A brave new world

Jennifer Perino¹, Vicky Jack²
¹Australian Counselling Association, College of Clinical Counsellors, ²Child welfare office, Norfolk Island

With a struggling economy as the backdrop Norfolk Island Government bravely entered a new world. An outside world that was rapidly encroaching on a lifestyle and a culture that holds its independence tenaciously, as a self-governed external territory of Australia.

Norfolk Island is a small (8 km by 5 km) sub-tropical island off the eastern coast of Australia, isolated not only in its geography but also by a combination of diverse cultures and unique social structure.

Without a history of child protection services, the Child Welfare Act 2009 was enacted as legislation recognising a need for child protection strategies enforced by law. An implementation plan was needed and subsequently the model chosen was the tri-agency model of New South Wales’s Joint Investigation Response Team (JIRT), with some significant differences.

Norfolk Island’s new framework included the newly appointed Child Welfare Officer (accountable to the court registrar); Australia Federal Police Officer-in-Charge on Norfolk and the Mental Health Clinician employed by Norfolk Island Hospital Enterprise. The spirit of this partnership was underpinned by a core principle of providing supportive interventions for children and their family. Hence the Norfolk Island tri-agency model was named ‘Joint INTERVENTION Response Team’.

For the first time in its history mandatory reporting became legislation and the first child welfare officer position was established. Six categories of mandatory reporters were identified and training needed to be provided to framework this. Similarly the pathways for reporting and templates for two levels of report: mandatory reports congruent with the legislation; and voluntary reports (a ‘referral of concern’), which provided the opportunity to identify risks to a child or young person.

The legislation identified only two offences under the Child Welfare Act: ‘Intentional physical injury’ and ‘Sexual assault’. A number of challenges were a natural consequence of this legislation. This community of 1700 people was unfamiliar with these new initiatives to protect children and young people. Establishing a child welfare framework in a small rural remote community isolated in time and space, and believed to be idyllic, was a challenge to mindset as well as established practice, policy and custom.

While modelled on the principles of a New South Wales ‘JIRT’ structure, the strengths of Norfolk Island’s model is the implementation and practical application of those principles. The partnerships implicit in this initiative heralded a broader network of partnerships set to enhance the access of Norfolk islanders to other allied health services.