A brave new world

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Introduction

This report will document the establishment and implementation of active child welfare legislation on Norfolk Island. The process will be discussed within the context of Norfolk Island identifying achievements; scheduled reviews and key people involved in this important aspect of wellbeing and child protection. The challenges will become evident in exploring the social determinants while creative thinking triumphs. The “spirit” of Norfolk Island’s intent will be an underpinning theme throughout.

Social determinants

Norfolk Island is a small (8k x 5k) sub-tropical island off the east coast of Australia, isolated not only in its geography but by a combination of diverse cultures and unique social structure. This population of approximately 1700 people form a self governed community that exists as an external territory of Australia. The decline in tourism over recent years; the depressed economy, the crisis in the financial viability of Norfolk Island has increased the focus on the relationship between Norfolk and the Federal Government.

The cultural mix and social hierarchies are underpinned by historical events and economic development over its history. At the pinnacle of this social structure are the descendents of the “Bounty”; the ‘Pitcairners’, and Norfolk Island residents including those of Australian, New Zealand, Malay, Singapore, European or American background. Temporary residents include General Entry Permit holders (7 years) and Temporary Entry Permit holders (2-3 Years). This social structure is concluded with those of Tongan, Fijian and other South Pacific islander heritage. Within this structure the males within each layer remain dominant.

The ‘layers’ in this social structure developed congruent with historic events; remoteness and isolation entrenching values and attitudes accordingly. Similarly Norfolk developed its own language from the cultural mix of ‘old English’ and ‘Tahitian’ in early history. Cultural values held children in high regard with a long held belief that as a small remote community, isolation offered levels of ‘immunity’ from any need for child protection.

For a long time these ‘beliefs’ delayed any significant interest / review on child protection concerns. World Health Organization in its “closing the gap within a generation” principles discusses a number of elements that contribute to wellbeing. The ‘conditions of daily life, the circumstances in which people are born, grow, live, work and age’¹ are referred to as considerations in responding and planning for the wellbeing of a population.

A significant proportion of Norfolk Islanders have 3-4 jobs which they attend regularly in order to earn sufficient income to support self and family. The fact that a number of businesses have closed in Norfolk, further reducing the capacity to earn a living for many; the decline in tourism (on which the economy was based); the fact that a number of men have had to leave the island to find work in mines in Australia in order to send money home to their families gives testimony to the economic struggles of the Norfolk Island Government and the Norfolk island community.

Against this backdrop of social determinants are specific elements relevant to the safety and wellbeing of the younger generation. Children and young people in Norfolk ride motor bikes from the age of 15 years and by 16 years can acquire a Drivers Licence. The compulsory wearing of seat restraints for babies, children and adults has only recently entered legislation in response to multiple serious motor vehicle accidents.
Access to health services has historically been difficult with more recent developments negating confinement options for pregnant women on Norfolk. Effectively this puts maternal health at risk. The need to fly to the mainland of Australia or New Zealand, leaving family supports, husband and other children on Norfolk introduces another burden both emotionally and financially to families.

The lack of access to health services that most Australians would take for granted has been a key factor in the challenges of responding to children at risk. There had been no established referral pathways to child psychiatrists, addiction specialists, specific sexual health options or supports for other health or risk issues.

Norfolk’s situation is encapsulated in the following statement:

“People in rural and remote Australia, compared with their peers in major cities have lower income, a greater rate of disability, are older, have access to poorer infrastructure (roads, sanitation, recreational facilities, housing, communications technology) lower levels of completed education, higher rates of risky alcohol consumption, and higher rates of smoking and obesity”.2

It was against this backdrop of a struggling economy, limited technology, lack of access to health and welfare services, dwindling resources and with the outside world rapidly encroaching on a lifestyle and culture that holds its independence tenaciously that Norfolk Island entered a brave new world.

**Legislation**

Historically there were two pieces of legislation active in Norfolk. The Child Welfare Act 19373 and the Child Welfare Ordinance Agreement 19414 remained unchallenged until 2008 at which time a recommendation from the Court Registrar, Allen Bataille to the responsible Minister of Community Services (Mrs Jack) requested approval to commence Child Welfare legislation specific to Norfolk Island.

The Child Welfare Act 19373-1964 was relevant to 1937 with Australia deeming it obsolete in 1964. This legislation included no recognition of the needs of the child; no mandatory reporting, no mandatory reporters and a preoccupation with tending evidence rather than a process of assessment and support.

The Child Welfare Agreement Ordinance 19414-1958 documented an understanding between governments “to approve an Agreement made between the Commonwealth and State of New South Wales for the reception, detention and maintenance in institutions in the state of New South Wales of children committed to those institutions by the court of Norfolk Island.”4

In both of these legislations there was no acknowledgment of the rights of the child, no prerequisite for legal representation.

As a result concerns were raised by:

- Court Registrar and the Legal Services Unit regarding child welfare/ child protection
- elements identified in the Deb Church report5
- counselling service providers listing concerns regarding contemporary relevant child protection legislation.

The final draft of new legislation was reviewed by Barbara Holborrow, Children’s Court Magistrate in Australia and finally presented to Legislature.

Without a history of child protection services, the Child Welfare Act 20096 was enacted as legislation recognising a need for child protection strategies enforced by law. The legislation identified two specific areas of criminality requiring mandatory report: intentional physical injury and child sexual assault.
These mandated reports would be submitted directly to the newly legislated position of Child Welfare Officer by individuals within any of the six categories of mandatory reporters. The new legislation also provided a pathway for voluntary reports.

Initially there were no penalties under the Act for failure to report or vexatious reporting. These penalties were added prior to the mandatory reporting training following concerns by facilitators regarding this aspect of implementation.

Norfolk Island has limited capacity to support the levels of response of mainland services. Resources are limited as is the geographical area and population of the local community. Regardless Norfolk Island government considered child protection a priority and appointed a Child Welfare officer to work limited paid hours and additional voluntary hours as components to the contract. Hence with minimal resources Vicky Jack was appointed as Child Welfare Officer; the first in Norfolk Islands history.

The Act was scheduled for review in 2011. Unfortunately increased financial pressures on the Norfolk Island government and the administration of Norfolk Island saw Australian Federal Government intervention occur and with it the need for independent reports to be produced by Australian based and sourced professionals. One such report on children and family services was commissioned. Subsequently, the Norfolk Island Minister for Community Services felt it prudent to suspend any amendments to the act until this report had been provided to the Norfolk Island government.

This report was to be provided to the department by the first week of December 2011. Several extensions have been granted with a general understanding that the final report would be received no later than January 2012. The ‘final’ report made it to Canberra; however the report remains in suspension between a number of departments. Consequently the necessary legislation review and additional criminal inclusions for Child Protection remain suspended.

Implementation

An implementation plan was needed and subsequently the model chosen was the tri-agency model of New South Wales Joint Investigation Response Team (JIRT) with some significant differences. The New South Wales model of the Joint Investigation Response Team was chosen for its spirit of collaboration and holistic wellbeing. However one significant difference is the spirit of the legislation. Norfolk Island maintains a spirit of intervention and support for families in the goal of protecting children and reducing risk.

The New South Wales system of Joint Investigation Response Team is founded on a model of a tri-agency partnership between Health, Community Services and Police. The partnership was envisaged as an equal partnership that would enhance the response to reports of child abuse, neglect or child sexual assault from a platform of collaboration producing a cohesive focus on the wellbeing of the child. The spirit of this partnership is founded on a belief that the child need only tell their story once, the child is believed, and the child should be protected.

A framework based on the NSW JIRT model was approved in principle with some significant modifications by the Social Welfare Advisory Group under the Minister for Community Services, Hon. Tim Sheridan. The basic premise was admired and in the process to framework responses in Norfolk consideration was given to the lack of custodial capacity, the limitations of the justice system; the scarcity of human resources and the financial crisis of government in respect of material or supportive physical resources.

These limitations have been restructured into the strengths of the Norfolk system. As all who have worked in rural remote areas will be aware, the capacity to think laterally to resolve difficulties creatively, to be proactive and to provide a service in the complete absence of funds or resources is a treasured quality / skill. This requires the ability to transform a lack of capacity or lack of resources to an advantageous and positive element in the implementation model.
Norfolk’s limitations of human resources produced equality in the partnership. Lack of capacity in the Norfolk justice system and the lack of custodial facilities dictated seeking and implementing other options. Hence no longer was ‘criminality’ the primary focus the focus was the wellbeing of the child. The lack of financial resources produced the necessity to optimise and emphasise the range of “interventions”; the spirit and strength in the response model.

The first “Joint Intervention Response Team included Vicky Jack as the Child Welfare officer responsible to the Court Register; Jennifer Perino as the Mental Health Clinician responsible to the Norfolk Island Hospital Enterprise and Detective Sergeant Vince Pannell as Officer in Charge of Norfolk Island Police Force. A collaborative partnership was established with mutual respect between the agencies to enable active discussion on the various aspects of response and the actions of each partner. The focus remained on the interventions that could be put in place to support the victims and their non-offending family members.

Implementation of the legislation required not only appointment of a Child Welfare Officer but formulation and delivery of:

- mandatory reporting training
- mandatory report template
- referral of concern template—voluntary /does not meet criteria for mandated response.
- processes to assess risk and cumulative risk
- a procedures for response to reports
- collaborative structure
- resources to respond to needs of child / young person
- education and promotion to general community of the child welfare legislation.

These elements were developed and delivered in a timely and efficient manner through a collaborative effort. Following a pilot mandatory reporting training to the Social Welfare Advisory Group the training was conducted for all service providers in any of the six categories of reporters. Training was developed by the mental health clinician of the time and delivered to over 100 service providers within the first few months of the establishment of the Child Welfare Officer position.

**Challenges**

Change is often confronting and it was no different in this case. Changing a mindset regarding the safety of children, when as parents and as a community, it is much more comfortable to believe your children are safe. However with the influences of the outside world acknowledged, and the response to the reports that flooded in initially parents and community could see the value in the new initiative.

The work in educating the community regarding the new legislation and the promotion of these relationships resulted in the engagement of further resources. This whole of community approach resulted in a range of options and supports for intervention. Community food parcels, temporary shelter and basic needs could be provided through the community networks and the generosity of private individuals.

The lack of pathways to specialists, particularly for children or adolescents was a frustrating obstacle to ensuring the continued wellbeing of the child. This was akin to forging a path through the jungle. However, undaunted access to necessary health interventions for children with mental health problems or addiction concerns was resolved through the willingness of network connections on mainland
Australia who would assist in a crisis by phone. This finally led to establishing networks with mainland specialists.

Psychiatrist, Neil Philips provided access to his expertise and experience of rural remote communities; assisted by conducting both video-conference assessments and visits to the island to conduct clinics. Addiction medico, Rod McQueen providing guidance on addiction issues to circumvent the lack of withdrawal support medications. These specialists gave freely of their time energy and skills; deserving some acknowledgment here.

The overlap of domestic violence issues in having safe accommodation for children and parent in a crisis often meant a response to domestic violence issues in tandem with child protection. It should be noted that there is no dedicated domestic violence worker or supports on Norfolk.

Achievements and acknowledgments
- Setting up JIRT in collaboration by Vicky Jack and Jennifer Perino
- Embarking on studies in Child Welfare relevant to the position (Diploma) for Child Welfare Officer
- Networking with colleagues and service providers who have specific skill sets in social welfare bodies in Australia, these people have assisted in formatting paperwork, networking with off shore, providing assistance in preparation of operational policies, procedures and guidelines
- Setting up network with Drug and Alcohol Rehabilitation facilities (ie ‘Triple Care Farm in NSW)
- Working with psychiatrist, Neil Philips in NSW and organising visits to Norfolk Island
- Setting up the first safe house under the recognition of the administration
- Organising volunteers and their training to provide support to victims of DV
- Obtaining funding for start-up packs for individuals who require the use of the safe house
- Surveillance camera funding
- “CAPIBOO” funding (baby Capsules, bike helmets, child booster seats) due to changes in legislation for the wearing of seat belts, seeking funding to assist families in financial difficulty in obtaining the correct child restraints.
- Successfully receiving funding $1000.00 for replacement liners for baby capsules and booster seats.

Supports
- Court registrar, Allen Bataille, his open door policy and his ability to find money in the budget is unequalled
- He is always open to suggestion, will actively engage and discuss all matters and through his time as registrar is fully aware of the hardship being faced by members within the NI community
- Members of Social Welfare Advisory Group provide not only a sounding board but also assist in notifying areas of concern that are emerging within the community. Recent new members to this board is allowing better interchange between the service providers and this can only be of benefit to those we work to assist and support
- Community members—both those who seek to remain anonymous in their support and those who accept public acknowledgment
- The commencement of a safe house providing shelter for both victims of domestic violence as well as those in extreme hardship has seen a tremendous amount of support in equipping the house ready for occupation at a moments notice.

- Community service groups have provided material and financial support

- Support rotary with payment of surveillance cameras and their installation and with general items to make the house feel like a home

- Work colleagues—principally the counsellor/s as we work from the same office space.

- Most have been professional (there have been other not so professional) all have had their place but I must say that more often than not I have has great rapport with those that have stayed the longest. Always open with genuine advice from years of experience always willing to assist and at times being a mentor coach to a willing apprentice.

**Future directions**

- More funding for the safe house, training, resources, etc

- Setting up a pro bono public defender service to support children and young people in need

- Adopt a child program- adopt a grand-parent program to be run on Norfolk Island. The potential, for this program exists on a number of levels for both the child and the surrogate grandparent. The program would aim to assist children with book, uniforms, equipment in getting back to school. People could pay one up-front fee or set amount per month this in turn benefits specific students. Benefactors get anonymous thank you letters as acknowledgement from the child.


**Conclusion**

The spirit of the NSW JIRT partnership, particularly equality and collaboration has been put into practice in Norfolk. While NSW has been unable to engage the tri-agency as equal partners, Norfolk has achieved this admirably. Single representatives from each of the Norfolk partners ensure equality in numbers and an equal voice in the response with the subsequent potential for collaboration optimised.

The Norfolk Island Joint Intervention Response Team and their collaborative processes have seen a reduction in presentations to police, a substantial decrease in critical incidents requiring emergency call outs for Child Welfare Officer and Counsellor and a substantial increase in the support of firstly parents of children at risk but also the community as a whole.

The initial limitations have been transformed to strengths; disadvantage converted to advantage.

The adaptations from the original NSW JIRT model have been an improvement for Norfolk producing positive outcomes for the children reported “at risk”. The community has been increasingly supportive of the “intervention” model as opposed to the “investigation” model.

The integrated approach in planning and response to children at risk produced a reduction in the incidence of self harm by adolescents and younger children; clear identification of any mental health or social issues allowing a coordinated and appropriate response.

Accessing resources to address identified problems however is not productive unless there are pathways created to access any necessary psychiatric or addiction specialists.
**Recommendations**

To expedite the outcome of reports or service reviews to enable the work of child protection to continue. The delay of the current report on the services on Norfolk Island due in early 2012 has become an obstacle to the services it was initially meant to support and improve.

Policy change within education system that sometimes prevents reports of children at risk despite a status of mandatory report.

**References**

5. Church, Deb Report: Drugs and alcohol in the community. Norfolk Island Customs, 2001
7. Professor Connolly, M (Melbourne University) and Calvert, G (ex NSW Children’s Commissioner) Report to Canberra re Health Services on Norfolk Island. (due January 2012)