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REPORT OF PROCEEDINGS BEFORE

STANDING COMMITTEE ON SOCIAL ISSUES

INQUIRY INTO CHILD PROTECTION SERVICES

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At Sydney on Tuesday 21 May 2002

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The Committee met at 9.30 a.m.

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PRESENT

The Hon. Jan Burnswoods (Chair)

The Hon. Dr Arthur Chesterfield-Evans

The Hon. Amanda Fazio

The Hon. Doug Moppett

The Hon. Ian West

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GILLIAN ELIZABETH CALVERT, Commissioner, Commission for Children and Young People, Level 2/407 Elizabeth Street, Surry Hills, affirmed and examined:

Ms CALVERT: I received a summons issued by the Committee, I am conversant with the terms of reference, and I wish my submission to be included as part of my sworn evidence.

Motion by the Hon. Doug Moppett agreed to:

That the proceedings be broadcast.

CHAIR: Do you wish to make an opening statement?

Ms CALVERT: Yes. I thank the Committee for the opportunity to talk to you about this very important issue. Child protection is an area that involves many individuals and organisations in the government and the non-government sectors. When I am talking to children and young people around the State of New South Wales, they often tell me that safety is important to them. In fact, when I ask them what rights do they think children have, the most frequent answer they give me is the right to be safe and for people to respect the integrity of their bodies.

As the Chair of this Committee heard last week from Professor Dan Keating, there is now very strong evidence that investing in child development is the best way to achieve maximal social and economic development for our community. I see this inquiry as an opportunity to act on what kids are telling us about how important the right to safety is to them, and on what the available evidence tells us will be useful avenues to pursue in helping kids attain that right.

I think it is always useful to have time to stand back and reflect on where we are going as a community, particularly on this issue since emotions are always high around child protection. There are very different opinions about what is important, it is a high-profile media issue, and unfortunately research is limited and there is not a lot of data available to us. So the inquiry is a chance to take stock, to value what is good about our system, to identify what needs to be improved and, most importantly, to seek workable solutions and to learn from what research is available.

We will be providing a written submission. Rather than address the terms of reference in detail, today I want to try to set the scene for the Committee, to identify some of the broader strategic issues which need to be resolved if the child protection system is to work well, and to suggest some questions that the Committee may wish to explore further during the inquiry.

The first point I want to make is that we have to see child protection as part of a system. Our child protection activities are a response to our need to promote and support child development, and to reduce the risks to children in New South Wales. Those activities form quite a complex network of relationships. They are interdependent; they are not a collection of independent services or agencies that can be considered in isolation.

The Department of Community Services [DOCS] is not solely accountable for the functioning of the child protection system, but it is the lead agency in that system. There are deficiencies in DOCS work, but the practice directions and priorities of other agencies and private practitioners, however well-intentioned, can and do impact negatively on both DOCS and the whole system.

DOCS is the agency at the end of the line. It picks up what everyone else has not picked up, and it has little choice about whether or not it wants to work with a particular child or family, even though it may not have the expertise to do so. Changes made or that occur elsewhere are felt most seriously at DOCS, and its ability to protect children can be seriously impaired by the policy changes made by other agencies.

We still do not understand this interdependency well enough, nor are we sufficiently vigilant about changes in health, transport, income support, policing and family services to prevent their practice and management decisions adversely impacting on DOCS, and therefore on the kids it is trying to protect.

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Over the past two decades in New South Wales and elsewhere, agencies have moved away from prevention and support work, work for families and parenting support, to a crisis response. They have also become increasingly specialised around particular disciplines and in responding to a narrower range of issues and problems. To an extent, this has meant that DOCS has been left effectively isolated to deal with an ever-expanding and increasingly complex role in the child protection system.

I would like to use the health system as an example of this, partly because most of the changes in health are well known. But at the same time I also do not want to single health out, because there have been other changes in the system that have had an equally big impact.

Interestingly, this morning we heard on the radio and read in the media that the changes to the health insurance system have meant that fewer doctors are bulk billing. What that means is that families, especially low income families, now have to receive their health care, their basic health support and advice, from large health centres or medical centres that do bulk bill, or from emergency departments in hospitals. They no longer have a local GP whom they form relationships with, and therefore they do not talk as freely about family issues. Thus the GP is less likely to pick up on those family issues.

So an important source of advice for families has diminished. Until the advent of Families First, early childhood nurses were also becoming less personal and active participants in the lives of families. Many area health centres have had to prioritise inpatient and hospital outpatient services over community health, particularly health promotion and preventative services, as they try to deal with the increasing demand from an ageing and therefore sicker population.

The cumulative effect of these changes in the health system is that children and families who 20 years ago would have been identified early and provided with supports from the health system to reduce their risk factors are not being identified and supported as often today. These days the family situation may well deteriorate thus necessitating a report to DOCS, which then has to attempt to pick up the pieces.

Each of these changes in health probably happened for good public policy reasons at the time, and they may well have had good health outcomes for some groups of people. But they have probably also made the child development or child protection system less effective. As I said, health is just one example. Others include the way police interact with violent families, the demand in the disability service system from disabilities associated with ageing, and physical planning decisions that make communities less friendly towards parents who have infants or adolescents.

Let me say this is not a one-way street. Changes in DOCS practice and priorities can impact negatively on the other agencies in the system. For example, poor casework with a young child by DOCS can reappear as a troublesome adolescent with fewer service options and more entrenched and challenging behaviours. We should not therefore be surprised that an increasing number of families and children are being reported to DOCS, or that DOCS is facing more complex problems.

We have not prevented major increases in the number of people in their twenties and thirties who are drug dependent. Their children face problems that DOCS has to deal with. So as supports have been removed from parenting and families, their children have been faring less well. And as supports have been removed from the service system, that system is also faring less well.

The other challenge we face is that we do not have any agreed framework of what the child protection system is supposed to be achieving. We have no agreed standard against which to judge whether the system is doing a good, bad or indifferent job. Some people say the child protection system should be trying to support the development of all children across all domains in New South Wales, through supporting families to raise their kids well, to strengthening their communities to support their families and children.

Others see the job much more narrowly. They see the job of the child protection system as reducing the incidence and severity of harm, to stop children from being killed or severely injured once intervention has been sought. Neither of these views is right or wrong; it is the choice that every

community has to make. The problem is that we do not have common agreement in New South Wales about which direction we are going. The child protection system should have an agreed policy framework based on the outcomes that we want to achieve for the children who enter that system.

That framework would also help us to decide what data to collect and to monitor our activities. It would also help us to decide budgetary and other resource allocations and priorities and what progress would look like. I suggest that the objects in section 8 of the Children and Young Persons Care and Protection Act may be a good place to start in developing such a framework. Once the outcomes are agreed, then the activities of DOCS and other agencies need to be aligned to those outcomes so that it is clear how each activity contributes to achieving that outcome. Of course, those activities should be based on evidence that they are effective. Then we need to collect data to monitor the extent to which those activities are achieving those outcomes. The Committee may wish to consider how to develop and reach agreement on such a framework, as there will be a wide variety of often differing and conflicting views on what the outcome should be.

Having said that, there are probably four areas I would want to focus on from the inquiry point of view. We need to focus these areas if we are to help the child protection system. The first is looking at planning systems, then operational issues, then business systems and then monitoring. Let me start with planning. As I said, there is a great deal of interdependency of child and family services, which means that if you change one part there will probably be a change in the other parts. Therefore, we need an interagency planning system that can take account of those changes. It should also be located at a regional level, so that they can tailor the responses to the particular needs of the children in that area. This will require DOCS to be willing to share meaningful data and information with other agencies to guide planning and service responses. At a higher level I am aware of no agreed cost models that are used by Treasury to determine funding levels to DOCS, health services or schools. We have no sound mechanism to make allocations to those agencies that are part of the child protection system and we have no basis for changing allocations as demand and outcomes change.

In relation to operating systems, it is fair to say that the DOCS current systems do not support the work that is being done in an effective way. The lack of effective systems is generally the result of a combination of interests involving management, unions and government. That is why it often makes it difficult to create change in this area. The DOCS framework for assessing risk to children is sound. However, delays in upgrading the client information system must have made full implementation difficult and undermined the potential benefits to children of the risk assessment framework. Despite the fact that there is now a 6:1 ratio between case workers and their supervisors, there is no systematic approach to clinical supervision for case workers. Yet clinical supervision has been shown time and time again to be one of the most important practice supports and management tools available to service organisations.

There is no effective performance management system to retain staff focus on achieving organisational and client outcomes. I do not know how you promote good performance or how you respond to consistently poor performance without such a performance management system being in place. The DOCS organisation of work and staffing structures could also benefit from review. In DOCS there are several models of work, from using generalists in all child-related positions to quite highly specialised teams who may concentrate on out-of-home care for particular cultural groups. The differences in the effectiveness of these structures does not appear to have been researched or analysed. I have some interest in exploring more separation between child protection intervention staff and out-of-home staff because designated out-of-home care staff have a greater availability to develop longer term relationships with children in care.

Business systems are very important because they are the systems that support the case workers to do their work with kids. Vulnerable children living in families are often highly mobile. Systems need to be in place to track the movements and to record what help has already been put in place. It is fair to say, however, that the information technology [IT] systems in DOCS are currently quite primitive. There is essentially no ability to transfer client information electronically between agencies for assessment or referral purposes, although I understand some work is being done in this area. There are also quite clearly inadequate internal client data systems. They are not equipped to hold or report the information necessary either for casework decision making or for monitoring purposes. They are slow and they are not networked. Successive Child Death Review Team reports have highlighted the inadequacy of the recording, transfer and exchange of information internally

within DOCS. Interagency financial systems too are poor. It can be difficult to arrange for more than one organisation to contribute to case plan implementation costs for shared clients. Examples include children with disabilities in the out-of-home care system, children in State care who enter the juvenile justice system and young homeless people seeking support from Centrelink.

Finally, I want to talk about monitoring systems. In New South Wales, as in other places, monitoring, evaluation and research have generally been seen as low priority, almost as an add-on that you do if you have spare money but not as an integral part of the work of the agency. This is not an add-on. It has to be built into the core funding of the agency. For the child development system such monitoring as does exist is quite rudimentary. It focuses only on single agencies and it provides little or no information about the outcomes. There is no child protection of research agenda on a State or national basis. We need one so that we can be better informed about what works and what does not. I have attempted this morning to outline some of the important contextual issues as I see them and to help the Committee set the scene for the inquiry. They are complex issues and finding workable solutions to each of them will be a continuous and ongoing process. With all due respect, I do not know that the Committee in the timeframe that you have will be able to find the solutions to all of the problems I have outlined. Perhaps charting a direction for us to seek solutions jointly would be a major achievement.

In doing that, I say in summary that the directions you should look at are these. We need to find ways, as I said, to move from seeing child protection and child welfare as assemblages of services to a child and family service system focusing on the long-term health and wellbeing of children and one that includes universal, targeted and clinical approaches. Within that overall child and family system we need to find ways to fit the child protection response. We need to get agreement on what the child protection system should achieve and then use research evidence to decide what approach works best. We need to find ways to develop regionally based planning and collaboration mechanisms to implement the statewide policies. We need to improve the operations of the department, for example, through the provision of clinical supervision and the introduction of performance management systems. We need to increase the investment and effectiveness of the business systems that the department is using. We need to find ways to monitor, evaluate and research the work of child protection. I do not envy you your task but I believe that you will benefit from the level of commitment amongst DOCS staff and management, the goodwill in the field and amongst other agencies and the commitment in our community to promoting child development in protecting children.

CHAIR: Thank you for your thoughtful and comprehensive statement. We share some of your reservations about how much can be asked of one committee in a few months. We will do our best. We are also conscious of the goodwill and the help that we are getting from many places. You have looked at the questions we have given you. Some of the questions would be more useful than others in enabling you to enlarge on some of the points you have made. In particular, question four—which we have asked every witness—may be helpful, where we go through a series of current problems that have been identified. You have already spoken about some of the problems. Perhaps we will run quickly through the first few questions. You did not mention exactly where you as Commissioner for Children and Young People fit in and what your role is. We are also conscious of the fact that you convene the Child Death Review Team. You may want to tell us more about your role and responsibilities in those two capacities. Another matter that many people have spoken about is the relationship between government and non-government agencies. We could come back to those questions later if you believe it would be easier to go through the various dot points specifically.

Ms CALVERT: I am also happy to provide written answers to those questions. It may be useful to briefly address one, which is the commission's role in relation to child protection. Our legislation, the Commission for Children and Young People Act, gives us some specific responsibilities in relation to child protection. These include overseeing the Working with Children Check, which is a key component of the child protection system. Although it is a less traditional component, it is a very significant and important part of the child protection system. We also provide research and administrative support to the Child Death Review Team, which I convene. We also manage the Child Sex Offender Counselling Accreditation Scheme, which is a quality improvement mechanism for treatment services for sex offenders.

We have a general function which touches on the safety, welfare and wellbeing of all children in New South Wales and in monitoring that safety, welfare and wellbeing. In that sense we also have child protection responsibilities. The activities that we are involved with will vary in both intensity and nature over time. For example, at the moment there are probably four broad areas that we are involved in in addition to the first three that I spoke about. The first is that we are involved in a number of ongoing forums relating to child protection. For example, I am a member of the Child Protection CEOs group. We also have membership on the National Child Sexual Assault Reform Committee as well. We are hosting the July meeting of that national committee. Certainly we are involved in ongoing forums. Secondly, we have led processes for addressing issues of concern. One that comes to mind is that we contributed and led the child protection learning and development framework for training across New South Wales. For the first time we have an interagency approach to the promotion of learning and development for child protection in New South Wales, which is a significant achievement. No other State has been able to achieve that.

The third broad area is that we are also involved in trialling new responses to child protection issues. For example, we are involved in a pilot project called Aboriginal Communities Protecting Children. It is an example of us trying to find new ways of responding to quite complex and entrenched problems. Finally, the fourth area we are involved with under the general heading of safety, welfare and wellbeing is in setting standards and monitoring learning and development. We have a series of professional development seminars, some of which deal with child protection issues. For example, last year we co-hosted with the National Association for the Prevention of Child Abuse and Neglect [NAPCAN] a seminar by Anne Graffam-Walker, a forensic linguist, in relation to child protection matters. I am also co-chairing the international conference on child abuse and neglect, which will be held in Australia next year. Again, we are involved with a number of different activities.

The Hon. DOUG MOPPETT: Ms Calvert, I also found your opening remarks very gratifying. I must admit that they caused me some anxiety because I had a perception that your role may be independent of DOCS and, therefore, capable of being more critical of its role. You gave a very good mission statement for what DOCS is attempting to do. Whilst you acknowledge that there are some shortcomings, in general you did not seem to acknowledge that the real thrust of this inquiry is over the reported, at least, manifest failures that no less a body than the Ombudsman and the Community Services Commissioner have made clear in public statements and reports.

I may have had a mistaken view of your role and you may clarify that for me. I thought one of your responsibilities was to intervene and speak up for children who have been identified, rather than picking up those who have been left over, or, as you said, "DOCS picks up what is left over". DOCS are the first people who get the call when there is a suspicion of abuse or danger, so DOCS has that responsibility. I would have thought that you had a responsibility that if you thought that responsibility was failing you should be more critical of it.

Ms CALVERT: My role is slightly different from that of the Ombudsman and the Community Services Commission in that they are, if you like, watchdog bodies. I am not a watchdog body in that sense. There is a section in the Commission for Children and Young People Act that places a duty on me to work co-operatively with agencies and for agencies to work co-operatively with me. The fact that I may not have been publicly critical of DOCS does not mean that I have not raised a number of issues with that department and with other agencies. As I said, I am a member of the CEO's forum on child protection and a number of issues have been addressed within that forum to try to resolve them.

In my opening statement I was trying to say that really we need to look at the framework that surrounds DOCS and some of the deficiencies in that framework if we are to find solutions for the problems that DOCS currently faces. I said that there were deficiencies in the DOCS system, and I would be happy to elaborate on them and point to what I think are some of the questions that the Committee needs to ask to try to find a way through those deficiencies. One difficulty in being able to work out the problems is that we have not had access to a range of information that the department holds. This Committee is in a position to pursue this so that we have a basis for understanding the problems.

A number of representations have been made to me and I have made representations to others about the performance of the Department of Community Services and other parts of the child

protection system. But unless I can get some solid evidence, it remains anecdotal. This Committee is well placed to obtain evidence to really unpack and understand the problems and what is behind them. I would be happy to elaborate on that when we come to question four.

CHAIR: Perhaps we should now move to question four, because that picks up the details of what the Hon. Doug Moppett was asking.

The Hon. DOUG MOPPETT: It does, but to round off on the role of the Commissioner, obviously I have been on the wrong track. You would be better acquainted than I to know the amount of effort that went into the 1998 Act. Yesterday the Committee heard evidence that one of the great problems was that the care plan provisions, which are really an essential part, have not been gazetted. The Children's Guardian has been set up with an office and all sorts of facilities but that process seems to have stalled. That process begun in 1998, it is now 2002. Where do you feel you fit into that role on behalf of the children? You are the Commissioner for Children and Young People, you are looking after those who are not too bad, and I am quite happy with that. But the Committee is concerned about those who are in a rut. From what you have said to the Committee, you do not seem to be concerned about an immediate solution to that problem.

Ms CALVERT: I am concerned about the children. As I said, I have made representations a number of times in relation to that. I convene the Child Death Review Team [CDRT], which picks up a number of the problems that I have talked about this morning. The team makes a number of recommendations. In my capacity as the Convener of that team I pursue those recommendations and their implementation. In New South Wales we have had a series of so-called quick fixes to the child protection system. And we still have not fixed the problem. I may not have come up with a blueprint for change, the reason for that is that I think the Committee needs to put some thought into it.

I am hoping that the Committee will be able to pursue the gathering of information and data on which to help make that decision. The fact that I am not thumping the table and saying what has to happen to DOCS is because it is a very complex system. I do not think it is easy to come up with quick solutions. That is why at the end of my opening address I said that I do not envy you your task. And I do not envy you your task, because I think it is difficult to come up with long-term workable solutions to what is a very complex problem. That does not mean that I am not very concerned about the children who are being hurt and are not getting the service response that they should be getting. Nor do I want to propose a solution that does not fix the problem or that makes it worse. I am concerned about trying to find a way through this so that kids get the services they need and the protection they deserve and which they see as their right.

The Hon. DOUG MOPPETT: You said you have complained to DOCS, or made known your concerns. Do you feel your role is to do that confidentially? You feel that your role is not to be out in the public arena saying that you are not satisfied, as Commissioner, with the way in which certain matters, particularly some of the notorious cases, are publicised? Do you feel that it is sufficient for you to make confidential briefings to the department on what you think?

Ms CALVERT: I do not know that I call releasing a Child Death Review Team report a confidential briefing. My view is that the CDRT reports that I release are well considered, well researched articulation of some of the problems that the Department of Community Services is facing. In doing that I am raising a number of issues and a number of concerns that I hold, and that is reflected through the work of the CDRT, of the problems that the department faces initially, yes, I probably would prefer to discuss in a non-public way some of the issues and try to find a way through them. I would do that with any agency. If I had concerns about a non-government agency I would go and talk with that agency before I made anything public. That would be a courtesy and people should be given the opportunity to try to respond to some of those concerns. Also, my appearance at this Committee is hardly a private affair. It is a public statement of what I am thinking as Commissioner for Children and Young People.

The Hon. DOUG MOPPETT: I was talking about deaths only, and your formal report, which is an obligation you have on that team. I was talking about the matter we explored earlier about the widespread allegations that only one in two reports—

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CHAIR: I am sorry to interrupt. The Committee has a number of questions that will address that matter, specifically about the Helpline. Your general questions about Ms Calvert's role were appropriate, but I am sure she has prepared detailed answers to the questions that were provided. I move now to question four. Ms Calvert, in your opening statement you mentioned the client information system, the deficiency of data available within DOCS and to people outside it who may want to make the kinds of judgments that the Hon. Doug Moppett was talking about. Will you address specifically the matters on which you said you have more detail?

Ms CALVERT: I would be happy to do that. As I said in my opening statement in relation to the client information system, the IT systems currently available in the Department of Community Services are primitive. The system has not been updated to reflect what parts of the new legislation have been proclaimed and does not hold the information necessary to help the staff implement that new legislation. I also said that essentially there is no ability to transfer information about clients electronically between agencies for assessment and referral purposes. In a sense I am saying that the client data systems, most obviously the DOCS client information system, are simply inadequate. They are not equipped to hold or report the information necessary for either casework decision making or for monitoring purposes. They are slow and they are not networked.

As I also said, the successive CDRT reports have highlighted the inadequacy of that information exchange. The questions that I would like answered in understanding better the client information system are: Does the client information system create a problem in accurate recording of the detail of reports made including the outcome of those reports? Does DOCS have plans to upgrade its client information system? Clearly if it does not have those plans, then things are not going to improve and we face serious difficulties. The client information system is a key issue that needs to be addressed. I have concerns about its current operations and in relation to the client information system it should be a top priority within the department. I will be suggesting recommendations for improvement.

CHAIR: Does that link into the Helpline question? I do not know what system you have in your papers to deal with these things.

Ms CALVERT: I am happy to work through each of those.

CHAIR: What happens after a report goes to the Helpline was addressed by a number of people yesterday. Some of the comments of the Hon. Doug Moppett were heading in that direction.

Ms CALVERT: Yes. The Helpline has operated since 18 December 2000 when those sections of the 1998 Children and Young Persons (Care and Protection) Act were implemented. The Helpline centralised DOCS intake, so I think we are now in a better position to understand the scope and extent of the work that comes to DOCS and have a more accurate picture of the sorts of demands that are made on DOCS services. That is a rich data source that I would like to have better access to. The Committee should try to pursue that.

At the same time a number of problems have been consistently identified to me regarding the Helpline. The problems included unacceptable call waiting times, the competency of the Helpline staff, frustrations by callers at not being able to use their local networks, and frustration by callers at not being able to get through when they want to. The new Children and Young Persons (Care and Protection) legislation allows people to do two things when calling the Helpline; one, to request assistance and, two, to report a risk of harm or homelessness. The response by the Helpline should reflect the differences between those paths. For example, providing an investigative response to a child or young person who wants help with a family dispute is not helpful.

The sorts of questions I would ask in relation to the Helpline are: Does the Helpline differentiate between requests for assistance and a report? That is what the Act requires it to do. How do the operations of the Helpline reflect that difference? Has it been effective? How are they measuring the effectiveness of the Helpline in providing that differential response? I would also be interested in knowing whom the Helpline makes referrals to, and whether it maintains details about the services it can refer to. How well updated is its directory of services? The answers to those questions would assist the Committee in knowing how well, or not, the Helpline is working and also where improvements need to be made.

Under the new Children and Young Persons (Care and Protection) legislation kids can request and expect to get a service that they require. Regarding that legislative obligation I would like to know whether the Helpline staff are trained and skilled to deal with calls from kids. What relationship exists between the Helpline and the Kids Help Line, because most kids would call the Kids Help Line, which has a high recognition rate. So the relationship between the Kids Helpline and DOCS helpline is critical.

The other area that I would look at and question in relation to the helpline is that in the past staff from other agencies were able to ring DOCS and talk with them about concerns they might have about a child, or worries they might have about a child. That did not necessarily result in a report being made but it was, if you like, a consultation process to clarify whether or not a report should be made. I think that worked, partly because it was a local service and workers often knew each other. Some of the questions that I have are: Can that consultation process occur at the helpline? If it does not, does the helpline record all such discussions as reports? And what effect does that then have in relation to demand and the kids? I guess one of the ways in which local interagency networks were maintained in the past was through interaction led by the local CSC. What impact has the introduction of the helpline had on the structure and maintenance of those local interagencies?

CHAIR: We had some anecdotal evidence yesterday, for instance from the Family Support Services Association and others, suggesting that there has perhaps been a drop in the more unofficial communications, if you like, and searching for solutions and so on. Presumably, that is what you are suggesting may have happened as a result of the centralisation of the helpline, or as a result perhaps of the increasing level of notifications and increasing workload?

Ms CALVERT: I think partly as a result of the centralisation. What, as I understand it, used to happen in the past is that the staff would ring up and talk over a particular kid with the agency, and there may have been a bit of to-ing and fro-ing, and they may have together worked on what the response was going to be to that particular child. That may have been a notification, or it may have been something negotiated with the school, or provision of services, or whatever. Because it now goes to the helpline, they do not have that local knowledge and those local relationships, therefore they are not doing that to-ing and fro-ing and they are not having those discussions. So the discussions that used to grease the wheel, if you like, of interagency is not happening. So I think it probably has contributed. But there may well be other reasons why there has been a reduction in interagency networking as well.

CHAIR: Has mandatory reporting increased that difficulty that you are pointing to?

Ms CALVERT: My sense is, probably not, because most of the people who are required to be mandatory reporters under the new Act were in fact probably required to report under the previous Act or other Acts, like the Public Sector Management Act, where there was a circular from the CEO requiring people to notify cases of child abuse or where there were concerns about it. I do not think we should get distracted by mandatory reporting, because I think it clouds the real issue, which is: Are those kids who need protective intervention being identified and helped as quickly as possible? That is the issue. All that mandatory reporting does it say that as a community we are placing obligations on certain professionals to report to a statutory agency if they have reasonable grounds for believing that a child may be at risk of harm. I think most professionals would adopt a moral code or professional code that would say that anyway.

I think there are some issues around mandatory reporting. There has been a change in the grounds for reporting between the old Children and Young Persons (Care and Protection) Act and the new Children and Young Persons (Care and Protection) 1998 Act. I am not sure that there is full understanding by professionals of the new grounds. And I do not know that every agency's policies have in fact been updated to reflect the new grounds, as opposed to the old grounds. I guess one of the questions I would have would be: What have other agencies put in place to support their staff in making a report to the Department of Community Services? How has DOCS used that information that we get about who makes reports and what the outcomes of those reports are, to try and guide and help it with its workload management? For example, if one agency consistently has 80 per cent of its reports turning out to be unfounded, clearly there is some work to be done with that agency in becoming more accurate with its reporting.

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Another way in which they could use that information is if 80 per cent of the reports of an agency or particular professional group turn out to be accurate, it makes sense to really listen and act on that agency's reports as soon as possible. So I think there is a lot of information there that I would like to have a look at, or that I would suggest the Committee should have a look at to help understand and guide you in your inquiry.

The Hon. DOUG MOPPETT: Ms Calvert, I have been intrigued by the way in which, in answer to this question—which is really right at the core of it all—you seem to have turned the question back to us, that you are looking forward to the information that we will be able to provide to you. I think we have selected you as a person with an eminent position to have a perspective of what is going on in this very widely publicised issue that is before the Committee at the present time. I would like to ask you a very direct question. The Community Services Commissioner yesterday expressed the view that, with the current systems in place and the culture existing within DOCS, the department was manifestly incapable of dealing with the inquiries. What is your opinion on that statement?

Ms CALVERT: I think there are inquiries that the department is unable to deal with, and it has been reported on by the Child Death Review Team that there are a number of instances where children have died and there have been failures in the responses by the department and the child protection system to those reports. So, yes, there are clearly cases and times when children are not getting the services and responses they need because of failings in the child protection system.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: In 1998-99 the Child Death Review Team looked at 86 cases, in 1999-2000 it looked at 22 cases, and last year it looked at 21 cases. There were 273 Coroner's cases and 78 cases known to DOCS. So only a fairly small number of deaths are being investigated. Is that because of lack of data? And does it affect your conclusions? Not very many of the Coroner's cases, less than 10 per cent, are being investigated, which seems quite a small number, really.

Ms CALVERT: The way the legislation for the Child Death Review Team operates is that we are required to review in detail all deaths that are due to child abuse and neglect or in suspicious circumstances. If we take last year's 2000-2001 Annual Report, so that we work off the one set of figures, even though there were 273 cases referred to the Coroner, not all of those would have been due to child abuse and neglect or in suspicious circumstances. So we have a process in the team of looking at Coroner's cases and looking at the deaths of children to try to identify those due to abuse and neglect, and that is set out in the report. I am happy to forward copies to you of the screening process. But, at the end of the screening process, in last year's 1999 – 2000 Annual report we ended up with 21 cases that we wanted to review. So I am bound by the legislation as to what I review in depth and what the team reviews in depth and what the team does not.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The number has dropped to 25 per cent of what it was: it was 86, now it is 21. That is a big drop in the number that are being chosen to be reviewed. Is that discretionary? Is it resource based? Is it information based? The guidelines have not changed since 1989, or have they?

Ms CALVERT: No, they have not. What happens is that we might identify a certain number of cases each year that we want to review, but we may not get around to doing the reviews in that particular year because we do not get the files or we are awaiting the outcome of the Coroner's report, or whatever. So what we are reporting on are the cases that we have reviewed for that year, not necessarily the cases that have been screened in for review. So, over time, we will continue to review those cases, and all those that should be reviewed will be reviewed.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So do we expect a big increase next year?

Ms CALVERT: For this current report, I do not have the final figures yet because we are in the middle of conducting the reviews.

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The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But in cases like the transport accidents—

CHAIR: We need to move on. We have only five minutes left with Ms Calvert. She did say earlier she would provide us with some written answers in relation to the child death reviews. There are a couple of areas that we have not spoken about at all. I understand you have some comments to make, Gillian. One, for instance, is substitute care. Perhaps, at the end, we will identify the areas on which members and the Committee as a whole wish to get some written answers.

Ms CALVERT: As I said in my opening statement, there has been an increased demand by families requiring support services. At the same time, I think there has been a parallel reduction in the support services available to families. So we have had probably a reduction in services but an increase in demand. So it is not surprising that increasing numbers of children are requiring placement away from their families when you have got that sort of combination. I think this is particularly an area that would benefit from some improvements in planning, particularly regional planning, and also in planning in relation to central funding.

It is quite clear that an effective placement service system requires a range of affordable, sustainable and outcome-based options to respond to kids' needs. There have been delays in proclaiming out-of-home care sections of the Children and Young Persons Act and I am concerned about that. The important functions of the Children's Guardian have still not commenced, and in particular the mandatory setting of standards in out-of-home care service provision. So I think the questions I have around that are: Why hasn't proclamation proceeded as planned? What are the implications of the delay of this proclamation on children and young people? How many agencies have expressed an interest in becoming a designated agency? That is a key aspect to the operation of the proclamation of the out-of-home care legislation. And what happens if insufficient numbers of agencies do not want to become designated agencies? If we have only one non-government agency prepared to become a designated agency, does that render the legislation unworkable? So I think there are some issues there that need to be addressed.

I also think that the service models that are provided for kids in care should be based on evidence so we know that they actually achieve good outcomes for kids. They should be aligned to service standards. I am interested to know what research agencies have used to identify successful service models. How are they developed and implemented, and what are the Department of Education and Training, the Department of Health and the Department of Ageing Disability and Home Care, the disability agencies, doing to contribute to the out-of-home care system, and whether or not that is sufficient? I think they also are key players in relation to the out-of-home care services.

CHAIR: Yesterday the Committee had a couple of witnesses express some concerns about the increasing private-for-profit presence in the out-of-home care sector. Do you have any comments to make about that? Does it relate, for instance, to your concern about whether sufficient agencies are actually putting their hands up?

Ms CALVERT: I am concerned about whether enough agencies are putting their hands up, full stop, because unless enough agencies put their hands up I do not see how the system proposed in the legislation can actually work. In relation to for-profit agencies, it is certainly a new development in the area of child welfare, and I think it is yet unknown how it will operate. If there are for-profit agencies in the welfare sector, standards setting and monitoring become even more important, because you have to have some regulatory system that balances the drive for profit, if you like, that exists in a free market.

For me the existence of for-profit service providers is an even stronger reason why we need to have a strong regulatory system in place to monitor and report on the quality of services that children and young people are receiving in the out-of-home care service system.

CHAIR: I think Mr Moppett has a question. We have covered, probably in part, most of the issues that we raised with you and in your opening comments you talk about, at least in broad terms, the way in which solutions might be sought. Probably the major issue that we have not specifically addressed is our question 9 about the comments made about the Department being too large and with a diverse range of responsibilities and whether you have any views about the need to consider the

Department's role and responsibilities and some of the suggestions that have been made about restructuring it or breaking it up.

Ms CALVERT: As I said, I think there are some serious failures within the child protection system but they are not limited to DOCS. I think that they extend throughout the system and particularly relate to the way in which organisations work together or fail to work together in relation to planning, operational, business and monitoring systems. I am not convinced that those failings stem primarily from the structure of DOCS or from other organisations. I think that we should be wary of seeking structural solutions to problems that may not themselves be structural, which is why I think there needs to be more information publicly available and on the table for us to really think about this. I think the recent experience of regular restructures over the Department—and when you look back over the past 20 years there have been numerous restructures of the Department, yet there has been little apparent difference in the outcomes—I think that this gives us evidence that change needs to perhaps occur on more fundamental levels than just on a structural level. It may be that eventually there do need to be some structural changes, but unless we look at the more fundamental changes that are required then I think we are again putting in place solutions that in the past have been shown not to deliver the outcomes that we wish they would deliver.

The other point is that kids tell me that the thing that they value most when they are involved with services is an ongoing relationship with the adults that they are working with and that that is what keeps them connected to that service and keeps them involved. Kids have said to me that they would prefer a consistent DOCS worker that they could get to know and trust as the way to go. So I would not be in favour of a structure that meant that a child would have to form a relationship with a new worker each time they move to a new departmental activity. For me the guiding principle is to adapt the system to the development and safety needs of the children, not to design organisations solely for the adults who are working in the system.

The other thing is that at present child protection staff in DOCS do little, if any, work on prevention. Most of them are involved in protection, intervention or out of home care work and many of them would not have skills in the area of prevention. At the moment my understanding is most of the prevention work in the Department happens largely through, say, the Parenting Centre, children's service activities and some funding activities through the Community Services Grants Program and I think that there is scope for those services to be better linked to the spectrum of services in the child protection system.

So while I agree that the separation of activities into prevention, protection and ongoing care is a useful construction and a useful way to think about the breakdown of child protection work and could be developed and useful in developing an outcomes framework and in monitoring that framework, I do not think we know at this stage if restructuring the Department along these lines is the best solution. Certainly when we look at the past outcomes of restructurings they have not delivered what it was that people wanted them to deliver, which was better outcomes for kids and families.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Would you say that those restructurings have been not enough changes to the personnel involved or were they cosmetic? What do you think was the problem when departments changed their structure? It is usually a rearrangement of personnel, in my experience, with direction coming from the top and changes in personnel on the way down, which may reflect changed priorities in personnel. Why does this not make a difference?

Ms CALVERT: Restructures have often been called activities in rearranging the deck chairs on the Titanic and I think that that really is quite a good analogy. The problem with the Titanic was not that the deck chairs were in the wrong place, the problem was much more fundamental than that and, as I have suggested in my opening statement, there are some fundamental changes that need to be looked at in DOCS in relation to the operating systems that are in place, the planning systems that are in place, the way in which we monitor, and in the business systems that support the Department. I guess if the systems surrounding the Titanic were more effective they may not have got into the problems that they got into and I would suggest the same might be true for the Department. I do not know that rearranging the deck chairs on the Titanic is the way forward.

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CHAIR: One last question from Mr. Moppett.

The Hon. DOUG MOPPETT: Ms Calvert, you have acknowledged your primary responsibility for the death review team and for the report that was published. The 1999/2000 report omitted the category that Dr Chesterfield Evans was talking about of deaths known to DOCS. Was that at your initiative that the category should be dropped out that year or was it a collaborative effort to suppress what is obviously very sensitive and damaging information about the operation of DOCS and the government?

Ms CALVERT: The reason why the use of the term "known to DOCS" was not used in that year has been the subject of an examination by the parliamentary Committee on Children and Young People and they were satisfied that there were cogent reasons. The team reintroduced the term "known to DOCS" in the following year because there was such concern that it had been dropped and we wanted to be able to respond to that concern and, I guess, reassure people that there was not anything untoward about the dropping of the term. There was in fact increased scrutiny of the cases that have come into contact with DOCS in a more rigorous way because we were able to be much more specific about what that term meant and what was included. I think that if we use a term that is too broad then the findings are undermined but if we are quite rigorous in the use of our terms and in explaining what is exactly meant by those terms, then we are able to much more cogently argue the veracity of the findings of the Child Death Review Team.

CHAIR: Ms Calvert is quite correct. As a member also of the parliamentary Committee on Children and Young People I can say that committee did carry out an inquiry following the matter being raised by the Opposition and that inquiry and report was completed probably a year or more ago. That is another issue but if you feel we can get some written information, the child death review team was one of those and we will perhaps identify a few more.

Could I thank you, Ms Calvert. We are a bit behind and we need to now talk to the Public Service Association but possibly Tony and you can look at the areas that you did not get the chance to talk to the committee about, but also the areas that have been identified by different members, where we might seek extra information from you. If I could call the Public Service Association.

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MAURIE O'SULLIVAN, General Secretary, Public Service Association of New South Wales, 160 Clarence Street, Sydney, sworn and examined:

CHAIR: You are appearing before us in that capacity and you confirmed you have received a summons. I am sure you are conversant with the terms of reference. Are you getting your written submission to us in perhaps the next couple of weeks, given you are here a couple of weeks before our deadline?

Mr O'SULLIVAN: Yes, Madam Chairman, I intend to mention that.

CHAIR: Do you want to start off with a short statement when we have gone through the other witnesses?

Mr O'SULLIVAN: I will just make one statement. You can stop me, anybody, if you wish.

GREGORY NEIL O'DONOHUE, Senior Industrial Officer, Public Service Association of New South Wales, 130 Clarence Street, Sydney, affirmed and examined:

CHAIR: I think we can take the same answers as Mr. O'Sullivan has given us.

Mr O'DONOHUE: Yes, Madam Chairman.

LAURENCE EDWARD BRADY, Community Programme Officer, Department of Community Services, affirmed and examined:

Mr BRADY: I am an employee of the Department of Community Services. My current job title in the Department is community program officer. However, I am on secondment with the Public Service Association as an organiser and I hold the position of senior honorary delegate with the PSA. I am in fact the Chair of the PSA departmental committee.

CHAIR: And you are appearing here in your PSA capacity?

Mr BRADY: Yes.

CHAIR: Back to you Mr O'Sullivan for your short statement.

Mr O'SULLIVAN: Today I provide verbal comments on the clear understanding that subsequently the PSA, as a collective body, or equally in the case of individual members, will be presenting a more detailed written submission. The PSA has an active membership of just under 43,000 people. We also have several thousand members in the retired associates group. The PSA, in simple terms, looks after the industrial interests of its members. Its members overwhelmingly come from the New South Wales government agencies. We have a small group of a few thousand who are employed in universities in New South Wales whose employment conditions are all doing pretty well under Federal jurisdiction.

In terms of New South Wales state government employees, the PSA—as might be expected—spends a fair bit of time before the Industrial Relations Commission. This is not alien to a trade union. I am often asked which government agency or department etc takes up an inordinate amount of PSA industrial time. I do not have to delve into astronomical statistics to be able to say that DOCS creates a demand for the PSA's industrial assistance that is matched by few, if any, New South Wales government agencies. The issues where the PSA involves itself, they are many. Generally the involvement of the union follows the request for assistance by a member. I might say that we have a pretty strong membership in DOCS. Of field officers in DOCS, the caseworkers are in excess of 80 per cent membership.

There is probably no government department in New South Wales that touches the raw nerve of human life so much as does DOCS. In such case it is to be expected that the media will find stories to run centring on DOCS issues and this in turn evokes an analysis of the substance of media organisations. Are they just chasing fire engines and ambulances and running around with banner-grabbing sensations or is the media inquiry based on a mature substance and on the questioning of well-informed journalism—informed on all sides of the issue? It is very easy for a journalist to print along the lines, "The police shot Johnny in George Street on Saturday night" but not to print that Johnny had already shot half a dozen people in George Street on Saturday night. It is the kind of journalism that cannot be said to be untrue but it is the kind of journalism that can be said to be unbalanced and unfair and, while not telling a lie, it can be said to be creative. It encourages the creation of an unfair opinion. It is the type of journalism that I find to be very offensive to DOCS officers, without attempting to give a balanced view to the readership.

The job of a field officer in DOCS is, quite simply, a horrible job. The enormous majority of our community wishes to pretend that the need for a field officer does not exist. The enormous majority of our community does not want to be confronted by stories of abuse involving children who are sometimes too young to be able to walk; too young to realise that they are being abused; those that are too young to realise that dads' and other adults' sexual interference and imposition on them as they grow up is not the normal way for children to grow and develop. They think it is the way one grows up, that this is life. This is the kind of abuse which, if it is ever made public, is generally only made public after so many years, and God only knows what sort of trail of devastation is left behind and is yet to come.

Large sections of the community try to forget that children are battered and bruised, bones are broken, injuries too numerous to recount, and so often it is the young and the most defenceless who are victimised, such as those without a close extended family or those with a parent or parents whose own lifestyles are so sadly ineffectual. So much of the community assumes that because a child is a well dressed and well mannered and can assume social graces that that child comes from an emotionally warm family. This is not necessarily the case. There is no guarantee—none—that a hefty bank balance and an elevated social status will produce a spin-off of emotional warmth for children. Such are some of the cases that are handled by DOCS field staff, and indeed cases that become very real to DOCS clerical and administrative staff, particularly at the local community service centres [CSCs].

Senior management in DOCS may agree with me and say, "Yes, of course, I know all about it. I spent a day at the CSC last week. I saw what happens and now I know all about it." I find that attitude to be absolutely offensive. People who say such a thing do not know all about it. Quite frankly, they simply do not know what they do not know! The people who say such a thing are simply displaying their ignorance of the demands on their employees. DOCS CSC employees work in this scenario, and even worse than that, every day of the week, not just a one-off day. For them there is no 5 o'clock cut-off—none. The issue, or a similar issue, will be there again tomorrow, just as it was yesterday and will be per omnia saecula saeculorum. There is no getting away from it, the job must be done and it is not a one-day visitor who does that job.

That begs the question how is the job done? The Ombudsman suggested a few weeks ago that it is a matter of luck as much as effort that less favourable outcomes are not more often seen from DOCS. In a way he may be right, but it is not entirely luck and, indeed, it is not a great proportion of luck that stops what is bad from becoming a damn sight worse. It is the perpetual miracle that year after year and decade after decade brings forward people in DOCS, not senior executive management, but people who are dedicated to the daily grind of dealing with issues like we have already mentioned, people who are so often called the front-line troops of DOCS—people who have a commitment to all young and disadvantaged people. It is the strength of purpose of such people that makes DOCS, bad and all that it may be, produce an awful lot of good that is so seldom recorded.

This good and these achievements are not the outcome of support from DOCS senior executive management. These achievements are reached despite what appears to me to be an executive of shreds and patches. Those people of stout hearts and incredible endurance do the best they can with resources that are at best minimal and very often with alleged support which is exactly that—alleged support. I am sick and tired of listening to the senior echelons of DOCS telling television, radio stations and newspapers how much the efforts of DOCS staff are appreciated. I said

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last week that it is akin to putting icing sugar and confectionary around a balloon and calling it a Christmas cake—it is praise without substance.

Yesterday, in room 814 upstairs, I heard a comment which no doubt is in *Hansard*, telling all and sundry that DOCS field staff, when they act in a higher duties position, are incredibly fast at seeking the extra payment for the period of higher duties relief. We are talking here about a State whose government child welfare service is in crisis, and to hear such a flippant, derogatory, scurrilous remark from the director-general makes me wonder whether I am addressing the right inquiry today or whether the director-general was addressing the wrong inquiry yesterday. Only 45 minutes before I left my office I had two phone calls from some more docile type of people who expressed fury at such comment. Again yesterday, when the issue of DOCS officers having taken strike action over the past couple of months was raised, there was the flippant comment along the lines that, "We save money when they go on strike, we do not have to pay them." I realise that I am paraphrasing but I stand by my accuracy. Indeed, that comment is very different to the attitude taken by DOCS in the Industrial Relations Commission and, if nothing else, it shows the paucity of understanding that DOCS has in the industrial relations arena. It is no wonder that last week the Public Employment Office of the Premier's Department took over the running of the DOCS dispute with the Public Service Association. I welcome the intervention of the Premier's Department.

Have no doubt about it, DOCS staff do a job, the admiration for which should have no bounds. Somebody might say that some children have died over the past year. Yes, that is correct, some children have died, and I would even suggest that next year some children will die. I would even suggest that every year until kingdom come some children will die. Were we to put a couple of district officers into every house in this State, I would still not guarantee that a child would not die in circumstances unbecoming. There is nobody in this room who can tell an adult that he or she should not cause a child to be born. It is a very dangerous area in which to be sticking one's toes in the water. The right to have children is sacrosanct. The right of a child to a life and an upbringing of dignity, to prepare for a dignified life, is also sacrosanct. When one does not follow the other, we all start asking questions.

What I am suggesting here is that so long as people are ineffectual and incompetent, who may be improper or drug affected, and generally not committed to making the sacrifices needed to rear a child properly, we will need the services of DOCS. If somebody else here has a suggestion otherwise I would be very happy to listen. There is no way that we can supply an individual caseworker to every child born in New South Wales, and thank God that every child does not need the involvement of the services of DOCS. Those who do need intervention will get the best that the caseworker can offer, but that case worker's best will only be as good as the resources that are made available. This is where so often we fall apart. Resources are not equal to demand and have not been for quite sometime. The drain—the emotional drain and the physical drain—is something that non-case workers, no matter how much they wish to, cannot fully understand. There is a lot of sympathy out there for the DOCS workers but to be truly empathetic one has to have lived through such experiences oneself. It is a bit like saying, "I know what it is like to be dead." You don't and I don't!

I do not know how many DOCS senior executive people have spent years working as active front-line caseworkers who put up with the daily insults and the frequent assaults. How many of them have been spat on? How many of them have had clients or the parent of clients find their addresses and come to their houses, causing disruption and threat? How many of them have been assaulted in shopping centres on a Saturday morning? How many of the senior executive of DOCS lose sleep at night because of the worry that they have not been able to investigate a particular allegation today? How many DOCS senior executives have been in the witness box on child abuse cases being turned inside out by smart barristers and undergoing hours of morale draining questioning? I am asking a question and I am reasonably aware of the answer. Such is today's scenario with today's caseworkers and very often with their splendid clerical support staff. They cannot get to allegedly serious cases during the day or during the evening or during the early morning, because they are what was described by the director-general last week as "absolutely overwhelmed." These are not my comments, they are the comments of the director-general, and they are absolutely accurate. The caseworkers do not sleep at night or at weekends, because they know that resources have prevented allegations of abuse being investigated.

I worked as a district officer in DOCS for close on 20 years and I know what it is like on a Friday afternoon to have an incompetent or improper or ineffectual parent, or anybody, drop a few children in the office and walk out, leaving the kids behind—upset kids, distraught kids, frightened, screaming, terrified children—just walk out and leave them behind! You do not have much time for a committee meeting, a sit down meeting, in such circumstances. It is all very well to say that we have all the policies under the sun for selecting and training foster parents. Of course we have. It is fine to have policies and it must make people feel fine when they promulgate those policies—that great warm glow in the stomach, promulgation. It would be much finer to have foster parents. All the verbal diarrhoea under the sun cannot overcome that. Foster parents are not there, so the caseworker does what he or she can in such circumstances. They do their best and they try to find people of some repute and some awareness who would be willing to care for young children, strangers, generally absolutely frightened and feral. I do not mind admitting that I was often at a stage myself when I was working for DOCS where I took a punt in letting people look after children on a foster care basis, and I was very lucky that no evil befell the children in such circumstances. I was very lucky indeed.

Many of my peers were very lucky in equal circumstances that no damage was caused to children in the temporary foster care when one found the best possible placement for them in the circumstances. Today the veneer of DOCS is so shatterable yet so executive adored that when a caseworker does the best he or she can with minimal or no resources and the placement does not work out the way they would want it then DOCS pillory and they crucify that unfortunate caseworker. Madam Chair, members of the inquiry, I consider this to be absolutely the summit of hypocrisy.

Similarly, in investigating complaints against its own staff DOCS appears to relish indulging in the most punitive of industrial pornography. I realise what I have said and I mean what I have said. They revel in industrial pornography. They appear to be so impatient for a sacrifice that even when courts find those people not guilty or the police find that there is no case DOCS still pursue those unfortunate people, some of whom—I wish this to be noted—have had to sell their houses to prove what should have been assumed from day one, that is, innocence, as every person before a court in New South Wales has a right to expect.

One particular DOCS employee who was in the audience upstairs yesterday has spent the past six years seeking justice for the contumelious treatment that the most senior levels of DOCS so disgustingly and hypocritically put on him. Even the Minister admits that this man has been the victim of departmental injustice—that is the Minister's word, "injustice"—but those who perpetrated, and collusively perpetuated, this injustice obscenely turn their nose at any request for decency or explanation. And they are still getting away with it. I believe now that the Department of Community Services has a section looking at professional conduct, the Professional Conduct Unit. Madam Chair, members of this inquiry, it amazes me that time after time it is the lower and middle management people, the unfortunate caseworkers, who are brought to book. Why does that unit not look upward?

CHAIR: Thank you, Maurie, a very passionate opening statement. I am not sure whether when you were here yesterday with us you heard my attempt at the beginning to place on the record that we are aware that this inquiry raises special difficulties for DOCS employees because on the one hand they are, as you say, the front-line troops but on the other hand an inquiry into the department can also in some ways place an extra burden on them. We are conscious that that is a difficulty for the people you represent.

Mr O'SULLIVAN: Thank you, Madam Chair.

CHAIR: In your statement you have mentioned in fairly general terms the lack of resources, human and financial and so on. You pointed at some of the key areas of concern for the current DOCS workers in the child protection area. Could you give us more detail about the resource situation? We are aware that the recent industrial action you referred to has been precisely over the issue of resources.

Mr O'SULLIVAN: Can I state very clearly that the recent industrial action two months ago and two weeks ago in the metropolitan west area and the North Coast was taken not for financial reasons, not to get more money, not to get better conditions in your office, not to get a new armchair, not a new desk, not extra dollars but for two reasons primarily: to highlight the shocking denial of resources and, secondly, to make known that we are sick and tired of seeing our colleagues crucified

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for not being able to do a job properly when they do not have the resources to do it. Our colleagues are being charged under the Public Sector Management Act for every kind of disciplinary problem that can be dragged in against them. I am sick and tired of seeing decent people who do their best being hung out to dry, and I am not going to stand by. Somebody said on the radio this morning I did tell the director-general some time back, "No longer should you expect the charity of my silence."

CHAIR: You are probably aware that we have received submissions and inquiries from some of those individuals so we are aware of some of the cases you are talking about.

Mr O'SULLIVAN: Thank you. Regarding DOCS, Miss Calvert who was here before me, I think spoke along the lines that DOCS have no skills in prevention. I would contest that. Indeed, I would damage that theory very solidly. DOCS has an awful lot of people with great skills in prevention. We heard from the DG yesterday that an awful lot of DOCS people are social work graduates. She goes to the universities and invites them in. They stay for a few years and then, she said, they go overseas or something else. They are trained in prevention. Had they time, they would use that training with their clients. They do not have time to act and use their prevention skills. It is unfair to say they do not have those skills—very wrong. They have.

CHAIR: I think she was speaking specifically of the workers who work totally focusing in the child protection area in relation to suggestions to separate the roles of DOCS, which is an issue we will get on to later. In terms of resources and what you were saying about the recent industrial action, are we talking predominantly about staff shortages—positions unfilled, too few people to do the work—or are we talking about the actual allocation of those human resources to, for instance, prevention as distinct from following up cases reported to the Helpline? Can you be a bit more specific about the sorts of resources that you think are missing, particularly on the ground, particularly in the community service centres?

Mr O'SULLIVAN: Madam Chair, I have always said that is not totally a question of money; there is also a question of morale or lack of morale, which is pretty subterranean at the moment. Were that to be resurrected, it would help enormously. In many ways you could put the entire State budget into DOCS or into Education or into Health and there would still be people calling for more.

CHAIR: You have anticipated our next question. We can do it in whatever order. We tried to focus on what you can tell us about the factual situation in relation to staff and resources. We have a number of questions about morale, training and the other side of the staff issues.

Mr O'SULLIVAN: I will ask Greg O'Donoghue to deal with that question.

Mr O'DONOHUE: Basically, the association became aware approximately 12 months ago of the significant difficulties that came about as a result of the new legislation. It may not necessarily be as a total result of the new legislation but certainly about 12 months ago the alarm bells started to ring with respect to the figures that we were getting from the Helpline in relation to the number of reports being received. The last reliable figures we were able to obtain with respect to the number of reports coming in to the department were in the 1999-2000 annual report. It indicated that there were 72,000 reports of child abuse and child neglect for the twelve-month period. Through the Kibble working party we were able to look at the figures obtained for the last calendar year, 2001. Those figures clearly indicated that the number of reports had jumped to 141,000 for the year. That is a staggering increase in terms of the workload that is being generated.

It was very difficult to get reliable information in relation to the level of the reports being made, but it was certainly shown that last year the number of reports increased again in the second half. But one constant was that the level of the responses was the same. To that extent 10 per cent at the beginning of the year of all reports were level one reports and in the latter part of the year the figure was still 10 per cent. So it appeared that the increases that occurred in the reports have been right across the board—level one, two, three and four. That is consistent with information we were receiving from our members on the ground.

We also need to clarify what is actually meant by a matter being dealt with by the department. Yesterday we heard issues in relation to the fact that one in two reports are being dealt with. But that is significantly different from investigation. Just as an illustration, we were able to

obtain figures from the metropolitan west area when the dispute was occurring there. We have two lots of figures from our members. These types of figures are not made readily available to the association; they generally have to fall off the back of a truck. In the metropolitan west area for the period 10 September to 25 October 2001 1,735 reports were received, and of that number there were only 158 investigations, which is well and truly less than 10 per cent of the reports received. The more alarming figure in the report is that of the 1,735 reports 253 were assessed as level one. So the number of investigations was well and truly less than the number of level one cases reported. Our members tell us that is consistent throughout the State. There are many level one cases sitting unallocated on desks throughout the State.

The figures for 8 October to 2 November are very similar for the same area. In that four-week period there were 1,721 reports and of those there were 163 investigations. Again, the alarming figure is that of the 1,721 there were 212 assessed as level one. Again, the investigations fell short of the number of reports that had been received. The action of our members over the past four weeks is one of frustration, as Maurie has indicated. It is not for better conditions or more money; it is out of sheer frustration and in an endeavour to show both the public and those who care that there is a serious problem within the department in terms of resources. To that extent too I have sat down and basically worked out what I could in relation to what would be needed to address the situation in relation to having adequate staffing and resources. If we were to go back to the figure of 72,000 and to be able to provide a level of service that was consistent with the 72,000 reports that were being received—bearing in mind that prior to the implementation of the new legislation there were 930 caseworkers—one would naturally assume that you would need basically a doubling of the number of caseworkers that existed then.

I accept that there has been an increase of 60 caseworkers in the field since that time and 130 caseworkers at the Helpline. To that extent it would be fair to assume that you would need approximately 700 caseworkers to be able to deliver the same level of service that existed prior to 2001. The one issue that has not been discussed so far, and I think it is important to realise, is that the new legislation itself is also far more onerous on caseworkers in dealing with each case. Caseworkers have explained to me that each case takes far longer now. It is far more onerous in terms of providing court reports, getting additional assessments made and so on.

During the Kibble working party last Thursday the department suggested from its own work that it now takes 25 per cent longer to deal with each case. So not only has there been basically a doubling of the workload; it is now taking 25 per cent longer to deal with each case. Taking that into consideration with the 700 needed because of the doubling of the workload, we are then looking out of figure of around 850 to 900 for extra caseworkers just to be able to deliver the standard of services being delivered prior to 2001. The debate has probably now begun in relation to the level of service that needs to be delivered in New South Wales. And I would be very interested to find out—

CHAIR: Just before you move on to that, yesterday the director-general referred to the lack of data and systems to be absolutely certain about what some of the reports and the calls to the helpline represented. You probably heard some of Ms Calvert's evidence this morning to the same effect. In relation to the metropolitan west figures you have given us, does the union have any further breakdown of, for example, the number of calls that may be requests for assistance, rather than reports of abuse or neglect?

Mr O'DONOHUE: Not entirely. But, as I indicated, the work that has been done so far by the Kibble working party has identified that the increases that have occurred have been proportionate percentage-wise. It would then be fair to assume that in, say, 1999-2000 when there were 72,000 reports, 10 per cent of those were level one, which represented about 7,200 level one cases. We now know that it is still 10 per cent, which is —

CHAIR: For example, we are not dealing with more multiple reporting, as was suggested yesterday?

Mr O'DONOHUE: Exactly. So I think it is now starting to become clear that the increases are right across the board in terms of all levels of reports being made. With respect to the figures we have referred to, I think the Ombudsman in his inquiry has basically addressed this issue as well. Basically the Ombudsman indicates in his report that managers in CSCs have told us that they keep

figures on unallocated cases and provide them to their area offices. However, none of the managers we interviewed were clear about what then happened to those figures, and none had received feedback from the area officers of central office.

I would assume that the figures we have just referred to are those reports that are sitting out there in area offices but for some reason never end up in central office. I think that is probably one of the significant problems we have: that is, central office has no idea about what is going on in the field. I think at the conclusion of our submission here the intent of the PSA would be to invite Committee members to the CSCs to talk to our members on the ground and get a feel from them as to exactly what is occurring out in the field.

The Hon. DOUG MOPPETT: In the situation you have described, you have set the origins of your concern that has culminated in industrial action and some fairly full-blooded public comments about what is going on. Could you tell us precisely how long you have been making representations to the director-general for more staff, more resources and more options for child placement to be provided? How long have those representations been carried out at an urgent level? What sort of response have you received? Most of your public statements have been about the director-general and what she feels she should do. When you see something mushrooming like this, to what extent is the Minister responsible for intervening and providing these resources?

Mr O'DONOHUE: As I indicated earlier, we have been aware of the problem for approximately 12 months now. The alarm bells started to ring when we were getting initial feedback from the helpline in relation to the number of reports that the helpline was receiving. So essentially we have raised this issue for about 12 months now.

We have been promised time and time again that proper workload methodologies would be established to determine the full extent of the problem. Unfortunately, we keep going back and we keep getting the same line. It was unfortunate that earlier this year the department had indicated that it had sought Treasury supplementation in terms of its budget for additional caseworkers but that was knocked back. It is those types of comments that we report back to our membership that angers the membership. I think what really brought this to a head were the public comments by the department indicating that there was no crisis within the department.

The concern from the association, and certainly its members, was that if this was being portrayed to the public—if this was the department's stance in relation to what the problem was, or a denial that there was a problem—the concern would then be that the Government itself was being lied to and did not know the full extent of the problem that existed within the department. I think that what has occurred subsequently is that, essentially, the department itself has no idea what is going on within the department.

It really has been a case of our members wishing to, as a way of protest, show everybody that there is a crisis and that it needs urgent attention. To that extent, I would like to place on record that this, for the purpose of our membership, has been dragging on for quite some time, up to 12 months now. And I do appreciate that there are certain statutory requirements in relation to this Committee's inquiry and its report to Parliament. But I certainly would implore those who are listening to sit down and look at the situation as it exists right now. Our members are struggling; they need urgent assistance out there. We would certainly hope that somebody would take that on board and provide some immediate relief to our members who are struggling in the field right now.

The Hon. DOUG MOPPETT: To the extent that the director-general, who has been the subject of trenchant criticism by your organisation, is also a public servant, she is perhaps the meat between the sandwich. You are describing something of enormous proportions—not just some minor adjustment to the budget. Do you not think that in some way the Minister should take some of your criticism and be responsible for this situation?

Mr O'SULLIVAN: I have had quite a few meetings with the Minister over the past few years and have found the Minister to be a warm, caring person. But I might meet the Minister at 10.00 a.m. and she might meet the director-general at 11 o'clock, and I am pretty sure that my 10 o'clock submission would be very much overwhelmed by the 11 o'clock submission. I wrote to the Minister

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some time back, four or five months ago, simply stating that the time has now come when tolerance and frustration cannot handle each other. I meant it very seriously.

The Hon. DOUG MOPPETT: So you have made representations to the Minister?

Mr O'SULLIVAN: Yes.

The Hon. AMANDA FAZIO: Mr O'Sullivan, may I ask you a question in relation to the training and support provided to caseworkers. Yesterday the director-general stated that at the last intake of 60 new caseworkers to work in community service centres, more than 80 per cent of those were new graduates from tertiary institutions. We gained the impression from comments made by the children's commissioner this morning that she thought there was not enough clinical supervision of caseworkers. Do you have any comments to make about whether you feel the new graduates who are going out to work in community service centres are being adequately supported? If not, do you have any suggestions as to how the department would be able to provide greater support? Presumably, once the caseworkers are recruited they are provided with training within the department, so a fair amount is invested in them. Surely the retention rates of keeping those staff in the department would be an economical and personnel management priority?

Mr O'DONOHUE: Without getting into the training issue—I am sure Laurie would be best served to answer that—may I indicate that just over 18 months ago there were discussions centring around what was called transformation. There were discussions between the association and the department in relation to certain structural changes. Essentially, the basis of that was to provide more support on the ground for caseworkers. However, when we indicated a desire to sit down and meaningfully discuss an appropriate structure to be put in place with regard to both caseworkers and senior caseworkers—and I think the intentions were very good, and I think there was certainly some co-operation between the department and the association at that stage.

It must be borne in mind that the department then had a deputy director-general called Jennifer Westacott, who I think served quite well in opening a dialogue with the PSA on many of these issues. But, unfortunately, Jennifer Westacott left in February 2001, and we have never really been in a position to be able to adequately put in place a proper promotional structure that would support the notion or idea of clinical support and supervision on the ground for the caseworkers. However, we are quite keen to enter that debate should it emerge again in the future.

CHAIR: Mr Brady, would you like to add something about training?

Mr BRADY: Yes. This is very patchy right across the department. There is a continuing need, not only for new graduates but for existing workers in the department, for proper support and supervision. New graduates coming to the department, especially new social work graduates, have a right to and an expectation of—in fact, I think at times they demand—proper clinical supervision and support. The problem is that the systems within the department at the moment do not exist for that. When I say it is patchy, I am aware that some of those people—and this applies to existing workers—seek that clinical supervision themselves, in their own time, to fill that gap.

The matter of supervision really falls into three categories. Unfortunately, the lines sometimes get blurred and it is not realised what the needs of workers are. The three categories are clinical supervision, casework supervision and administrative supervision. The accent in the department, I would have to say, is mostly on administrative supervision. There is casework supervision, and that is the responsibility of the casework manager.

However, even though, as my colleague mentioned, post transformation there was an adjustment to the supervision ratios of casework managers, and that was meant to facilitate better supervision and, if you like, incorporate clinical supervision, it has not been possible because of the sheer pressure and volume of work. In fact, most of these units are flat out, or the casework managers are flat out, even providing minimal briefing and debriefing to workers, which is required not all the time but certainly in very serious, complex cases. Because of the pressure of work, the accent continually is to investigate the highest level of cases that are coming to each unit.

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I cannot say more than that at this time, except that there does have to be a co-ordinated approach right across the department, which involves all eight areas. In a moment I would like to comment on the present structure of the department and the eight areas as they currently operate.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: We were told yesterday about a cultural secrecy within DOCS. We are concerned that people may not be willing to come forward with information because of some retribution. Do you believe that employees of DOCS will be able to come forward and give us information about problems within DOCS?

Mr BRADY: I doubt it very much. It might be timely to make this comment about the department's corporate values, which are not heard about very much these days. The corporate values of DOCS are respect, openness, trust, fairness and teamwork—very laudable principles. I have to say to you that my experience in the department, especially of late and particularly over the last two years, is the direct opposite of that, and that is the experience of the great majority of the workers in the department. That, in large measure, is contributing to the ever-lowering morale in the state of the department. I think it is a terrible situation.

I was not going to say this, but I will. It is second-hand information, I admit, and I have a number of anecdotes to tell you. I cannot prove this, but it has come from a worker in a unit who knows someone else, who knows someone else in central office. A statement has apparently been made by an executive member that they will be heavily monitoring those who make submissions to this inquiry, and when they find out who they are, if they do, there will be severe repercussions.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do you believe the Kibble report is likely to be of any use? It worries me that an internal report suddenly springs up just as we are about to make a report. Perhaps that internal report will come up with some brilliant conclusions. On the other hand, it may find out information before we do in order to minimise any flack from conclusions that we come to. I gather the union has been supportive of the Kibble report. Would you tell me more about what you hope to get out of the Kibble report and how you believe it will relate to this inquiry?

Mr O'DONOHUE: The Kibble working party was initially set up as a joint working party between the department, the association, Treasury, the Cabinet Office and the Premier's Department. It was set up as a result of the Metropolitan West area strike. Unfortunately, having met with the Minister, we did ask for a number of issues to be resolved as a show of goodwill. Following that meeting, those issues were not resolved and, as a result, we refused to participate in the working party. Nevertheless, following the strike of the North area last week, the Industrial Relations Commission recommended strongly that we do participate in the working party to put our case to that working party in an endeavour of achieving a result favourable to our members. Of particular import for our members was the issue I raised earlier that we needed immediate relief. To that extent, the Kibble working party is currently looking at the possibility of having figures to justify an immediate increase in resources. If on the evidence that is currently available they cannot make a recommendation for immediate relief in terms of resources, then, yes, there will be something terribly wrong with that particular working party.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do you believe the working party is likely to come to conclusions that will be helpful to us or does it have the same problems with data information and secrecy that we have?

Mr O'DONOHUE: I might be able to answer that more successfully on Thursday when we find out the recommendations in relation to the immediate issue of more staff in the field.

CHAIR: Mr Brady, I am not sure whether you are aware that the Committee has made a number of resolutions about fears that have been expressed as to confidentiality of submissions. We can certainly give you those resolutions, if you do not have them. As such fears have been expressed, we have reiterated our procedures in relation to confidentiality of submissions, such as, in camera hearings and the possibility of the union acting as an umbrella group for individual workers.

Mr BRADY: Thank you, Madam Chair. I cannot overstate the fear that is out there. There is quite a level of intimidation that people feel at times. As you are aware, the association will put its own submission together. We have invited via the association's own circular for members in the

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department to put their submissions through the association, which may provide an added protection. Nevertheless, I have to say to you, only this morning I was talking to someone who was preparing a submission on behalf of their particular unit. They are still very fearful even to have their unit named. I do not want to go into too much detail.

CHAIR: From the Committee's point of view, we have conducted a large number of inquiries over the years and we have a number of procedures in place as to the confidentiality of written submissions and procedures to protect the evidence given before us, whether confidentially or in camera. Our record is pretty good. It would be good to reassure people that they can be pretty confident that their anonymity is protected when they give evidence to us.

The Hon. AMANDA FAZIO: If I could add to that, Madam Chair. Mr Brady, I might speak to you afterwards. I am a member of the Legislative Council Standing Committee on Privileges and Ethics. There are some precedents in this area that might be of some reassurance to your members.

Mr BRADY: Thank you.

The Hon. DOUG MOPPETT: The three of you have described very difficult working conditions, and that is putting it mildly. You have added now this dimension of a sense of intimidation about speaking up. What impact is that having on the delivery of services to the children who are essentially in the care of our DOCS front-line officers and the operation of the Community Service Centres [CSCs]?

Mr O'SULLIVAN: It would be a bit useless putting a horse in the Melbourne Cup with one leg missing. You cannot get optimum performance from people who are frightened, who are fearsome or who are worried about their futures, their families, their houses, their jobs. You cannot get people to operate to maximum and optimum benefit when they see their colleagues being pilloried for doing the same thing that most of us have done for years, and there is a bad outcome.

The Hon. DOUG MOPPETT: Do you believe that this is having an impact on the clients, the children who are at risk, the families who are drifting into dysfunctional practices? Do you think this is having a compounding effect?

Mr O'SULLIVAN: It must do, it must do. It is inevitable. If somebody is in there doing a job and keeps looking over their shoulder all the time—"Can you help me get that knife out of my back?"—they cannot be concentrating entirely as they would want to do on their clients. It is having a shocking, deleterious effect on morale, shocking.

Mr BRADY: I cannot comment on the extent of this but it seems to be growing within the department. As Maurie mentioned, it seems to be becoming more and more a common practice in the department that individual workers are subject to disciplinary action as a reaction to either a complaint from the public or when things go wrong in a particular case, rather than a thorough going performance management approach. When this happens and people are subjected to that process, the way the department conducts it, it is like a Star Chamber. When people come out at the end of that they are shell-shocked. Let me tell you, I have met quite a few of them and "shell-shocked" is the only term I can use.

They have lost all confidence and they often appear paralysed and unable to make decisions because they are afraid which way to turn. They lose their autonomy. They do not exactly become useless workers—some people are able to get on top of this—but for a period they do not know where to turn and they feel unable to make proper decisions. This even happens to workers who are not subjected to the disciplinary process but have a string of very tragic unfortunate incidents in their working lives in terms of either threats made directly against them or their cases have turned out to be quite a tragedy and they have not had the necessary support that was needed to carry them through. I guess this links back to the question earlier about clinical support, et cetera. I do see a proportion of those workers who have gone through the mill in that way.

CHAIR: I do not know whether the union intends in its submission to go into more detail about that. You may want to think about that. It is possible to give us a submission in two parts, with one part giving the union's general points and the other part giving detail, which is non-identifying and

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has confidential status. It would be worth our looking at some of those stories. At this stage we should come to our question about comments that have been made about the size of the department and the diversity of its responsibilities and the equally diverse views that have been expressed as to whether changes should be made to the current structure of DOCS. Is there any support from the union for examining the structure, looking at the way the department functions and essentially changing the whole set-up of the department?

Mr O'SULLIVAN: There appears to be a lack of realisation that last year a major section of DOCS, what was DOCS, was somewhat hived off.

CHAIR: The Department of Ageing Disability and Home Care [DADHC].

Mr O'SULLIVAN: Exactly, Madam Chair. A new department was established, DADHC, covering disabilities, home care, et cetera, which were the bigger part of DOCS. In effect, about 60 per cent of what was DOCS last year is now an autonomous department, or should be an autonomous department. The DOCS we are talking about from now on will be primarily concentrating on issues of children. I wish that to be recorded rather strongly. There should be a better chance to concentrate on the core issues of DOCS and particularly on the values that Laurie Brady read out a while ago, which, I agree with him, have become very sparse commodities indeed.

Mr O'DONOHUE: Twelve months ago an announcement was made by the Government in relation to taking disability services out of DOCS—which was the vast majority of the Department of Community Services—and putting that in with the Department of Ageing Disability and Home Care. To that extent, as Maurie has indicated, we now have a Department of Community Services that is solely focused on child and family issues. We support that and we believe that is probably the most appropriate way to continue to operate. The one difficulty that we do have is that whilst the announcement by the Government was made twelve months ago that disabilities would move to DADHC, it still has not happened. We are still in a situation where disability services still reside basically within the Community Services Centres of the Department of Community Services and still utilises the resources of the Department of Community Services. To that extent, we would certainly seek some hastening of the current situation to see that the complete split occurs.

We are very much aware that basically our submissions have concentrated around an increase in terms of the number of case workers by between 700 and 900. We also appreciate that with that there is going to be a need to resource things like additional computers, cars and office space. If we were able to go through a process of separating disabilities from the Community Service Centres and put them in with, say, home care, it would free up more office space for case workers. We would be very happy for that process to be hastened somewhat so that the department could concentrate further on its true mission of child and family support.

CHAIR: Yesterday Robert Fitzgerald gave us a great deal of evidence and also charts and other documents suggesting that the structure of DOCS should be looked at in terms of three broad streams, as does the Act: the prevention and support stream, the more narrowly defined child protection stream, and the out-of-home care stream. There has been a diversity of views expressed as to whether the boundaries between those three broad tasks should be drawn bureaucratically as well as in terms of objectives and definition.

Mr O'DONOHUE: I did hear some of the comments of Mr Fitzgerald yesterday, as well as some of the comments made this morning. Basically the three streams are in place now within the department itself. However, the resources are not available to do as much prevention work as it possibly could and there has, through the transformation process and exercise, been a move towards the establishment of dedicated out-of-home care teams and dedicated child protection teams.

However, I do probably agree that when crises happen that some people will be pulled out of home care to help with child protection. There would need to be adequate resources to make it work properly. By the same token, the comments this morning are equally valid in that there should be a continuity for the purpose of the delivery of child protection and out-of-home care.

CHAIR: You are referring to Ms Calvert's comment that she would really like to see a child able to deal with one caseworker, not multiple caseworkers.

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Mr O'DONOHUE: Yes, and that may be a more appropriate vehicle for delivery of child and family services.

CHAIR: Does the union not have a fixed view about these more structural issues?

Mr O'DONOHUE: As I have indicated, to a certain extent we have supported, through the transformation exercise, the establishment of out-of-home care teams and child protection teams. We continue to support that provided the level of service is maintaining from CSC to CSC. What was proposed earlier with respect to transformation was a complete separation, so that you would have one CSC that would concentrate only on the out-of-home care and another CSC purely concentrating on child protection issues. The view of the association was that if you are to have a community service centre it should be able to provide the full services that are provided by the Department of Community Services. I think we stand by that view.

CHAIR: You see a CSC as fundamentally serving a geographic unit and providing the full range of DOCS services within that geographic area?

Mr O'DONOHUE: Definitely.

Mr BRADY: Following on from that, this has not ever been properly debated within the department. On the issue of specialisation in the various areas of child welfare we consider that the three aspects that were mentioned by Robert Fitzgerald are quite good comments. The danger is that if you make too much of a separation, too much of a distinct categorisation of that sort of work, it will be further fractured. It should be looked at in terms of a total continuity of services. The eight areas of the department—previously 16, before that 20, but now eight—virtually act as separate entities. We call them colloquially the eight fiefdoms. We say that because we have no evidence that there is any central co-ordination of those eight areas.

From time to time there have been various experiments, some started out as pilot schemes, of many restructures within those areas whereby the substitute care team, for want of a better term, might have been hived off or became a specialist unit. Or there was what was called the initial intervention team, and some of those are still around. That is the team that deals with the sharp end of child protection all the time, the level one category. I am saying this because none of this has been properly evaluated. For some time our association has requested the department to engage in a thorough evaluation and debate of this process so that we can come to some, hopefully, consensus or idea of what specialisation means and the degree to which it should be introduced into the department, and the degree to which, for instance, workers should be able to move through all the phases.

Perhaps they could make a circular set-up under which people are able to, again, return to the sharp end of child protection. I emphasise the term "able". I say that because I see developing by this overspecialisation, especially of the people who are working continually at that sharp end, that they burn out faster. We have already mentioned the degree of support that workers have in the department. However, they are constantly bombarded with the crisis cases and eventually clog up. That means that they are constantly in court. They are not only clogged up with crisis cases but they cannot do any preventative work, because they are constantly in court. There is an overflow from those teams which puts pressure on the other workers. The problem is that all of these experiments were tried in an effort to overcome the resourcing issue.

It comes back, again, to the bottom line of resourcing. But the resourcing has to be very carefully targeted. The resourcing is not just within DOCS, it is also in the non-government area, and that has to be carefully targeted as well, because if they are to be seen as partners with DOCS, working across the whole continuum of child protection, there is quite a drastic need for an injection of resources into the community funding area. That also overlaps between different levels of government, because it involves the Federal Government as well. I am not sure whether the Committee is aware of the current problem with the SAAP funded program. A State award was brought down which gave a wage increase to workers.

CHAIR: Yes.

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Mr BRADY: The Federal Government has refused to acknowledge that State ward. As a result it is quite likely that a number of those services are either closing down or they are reducing the number of the programs and services, and I believe it is happening now. That is one of the additional pressures that are brought to bear on the whole system.

CHAIR: The Hon. Doug Moppett has a question to finish up. We would have liked to have talked more about some areas, but we will probably ask you to cover those in your submission.

The Hon. DOUG MOPPETT: One of the most striking symptoms of the picture that you have described is the number of unallocated cases that has been quoted. Inquiries from the Opposition to the department under the freedom of information legislation have produced the response that it does not know what the term means. The department declined to acknowledge that it exists. What is your understanding of the term "unallocated cases"? To what extent is it the real yardstick of the problem?

Mr O'DONOHUE: I will answer the first part of a question. Basically the central office does not have an idea of the level of unallocated cases at CSCs. I do not suggest that it has been deliberate in trying to mislead you in relation to that.

The Hon. DOUG MOPPETT: It is not a cover-up, it just does not know?

Mr O'DONOHUE: They do not know. In terms of it being a yardstick, it is probably one of the key indicators in determining what workload would be in the CSCs. From time to time there have been attempts to use different terminology within a CRC, such as inactive, unallocated, and changes to levels such as priority one, level one, category one, and so on. Terminologies change, but whatever the definition is for unallocated it is a good indicator of the work allocations.

Mr O'SULLIVAN: When industrial action was mooted in the metropolitan west area some weeks ago I spoke to a caseworker. He told me that he had a bundle of category one cases on his desk. I asked, "You mean the ones to be handled within 24 hours?" By that I meant investigated, to knock on the door and see what is happening. He answered, "Yes, and I would be lucky if I can get them done within 24 days."

Mr BRADY: I would like to give three quick anecdotes that have come from three very experienced casework managers. First, what is commonly called the raising of the bar about the severity of child abuse allegations, which are able to be promptly responded to. In the experience of this caseworker, even as recent as, say, three or four years ago, cases of very young children with a broken limb or bruising—and there are various reasons why that can happen—would have demanded, and received, an immediate response. In other words a caseworker would have gone out at least to see what was going on.

Those sorts of cases now form part of the unallocated list. That caseworker described it as because of the raising of the bar and the increasing numerous unallocated cases it was like sitting on a time bomb. He never knew which one was going to blow next; of course, it would be the one that had not been properly responded to.

Another casework manager gave a very wise summing up of the situation. He works in a unit which services a large public housing estate and has worked in various country towns. He said, "It is like this, DOCS is seen as the lead welfare agency. In a very real sense it does set a particular standard in what is acceptable in child welfare and child care." He meant that if there is a situation in which children are left outside the local pub while the parents are inside and that sort of report does not receive a response, the word very quickly gets around that that is acceptable.

That applies very much in country towns but it also applies in metropolitan areas. The third anecdote, and it might sound a little cynical, but it was a very real comment: the caseworker said, "I am getting better every day at managing what we do not do rather than what we ought to be doing."

The Hon. DOUG MOPPETT: Surely the policy about unallocated cases stems from central office? You are not making it up at each CSC. It seems incredible that they have no knowledge or handle on what happens after they have written the policy. Is that the case?

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Mr O'DONOHUE: That is the case.

The Hon. DOUG MOPPETT: Good heavens!

CHAIR: You have given the Committee a great deal to follow-up. Our discussion this morning may give some directions for your submission. We hope to receive that in a couple of weeks. If you wish to come back before the Committee with some individuals who may want to talk to us on a confidential basis, that possibility is open. The union may return in an umbrella role for some of its members. We will discuss that with you when you think through the evidence you may wish to put before the Committee.

(The witnesses withdrew)

(The Committee adjourned at 11.59 a.m.)