

**REPORT OF PROCEEDINGS BEFORE**

**STANDING COMMITTEE ON SOCIAL ISSUES**

**INQUIRY INTO ISSUES RELATING TO REDFERN-  
WATERLOO**

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**At Sydney on Monday 7 June 2004**

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**The Committee met at 1.30 p.m.**

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**PRESENT**

Ms J. C. Burnswoods (Chair)

The Hon. K. F. Griffin  
The Hon. R. M. Parker  
The Hon. G. S. Pearce  
The Hon. I. W. West

**NEIL CRAIG SHEPHERD**, Director-General, Department of Community Services, affirmed and examined; and

**ANNE MAREE SABELLICO**, Regional Director for Metro Central, Department of Community Services, sworn and examined:

**CHAIR:** I declare today's meeting open. I acknowledge that we are holding this hearing in the traditional land of the Gadigal people of the Eora nation. The Committee has prepared questions, which you have seen, but would you like to make a brief opening statement?

**Dr SHEPHERD:** Yes, if I may. I wanted to briefly clarify the role of the Department of Community Services in so far as it is relevant to this inquiry, to talk briefly about the services that DOCS provides in Redfern-Waterloo, to talk briefly about the services that we provide to Aboriginal communities generally and to pick up some of the views that have been expressed in evidence about DOCS and DOCS' performance. Briefly in terms of DOCS' role, our core work within communities that is relevant to this inquiry involves statutory child protection, the development and implementation of prevention and early intervention strategies to help build stronger families and communities and, obviously, caring for children who are not able to live at home.

In terms of the services that we provide in Redfern-Waterloo, we actually provide a wide range of services, some of which are better known than others. In our traditional child protection and out-of-home care role, we provide services from Eastern Sydney Community Services Centre [CSC], which services a wider area than Redfern-Waterloo, and you would be aware, of course, of the Helpline, which is a statewide intake service that takes matters in for Eastern Sydney and all of the other CSCs in New South Wales. In 2002-03 there were 3,052 child protection reports to Eastern Sydney CSC. East Sydney CSC receives a higher than average number of level one reports and it has a higher than average number of matters before the Children's Court than other CSCs.

Currently, there are 234 cases being managed by Eastern Sydney CSC—these are child protection cases—that involve 289 children. Approximately 25 per cent of those are in Redfern-Waterloo. Currently, there are 227 out-of-home-care cases managed by Eastern Sydney CSC and 27 of those are in Redfern-Waterloo. To deal with these we have 35 caseworkers in Eastern Sydney CSC and there will be an increase of 11 in 2005-06 as part of the Government's enhancement process for the Department of Community Services. We are also looking internationally at how we might rearrange some of the caseworkers services to see if we cannot provide a better service to those long-term cases that do not make it into level one and do not make it into the high priority service criteria. That is traditional child protection and out-of-home-care in a nutshell.

The second thing we do is the street team, and DOCS is the leader of the street team. We provide staff and the co-ordination and function for it but there are also health staff and non-government organisation staff. The street team works with Aboriginal and non-Aboriginal children in Redfern-Waterloo and also in the Block. They average about 375 contacts per month and that will involve multiple contacts with the same child. They tend to work with 11- to 16-year-olds, primarily Aboriginal children and 40 per cent of the clients are ongoing, so they make ongoing contact with the street team, which is very good. Last year 43 per cent of those people who contacted the street team received tangible assistance in terms of referrals or other assistance.

We have just done a review of how the street team operates and we intend to provide an enhanced service from the street team, with more direct assistance, which Anne Marie can talk about in due course, if you like. The next thing we do is we fund and run the Yallamundi intensive family based service for Aboriginal people. It is one of four of those services in New South Wales. It has four staff and it provides a very intensive service to Aboriginal clients who are in crisis. It is a new initiative but it is modelled on successful initiatives in other parts of New South Wales. The final thing that we do is to fund a lot of non-government services in Redfern-Waterloo and in the area of the Eastern Sydney Community Services Centre in general. Approximately \$2 million will go out the door to non-government organisations in Redfern-Waterloo in this financial year. The details of whom we fund are included in the submission, which you would have already received and there is no point in me going back over that material.

In terms of services to the Aboriginal community, you would be aware that statewide there is a disproportional number of child protection reports involving Aboriginal children and a disproportional number of Aboriginal children in out-of-home care. The statistics are that they make up about 15 per cent of the child protection reports; they make up about 25 per cent of the children in out-of-home care and they are less than 3 per cent of the child population, so there is clearly a problem. We are trying to address this through a range of mechanisms. Certainly, funding of Aboriginal services to provide services to Aboriginal communities is a long-term key for us and we are working with the Aboriginal State Secretariat and other providers to try to turn that into a reality.

That will increase the number of Aboriginal foster carers substantially over the next year, but we do need to recognise that we need to give substantial support and training to these Aboriginal organisations to ensure their long-term viability. The other thing that we are doing is trying to improve our interaction with Aboriginal communities generally across the State and that has been a bit of a patchwork over time, as members of the Committee would be well aware, but we have made significant inroads in some of the regions over the last 12 months. We certainly intend to make significant inroads in the other regions over the coming year.

We are doing a lot internally as well in order to increase our recruitment and retention rate of Aboriginal caseworker staff and we have recently increased the size of the Aboriginal services branch from two to 15 staff in order to provide a significant range of services both to the Aboriginal staff of the organisation to recruit more, to improve the training and to provide better services to the Aboriginal communities generally. There is a list of services that we fund in the Redfern-Waterloo area for Aboriginal communities. Very briefly, Yallamundi would be one of the key ones that we operate directly. In terms of funding, we have funded over \$500,000 to Aboriginal-auspiced organisations over the last year and we intend to continue to do that over the coming year and to increase it as the capacity of those services allows for it to be increased.

Going now to the divergent views, I guess, about DOCS, the Committee has heard conflicting views about the level and the quality of services provided by DOCS in Redfern-Waterloo and obviously generally, if you go back in time to a previous inquiry of this Committee. Those criticisms have applied to DOCS generally and also specifically about removal of children. I might just deal with those in general terms. It is important to look at the context in the first case. There has been a massive increase in child protection reports over the years 1996-97 to 2001-02, a 432 per cent increase in reports to DOCS. The resources did not keep pace with that massive increase, and that is well known. Concurrent with that was a decline of supporting systems within the organisation—the records management system and all those sorts of things. There were a series of critical reports from oversighting agencies—the Ombudsman, the Community Services Commission and the inquiry itself from the Social Issues Committee.

What it has meant, essentially, is that the organisation has been forced to prioritise to deal with the most urgent and most serious cases and that has meant often that level two and level three cases have not been allocated. Now there is nothing new in any of that. It is all on the public record and has been for some time. The response by the Government is also on the record. They have injected \$1.2 billion into DOCS over a six-year period. It is important to stress that it is over a six-year period. The announcement was made in December 2002. The money really started to flow in the first financial year after that, which is the current financial year, so we are not yet at the end of year one in terms of the funding coming to DOCS, and the bulk of the money comes in years three, four and five. There will be improvements and they will be significant, but they will take some time. As I said, in 2005-06 eastern Sydney CSC will get 11 new caseworkers as part of the increased staffing.

The Government has not simply given money to DOCS, it has also improved its co-ordination mechanism across government agencies significantly by establishing the human services chief executives group, which focuses heavily on key issues of interface, interface management and better co-ordination across government in this area. It has also established the human services cabinet committee to do the same thing at the ministerial level and the child protection senior officers group, which does the same sort of thing. The committee is well aware that these are usually very complex cases and that they involve very complex service requirements. The Government has also injected funding into some of our service-providing partners such the Department of Health, the Department of Education and Training and the Department of Ageing, Disability and Home Care. Those things are

crucial because we rely very heavily on the services they provide as well as the services provided by the non-government sector.

There has been some criticism or comment about DOCS' hours of operation and its being a 9.00 a.m. to 5.00 p.m. service. It is true that the community services centres operate on a routine office-hours basis. However, the Helpline operates 24 hours a day, seven days a week. It provides not only the intake service but also the out-of-hours service for emergency cases in the entire metropolitan area, including eastern Sydney. Of course, the street team operates until 2.00 a.m. every day. It is certainly not a 9.00 a.m. to 5.00 p.m. service.

Comments have been made about removal of children; that is, that DOCS is either not active enough or too active, or if we are active that we target the wrong people. That is not surprising when one is dealing with the removal of children. It is a highly contentious issue whether it relates to Aboriginal or non-Aboriginal children. There are very strong opinions held by everyone involved in any individual case of removal. There is a very strong expectation among some people that a report will result in DOCS removing children. However, a huge series of steps must be taken between a report and a decision to remove. DOCS must have sufficient evidence to satisfy a court that removal is necessary. DOCS is not the only agency that removes children. It will always be a major area of conflict, whether it is in the Aboriginal or non-Aboriginal community. Nothing is more troubling for a family than for DOCS to remove a child.

**CHAIR:** Thank you. I think you have probably answered the first three questions provided to you, which were designed to get an overview of the services provided. The committee would like some information about staffing ratios, experience and training, because it has received evidence about DOCS similar to that received about police; that is, that a disproportionate number of DOCS staff serving the Redfern-Waterloo area are very young and inexperienced and that they transfer out of the area relatively quickly. Can you throw some light on that?

**Dr SHEPHERD:** We can certainly provide written detail in due course.

**Ms SABELLICO:** The Eastern Sydney CSC has a ratio of one manager to seven caseworkers. On average the caseworkers have about one year and 10 months' experience. The managers are far more experienced with about seven years of work in the field. A number of people are on maternity leave or leave without pay. So, we have a number of temporary vacancies that we are attempting to backfill, and we have been quite successful in doing so. A number of staff members also move into management or specialist positions, which again leads to backfilling caseworker positions. All caseworkers must participate in the caseworker development course, which is effectively a 35-day course of face-to-face training. It is done in blocks of three days or four days over about seven weeks. In between those sessions the caseworkers go back to the office to apply the theory or instruction that has been delivered during the course. Nine caseworkers in Eastern Sydney are participating in the course at this stage. Of course, managers must ensure the appropriate level of staffing is available to cover the work while caseworkers are in training. All staff undertaking the course must attend the working with Aboriginal children and families course and the course dealing with cultural awareness.

**CHAIR:** Two other questions arise out of that. First, is the pattern described relatively typical of the State? Some people have suggested that it is not. Secondly, in terms of the high percentage of child protection reports and children in out-of-home care in this area, can we correctly assume that the staffing level is higher to take account of the heavier caseload?

**Dr SHEPHERD:** It is not a uniform pattern across New South Wales in terms of experience of caseworkers. For example, the Hunter or the North Coast have a much more stable population of caseworkers and obviously their experience is much greater. This pattern is typical of the metropolitan area; it would not be vastly different from the situation in the western metropolitan or south-western metropolitan areas. Caseworker turnover has decreased over the past year. I can provide the exact figures, but it was running at about 11.5 per cent to 12 per cent a year ago and it is well below that now. I anticipate that as the changes take place in DOCS the current turnover will decline even further. The staffing allocation for Eastern Sydney has been worked out according to a complex formula that takes into account caseloads, complexity of cases and the matters being dealt with. The allocation of caseworkers going forward reflects that balance across the State.

**CHAIR:** We will keep a note of the questions on notice and the material you have undertaken to provide.

**The Hon. ROBYN PARKER:** Dr Shepherd, I note your comments about conflicting views about DOCS and also your comments about the Helpline and the increasing number of calls. The committee has had many comments, both written and verbal and mostly adverse, about DOCS during this inquiry. Those adverse comments have been made by frontline police officers, who say they contact DOCS with little or no response, and by representatives of Barnardos Australia, who would know and who say that DOCS has a siege mentality. Other agencies that have no understanding of how DOCS operates have also said that it does not work as the lead agency implementing interagency guidelines, that it does not co-ordinate and that it is failing. What do you say to that criticism?

**Dr SHEPHERD:** In my opening remarks I dealt with the fact that DOCS has had a difficult past decade. Under both Governments DOCS has certainly had a tough time in terms of resources, budgets and systems. It was struggling. In the face of the massive increase in child protection reports there was obviously going to be some deficiency in service provision. As I said, that has been openly acknowledged; it is all on the public record. One need only look at the previous Standing Committee on Social Issues inquiry to see all that material. The Government has responded to that by injecting resources and by providing access to funding to increase both the staffing levels and systems resources. We are in the process of rebuilding DOCS, but it is a six-year exercise. One cannot recruit 875 caseworkers overnight, that takes time; one cannot put new systems in place overnight, it also takes time. However, we are knocking over the systems one by one, and over the next year or so we should have most of them in place.

The Helpline is now functioning better than it has ever functioned. Its average call wait time is now less than four minutes, there are very few faxes in the backlog and very few matters outstanding at the Helpline. That is simply a matter of resources and training. We are now operating at full strength at the Helpline. That has occurred only in the past couple of months. One would anticipate that the service level would improve. That has happened despite the fact that we have installed a major new computer system that has had its share of teething problems.

The service levels provided by DOCS will improve in the same way that they are improving in relation to our co-ordination of particular efforts such as the Redfern-Waterloo Street Team. I met with the street team the other day and I did not hear anything from the other agencies suggesting that DOCS was not co-ordinating that team exercise effectively. That is a new initiative and it has been properly resourced from the outset. Yes, there have been problems and we recognise them. They are on the public record and we are doing something about them. Over the next five years we will rebuild this organisation to be effective.

**The Hon. ROBYN PARKER:** Ms Sabellico, all the bureaucratic talk in the world does not deal with the fact that you have presented a number of case studies and other people have talked about dealing with real families facing heroin use and 13-year-olds who have been sexually abused and who have had little or no intervention from DOCS in spite of calls from the police, Barnardos Australia and schools. Nothing has been done except in the case of one family in the past few months and in fact a DOCS worker was said to—

**CHAIR:** I remind the honourable member that these are confidential case studies. I urge her not to give identifying information.

**The Hon. ROBYN PARKER:** What do you say about those families and what your department has failed to achieve with them given that they are still living in those conditions?

**Dr SHEPHERD:** I think it is appropriate that I take that question. As I outlined in my answer to your previous question, the organisation has not had the resources that it requires to deal with the massive increase in child protection reports. It has dealt effectively with the level-one reports, but it has not had the resources available to allocate all level two and level three cases. Many of the cases that you are probably talking about—and I have not seen them—and certainly some of the cases that we presented to the Committee as cases that were typical, fall into the basket of level two and level three cases. That does not mean that they do not require a service from government or from non-government organisations. Level two and level three cases are serious cases that require intervention,

but we have not been able to get to those cases given the massive increase in numbers and the very high numbers of level one cases that we are now dealing with.

**The Hon. GREG PEARCE:** Who does the allocation of these levels?

**Dr SHEPHERD:** It is a two-step process. The DOCS Helpline does the initial allocation based on the report and any subsequent investigation it may have done by going back to the reporter. That case level allocation is checked by the supervisor within the team that takes it at the Helpline, and then it is transferred to the community service centre, where it is re-examined by the intake group at the community services centre. They may well have local knowledge that will alter that level, and the community services centre has the capacity to either raise it or lower it. In fact, relatively few levels are changed these days at community services centres. Some are, and if so they are usually upgraded rather than downgraded. So they might be moved from a level two to a level one, or from a level three to a level two.

The thing about the levels that is important to understand is that level one cases are cases that require urgent intervention; there is something that requires essentially immediate or very quick action by DOCS. The underlying causes of whatever is there may be equally serious for a level one or level two case; it is just that for level one, for whatever reason we need to do something in a very short space of time.

**The Hon. IAN WEST:** We have received evidence from the Redfern Legal Centre that has made it fairly clear that in its view there has been a great deal of inconsistency and unfairness with DOCS. One of the most common complaints we hear from the centre is that DOCS does not remove children who need to be removed, that it removes children rather suddenly when the perception is that they do not need to be removed. The perception is that there appears to be a clear, ongoing view amongst the Aboriginal community that DOCS is persisting with the age-old problem of removal. Are you able to comment on that?

**Dr SHEPHERD:** In terms of consistency, the credibility of the evidence you refer to needs testing. It does not make any sense to us that children would be removed for minor conflict. There are a number of reasons for that. First, except very temporarily—and I mean temporarily—DOCS can only remove children with the approval of the Children's Court. The Children's Court and DOCS are bound by law to use the least intrusive intervention in any particular case. DOCS cannot just go in there and remove children willy-nilly for a minor conflict; it either has to have the approval of the Children's Court before it does it or, on the first sitting day of the Children's Court thereafter, DOCS has to go before the Children's Court and explain.

**The Hon. IAN WEST:** Have you at any time had these sorts of discussions with the Redfern Legal Centre, and are you aware that the service has this view?

**Dr SHEPHERD:** I am aware from the evidence that the view is there. I have not personally had discussions with the Redfern Legal Centre. Anne Marie Sabellico may well have had discussions, but—

**Ms SABELLICO:** No, I have not had any particular discussions with the legal centre.

**Dr SHEPHERD:** The first thing is that we cannot just remove children willy-nilly; you need the approval of the Children's Court to do that. Secondly, there is extensive training and procedural support for caseworkers around removal; it is the most serious thing we do. Thirdly, the caseworker does not actually have the delegation to remove a child; the manager casework has that delegation. All the Managers Casework in Eastern Sydney are experienced, long-serving officers. They seek other specialist advice from casework specialists, legal officers, and so on, and if it is contentious or complex they will take it to a Manager client services. There simply is not room for inconsistent behaviour by DOCS in relation to the removal of children.

**The Hon. IAN WEST:** Can you explain where my perception is wrong? I perceive that where you have a street team, which you have indicated is a new initiative that is properly resourced, you seem to be proactive and having some impact. But in terms of support and interaction with the local services, it seems to be virtually non-existent. It appears that the perception of the local

community and the non-government organisations and other services in the community is that DOCS is reactive, rather than proactive, and not leading.

**Dr SHEPHERD:** Most of the interaction with the Redfern Legal Centre will be around legal cases that are likely to lead to removal or serious child protection cases. The centre will have a particular view of this, which its officers have put in submissions. When I looked at the evidence, the uncorrected proof from there, I got the impression that the centre's officers were unable to quantify those perceptions any better than other people are able to quantify views about DOCS; it is difficult.

**CHAIR:** It would be fair to say, I think, that prior to their evidence they had the same trouble that we all have, of not being able to talk about individual families because it might identify them. I mention that because that was an issue they raised prior to giving evidence, and it may be that they had some particular cases in mind but, for whatever reason, thought it best that they should not be identified in the transcript.

**Dr SHEPHERD:** If you want to talk broadly about the history of the relationship with the Aboriginal community—which I thought was where you were going initially—I am happy to do that.

**The Hon. IAN WEST:** I think it is fairly clear, unless you want to explain it further, that the view amongst the Aboriginal community is that DOCS does not have a good relationship with the Aboriginal community, and that that genetic memory is there and there is obviously a need for DOCS to be able to address it properly.

**Dr SHEPHERD:** I can talk a little about that. That relationship with the Aboriginal community is very multifaceted. To generalise, some parts of it are good, and some parts of it are not. If you look at Yallamundi and the street team, the relationship with the Aboriginal community is good. If you look at the traditional child protection area, it is not likely to be as good. But even within child protection there are some strong positive relationships in individual communities and individual cases. I said in the earlier statement that it is a bit patchy across New South Wales. It is very difficult for the child protection relationship to be positive, given the history of removal of children by government agencies—not necessarily DOCS—and reconciling that with DOCS' ongoing role in removal. People do not distinguish the reasons for the two kinds of removal. The earlier removals were a government policy, under the government of the day; now we are trying to deal with the protection of individuals, and the communities do not necessarily make that distinction.

We need to do a number of things to improve our relationship with Aboriginal communities. The first thing we need to do is to get into genuine consultation with the individual communities about the kinds of services that are required and the method we will use to deliver those services. That is very easy to say and not quite so easy to do. Second, we need to develop effective and viable services for Aboriginal communities that are run by Aboriginal people or Aboriginal communities. Again, that is easy to say and not so easy to do. The reason it is not easy to do is that there is a very high level of failure of Aboriginal-run services in New South Wales; it is a much higher level than for non-Aboriginal services.

However, we are working with the Aboriginal State Secretariat and other Aboriginal bodies to try to improve that situation, because it is crucial that we get these Aboriginal-run services to provide the services. We are recruiting and training a substantial number of Aboriginal staff in DOCS. We are providing much better support for the Aboriginal staff in DOCS than was provided previously. We are about to start on another round of cultural awareness training for non-Aboriginal staff in DOCS. We have increased substantially our focus on how we deal with Aboriginal communities, and we will continue to do that. It has been tough but we will improve it.

**The Hon. ROBYN PARKER:** Dr Shepherd, you said that DOCS has an adequate record of dealing with level one cases but that your resources are limited for level two responses. I wonder how that could be the case, given the examples and case studies you present to us regarding children who have been living with seriously drug-dependent parents, where there is domestic violence, physical abuse, sexual abuse, criminal activity, drug and alcohol use, and parents' inability to manage the behaviours of their children. It appears to me that surely they would be level one complaints, and yet these children have been left with their hopelessly inadequate parents without any action being taken for years and years.

**Dr SHEPHERD:** I explained earlier that level one cases have a level of immediacy about them that requires very short-term action by DOCS or other agencies in order to deal with the cases. I did say that there are very serious cases sitting in level two and level three, and you correctly identified them as the long-term, chronic cases. They get notified, they are given a level of level three or level two, they get notified again, they get notified yet again, and so you have a history of many notifications at lower level in some families. Historically, over the last 10 years or so, DOCS has basically been forced to prioritise around the level one cases. The new resources will enable us to get to the serious level two and level three cases, and there are specific programs within that resourcing package to deal with level three cases.

**The Hon. GREG PEARCE:** Are you saying that at the moment you are not getting to the level three cases at all?

**Dr SHEPHERD:** We are getting to some of the level three cases, and we are getting to some of the level two cases. I can get for you the accurate percentages that were given to the social issues committee on the last occasion. It was about 26 per cent of the level two cases and about 13 per cent of the level three cases then. Given that the resources have only just started to come into DOCS, it will not be hugely different at the moment. However, within Eastern Sydney Community Services Centre at the moment they are looking at quarantining some caseworkers to look at these longer-term, chronic level three cases in order to see whether something can be done with those cases despite them not hitting the level one priority barrier.

**The Hon. ROBYN PARKER:** Why is Redfern so far down the list for new resources and will not receive its resources until after June 2005, given that your submission says that Redfern has so many serious complaints of children at risk?

**Dr SHEPHERD:** Redfern is not way down the list. Did I say 05-06? I meant 04-05, sorry.

**CHAIR:** I think you said 11 new case workers in 05-06.

**Dr SHEPHERD:** No, it is 04-05, sorry. So it is getting its 11 new caseworkers next year and they are for child protection and early intervention, and then there will be probably some additional caseworkers for out of home care, and they have yet to be allocated across the State. So it is high on the list. This is only coming up to the second year of the rollout and it is a five-year rollout, so Redfern is getting its resources early.

**The Hon. ROBYN PARKER:** Not early enough for some of these families though. How many resources do you think you are going to actually need to try to get to the bottom of the problems in this particular community?

**Dr SHEPHERD:** To deal with the cases that we as DOCS should deal with, we believe that the resourcing will be adequate when it is finally rolled out. Remember that there are a number of other initiatives being run in conjunction with the increased caseworkers for Redfern/Waterloo. There are the early intervention projects that are coming forward and they split into two groups; they split into groups that are designed to prevent high risk children ever coming into the child protection system and by about year four of this program there is \$35 million per annum to be spent on that across New South Wales, of which some will go to this region. There is also the early intervention project, which has a very high level of funding, over \$40 million, and is also designed to deal with these lower-level cases.

Then there are things like the intensive family-based service at Yallamundi; we will review it after it has been operating for a year and see whether additional resources are required there. Remember also that a substantial amount of the money that comes into this \$1.2 billion, over half of it goes out to the non-government sector to provide services. So there will be enhancements to the non-government sector service provision as well. So it is not just the caseworker resources you need to look at, it is the resourcing package as a whole.

**The Hon. KAYEE GRIFFIN:** Dr Shepherd, how would you describe the relationship between the Department of Community Services [DOCS] and the police? Do you believe the police



are being effective in reporting cases of child abuse and neglect to the department? Could you also comment in relation to complaints about domestic violence crimes?

**Dr SHEPHERD:** You would describe the relationship overall as sound between the police and DOCS. I did talk to the staff of the community services centre and to the street team and the Yallamundi co-ordinator last week to prepare for this hearing. The staff from the CSC described the relationship as excellent and were very positive about the relationship with police. The Yallamundi co-ordinator reported that he had no negative issues with police. The street team staff noted that they had had some problems early on but were emphatic that the situation had improved substantially recently. There is a very strong relationship between the area commander and the regional director, Ms Sabellico, and that is essential to sort out any issues that arise. I mean there are 150 police in that area command and there are 60-odd DOCS staff, so there will always be some individual tensions that arise, and they need to be sorted out very quickly.

In terms of the reporting of matters to DOCS, police, as you would be aware, are the major mandatory reporters statewide; they put in 36 per cent of the reports that are made to DOCS statewide, and for Eastern Sydney CSC the figure is 34 per cent in 2002-03. It is right on the State average so there is nothing that would suggest that they are not reporting in line with the State trends. Of course, they do not just report, they do a wide range of other things to assist DOCS: they provide support for home visits for staff and clients; they do joint work with case workers around warrants; they serve documents on behalf of the CSC; they provide excellent information to us under section 248 in relation to some of the risks that may be faced by staff or clients of DOCS in whatever situation they might be; they certainly obtain apprehended violence orders on behalf of children and on behalf of carers, and they respond very quickly if there are threats of violence to staff or to clients; and they also get involved jointly in seeking missing children when children have been notified as missing. So they do a wide range of things in conjunction with DOCS and independent of DOCS that would indicate that their commitment to child protection is very high.

**The Hon. KAYEE GRIFFIN:** In one submission that the inquiry has received it was argued that some individual police do not understand welfare practices and therefore do not refer families to other agencies for assistance. There have been some comments made during the inquiry in similar terms to perhaps the experience that DOCS workers have that because there is a turnover in police who are with the local area command, perhaps it is probable or possible that some individual police officers do not really understand those practices and therefore are not referring people to all the agencies that they should be referred to?

**Dr SHEPHERD:** The general comment that was made previously probably holds in that given that they are reporting at the State average, it is a little bit difficult to see how you would say that they are not making the appropriate referrals to DOCS. The general comment I would make is that within any operational service there is going to be a range of individuals and there will be a range of actions that individuals take that fall within the acceptable boundaries of acceptable practice. So that may be one of the things that is a factor there. Obviously I do not have direct knowledge of what individual police are doing within Redfern/Waterloo. I can say that when I put this proposition to the staff that I mentioned earlier, the CSC staff, the street team staff and so on, their view was positive about the efforts that police are making to train staff and to make police officers aware, and recognising that there is the sort of turnover that you are describing. I think they thought that the situation was, on the whole, very good—in fact they did say that.

**The Hon. KAYEE GRIFFIN:** Do you think that the situation could be improved more if there were more Aboriginal liaison officers through the local area command? There have also been comments about the numbers of ACLOs at the moment working with the community and that there are some vacancies. Do you think that that particular position would be helped if those other positions are filled?

**Dr SHEPHERD:** I cannot comment on the police situation. What I can say is that if we could fill and expand the number of Aboriginal caseworkers in DOCS our relationship with the Aboriginal community would be better than it is. If you follow that over it is quite likely that that is true. But I cannot comment specifically on the police.

**The Hon. KAYEE GRIFFIN:** In the Government's submission you acknowledge that there is a lack of collaboration between youth services combined with a lack of rigour in planning and targeting of services. Could you explain the impact of that lack of services and what DOCS is doing to address the problem?

**Dr SHEPHERD:** Could you give me that again please?

**CHAIR:** It is question No. 4.

**The Hon. KAYEE GRIFFIN:** It is about the lack of collaboration between youth services.

**Dr SHEPHERD:** I put that to that group of staff again the other day and they were a bit aghast at the idea that there was a concept of lack of collaboration, because it implies that they will not work with each other. What they focused on was that at times the co-ordination needed to be better and that where the opportunity was there for them to get together and discuss the cases or to have somebody doing that on their behalf, that the collaboration was very good. It seemed to me that it was an issue around co-ordination more than collaboration. The agencies are, of course, looking at employing, or in fact are in the process of employing, a couple of people to assist with managing these complex cases so that we make sure we are not doubling up on services or that there are not big gaps in services, and Ms Sabellico can tell you more about that if you like.

So it is a recognised issue and there are a number of things that need to be done to address it. The other thing that will happen, of course, is the human services review is looking at this issue as well and hopefully they will have some conclusions about how we might manage it better in the future. But we are waiting for that to happen; we are improving the way we handle it now by putting in these casework managers and the view is that there is no angst there, it is quite positive, it is just lack of time.

**The Hon. KAYEE GRIFFIN:** Could you give us some more information about that?

**Ms SABELLICO:** The case co-ordination project is funded out of the Redfern/Waterloo Partnership Project and it will employ three staff. They have just finalised the recruitment of those three staff. Administratively, they will sit within Housing, who is the budget holder, and DOCS will provide clinical support and direction for the case co-ordination project and, specifically, support for the workers. What it will look at doing is working with the human services senior officers group in looking at what are the priority cases for all agencies so that then we can look at developing a case plan across all agencies with one clear direction and purpose, and to have a high level of participation from the family of the child or young person. Then each agency will be accountable for completing the component that relates to their agency and reporting back so that there is a high level of co-ordination of the case plan instead of a number of case plans being developed and actioned.

**The Hon. GREG PEARCE:** Ms Sabellico, do you actually manage the Redfern CSC or it is within your area?

**Ms SABELLICO:** It is within the region, yes. It is one of seven community services centres within Metro Central.

**The Hon. GREG PEARCE:** And you are the director of those seven?

**Ms SABELLICO:** I have got a Director, Child and Family, and I am the regional director that is responsible for the community services centres, the partnership and planning units, of which there are five, and then also the co-ordination of the whole-of-government initiatives.

**The Hon. GREG PEARCE:** Have you got an organisation chart that you could give us? Perhaps you could take it on notice to do that?

**Dr SHEPHERD:** We can provide you with that.

**The Hon. GREG PEARCE:** Dr Shepherd, on Friday the Barnardos witness was quite scathing about the lack of compliance with interagency guidelines by Redfern DOCS staff. She said

that they did not comply with the interagency guidelines, that they did not know what they were; that they were likely to say, "Yeah, that's the document on the shelf. I haven't had time to open it". The managers say that despite large government initiatives and the hundreds of thousands of dollars that are spent on developing and training, staff have moved on and there is no continued training initiative. The theme of lack of co-ordination by DOCS is one that has come time and time again. You do not seem to have taken that on board from the evidence you have given earlier. You seemed earlier to be describing it in a rosy way—"We are developing all these things"—but the reality is, on the ground, it is not happening.

**Dr SHEPHERD:** I think I was quite explicit in my earlier statements that DOCS has had a difficult history over the last decade and that we are in the process now of rebuilding DOCS as a result of the substantial injection of funding from the Government. The Government has been very clear that the program is a five-year program, and we are in year one of that program. So I would not necessarily put the difficulties that you have described at the extreme negative end at which you have put them, but some of those sorts of things have been around for a while.

**The Hon. GREG PEARCE:** You have read all the evidence so you would know why we have put them at the extreme end.

**Dr SHEPHERD:** I certainly have not read Barnardo's evidence that was given on Friday. I have not had access to that, so I cannot comment on it.

**The Hon. GREG PEARCE:** You said that you have in place a five-year plan to improve things. In reality the way in which it works is the way in which you have described level three reports in your submission. You state:

A review of reports received by DOCS indicates that there were about four families in Redfern/Waterloo who have averaged 40 child protection reports to DOCS. These families have multiple presenting issues including domestic violence, neglect, physical and sexual abuse, criminal behaviour, drug and alcohol and mental health issues.

Those problems, which are still in the community, are not being addressed. They are not only not being addressed; the way it seems to work is that DOCS receives a complaint and it then categorises it as category three—which is what those complaints are—and then it does nothing about it. When it is categorised as category three DOCS knows that nothing is going to be done about it.

**Dr SHEPHERD:** That is not strictly correct.

**The Hon. GREG PEARCE:** That is not strictly correct?

**Dr SHEPHERD:** No.

**The Hon. GREG PEARCE:** Why?

**Dr SHEPHERD:** I will answer the question.

**The Hon. GREG PEARCE:** It seems quite correct.

**Dr SHEPHERD:** No, it is not correct. When cases are categorised as level three at the Helpline they are then transferred to the community services centre [CSC] and the community services centre reassesses them to determine whether there should be a shift in priority.

**The Hon. GREG PEARCE:** And the community services centres categorise them again as category three because they are the people who do the work and they know that they are not going to do anything about them.

**Dr SHEPHERD:** Yes.

**The Hon. GREG PEARCE:** So they get this complaint—

**CHAIR:** The Hon. Greg Pearce should let Dr Shepherd answer the question.

**The Hon. GREG PEARCE:** I am just following your logic. They get the complaint on the phone line, it then goes to the people who are on the ground who are supposed to do the work and they, knowing that they are not going to get to it, categorise it as category three?

**Dr SHEPHERD:** Not necessarily. Cases are looked at—

**The Hon. GREG PEARCE:** Not necessarily?

**Dr SHEPHERD:** No. Let me finish. Cases are looked at on a regular basis to determine whether there is any additional information that would warrant moving them from their current level of classification up to a higher level of classification, or to see whether anything new happens. It is not as if a case comes and in and nothing happens. There will be a further inquiry and some further investigation.

**The Hon. GREG PEARCE:** But nothing is done to fix it.

**Dr SHEPHERD:** That is not necessarily true.

**The Hon. IAN WEST:** I would like to hear Dr Shepherd's answer.

**CHAIR:** Committee members would like to hear a little more from Dr Shepherd.

**Dr SHEPHERD:** In a lot of those cases there are referrals to other services—to non-government services or to other government agencies. We may not take them to a full investigation stage, but we do other things with them. If you look at the case histories of many of these cases you will find that they have been referred to numerous other services outside DOCS, which we may fund either through program funding or on an individual case basis. What has not happened in DOCS historically but what is now starting to happen is that we are now putting caseworkers aside to look at cases that are chronic level three reports. We are looking at the overall case management of those cases rather than just referring them out to other service providers to fix the problems.

**The Hon. GREG PEARCE:** I have not had much involvement in this area. I will not mention the cases but I was horrified to read the catalogue of case studies that you have given us—the case studies that DOCS has treated as category three and that it has decided are category three—and nothing has been done about them. You talk about these referrals and all the rest of it but all you have done is create a huge file. Nothing has happened in relation to these cases. It is horrifying. You sit here and say that you are going to get around to it in four years time.

**Dr SHEPHERD:** No, I am not saying that at all. I have said that there will be referrals to appropriate services in many of the cases. Some of the reports do not warrant that. Remember that you are dealing with multiple reports in many cases. Those services are designed to fix whatever is the presenting problem at the time. I said that we are now putting caseworkers aside in order to look at these cases from a whole case management point of view to determine whether there is something different that we can do other than just refer these people to other services. The fact is that you have just come to these cases, you have started to look at them and you say that they are horrifying. There are many ugly cases of a child protection nature in New South Wales. What you are looking at is pretty typical of what is out there.

**The Hon. GREG PEARCE:** What is so typical about what is out there is that DOCS does nothing but refer these cases and build up a file.

**Dr SHEPHERD:** Let us think about what DOCS might do. DOCS can take a number of actions and it has a number of other powers to refer cases to other agencies—either government agencies or non-government agencies. Short of removing every one of these children, in which case the number of children in out-of-home care in New South Wales would be horrendous, we try to work with families in order to stabilise the situation and to make it possible for children to remain at home in a safe condition. There will always be arguments about whether the action went far enough quickly enough. If you gave 10 social workers a case you would get five who said, "You should have done A", and you would get five who said, "You should have done B." A lot of this is opinion once you get into the very hard end of whether or not to remove them.

**The Hon. IAN WEST:** I am appreciative of the work that DOCS workers do. I preface my comments with that remark because with my limited knowledge of categories one, two and three I am aware that you would be lucky if you dealt with a reasonable percentage of category one cases, let alone category three cases. Having said that, I am aware that in Redfern and Waterloo a number of community organisations appear—not deliberately—to have been set up for failure because of the lack of support, co-ordination and interaction. I noted that you referred in your opening comments to that important issue. I would like some assurance in relation to it. Over the decades organisations with great personnel and great intent have failed time and again because they have not had appropriate support mechanisms, co-ordination and interaction. What is your input in relation to that issue?

**Dr SHEPHERD:** Most of the cases that you have seen and that we have just referred to are very complex and require services from a multiplicity of agencies, both government and non-government. Historically, that has been done essentially with each agency dealing with its own bit of the issue, without a great deal of co-ordination. The move over the last four or five years—

**The Hon. GREG PEARCE:** The last two months.

**Dr SHEPHERD:** Not at all. The move over the last several years has seen much improved co-ordination across government agencies in order to try to avoid gaps or duplication in the service system. I mentioned a number of the initiatives at the upper level of government, starting with the human services Cabinet committee, the human services chief executives who meet regularly and also form a series of subcommittees in order to deal with specific issues to make sure that services are delivered properly across government, to things like the child protection senior officers group. Obviously, liaison mechanisms are also occurring within the regions. Anne Marie Sabellico can talk about those if you wish. They are designed to improve the way we co-ordinate across government. As a simple example—and this is a Hunter one and not a Redfern one—clients with very complex needs come to DOCS with mental health, disability and educational difficulties—you name it. They are really complex cases.

We are now working in an assessment partnership with health, education, disability recently, and DOCS, which is being led by the mental health team at Hunter hospital. They are working with us in order to develop an assessment process that will enable a proper assessment of these high needs clients. That is good co-ordination across government to ensure that things do not go astray and to ensure the provision of services that need to be provided. The same sort of thing is happening in metropolitan south-west around the same issue. In the domestic violence area there is a substantial effort to co-ordinate government activities at the upper level of government as well as between individual police commands and DOCS. The Wyong police command and the local DOCS office have pooled resources and are working effectively on domestic violence in that area. The same sort of thing is occurring in the Mount Druitt area. There are a lot of examples now, both at the top level and on the ground, of government working much more effectively to co-ordinate its services for complex needs clients.

**The Hon. IAN WEST:** These organisations tend to get snowed under with administration. Organisations with very good people get snowed under as a result of the day-to-day grind of administration. The Redfern Legal Service put it to us that an Aboriginal women's refuge should be set up. Could you comment on that issue? If it were to be set up what method would you use to provide support, interaction, co-ordination and administration? Could you give us some idea how you would deal with setting up such a refuge?

**Dr SHEPHERD:** I will ask Anne Marie Sabellico issue to answer that question as it is a highly specific area in Redfern and Waterloo that I do not know much about.

**Ms SABELLICO:** Clearly, the issue of family violence is a strong issue that has been coming up in relation to the human services review and the consultations that it has been having with agencies and non-government organisations in the community. As part of that the human services review will be looking at the types of services that are available for use within Redfern and Waterloo but also within the context of services in outlying areas. A number of women's refuges are accessible. We need to determine how we can make them more accessible for that purpose. So we will be working with the partnership project to inform the human services review of the types of services that

are available. We will be looking at that issue quite specifically, given that it is one of significance for that review.

**The Hon. ROBYN PARKER:** We are here because of a number of issues, but primarily because on one hot night a number of families and children were hurling rocks at police in Redfern. I have heard about the plans that you have for the future. You might be able to sense my frustration. What is the situation now? What immediate changes have you made since that riot? Do your staff members now understand the implications of the interagency guidelines and have you taken any action? What immediate action have you taken since that riot?

**Ms SABELLICO:** Immediately after the riot we had a meeting with staff in the Eastern Sydney Community Services Centre, Yallamundi and the Street Team. We talked about issues from a staff perspective and we talked about issues that our Aboriginal caseworkers were able to raise from the community's perspective. We started to establish how we could better improve the way in which we worked, in particular, with the Aboriginal community and families due to the level of reports that we had received. We have instigated a very clear process within the unit of always having a consultation with an Aboriginal caseworker from either Yallamundi, the CSC or one of our regional positions to inform the decision making and assist in the process of looking at the issues particular for those families that we will be working with specifically.

We have also been working with a range of agencies in looking at having them participate in our recruitment panels for the selection of staff, particularly identified positions. All our positions that have been filled within Yallamundi had an independent person from an Aboriginal community organisation within Redfern-Waterloo. So we are trying to build the relationships there with those agencies as part of that. Also, a member of the senior officers group has been very much participating in the development of the case co-ordination project and attempting to ensure that we get the appropriate staff on board who can help manage that and develop the framework which we will all then continue to work under.

**The Hon. ROBYN PARKER:** Do you have enough resources to case manage those issues with multiple level three notifications now?

**Ms SABELLICO:** No.

**The Hon. ROBYN PARKER:** Do you not think there is an immediate problem in Redfern that might need something done in the short term?

**Dr SHEPHERD:** That situation is the same as the situation across New South Wales generally.

**The Hon. ROBYN PARKER:** That is not what you have told us.

**Dr SHEPHERD:** Yes it is.

**The Hon. ROBYN PARKER:** Your statistics say that cases are horrendously differential—much worse—from other parts of New South Wales.

**CHAIR:** No, I do not think so.

**Dr SHEPHERD:** No, I do not think that was the case. I said there was a higher—

**CHAIR:** The difference between Aboriginal people across New South Wales and non-Aboriginal people across New South Wales.

**The Hon. ROBYN PARKER:** I am interested in what Dr Shepherd has to say.

**Dr SHEPHERD:** I certainly have not said what you have said, so we are obviously at cross-purposes. I am not sure exactly what you are referring to. If I said there was a higher than average level of level one cases, that is not horrendously higher. It is about 15 per cent versus 10 per cent but it

is higher than occurs in other CSCs. If that is what you are referring to, that is the only thing I can think of where there is a substantial difference that relates to Eastern Sydney CSC.

**CHAIR:** The Hon. Kayee Griffin?

**Dr SHEPHERD:** Sorry, there was more to the question. The rest of your question?

**The Hon. ROBYN PARKER:** I will go on. The comments to this Committee have been that the relationship between DOCS and—

**CHAIR:** We are at cross-purposes now. I thought that Dr Shepherd meant that he had not finished the question and of course he can finish the answer. However, if he has finished the answer, then the Hon. Kayee Griffin has a question. I thought you meant that you had not—

**The Hon. ROBYN PARKER:** I am just trying to ask a few questions, and it seems to be the most difficult thing to do, yet that is the process. However, Dr Shepherd, we can have you come back to the Committee.

**Dr SHEPHERD:** You can do.

**CHAIR:** We are, as usual, keeping a tally. Certainly, the Hon. Kayee Griffin is below most of us except me.

**The Hon. ROBYN PARKER:** This is inappropriate. We will have to reconvene.

**The Hon. KAYEE GRIFFIN:** In the evidence that Reverend Bill Crews gave, he suggested that there should be a 24-hour crisis service set up in the area. In his comments, the only crisis centre at the moment is to go to the police. Do you have any comments? Do you support the idea of a crisis centre? Do you think that would fit in with some of the other things that are being proposed? Do you think it fits in with some of the work that the Redfern-Waterloo partnership project is doing, or it may be something that fits in with what happens with the human services review?

**Ms SABELLICO:** In relation to the issue of a crisis centre, I believe there is a need to look at providing a safe environment after hours for children and young people. What form that might take, of course, there is a range of options that you could consider, and we need to look at the pros and cons of all those models. Effectively, you could look at a register of indigenous carers specifically for Aboriginal children and young people. We could look at a safe house option. We could also look at supporting a SAAP service to extend the support it may give to children and young people in a crisis situation or in an immediate situation where we need to find a safe environment. So there is a range of options that we looked at. The significant thing we need to do is talk with the community a lot more about what is needed and how we develop that. I believe one of the issues is around looking at everybody's concerns around the children and young people on the street and how we can address that to best meet the needs of that child and young person and the community.

**The Hon. KAYEE GRIFFIN:** Given some of the ideas that you have just spoken about, under whose control would you see that happening, given that one thing that has also been discussed often in the inquiry so far is the large number of government and non-government services that operate? Would you see this as being, to use the word again, a "partnership", or do you think this type of service would best be delivered by either government or non-government agencies? How would you see that happening, once a decision is made about perhaps what sort of service would be the most appropriate?

**Ms SABELLICO:** As an agency we would look at providing research around the options that might be available to assist in informing the human services review about that range of options. Also participate then in consultations with different sections of the community about the range of options. In regard to who would be the service provider, that would be part of an open and contestable expression of interest if the funds were to be made available for such a service.

**The Hon. KAYEE GRIFFIN:** If the service was not a safe house service but a particular centre, if children and young people came into that centre, how long do you think they would need to

be there, given your experiences in terms of children and young people having to have time out or whatever you might want to call it? How long do you think these young people would need to be in this environment?

**Ms SABELLICO:** I understand that the issue that arises at this stage is for an immediate safe option so it would be looking at overnight. You would not want to look at it for any more than an immediate overnight, couple of days while you are trying to address the issues with the family of that young person.

**The Hon. GREG PEARCE:** When the Hon. Robyn Parker asked you whether you thought something needed to be done now, because you said you did not have enough resources, what should be done at the moment in Redfern?

**Ms SABELLICO:** In relation to looking at managing these particular cases?

**The Hon. GREG PEARCE:** Yes.

**Ms SABELLICO:** We did not get an opportunity to talk through this before, but a couple of caseworkers have been specifically taken to work on these matters, the ones we have identified as being critical that have come from the level threes and that are identified by those range of—

**The Hon. GREG PEARCE:** So you have allocated specific caseworkers to those?

**Ms SABELLICO:** We have, yes, two and a child protection specialist works with those two people in terms of looking at all the issues and how do we then work with other agencies. We have also looked at referring appropriately to services like Barnardo's, as well as Yallamundi, in terms of assisting us in that work. Often it is difficult for people to access the intervention of the Department of Community Services as opposed to an NGO where we can support them in delivering the service, and that is what we attempt to do.

**The Hon. GREG PEARCE:** According to the government report, there are 34.6 caseworkers employed at Redfern. I would like to meet the 0.6.

**Dr SHEPHERD:** It would be a part-time person.

**The Hon. GREG PEARCE:** Are all those positions filled at the moment?

**Ms SABELLICO:** No, not all of them, they are not substantively. We do have them back filled on temporary arrangements while we are recruiting.

**The Hon. GREG PEARCE:** How many are filled?

**Ms SABELLICO:** I know that we are in the process of recruiting five positions at this stage, but all of them are back filled on a temporary basis as well.

**The Hon. GREG PEARCE:** So in terms of people you do have—

**Dr SHEPHERD:** Actually sitting in the CSC there will be 34.6.

**The Hon. GREG PEARCE:** The fact that you are getting another 11 this year would indicate that you are at least one-third under what you need at the moment to do the job at Redfern, just on the straight maths of it.

**The Hon. ROBYN PARKER:** I would like to go back to where we began in terms of perceived poor communication between agencies and DOCS' role in leading that. As you may know, the interagency guidelines were instigated by the Premier in 2000. Barnardo's has been very critical of DOCS and said that DOCS staff did not know about the interagency guidelines. Do your staff now understand interagency guidelines? Have they been sufficiently trained?



**Dr SHEPHERD:** My understanding is that the DOCS staff do know about the interagency guidelines. It is part of the caseworker development course. Ms Sabellico has just informed me that it occurs in week one, so it is right up there in the front of the training for caseworkers. When we talk about the caseworker development course we are talking about the additional training that we give to caseworkers as part of their commissioning, if you like, as caseworkers. They come in with degrees or diplomas in social work or whatever, and this is the additional training we give them. So they are familiar with the interagency guidelines. You may or may not be aware that the child protection senior officers group is looking at the interagency guidelines to ensure that they are still current. So that review is occurring at the moment. The informal advice I have is that the interagency guidelines are still current, but we will await the outcome of that review. The issue is around resources and ensuring that they are fully implemented in all cases.

**The Hon. ROBYN PARKER:** In terms of communication, if the police make a notification to the DOCS helpline, what feedback do they then get about what is followed up as the interagency guidelines suggest should happen?

**Dr SHEPHERD:** At this stage, unless it is a matter—and you can correct me if I am wrong—that involves a substantive investigation, allocation of a caseworker and all of those things, there will at the moment be relatively little feedback to the mandatory reporters. It occurs in some cases and not in others but relatively little. It is one of the things that the new resources are intended to address, because we have had this criticism not only in the evidence to this Committee but it is an ongoing issue for mandatory reporters generally. It is one of the things that we will address in the coming year and the year after to ensure that there is a regular feedback to mandatory reporters about the cases they report.

**The Hon. GREG PEARCE:** What are you doing about the Bermuda Triangle in DOCS?

**CHAIR:** Mr Pearce, I also have a couple of questions, and I am trying to be fair. In evidence from a number of witnesses we have heard a great deal about the importance of grandmothers and extended family, kinship groups and so on in the Redfern area. That has been tied to comments such as, for instance, there is a missing generation in that the parents, for a variety of reasons, are not there to care for children. In terms of the vexed issue of removing children from families, can you comment on the frequency with which children notified to DOCS are cared for in effect by grandmothers or extended family?

**Dr SHEPHERD:** The general State statistics—and Anne Marie might have the Redfern figures for you—is that New South Wales places Aboriginal children with kin or extended family in about 80 per cent of the cases. I can get that information for you accurately. That is the highest level of placement in accordance with the Aboriginal placement principles in Australia, so we make heavy use of extended families as the appropriate avenue for placement of children.

**CHAIR:** I suppose my question also relates to unofficial placement, where extended families in certain areas, including Redfern-Waterloo, are, in effect, caring for children in an extended family situation.

**Dr SHEPHERD:** The nature of Aboriginal communities means that that is more likely to happen in Aboriginal communities than it does in non-Aboriginal communities because the concept of extended family is different, so there are certainly children being cared for by a wider range of family members than would be the case in non-Aboriginal communities. I have no comments about whether that is good or bad. That is just the different cultural approach. Certainly, we are looking at that issue in relation to kinship care generally and how you can make more effective use, for the benefit of the children, of the extended family arrangements.

**CHAIR:** Ms Sabellico, did you want to add anything about the specific Redfern-Waterloo situation?

**Ms SABELLICO:** I guess, only to mention that about 50 per cent of the care arrangements that we know about are kinship care arrangements within Redfern-Waterloo and the challenge for us is also about how we can provide more appropriate foster care arrangements when there is also a court intervention.

**CHAIR:** Dr Shepherd, is it the case that New South Wales has the highest percentage of children in out-of-home care, specifically Aboriginal children in out-of-home care, of the Australian States?

**Dr SHEPHERD:** I will get those figures for you so that I am accurate. I would be very surprised if it has the highest proportion of Aboriginal children in out-of-home care. In terms of absolute numbers of course, because New South Wales is the biggest we have got more kids in out of home care but I will get those figures for you.

**CHAIR:** I meant proportionally.

**The Hon. ROBYN PARKER:** Dr Shepherd, I would like to ask—

**CHAIR:** We are out of time.

**The Hon. ROBYN PARKER:** You gave us plenty of extra time on Friday.

**CHAIR:** Even though Ms McDonnell is here, I was going to suggest that since you have one or two questions we might keep going for five minutes, but I am conscious that we were due to finish at 3.00 p.m. and that Ms McDonnell has already arrived.

**The Hon. ROBYN PARKER:** I just wanted clarification about mandatory informing. You have acknowledged that police and other mandatory informants get little or no feedback basically from cases categorised as at level three or lower, some cases at level two or even at all. What is the current level of interagency care planning between DOCS, Police and other departments, according to the Premier's interagency guidelines?

**Ms SABELLICO:** For any of the cases that are reported, say through Police, Health or Education, they can contact the community services centre after making a report to find out where that matter is up to, and that is known by those particular agencies, and they will then be provided with an understanding of whether the case has been able to be allocated or not, or any other work that we might be able to do in terms of looking at an appropriate agency to support by way of referral or otherwise. In relation to a broader view of working together as agencies, I participate on the Redfern-Waterloo human services senior officers group in which we do discuss a range of issues and one of the significant ones is about our joint work. We have established a number of memorandums of understanding or protocols in terms of looking at the sharing of information, when that may be appropriate and how we can do that. Those are the range of areas.

**The Hon. ROBYN PARKER:** Dr Shepherd, what do you think about the location of the needle van on the Block?

**Dr SHEPHERD:** That is clearly a question that you need to address to the Director-General of Health. It is not something that I have got a comment on.

**The Hon. ROBYN PARKER:** Have you been down to the Block?

**Dr SHEPHERD:** Have I been to the Block?

**The Hon. ROBYN PARKER:** Yes.

**Dr SHEPHERD:** Recently?

**The Hon. ROBYN PARKER:** Yes, recently?

**Dr SHEPHERD:** No, I have not been there recently. I have been there years ago but not recently.

**The Hon. ROBYN PARKER:** So you would not be aware then that the van is right next to a children's playground?

**Dr SHEPHERD:** No, I would not.

**The Hon. ROBYN PARKER:** Ms Sabellico, have you been down to the Block recently?

**CHAIR:** I said we would have a couple more minutes. Can I ask you our final question, which we ask all witnesses, and that is: What would you like to see come out of this inquiry?

**Dr SHEPHERD:** Apart from anything specific that relates to the original cause leading to the inquiry, the thing that I think is most vexing from our point of view is: is there anything that the inquiry can develop that would improve the way that we interact with Aboriginal communities, some better methods for interacting with Aboriginal communities, particularly where there are factions within those communities that make it difficult to get a single approach. It is quite clear that we have to improve our service delivery into those communities. It is clear that we need to do that by much better liaison with the communities and preferably using Aboriginal-based services but, as I said in evidence, that is a lot easier said than done. If the inquiry can bring forward some additional methods or some agreed processes, that would be a very useful outcome from my perspective.

**CHAIR:** Ms Sabellico, do you want to add anything?

**Ms SABELLICO:** No.

**CHAIR:** Thank you for attending this hearing.

**(The witnesses withdrew)**

**BRENDA ANN McDONNELL**, Co-ordinator, Aboriginal Catholic Ministry and member of the Koori South Eastern Sydney Indigenous Interagency, 77 Buckland Street, Alexandria, sworn and examined:

**CHAIR:** We have prepared some questions for you that you have had a chance to look that and think about. Would you like to start by making an opening statement to the Committee, otherwise we will go straight into the role of the organisation and other questions?

**Ms McDONNELL:** I would like to say that the Aboriginal Catholic Ministry is very much part of that area and most of our clients actually come from Redfern-Waterloo. We do pick up a lot of gaps in the services that other services provide.

**CHAIR:** Obviously, some of our questions will touch on that. Would you like to tell us a little bit more about what the Aboriginal Catholic Ministry does?

**Ms McDONNELL:** Yes, certainly. It is part of the general work of the ministry by the Sydney Archdiocese. It is funded by the Charitable Works Fund, which comes directly from the congregation. It has four permanent and four casual employees as well as a priest assistant, who works with me. We have the main offices where I am situated at Alexandria, we have an Aboriginal healing house at Picton on Razorback, and we have a reconciliation church, which is at La Perouse. Basically, we have a welfare service at the central office, advocacy and a point of referral to other services. We perform all funerals, baptisms, weddings and we do anything else. I do a lot of educating with schoolchildren, basically young Catholics, and we work with colleges that come down and we perform liturgies with an Aboriginal perspective.

Because I am one of the stolen children they like to hear about that, so it is education. The healing house operates traditionally in terms of healing and a lot of those people who are participants come there about their Aboriginal lifestyles, so there is a lot of pain. Ongoing groups and reconciliation groups come there, so it is non-indigenous as well. It is for schoolchildren and government groups to use as conferences. Of course, our church at La Perouse has a reconciliation mass once a month for non-indigenous and indigenous people. Basically, that is what we do.

**CHAIR:** Would it be possible to even guess at how much of what you do is focused on people living in Redfern and Waterloo rather than people living in other parts of New South Wales?

**Ms McDONNELL:** These people that I am talking about actually come from Redfern-Waterloo, La Perouse and across the State but, yes, we have this welfare place that provides food. We had 48 from Waterloo this month, 24 from Redfern and basically they are all high numbers that come to our service.

**CHAIR:** So those kinds of services are directed very much towards Redfern and Waterloo?

**Ms McDONNELL:** Yes. And, of course, we do not have any boundaries because Aboriginal people come from everywhere for need, but yes.

**CHAIR:** In your submission you suggest that there is an assumption that all programs and service delivery are focused on the Aboriginal community and that tends to be seen as people living on the Block. Can you give us an overview of the Aboriginal community in the whole Redfern-Waterloo area as you obviously come in touch with them, which might deal with housing, their access to services or whatever you think the Committee should be aware of?

**Ms McDONNELL:** Housing is a major problem but it is not just that housing, it is the fitting out of the place, it is the curtains, the furniture, all of those things that housing encompasses. When one does get a Housing Commission—and there is a long wait—then we get those kinds of requests as well and how do we furnish the place out, let alone anything else; I mean, the basic necessities. With access to services and bureaucracies, there are a lot of forms to fill out. Even just to get a Housing Commission the forms are quite enormous and of course Aboriginal people need help with that. We get asked for that too. Most bureaucracies have a similar process of access, which makes it difficult. There is also a thing about Aboriginal identification at the moment. People need to have that and it is

sometimes hard to find someone to stamp the letter or to say, "You are Aboriginal. It is okay to proceed" with whatever the service is requesting. I know from my own personal family thing that DOCS wanted Aboriginal identification for a niece of mine. That is a problem for people.

**CHAIR:** Would most of the Aboriginal people with whom the ministry deals be from the Redfern-Waterloo area, not in or close to the Block?

**Ms McDONNELL:** No, they are not close to the Block; they are from around Pitt and George Streets and all the housing commission areas. There are Aboriginal people living in Redfern who are not living in the Block.

**CHAIR:** You make the point in your submission that sometimes people forget that. What are the greatest challenges facing Aboriginal people?

**Ms McDONNELL:** Definitely survival, and living way below the poverty line. That encompasses a range of issues such as housing, education, access and hopelessness. I have clients who feel that their needs are not being addressed by anyone, including Aboriginal services. Last week was Reconciliation Week and I was down in Canberra when Amanda Vanstone commemorated the stolen kids and so on. In that same week the Aboriginal and Torres Strait Islander Commission [ATSIC] was abolished. People tend to think Aboriginals are very cynical, and I am. We hear words of praise from the Government, but that same Government has abolished ATSIC and mainstreamed Aboriginal services. I have worked in public service for many years and I have found that the only thing that works is Koori-to-Koori services. That is the right approach.

Services must be culturally appropriate for many reasons, including the feeling of comfort, and it is easier to talk to a black fellow rather than a non-indigenous person. The people that my welfare officers and I see are dealing with the necessities of life—food, day-to-day expenses such as rent, electricity and so on. Aboriginal people love to send their children to Catholic schools, but they cannot afford the fees. It is not possible. It is not that they do not want to achieve or to set high standards, they simply cannot afford it. Education is a problem. I have worked in the schools. It is sometimes the shame of children not being able to take their lunch to school or having the proper clothing to wear.

**CHAIR:** Or not having the money to pay for an excursion.

**Ms McDONNELL:** It is about feeling part of it.

**CHAIR:** Do you have any comments about the adequacy of government services, such as DOCS? Given the comment you have made about the need for specific Aboriginal services, what would you say about the adequacy of DOCS, the Department of Education and Training, the Department of Health and other mainstream government services?

**Ms McDONNELL:** My experience with DOCS is not good.

**CHAIR:** Is that because you are a member of the stolen generation?

**Ms McDONNELL:** Not at all, that is not part of the equation. My clients' experience and my personal experience with my niece prove that protocols are the big issue. I know there is a problem getting foster carers for the children.

**CHAIR:** What do you mean by protocol? Do you mean bureaucracy and red tape?

**Ms McDONNELL:** Yes. They turn up at households without warning. The house could be overcrowded with things that the family would be ashamed of or would not feel comfortable about. They look in fridge to see what food is there. That is embarrassing. I would not like it to happen to me and I am sure other people would not like it either. It is more investigative than supportive.

**CHAIR:** What about housing? You mentioned the waiting lists. What about other services?

**Ms McDONNELL:** There are only a few Aboriginal houses. I have helped a quite few people to fill in forms and I have been an advocate. Because of their resources, they cannot do much. I would rather see a percentage of housing allocated for the disadvantaged, whether they be white or Aboriginal. I know housing commission accommodation is for the disadvantaged, but I would like to see—

**CHAIR:** More of it?

**Ms McDONNELL:** Yes.

**The Hon. ROBYN PARKER:** I have an interest in early intervention. I note that your submission refers to problems that have developed because of the negligence of early intervention services. Can you expand on your comments about non-government and government early intervention services and why you made them?

**Ms McDONNELL:** This inquiry is a result of the Redfern incident. There was a lot of anger and those children have many problems. Even if their issues had been taken into account something would have occurred, but it might have been less dramatic. I do not know. This is my personal view. Many of the kids come from dysfunctional families and there is drug and physical abuse. I am not saying those children specifically are the victims, but that is a problem. We all seem to wait until something tragic happens, and that incident was absolutely tragic for all of us. We need to look at intervention services. The children needed counselling prior to this and they need it now. I am not aware whether that has happened, but we have taken the children to the healing house for a couple of days to talk about it and to let go of their feelings. Quite a few young single parents who come in are on heroin and other drugs. They want to get off them, but there is no culturally appropriate rehabilitation facility for them and there are waiting lists for the mainstream rehabilitation facilities. There is a lot of work to be done.

**The Hon. ROBYN PARKER:** The Redfern-Waterloo partnership project has involved two early intervention initiatives. The Redfern-Waterloo Street Team and Barnardos Australia have been developing an intensive family support service. Do you know of them and, if so, how do you think they are travelling?

**Ms McDONNELL:** There are limitations. I agree with the DOCS worker, there are no safe houses. What are they doing? They are stopping the children, but where do they go? They have to go back home and that does not work.

**The Hon. ROBYN PARKER:** You have an interagency group.

**Ms McDONNELL:** Yes.

**The Hon. ROBYN PARKER:** How long has that been going, who are the members, how often does it meet and what do you talk about?

**Ms McDONNELL:** That is a plus for DOCS because it started the operation many years ago. I spoke to one of the members about this yesterday. I have been in this position for five years, so I have been a member for five years. The group comprises Aboriginal representatives from non-government and government organisations. We also have non-indigenous representatives who play a part in the service. Aboriginal workers must have time to share and support one another, and we talk about gaps in the organisations that members work in. There is always something on the agenda that some of us have to act upon. This is one of them. Members of the group were nominated to look at the draft of a human services review. There is also the abolishment of ATSIC, which we, together with government, need to take some initiative and stance on. When it is to do with Aboriginal affairs, we like to think that we take an active part. There are also significant Aboriginal dates throughout the year, such as Reconciliation Week, which has just passed. There is also NADOC Week, which is coming up. Quite a few of us are on that committee, and we are going to organise the events in Redfern and Waterloo in July. It is a pretty active committee.

**The Hon. KAYEE GRIFFIN:** You spoke about the food bank that is operated. Whereabouts is that situated?

**Ms McDONNELL:** It is situated in Buckland Street, Alexandria, in the Aboriginal Catholic Ministry. The food is funded by the St Vincent DePaul Society as part of a fundraiser. We have a limited amount of money we have to spend, \$750 a month. We never get to the end of the month; we run out of food before then.

**The Hon. KAYEE GRIFFIN:** You spoke about the number of Aboriginal people from Redfern and Waterloo who are forced to come to the food bank. Would the numbers you gave be similar each month with regard to the Redfern-Waterloo community?

**Ms McDONNELL:** Sometimes they are higher, but they are not often lower.

**The Hon. KAYEE GRIFFIN:** You spoke about issues to do with housing, and so on. If the Block is redeveloped, what type of housing do believe would be appropriate for the needs of that community?

**Ms McDONNELL:** I was there when Aunty Joyce made her statements to you, and I agree with her. It needs to be family housing, not high-rise, so that people can have their extended families. There is not very much land there to have very many houses, if it was a family environment like a normal three-bedroom or four-bedroom house, so I cannot see how they could do that. In terms of land, I guess you would have to make it high-rise, but that is not suitable. You have obviously looked at the housing commission high-rise areas in Waterloo. It is just like a concrete jungle. I know that some of the elders live a fair way up. It is not only not safe for them getting home but it is just not right.

**The Hon. KAYEE GRIFFIN:** High-rise housing would be not typical of what the Aboriginal community would want, and in your view it would not be suitable for extended families?

**Ms McDONNELL:** That is right. But looking at the land, as you have, what other way is there to go but high-rise? But I would like to see some houses built for the elders.

**The Hon. KAYEE GRIFFIN:** Did you agree with Aunty Joyce that the main issues are of housing and education?

**Ms McDONNELL:** I guess there are a lot more issues, but Aunty Joyce is passionate about housing. Education, of course, is also a problem. It is about retention rates, and some of the things I mentioned before. If a child does not have a supportive environment to come home to and in which to study, it makes it very difficult for the child. A child also needs modern technology, as in computers, to access information. That is also a big problem.

**The Hon. KAYEE GRIFFIN:** As part of the educational process, in your view young people need to have access to modern technology.

**Ms McDONNELL:** Yes.

**The Hon. KAYEE GRIFFIN:** And that if there are issues at home, they need somewhere to go so they can do their schoolwork after school hours and, presumably, have support for that, such as homework programs and so on?

**Ms McDONNELL:** Yes. There are few homework programs around. It is also about getting them there and picking them up.

**The Hon. KAYEE GRIFFIN:** Do you receive positive comments about the homework programs that are around?

**Ms McDONNELL:** Yes. Because I work in the Catholic system, there was one at Mount Carmel, which is at Waterloo, and it was doing very, very well, and it was supported by the parents as well. But Alexandria Park Community School—which is at Alexandria, but most of the children from Redfern-Waterloo go to that school because Redfern Public School has closed down—is looking at education in a holistic way, which I am quite happy about. It is looking at counselling, support

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structures that are not normally in schools, one-to-one teaching, and classes for students who drop out and come back.

**CHAIR:** Does one school having kindergarten to year 12 structure help to avoid that drop-out rate at the end of primary school?

**Ms McDONNELL:** I do not know. But we have a primary campus at Alexandria Park Community School, and the senior campus is up the road. They hire people with specialist skills—and I am not talking about teaching—in other areas.

**The Hon. KAYEE GRIFFIN:** With regard to the Aboriginal women's healing house, the booklet on the Aboriginal Catholic Ministry speaks about the fact that the healing house administers particularly to women who suffered trauma associated with the stolen generation, and so on. Do a lot of women from the Redfern area come to you with domestic violence issues?

**Ms McDONNELL:** Yes. There is an Aboriginal women's organisation, of which we have heard, that had a six-months program down there in blocks. Yes, that does happen.

**The Hon. KAYEE GRIFFIN:** Do you see the need for an Aboriginal women's refuge in the area?

**Ms McDONNELL:** Yes.

**CHAIR:** It needs to be specifically for Aboriginal women?

**Ms McDONNELL:** It has to be. After being part of some of these healing groups down there, it is clear that Aboriginal people feel safe amongst their own and can come out and express themselves. Although, you do get the ones who talk a lot, but you also get the ones who are quiet and need a little more coercing and encouraging. We take that on board. When one books the healing house, we tailor a package to suit them. We have had the men from the stolen generation there as well. Whatever that organisation or group wants, it is tailored to their needs.

**CHAIR:** We asked you about your view on policing strategies. Can you give us your view about the sort of strategies police adopt in dealing with local issues and incidents, and what needs to be done to ensure that policing in the area is effective in all respects?

**Ms McDONNELL:** From working in the area, I have seen the police parked and watching the Block. Everyone is aware of the problems around the Block, especially the drug problems, and the police do walk and drive around there. But I would like to see action taken. We all know who the drug dealers are—I am sure the police know who the drug dealers are—and it is now 2004 and it is still going on. It needs to be cleaned up.

**CHAIR:** Are the dealers arrested and charged? Are they convicted?

**Ms McDONNELL:** They are charged, but then they are out again. It is a major problem.

**CHAIR:** Are you talking about a handful of relatively big dealers, or about a large number of relatively small dealers?

**Ms McDONNELL:** I am talking about dealers on the Block. I am talking about dealers who come in and out of the Block. It is quite well known in the Aboriginal community who they are. Would that happen anywhere else? Would that happen in a non-indigenous environment? Would police just sit and watch? What is the point of driving in and out of the Block, sitting there wasting our taxpayers' money, watching people, when there is no outcome? I do not have anything against the police, they have a really hard job, but there must be another approach. As that young girl sang out that day, "Get rid of them." Also, what fell into my lap and a colleague's lap was the report *Aboriginal Strategic Direction for 2003-06*. I am sorry, but the Aboriginal community were not aware of this. If this were implemented, it would be wonderful. But it is like any other report on the stolen generation, the removal of children, and deaths in custody. I have consulted so many Aboriginal communities and



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come up with so many reports, but they have not been acted upon. That is why I am really concerned about this report as well.

I did approach one of the Aboriginal liaison officers. She said that that was in place in 1999. It is now 2004, and some of those things are in place. But it just blows us away that there is this report. For that to be implemented and monitored, it would cost a lot of money. So what is it? Is it once again, "We are doing okay. We will put this report out. It looks like we are helping Aboriginal people. It looks good. We have spent a lot of money on it"? I think it was \$30 million for deaths in custody and the stolen generation, and I think the Government was going to give us \$63 million. We applied for some funds to run programs at the healing house and did not get anywhere. Is it any wonder that people are cynical?

**CHAIR:** You have anticipated one of our questions, which takes up a similar point made in your submission, about the number of reports about the Aboriginal community, and you suggest a lack of outcomes. As a committee we are conscious that we are conducting yet another inquiry. You might want to tell us what you think we can do in this inquiry to ensure there is some positive change.

**Ms McDONNELL:** I think you have got a very hard task in getting the Government to listen to you. Basically it is about listening to us. We know what works and a lot of the times when we have come up with the way to do it, and I am talking about when I have done research and this is the way the Aboriginal community has told me is the most effective way to do it, I have had to bash my head against a brick wall to get the bureaucrats to listen. So it is about please listen, get the Government to listen, and I do not know how you are going to do that, especially at this stage with this political climate and the election.

**CHAIR:** So you are talking about all levels of government, State and Federal?

**Ms McDONNELL:** Yes, I would not differentiate.

**The Hon. IAN WEST:** Out of that particular advice you have given us about listening could you give us your thoughts on the comments by the Director-General of the Department of Community Services who said that what he would like to see come out of this inquiry is for more ways of how DOCS could liaise with the Aboriginal community?

**Ms McDONNELL:** That is amazing. How does one liaise with Aboriginals? Do we have two heads and a horn? It is amazing. I have had this question asked to me many times. In relation to other services where there has not been a service, it is just about talking, isn't it? It is about talking to Aboriginal people.

**The Hon. IAN WEST:** I get the clear impression from your submission, correct me if I am wrong, that the window of opportunity is small; we have now got this opportunity; we have failed collectively so many times in the past over many, many decades; you are suggesting to us that the way forward this time, without putting words in your mouth, correct me if I am wrong, is that there has to be that listening, there has to be the delivery, the front-line services have to have ownership and participation by the Koori community—

**Ms McDONNELL:** Definitely.

**The Hon. IAN WEST:** —but need proper support, supervision—

**Ms McDONNELL:** Skills, training, because it is sink or swim, and that is the way it has been, sink or swim; putting one Aboriginal person in—and I was one of those and it is still happening today—putting them in a large organisation, sink or swim, "Well, we haven't really got a job description for you but you are there to help the crew so this is how you do it". But then you come back and think, "Oh, this is the way it's got to be. Oh no, I can't do it that way, no, I can't, there are limitations". The policy does not fit because you cannot sit a round peg in a square hole. It is the most difficult thing and you will find that we workers who are committed and want to do our best are so overstretched that we are running on our stress levels, we are working in crisis all the time; we are trying to come up with the answers; we have the answers but we do not have the resources physically or monetary.

Just this morning—here is an example of domestic violence publicity or campaign—\$20 million. Give it to the organisations at a grassroots level that are actually doing their job. The Premier's Department, give us the money. It is such a high level of administration in the Premier's Department at Redfern and Waterloo. I nearly went for a job there; thank God I didn't, I would have had a really bad name.

**CHAIR:** Is this in the partnership project?

**Ms McDONNELL:** Yes. There are a whole lot of workers there and the administration is enormous. Give us the money. Give me the money, I can certainly set up some programs.

**The Hon. IAN WEST:** You have certain skills that you want to put out there and deliver out there in the front line, you do not want to be worried about the money, do you? You do not want to go over the paperwork and spend the time, you want to be out there doing the job?

**Ms McDONNELL:** Yes, but I mean if we had the physical resources and the money—I do not even have an administrator—yes.

**CHAIR:** So you would like some of the Federal Government's \$20 million for the refuge that Ms Griffin asked you about?

**Ms McDONNELL:** I would like that very much.

**CHAIR:** It has all been spent on a public relations campaign.

**Ms McDONNELL:** A PR campaign, I do not understand that. To me that is illogical.

**CHAIR:** You have sort of answered our last question already but what would you like to see come out of our inquiry? You have got your wish list.

**Ms McDONNELL:** Firstly, to get the Government to listen. I would say that is a very hard task you have. Aboriginal health is in crisis. I know, I bury the people—at least I bury them in this area—and I know about Aborigines who die elsewhere because it comes through our grapevine. We need to be in control and determine how our services should run because we are always being told what is needed, "We will make the decisions and you just go along with what we are going to give you". A political football, that is what we are, and keeping us divided stops changes. We need safe houses, like DOCS said, we need rehabs desperately, we need places for homeless men and women, we need Aboriginal aged care, and we are the only organisation in that area that actually has a food package. Proper food is another concern of mine, for Aboriginal people are suffering from diabetes 80 per cent I would say.

**CHAIR:** So it is nutrition as well as the actual supply and quantity of food?

**Ms McDONNELL:** Yes, and we try to do that but with the limited money we have, 750 a month, but, yes, all those things. We take two steps forward and we take 10 back. I put out a report in 1976 from this ministry previously. Do you know the needs have not changed. So I say to myself what is going on here? People are dying at a much faster rate; young people are suiciding and people are tragically being killed, dying. So please, if you can get the Government to listen I would be very grateful, and I want to thank you for listening to me.

**CHAIR:** We are honoured that you have come and talked so frankly to us. We do not need a resolution for your pamphlet and I do not know that we need one for the report that you have got because we have probably got access to it already. Thank you for coming.

**(The witness withdrew)**

**(The Committee adjourned at 3.55 p.m.)**