



Received by hand
12.10pm, 20 May 2002
Davies

Ms J Burnswoods MLC
Legislative Council
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Ms Burnswoods

Re: Inquiry into Child Protection Services

I have pleasure in providing a copy of my opening statement to the Inquiry into Child Protection Services.

My statement acknowledges that we are not perfect, we make mistakes, sometimes our judgements are wrong but we have not and will not stop working to improve our service. We acknowledge these mistakes, we do not seek to hide or deny them, what is most important, however, is the way forward – the mechanisms and systems that will prevent or at the very least reduce these failings.

I welcome this Inquiry as an opportunity to hear new ideas and new solutions because we ourselves are far from being satisfied with the status quo.

Yours sincerely

Carmel Niland.
20.5.02

Carmel Niland
Director-General

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Department of



**Community
Services**

**Standing Committee on Social Issues:
Inquiry into Child Protection
Services**

Presentation by Carmel Niland
May 20, 2002

INTRODUCTION

Our priority is to provide good outcomes for children. In our role of caring and protecting them, sometimes we do our job well, sometimes we do it poorly. Whatever the result, last calendar year we dealt with 140,806 reports of abuse and neglect. You hear about 50 of them, usually our failures.

We are not perfect, we make mistakes, sometimes our judgements are wrong but we have not and will not stop working to improve our service. I welcome this inquiry as an opportunity to hear new ideas and new solutions because we ourselves are far from being satisfied with the status quo.

WHAT WE DO

DoCS has a broad role in the care and protection of children. DoCS' key objectives are that:

- People and families are better able to care for themselves and their children
- Fewer families, and men, women and children move into crisis situations
- Children and young people are cared for in a safe and nurturing environment and are better protected from risk and harm

Our broad role spans not only crisis intervention, but intervention and early intervention.

I would like to begin with sharing a story with you.

David

In January 1999, "David" was a three years old when DoCS received a report focussing on drug and alcohol abuse. It was alleged that the child was injected with heroin by his mother's then boyfriend. Some doubt existed as to the way this evidence was obtained and contradictory information the child gave.

At the time of this allegation, David was due to be returned to his mother's care but his doctor admitted him to hospital to ensure his safety. At the time of his admission to hospital full blood counts and coagulation studies were taken. They were normal.

Given there was a Family Court Order in we issued a section 62(A) (Children (Care and Protection) Act 1987 to place David temporarily in his father's care.

Simultaneously the matter was referred to the Child Protection Investigation Unit (CPIT). Police interviewed David and they indicated they would take no further action as although David had disclosed certain matters these matters could not be tested or corroborated. DoCS interviewed David with the paternal grandmother and then the maternal grandmother present. His story was inconsistent. In the second interview he made worrying disclosures which became the subject of our confidential submissions to the Court.

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We lodged a Care Application in the Children's Court in January 1999, with a psychological report obtained for the Court indicating David's primary attachment was to his mother.

The matter went back to Court in August 1999 ~ at this time David was residing with his father. The Court recognised the previous ruling of the Family Court in the judgement and returned David to the care of his mother - joint custody was restored.

The proceedings at Children's Court were notable by the acrimony of the parents, the birth mother's family and the birth father's family. The father attempted to use the original Children's Court for a forum for Family Court matters. The proceedings were extremely adversarial and not conducive to conciliation between the parties considering a little boy, rather a contest between the adults involved. In November, 1999, David was hit by his mother's defacto with a baseball bat on his back. This was referred to the CPIT who rejected it due to it being a minor injury.

In November 1999, the father lodged a Request for Residency at the Family Court and was eventually granted custody.

What I have just outlined to you is a fairly typical case that we deal with. A child used as a pawn in a bitter custody battle, an allegation of assault on a child with a deadly weapon a shot of heroin. Police refusing to prosecute because the "so called" evidence was highly unreliable. A child making confidential disclosures in the presence of his maternal grandmother which can not be revealed to protect the best interests of this child. The courts making different decisions. The child in the middle, DoCS in the middle.

Crisis in Child Abuse

There is a crisis in child abuse, not just in NSW, not just in Australia, but in the UK and USA as well. It is alarming that in the past ten years, child protection reports in NSW have increased seven fold, from 20,000 at the beginning of the 1990s to 140,806 reports last year. Australian Institute of Health and Welfare (AIHW) data show child protection notifications increased nationally between 1995/96 and 2000/01 by 26%. I'm told in the USA, reports have increased from 1.15 million in 1979-1980 to 3.19 million in 1997, almost 3 times and are expected to double again on the soon to be published figures.

Child Deaths

Last year, the Child Death Review Team (CDRT) reported 21 child deaths as a result of abuse and neglect – nearly one child a fortnight each one a tragedy. Thirteen of these children were known to DoCS, with eight of these children clients of DoCS at the time of their death. The number of child deaths has not changed significantly in recent years.

During 1997/98, there were 22 children who died of non accidental injuries, of whom 16 were known to DoCS or 0.024% of the cases we handled. During 2000/01, there were 21 child deaths attributed to child abuse, of whom 13 were known to DoCS or 0.012% of all the cases. As our number of cases of child abuse have doubled, the

percentage of children known to us have halved and the absolute number of deaths decreased.

There are more than 9,000 children in care (voluntary and court orders). Deaths and children in care are the most extreme ends of the child protection system - there are thousands of children and families that we help every day and their stories remain untold.

Key Aspects of DoCS Work

Why is this happening? We have families in crisis. If you will bear with me, I would like to talk you through the social context DoCS operates in and includes:

1. The social context DoCS operates in
2. The challenges we work with
3. Where we have come from and how we are rebuilding the system
4. Lessons we have learnt
5. Issues within the Terms of Reference of this Inquiry

1. The social context DoCS operates in

It may help to understand our pressures if we look briefly at Australian society as a whole, and appreciate the difficulties confronting families. For example:

- **Divorce:** Over the last 20 years, the divorced population in Australia has increased four times. One in three marriages end in divorce.
- **Mental illnesses:** Young people in our communities aged 18 to 24 experience a higher level of mental illness than any other group, at 27% of young people. A Queensland study showed one in five kids from disadvantaged backgrounds were at risk of suffering a serious mental health problem before the age of 8.
- **Debt:** In the past decade credit card debt has quintupled and by the end of 2003, it will probably have grown tenfold in 17 years.
- **Gambling:** Household expenditure on gambling has almost doubled since 1990. NSW has 10% of the poker machines in the world.
- **Drug and alcohol use:** We believe that up to 80% of all child abuse reports investigated by DoCS have concerns about drug and alcohol affected parenting. This is consistent with US research, estimating that between 70% to 90% of all child abuse cases involve drug and alcohol affected parents.
- **Domestic violence:** Reported incidents of domestic violence continue to increase each year at rates that are alarming. In 2001, 98,400 domestic violence incidents were reported to police. Over the same time period, police made more than 45,000 reports to DoCS Helpline.

The reality in 2002 is that most families are functioning amidst highly complex sets of stresses and pressures. Many families are in crisis. I would go on with

unemployment figures, depression rates in single mothers, but the cumulative picture is one of deterioration.

2. The Challenges we work with

Appalling Injuries to Children

The worst outcome of this crisis in families is child abuse. We assist children with injuries from beatings that are consistent with major car accidents. Three year old girls with vaginas so bruised that they look like they have given birth. Children are hit over the back with electrical cord. Babies tortured in scalding water. Toddlers who have drowned after being left alone in a bath for hours while mum and dad have a domestic argument.

Without our intervention and help, many abused and neglected children become society's most dysfunctional and dependent individuals.

Huge Costs

The cost of this is huge. After abuse and neglect have occurred, DoCS pays for emergency medical care, investigation, foster placement of child victims, refuges, therapeutic, rehabilitative and special education services and foster care payments to carers. In the long term, Government also bears the costs of juvenile detention, adult institutionalisation, and incarceration as well as the social costs of crime, drug use and violence.

Stressful & Difficult Work

When DoCS gets these reports, caseworkers have to go in and navigate a minefield of claims and counter claims by parents, neighbours, friends and relatives. They walk into homes that are flea infested with cockroaches climbing over the baby's cot. They see faeces and urine on the walls and through the carpet. Rotting food on the floor. Unwashed clothes piled up throughout the house. One caseworker told me a story of an inner city house where there was a dead cat behind the wardrobe in one of the children's bedroom. The family couldn't figure out what the smell was. Last year Parliament and the public were surprised by photos of a filthy home on the North Coast. DoCS Caseworkers were not surprised, they see it regularly in drug and alcohol affected families.

Caseworkers' Treatment

Caseworkers get screamed at, abused, threatened with knives and guns. They are assaulted. In the past seven months alone, we have funded nine Apprehended Violence Orders for staff, three of these in April this year alone. This is because of the volatile situations they work in and the threats they face. Police enter domestic disputes with reluctance, and only then armed with radios and guns. Caseworkers enter the same situations armed only with their wits.

In August last year, Lismore CSC was closed twice following threats made to staff. In August 1996, Coffs Harbour Community Services Centre was bombed.

Minefield of Human Reality

Making assessments in these environments is so complex that no single professional or discipline can shoulder the burden of assessing a family's full needs and developing a service plan to address them. Our work is shared with Health, Police and Education; we work closely and constructively with them.

This is the minefield of human reality. While we try to do the best we can to protect a child, we also have to meet legal requirements, prepare for court, provide referrals to other agencies, hold protective planning meetings, do home visits, and complete client reports.

On the one hand, we try to protect children who have been abused or neglected by taking them into the child protection system. On the other hand we try to engage families and support parents so children can remain at home.

When even one child dies from abuse, the child welfare system comes under immediate scrutiny. How is this allowed to happen, the public demands? Over the last two decades, such questions have transformed child welfare agencies from benevolent, helping organisations into a quasi-legal, investigative, accusatory, protective service system.

That is the reality of the "system" we deal with. Making judgement calls and risk assessments on people's lives in a system where we are bound by legal requirements, performance measures, having to manage within budgets and human resources and do all the administrative task to support this. Caseworkers do not fly in, fly out, then make hasty decisions.

Social work Professor Richard Gelles of University of Pennsylvania, former adviser to President Clinton says *"Any journalist worth their paycheck knows what happens: Child dies, hearings are held, calls for more case-workers, for more funding – and for the head of the agency to be replaced. It's not unlike the George Steinbrenner approach to the New York Yankees – when in doubt, spend more money, get more players, fire the manager. Guess what? That doesn't work in child welfare"*

I would like to share with you some common misconceptions about DoCS

- **DoCS causes child deaths.** The death of a child is seen as the main indicator of our success or failure. We can no more prevent all child deaths than police can prevent all murders. Caseworkers make an assessment based on the available information at a point in time. Caseworkers also have to obtain enough evidence to remove a child. In many cases, there is not enough evidence to provide to a Court to justify this regardless of the genuine fears of relatives which may turn out to be prophetic. Unfortunately the reality is we will never have zero child deaths.
- **DoCS is an emergency service with the power of entry to walk in and remove children.** Many people believe DoCS has the power of entry to walk into homes, search them and remove children. The reality is that children can only be removed when there is enough evidence that would be upheld in the Children's Court. Wherever possible we try to keep children with their families.
- **DoCS is only involved in child protection and out-of-home care.** DoCS plays a key role in early intervention and prevention work and supporting communities. For example, DoCS is responsible for coordinating the State's disaster welfare program and works tirelessly during

major disasters such as the Christmas 2001 bushfires. In 2000/2001, DoCS funded more than 3,600 community based projects totalling more than \$266 million. This included Children's Services Programs, the Community Services Grants Program, and the Supported Accommodation Assistance Program. DoCS also runs the State's adoption services.

- **DoCS gets it wrong.** We believe we get it right in the vast majority of cases. It is rarely acknowledged the thousands of children DoCS saves each year from death and serious injury. The reality is we are damned if we do and damned if we don't. If we remove a child the community blames us for intervening in a family's private business. Yet if we fail to remove the child and he or she suffers, we are criticised for not intervening enough. Media reports about DoCS are often one sided and incorrect. However, DoCS is bound to protect client confidentiality under the Children and Young Persons (Care and Protection) Act 1998, which restricts the type of information which can be used to refute incorrect information. Often DoCS has made appropriate decisions, but we are not at liberty to defend ourselves by providing casework details to the media.

3. Where we have come from and how we are rebuilding the system

I would like to move on to explain the child protection system over the last decade. In 1995, DoCS was characterized by inadequate funding, poor practice and inadequate services. Almost a quarter of DoCS offices across the State had been closed, more than 1000 jobs had been slashed, 77 child protection specialists were abolished and Police Child Protection Mistreatment Units at Flemington, Wagga Wagga and Campbelltown were closed. By 1996 the rebuilding had begun. Child protection caseworker specialist were rehired. Joint Investigation Teams reestablished.

I began as Director General of DoCS in late April 1998. When I switched on my computer, Windows 3.1 covered the screen. This predated Windows 98, released in 1996 and the subsequent version, released in 1997. It was so old I'd forgotten how to use it. This was a metaphor of an organisation, which had poured every cent into child protection and neglected its infrastructure and business platforms. The environment I walked into was a challenging one indeed. A major reform agenda was already established. A new law which was non-negotiable, and incredibly complex with most of the priorities interdependent. It was very ambitious and required management to be committed to the reform process. The organisation was shell shocked after the recent sacking of two D-G's and had little energy for change. I had to wait nearly a year before it stabilised. During that time we improved communication with the frontline and consulted widely with staff on the organisational design they believed would better serve their need.

When I arrived caseworkers shared computers, had outdated client databases and poorly designed work spaces. They also lacked essential clinical supervision and training.

The scale of change required to change DoCS into a contemporary organisation was enormous. It required change to all our core business systems – finance, information technology, record keeping and human resources – as well as the key components of our child and family policy and practice. We embarked on the Transformation of DoCS together with Service 2000 a change program of IT & business re-engineering.

The Transformation of DoCS was designed to create a contemporary and professional organisation in which front line staff were fully supported to do their jobs.

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Through the Transformation I introduced the following major improvements:

- Separated the Child and Family business from Disability Services so as to allow clinical specialisation, clearer career paths and better professional supervision and support.
- Established service specific management with 8 Directors Child and Family, Managers Client Services, Senior Practitioners and Case Worker Specialist positions in all Areas to enhance the clinical expertise in our core child and family business.
- Established 20 new positions of Directors Partnerships and Planning in Areas to lead our vital work with our community partners and increased the number of Community Program Officers and Children's Service Advisors.
- Reduced supervision ratios to 1 Manager to 6 caseworkers where previously they had been between 1-9 and 1-12 in most instances.
- Reduced the number of Areas from 16 to 8 so that more resources could be transferred to the frontline.

In parallel with the Transformation, I introduced Service 2000, a program of change needed to make our policy and practices contemporary. The primary focus of Service 2000 was the roll out of the new child protection legislation (Children and Young Persons (Care and Protection) Act 1998). Other central elements of Service 2000 were required to underpin our core child protection work these included:

- Establishment of the Helpline.
- Development of the new Client Information System.
- Major upgrade of DoCS computer systems resulting in the replacement of all 2800 old desktop computers and the provision of an additional 625 desktop computers for front line staff.
- We developed new decision making and risk assessment tools for the Act and transferred over 1,000 staff in the new approach.
- Developed on-line policy and procedural manuals called Keeping Kids Safe & Business Help for our caseworkers.
- We enhanced training for all frontline staff in all aspects of the new Act.
- We introduced ADR & trained nearly 80 mediators.
- We worked with the OOHC industry to reform the funding of OOHC.
- We introduced the Adoptions Act and reformed Adoption Services.
- We refocused on Early Intervention and Prevention and established the Parenting Centre.

In addition we introduced a new financial system SAP. We reformed the Foster Care Management Program, and brought in a new Payroll & HR systems.

Most of these changes are complete, some are still being implemented. Each one was interdependent on others.

Any single one of these changes could be big enough for one organisation to handle alone in 1 year. In the last 3 years, we absorbed major change, because we had no choice, other than to change. Each change was argued in business case, it was mostly funded separately by Treasury and mostly it was well planned and successful. It was conducted while we still delivered on core business and are dealing with external inquiries and investigations.

The Transformation I outlined above was the *fifth* restructure of DOCS in a decade. Then in April 2001, Disability Services in DoCS were transferred to the newly created Department of Ageing, Disability and Home Care. While we welcomed this transfer because it's enabled us to concentrate on our core Child Protection and Out of Home Care work, staff have had to cope with another change.

We also operate in an environment where we have more than 19 watchdog agencies scrutinising our work and requesting information. DoCS must be accountable and I am not adverse to this scrutiny. But we have to divert resources away from our core business and watchdog recommendations reflect either improvements we're already working on, or are scheduled further down the track when the organisation can take a breath.

4. Lessons we have learnt

The child welfare system of this decade is very different to the one that existed ten years ago. We have introduced many vital reforms as already outlined.

I acknowledge that some reforms, such as the Helpline, were not designed for the volume of business it had to cope with on Day 1. While others, such as the new Client Information System were beset with problems. Some of these reforms were too ambitious for their timeframes. But, these reforms are essential for quality client service and it would be damaging to make assessments about their effectiveness prematurely.

Data:

Our first lesson about change is that we didn't anticipate the increase in demand for our services. In 2001, the volume of reports was 76% higher than in 2000, and 96% higher than in 1999.

The reasons for this increase and its impact of on staff's workloads are being carefully assessed by a Working Party chaired by Gabrielle Kibble. I will be happy to present the findings of this Working Party to this Inquiry, when they are available in June. At this stage, however, it would be inappropriate for me to pre-empt the findings of the Kibble Working Party.

Introduction of Helpline

Secondly, there were significant problems with the introduction of the Helpline. The introduction of a centralised intake process occurred at the same time as major parts of the Children and Young Persons (Care and Protection) Act 1998 were proclaimed on December, 18, 2000.

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There was some staff resistance to implementation of the Helpline. While the Helpline clearly benefited the busy urban Community Service Centres, in smaller country CSCs where everyone knew the local teacher and police officer, some services suffered a decline in professional relationship. Nevertheless the anonymous contact provided by the Helpline encouraged new disclosures from small towns. Caseworkers complained about the quality of Helpline assessments and although 60% of caseworkers previously worked for DoCS we had to work hard with them to improve their assessments.

As I said, we did not anticipate the massive number of reports that were made. On the very first day of operation, the Helpline received more than 1,400 calls. The demand increased daily until it was quite clear that this was not a temporary upsurge but escalating demand. Helpline contacts currently range between 8,000 and 10,000 per month.

The Helpline was inadequately staffed to deal with this demand and this flow on was felt by Community Service Centres. The Helpline was originally staffed as a general business line for requests for assistance and child abuse reports. We had to rapidly revise our capacity and refocus the staffing and business process from a general Helpline to one focussed almost on solely child abuse reports.

Nor did we anticipate the long waiting times some callers experienced. On the other hand, this is not a call centre where the focus is on call turnover. Caseworkers at the Helpline deal with calls about emotive and personal issues. These are not conducive to shortening a call so they can take another report.

Nevertheless, Police, education and health workers who provide more than 60% of all reports grew frustrated with the long waiting times on the mandatory reporting line. They were annoyed that the \$22,000 fine which attached to their failure to report, didn't bring a reciprocal action from DoCS in providing a quick answer time, immediate feedback and a guarantee of service for whatever they reported.

Our good relationships with key stakeholder groups were jeopardised as we struggled to cope with the increase in reports, as well as meet their heightened expectations.

Early waiting times, however, were clearly unacceptable and resulted in DoCS introducing a queuing system that allowed callers to leave a message. We introduced an interactive voice response system that allowed people to press a number so they could be put through to a caseworker if urgent, press another number to leave a message and a caseworker would ring them back, or they can choose to remain in the queue. By April 2001, we had nearly doubled Caseworker staffing to the Helpline from its original 55 caseworkers.

We also introduced a fax service, but reporters only provided limited information in many cases. In other cases, faxing a report was an easier option for meeting reporting requirements. Our challenge was to manage this workflow of peak times for calls and faxes. We now have flexible rostering to cope with peak demands, but we probably also need to look at more education and training for mandatory reporters.

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Even if we had a thousand caseworkers at the Helpline, we still would not meet people's expectations if they believe a child is at risk.

Client Information System (CIS)

The Helpline and new legislation were also intended to be introduced together with a new Client Information System (CIS). Despite the project being tendered and monitored by the Department of Public Works and Supply once the contract was awarded, this contract had many problems.

- In 2000, after tendering in 1999, DOCS contracted DMR to provide a *custom built* CIS to cover:
 - child & family services;
 - disability services;
 - community grants;
 - the Helpline; and
 - a service directory
- At a cost of \$6.3 million over 2 years, there were no suitable packages in existence and other CIS in other states, although in second generation were at end of their shelf life.
- We abandoned the project after contractual difficulties – We paid DMR \$2.67 million. DMR produced \$1 million of deliverables which could be reused
- Significant changes in DoCS including the removal of Disability Services and move to whole of government grants administration, meant the project needed to be restructured.
- During 1999 to 2001, suitable packaged solutions emerged including Customer Relationship Management packages. A new business case to Treasury was approved in December 2001 at \$8.5 million over a number of years. The tender process is almost completed. The Helpline started without the new CIS, this increased work time on each call because the eighties designed CIS was pre Word and cumbersome.

On the positive side, the Helpline has made DoCS data more transparent and consistent. For the first time in DoCS we knew what came in on any one day, where reports went and what happened to them. Data collection was previously at the discretion of 84 CSCs.

A survey of mandatory reporters last year showed that, as improvements were made, the majority of callers were happy with the service provided by the Helpline – 74% were happy with the Helpline's overall response; 91% felt their concerns were listened to and understood by a caseworker, and 81% understood what would happen with the information they provided.

Inconsistent intake processes were a major criticism of the Wood Royal Commission and have also been identified in a number of child death cases, including Jessica Gallagher, to whom I will return to shortly.

With perfect 20/20 hindsight, phased implementation may have been more effective, staging the introduction of the Helpline across metropolitan areas before the country, so that we could better manage demand and resources. It may also have been better to focus initially on centralised intake of reports,

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expanding the role of the Helpline over time to include requests for assistance, as we perfected our intake process.

Nevertheless, I have no doubt that we did the right thing in introducing the centralised intake capacity offered by the Helpline, as this is a vital element in a robust child protection system for the children of this State.

I would like to take you through a case where the intake process was problematic and show how this would be minimised with the Helpline.

Jessica Gallagher

Jessica Gallagher was a four year old girl who died on 29 January 2000. She was murdered by her mother's de facto partner in horrific circumstances. Jessica Gallagher's extended family attempted to make several reports to DoCS prior to her death.

A review following the death of Jessica Gallagher showed that DoCS intake processes were lacking. The first notification made at a local CSC on 16 December was not entered onto the Client Information System. The review found some of the other notifications made at different CSCs were treated the same way and information remained on their local systems rather than being entered onto our statewide database, the CIS. This inhibited DoCS ability to assess all information.

While I cannot go into further detail while this is subject to a Coronial inquest, the fact that there is now a centralised point for intake has removed the risk of information not be appropriately entered onto our database and being accessible to all caseworkers. Each person who visits at a CSC with information about a case, is asked to call the Helpline who handles and records their reports.

What we have learnt

Having learnt from the Helpline experience, staged proclamation of the Act has occurred to allow caseworkers to cope with the extent of change. This is a sector wide issue as a number of external child and family service providers also grapple with this. In February, the Minister for Community Services announced an extension of the timetable for implementing further parts of the Children and Young Persons (Care and Protection) Act 1998.

Our reforms were ambitious and in some instances, like the Helpline, they were overwhelmed by increase in demand. There have also been significant positive impacts of this reform process. We now need time to consolidate and realise all the benefits of change.

5. Issues within the Terms of Reference of this Inquiry

1. Is DoCS a healthy organisation?

One of the terms of reference of this Inquiry looks at morale. In an environment where Caseworkers are buffeted by external criticism, rapid and complex change and swamped with increasing demand for their services, one would expect morale would be affected and it has been. But if you look at the evidence of industry recognised indicators of morale, a very different picture emerges. There are 2 quantitative measures of morale and 1 qualitative measure which takes the temperature of an organisation. They are staff turnover, sick leave, and the results of exit surveys.

- **Staff turnover:** DoCS has a relatively stable workforce. Our total permanent staff turnover fell below industry medians with staff retention rates nearly 3% better than **all** Industry figures (2000 Benchmarking Report) and 2% better than the public sector. Turnover in DoCS permanent caseworkers in 2000/2001 was 10.7%. The all industry median is 8.3% and the public sector median is 7.79%.
- **Sick leave:** Sick leave for caseworkers is 3.5 days per 100, which is slightly higher than the public sector (3.065%) and all industry (3.49%).
- **Exit surveys:** In 2000-01, 78% of respondents said DoCS was a good place to work. 84% felt part of a team in their workplace. 74% agreed they had sufficient training and 83% thought their roles and responsibilities were clear. The main inhibitors to job satisfaction were workload and poor access to supervision in remote areas, and the quality of supervision and lack of support from supervisors. The factors which caused the most dissatisfaction were the Transformation, because of its slow implementation and resultant job insecurity and the constant media criticism.
- **Training:** DoCS is strongly committed to learning and development. Since April 2000, extensive training has been provided to our Caseworkers in all key aspects of their role (17,806 days as at December 2001). Courses have covered specialist casework training, risk of harm assessment, out of home care proclamation, alternative dispute resolution and specialised training for Helpline and JIRT Caseworkers.

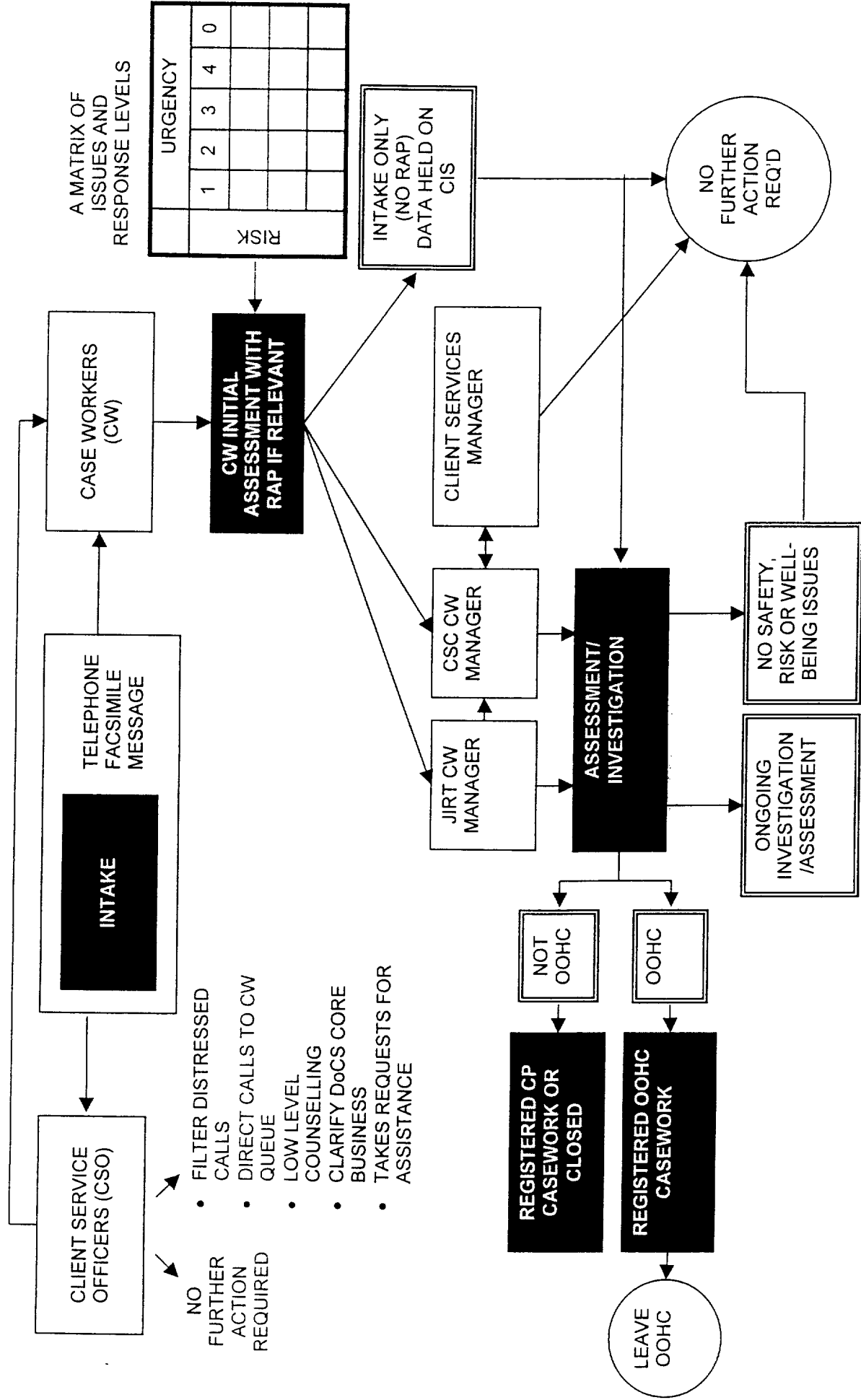
Additionally, every caseworker receives 21 days training per year through Practice Solution sessions every Thursday morning.

- **Acting arrangements:** There is a common belief that all DoCS staff act in other positions and there is no stability. Whatever may have been true in the past, the current figures show as at pay period 9 May 2002, only 17 caseworkers were receiving higher duties allowances for acting in higher graded positions. For the financial year to date, 108 caseworkers have received higher duties allowances for acting in higher graded positions.

2. The adequacy of systems to receive, investigate and assess reports of children and young people at risk of harm

I would like to briefly take you through how we receive, assess and investigate reports. Since December 2000, reports about children at risk of harm are made to DoCS centralised Helpline. These calls about a child welfare may become reports, however not all phone calls become reports. Since the introduction of the Helpline and new child protection legislation, the number of reports has almost doubled.

This is how intake and casework are currently managed

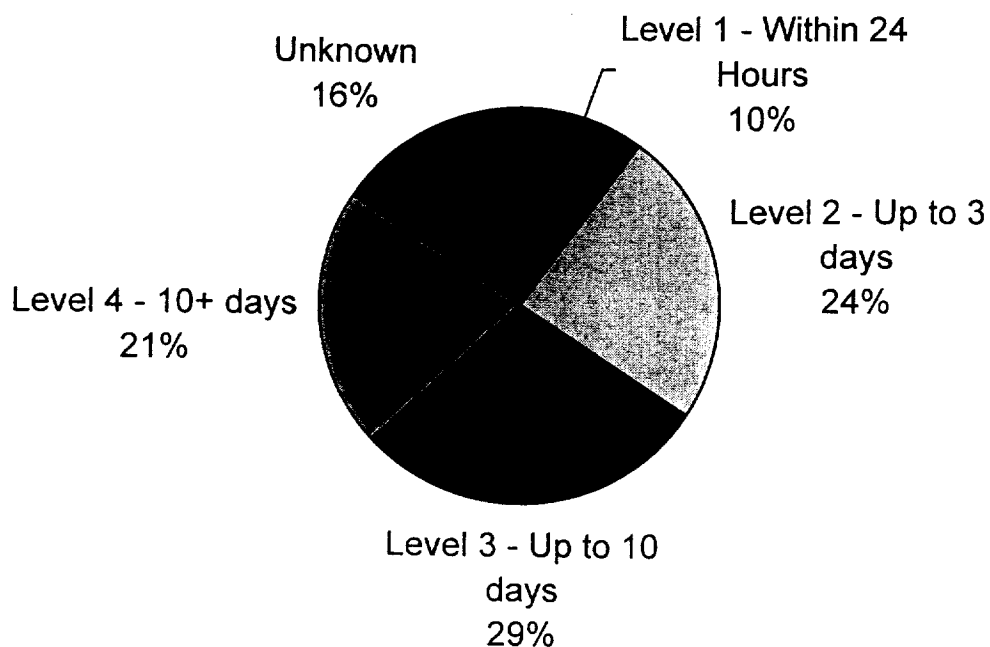


I indicated earlier that I will **NOT** be pre-empting the findings of the Kibble Working Party by discussing the Helpline data in any detail today. I would, however, like to take you through an overview of a few key data:

- In 2001, we received 140,806 reports, an increase of 76% on reports received in 2000 and a 96% increase on our 1999 reports.
- The next graph shows that about 10% of contact reports received by the Helpline are classified as level 1.

Proportion of total contact reports by level of response

Total reports by levels Oct-Dec 2001

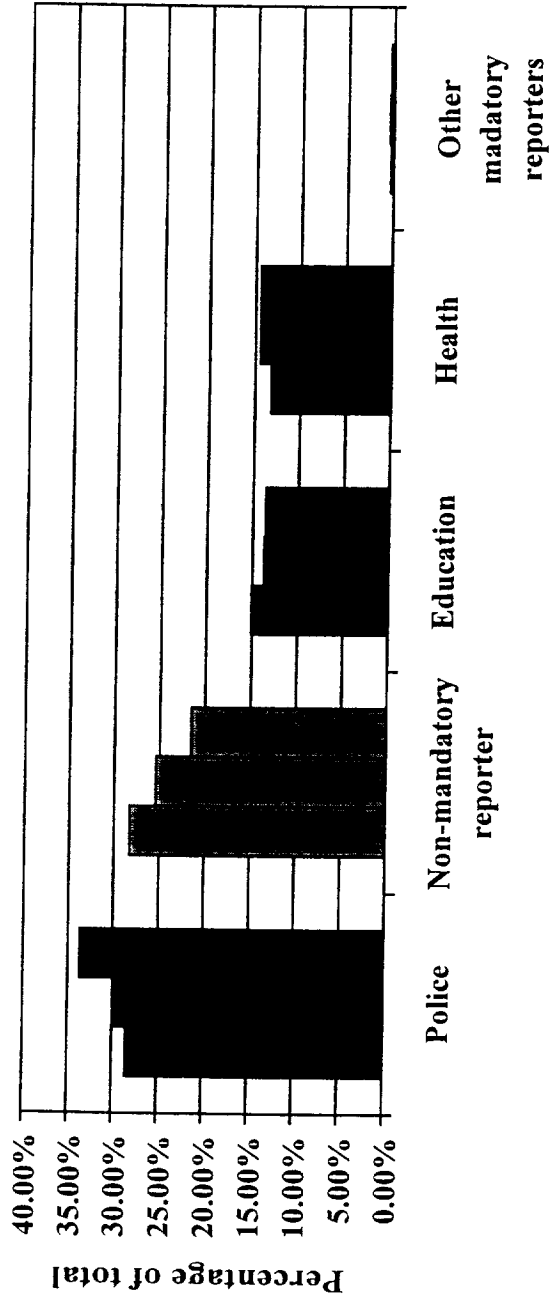


Where do these reports come from?

As shown in the next graph, the majority continues to come from Police, Education & Health Service Providers.

Growth in share of total reports by all reporters

Growth in share of total reports by all reporters
(Jul-Dec 2000, Jan-Jun 2001, Preliminary Jul-Dec 2001)



3. The ability of systems to receive and respond to requests for assistance concerning children, young people and families

Under sections 20 and 21 of the Children and Young Persons (Care and Protection) Act 1998, a child, young person or parent may request assistance from the Director-General of DoCS. When a request for assistance is received, under section 22, I am required to take whatever action I consider necessary.

I can seek advice or assistance to:

- help the parents and the child or young person to resolve the conflict between them without recourse to legal proceedings, or
- ensure that the child or young person is adequately supervised, or
- enable the child or young person and his or her parents to have access to appropriate services.

I can request other government departments and agencies, or community organisations, to provide a broad range of services to assist, ranging from financial advice, mediation and counselling, to respite care and accommodation for the homeless.

How adequate are our current systems?

When the Helpline was set up, it was intended the Helpline would manage requests for assistance without referral to a Community Service Centre. This would allow assistance to be provided quickly, without being put on the backburner due to more urgent cases. Unfortunately, the massive number of reports made to the Helpline means this work has largely not been possible, although many referrals are managed at the Helpline. Requests for assistance are coded separately on our CIS and most sent to the CSCs for follow up.

I acknowledge that we need to improve our ability to respond to requests for assistance. I am concerned that without meeting these requests for assistance, circumstances in some families may escalate to higher risk. We are currently reviewing the processing of low level priority reports and requests for assistance at the Helpline. I will provide further advice on our progress on this important issue to this Inquiry at a later stage.

Let me finish on a higher note. With one last case study.

Jai

Jai is now 16, for his 12th birthday, he was given a shot of heroin by his father as a birthday present. His father, a heroin addict said it was inevitable that Jai too would become a user and therefore he would show him how to do it properly. Within a few years, his father's prophecy came true and Jai moved to the streets to support his habit. That's where we became aware of him. Jai is now in successful drug rehabilitation, working with one of our funded services, he's completed his Riggers & Scaffolders Course at TAFE, has a stable relationship and is motivated to continue to remain drug free and he has just got a job as a Scaffolder.

It's stories like Jai's which we hear of everyday that give us the hope to keep on going.

The way forward

One of the most valuable aspects of this inquiry will be the opportunity to take stock of where we are currently at in relation to responding to child abuse in our community, and to facilitate a more informed and a more in depth public discussion of the issues. This will promote the emergence of a broader consensus about what changes we need to make to ensure our child protection system can meet community expectations.

A number of alternative approaches have been floated to date, and we need to consider carefully the pros and cons of each - and the merit in retaining the status quo - before we draw any conclusions. No single model will provide us with a quick fix for the difficult social problems we face on a daily basis. We need to carefully analyse and understand the problems we face today, before adopting new approaches, and this inquiry will give us an opportunity to do this.

Whether or not we consider structural or legislative changes to our current system, I believe there are some elements of our current system which will provide a platform for future improvements. Our legislation does provide a good framework, although we may need to review technical aspects of it to improve its operation in practice.

My view is that we need to do a lot more to strengthen the role of the non-Government sector, particularly in relation to prevention and early intervention and family support services. Placing greater emphasis on early intervention and prevention across the board is also required. I would also like to see an increased professionalisation of the workforce, with the development of a professional social work stream, and the establishment of a Chief Social Worker position, as there is in New Zealand. Such changes would reflect some of the advantages of the health system, with the employment of Chief Medical Officers and the training of graduate nurses.

There are a number of alternative approaches which are attractive, and there may be elements of each which can be considered in addressing some of our current problems. I expect that these will be explored in detail later in the inquiry, and I look forward to making more detailed submissions, and giving evidence on these at a later stage in the hearings.

