumptions behind many of the initiatives under the NTER, it has not been possible to predict with any confidence the anticipated outcomes and impacts. Unrealistic expectations about the effects of measures such as income management have not yet been followed by appropriate modelling of potential impacts over the diverse settings and family types to which the scheme applies.

Thus, the opportunity to properly target and optimise prevention in relation to child neglect continues to be missed. The federal Government is intent on achieving a more comprehensive evaluation of income management and other measures administered under the NTER (now, *Closing the Gap*). It would be a matter for great concern if the reactive policy formation that failed to develop a system for monitoring the effectiveness (including the cost-effectiveness) or impact of those reforms were to continue to predominate.

The NT child protection system was the subject of a public inquiry during 2010, and the report from the inquiry was delivered to the Chief Minister (NT) as this article was completed (Northern Territory Government, 2010). There is a hope in the NT that the reforms that occur following this inquiry process will reduce the reactivity of the system and lead to an enhanced whole-of-government and whole-of-community approach to policy formation and service delivery which has an emphasis on child abuse prevention, targeted early intervention for vulnerable and high-risk families and effective responses for abused and neglected children (O'Donnell et al, 2008).

In the NT, this should include a model which incorporates family support and parental skills training in programs already being delivered, such as the Care for Child Development and the Let's Start programs. These focus on improving children's cognitive and social-emotional development through improved parent-child interactions (Engle, 1999; Robinson et al, 2009). Reforms should embrace community development models, incorporating community participation in service design, selection and delivery, combined with existing regulatory child protection measures for the small number of families that cannot or will not make changes within the child's developmental time frame (Braithwaite et al, 2009). The establishment of effective monitoring and evaluation of any new care and protection system is vital in determining whether the suite of policies is effective and whether the individual service components are working optimally. With the establishment of research and service-delivery partnerships between governments, non-government agencies and academia, and the collection of population-level data (the Australian Early Development Index), we are now well placed to improve and monitor the health, wellbeing and safety of Territory's most vulnerable citizens – its children.

Notes

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Legislation

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- Social Security and Other Legislation Amendment (Welfare Payment Reform) Act 2007 (Cth)
- Social Security and Other Legislation Amendment (Welfare Reform and Rein-statement of Racial Discrimination Act) Act 2010 (Cth)