

QUESTIONS ON NOTICE – OFFICE OF THE CHILDREN’S GUARDIAN

COMMITTEE ON CHILDREN AND YOUNG PEOPLE – 2020 Review of the annual reports and other matters of the Office of the Advocate for Children and Young People and the Office of the Children’s Guardian

QON 1 – Aboriginal children and young people in Out of Home Care

QUESTION:

We as an organisation updated our guidelines and our expectations of reporting the out-of-home care sector—I think the date of that the end of 2018, may be January 2019; I am happy to clarify that date—was that within a two-week period, we are advised of an arrangement being made that is temporary, and the ability for us to work with the agency to monitor that with the expectation that they have a care plan and a plan for them to go somewhere else that is more appropriate.

ANSWER:

The guidelines were first issued in March 2018 and have been updated regularly, most recently in November 2019.

The guidelines set out the requirements for agencies when they authorise a person in an emergency situation to provide care to children and young people in non-home based emergency care arrangements. The guidelines also set out how these arrangements are to be supervised and the responsibilities of the designated agency to investigate any allegations of reportable conduct.

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QON 2 – Children and young people in Out of Home Care

QUESTION:

I just might pick up as a follow-up to that first question in relation to young people in non-home-based emergency care. Can you give us an understanding of what length of time they are in that emergency care? There are reports I have heard informally of some children being in emergency care for not days or weeks but sometimes months. Ms SCHORER: I would have to provide the data separately to estimate the time. The CHAIR: Break it up as to the duration, perhaps in that way.

Ms SCHORER: We would have the data available. I think, as I said before, placements break down and so there is an expectation that some sort of medium-term respite or alternative placement might be needed for a season. Sometimes that is a couple of weeks or while a carer is located, particularly for sibling groups. It has been the case that some young people have been in care in those arrangements for longer. That is for a whole number of reasons. Part of the work that has been going on with the department and with some of the peaks in the past six to 12 months has been to identify whether those are actually emergency placements or is there an opportunity provide a more stable staffing and placement arrangement for those young people and move them into something different, rather than them being treated as an emergency. There has been some transitional work done, as far as I understand.

The CHAIR: It might be useful—I think the guidelines were changed in February 2019 and I think the changes are sensible—to understand where things in terms of outcomes are going in regard to that change, so we understand whether there has been an improvement—not only the number, it is the time they spend in that emergency care.

Ms SCHORER: I am happy to provide that if the Committee is comfortable with that.

ANSWER:

The average length of stay for a child residing in a non-home based emergency care placement is 3-5 months and a breakdown, per month, is below:

2020 Financial Year	DAYS	MONTHS (approx.)
July	113	3.5
August	114	3.5
September	89	3
October	139	4
November	115	4.5
December	118	3.5
January	169	5
February	162	5
March	135	4

These figures are calculated from the date a child entered to when they exited their placement and include children and young people who have been placed in non-home based emergency care for one day or more.

The table below sets out the timeframes children and young people have resided in non-home based emergency care. The data below relates to ceased placements, from February 2019 to date.

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Timeframe	Number of Children	% of Children
Less than 7 days	103	19.8
7 days - 2 months	178	34.4
2-3 months	50	9.6
3-6 months	92	17.7
6-12 months	59	11.3
greater than 12 months	37	7.2

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QON 3 – Bullying Allegations

QUESTION:

The Hon. GREG DONNELLY: My question is to the Children's Guardian in regard to the matter of the alleged bullying within the Office of the Children's Guardian, specific to the correspondence that has been exchanged between yourself and others, particularly the letter to the Chair, which you may not have in front of you, but it is a letter specific to 20 December 2019. In paragraph two you referred to the Grisard Consulting firm engaged to undertake an independent review, which I understand was completed, a copy of which was provided obviously to yourself, but I also understand the secretary of the Stronger Communities cluster and also a copy to the Minister. That is confirmed on a piece of correspondence that I have dated 14 January 2020. In terms of the Grisard Consulting report, are you able to provide a copy of that report to the Committee on notice?

Ms SCHORER: I am happy to provide a copy of the report. Yes, that is fine.

ANSWER:

The report was provided to the Committee on 6 April 2020.

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QON 4 – Child Safe practice

QUESTION:

Ms ROBYN PRESTON: I am just conscious that we have a focus on safety for women as well in public spaces, for example. Is that the sort of thing you also look at, safety for children in public spaces?

Ms SCHORER: It would be a component of the training we would do with child safe practice. It might not be in these forums.

Ms ROBYN PRESTON: With local councils perhaps as well?

Ms SCHORER: Yes. There might be other information we can provide. I am happy to provide what we are delivering in those.

ANSWER:

The OCG provides and promotes free online training for all organisations that work with children, including Local Councils. Part of that training includes information on risk management, prevention methods (such as situational prevention, rational choice theory and routine activity theory) and practical measures to reduce opportunities for child abuse. The training explores how to create spaces in the physical environment that take into consideration child abuse risk factors such as natural lines of sight, lighting and supervision. The OCG does not offer tailored training to Local Councils specifically on the safety of children in public spaces. However, we have a Child Safe Coordinator who is working exclusively with local government and councils to provide tailored guidance and support in how the Child Safe Standards can guide and inform their policies and processes.

To provide a comprehensive framework for creating child safe organisations, the Royal Commission into Institutional Responses to Child Sexual Abuse developed 10 Child Safe Standards drawing on its findings and extensive research. The OCG actively promotes these standards online and as part of training workshops as a guide for driving child safe practice within organisations. In particular, the OCG notes:

- Standard 1 emphasises the importance of strong leadership and governance to set expectations about behavioural standards for staff interacting with children, including in physical environments. The Child Safe Standards stipulate that policies and procedures on child safety must be both championed by leaders and understood by staff and volunteers.
- Standard 2 promotes the participation of children, which could include incorporating children’s ideas into the design of public spaces.
- Standard 8 specifically addresses the safety of children in the physical environment and emphasises the need for organisations to adapt physical environments to minimise opportunities for abuse to occur.

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QON 5 – Compliance Audit

QUESTION:

Ms JODIE HARRISON: Ms Schorer, the annual report refers to work sector audits that have been done in early education and child care, children's health services and education. What are the outcomes of those audits, what have been the findings and general themes that have come out of those audits?

Ms SCHORER: Can I clarify the question? Are you talking about compliance audits, is that what you are referring to?

Ms JODIE HARRISON: Yes, compliance audits.

Ms SCHORER: Our compliance work is focused on that organisations are meeting their legal requirements to verify for the Working With Children Check, that is the limitation of our compliance work at the moment. In the main people, organisations, do the right thing fairly quickly. Either they did not know or they were already doing it and did not tell us. In a small number of cases—I am happy to provide the detailed data separately for the financial years that we are looking at—some of those need us to do more assertive compliance activity, so work with the organisation. In a small number of cases, two to three a year, we have matters where we need to refer these to police or an even smaller number where we have to make a report to the Department of Communities and Justice for risk of significant harm. In a lot of cases that is proactive work, going out and being in communities and seeing where an organisation has shut down and knowing that they no longer require our compliance activity. In the main it is just about their role and meeting their legal obligations to verify the Working With Children Check and not employ people who are barred. **Ms JODIE HARRISON:** Were there any particular areas that popped up in the compliance audit?

Ms SCHORER: I do not have the specifics of what we have done around compliance for each sector. If the Committee is comfortable I am happy to provide that level of information, if it is available, from the compliance team. The information which I have, which I am also happy to provide, is more at an aggregate level. I am happy to provide you with themes of what we see from compliance.

The CHAIR: If I could ask you a little bit about the intensive therapeutic care model which has been rolled out and that you are monitoring. Can you provide an update of where that is at and what you are monitoring and your views on how that it is being rolled out, its effectiveness?

Ms SCHORER: Intensive therapeutic care [ITC] is the new model of residential care for children and young people providing for intensive therapeutic models. Our observation as the monitoring agency is it is still a model in development and I think the department would acknowledge that as well. We see some great opportunities with it and in monitoring those organisations see young people doing well and we can provide some information about that activity if that is helpful.

ANSWER:

Some of the highlights from our recent Working With Children Check (WWCC) compliance activities have been:

Within the early childhood education and care sector, the majority of employers were registered in the WWCC system. The OCG noted a number of employers had not verified their workers until they were contacted as part of the compliance program.

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Within the health services sector, written assurance confirming legislative requirements were met with regard to the WWCC legislation was received from NSW Health. The response confirmed all Local Health Districts, Specialist Health Networks and the Ambulance Service had met their legislative requirements.

With the education sector, the Department of Education centrally manages all WWCCs for staff, contractors and volunteers. The majority of Catholic Diocese also managed WWCC verifications centrally. The OCG worked with schools in those Diocese that weren’t managed centrally to ensure compliance. Also, the majority of independent primary schools were registered in the WWCC system. The general underlying theme was around governance with key people responsible for WWCC verifications leaving organisations without knowledge being passed on. The OCG is responding to this issue through an increased presence in the sector, and targeted education sessions to raise awareness of employers’ WWCC obligations.

With regard to intensive therapeutic care, there are currently eight designated agencies funded to provide intensive therapeutic care.

During 2019 the OCG undertook onsite monitoring of six of these providers and onsite monitoring for the remaining two providers were scheduled for March and April 2020. However, these have been postponed in light of current health advice regarding the COVID-19 pandemic.

The OCG has also monitored the Central Access Unit (CAU) within the Department of Communities and Justice. The CAU manages the entry of children and young people into the intensive therapeutic care system. The CAU was accredited by the Children’s Guardian in December 2018 and the OCG has undertaken monitoring visits of the CAU in March 2019, July 2019 and November 2019. As of November 2019, the CAU has demonstrated compliance with the relevant accreditation criteria. A further monitoring visit will take place in November 2020.

The intensive therapeutic care system is that it is still in the early stages of development. The entry point to the system is through the CAU and early indications are that comprehensive assessments of children and young people are being undertaken prior to entry into the system. The OCG has observed improved clinical support to children and young people and it is positive that children and young people continue to receive support until 21 years of age.

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QON 6 – Community Visitor Program

QUESTION:

The Hon. GREG DONNELLY: Do you have a sense that there are sufficient numbers of people coming forward to put themselves forward for consideration or there is a need for promotion?

Ms SCHORER: I do not know that I would have an observation. I have not got into the operational side.

The Hon. GREG DONNELLY: Take it on notice.

Ms SCHORER: Yes.

ANSWER:

The OCG has entered into a Memorandum of Understanding (MOU) with the Ageing and Disability Commission (ADC) and the Official Community Visitors (OCV’s) regarding the administration and operation of the OCV program.

Under the terms of the MOU the ADC undertakes a number of functions on behalf of the OCG, including the appointment of OCVs and general oversight and coordination of the OCV program. The MOU also provides for the exchange of information between the OCG and the ADC and coordination regarding prioritisation of visits to residential care services.

There are sufficient numbers of people applying to become OCV’s.

Recruitment for OCV’s occurs every 12-18 months depending on need and positions are advertised on the ‘I work for NSW’ website as well as in local and regional newspapers in target geographical areas.

Recruitment campaigns usually generate 100-200 applications. The most recent recruitment campaign completed in February 2020 generated 140 applications for five positions across NSW.

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QON 7 – Compliance Team

QUESTION:

The CHAIR: How many inspectors do you have that do that work?

Ms SCHORER: The compliance team— I am happy to provide that exact number. I think it is six or eight that go out.

ANSWER:

The Working With Children Check Compliance team consists of seven staff.