

GENERAL PURPOSE STANDING COMMITTEE No. 2

Thursday 22 September 2005

Examination of proposed expenditure for the portfolio areas

COMMUNITY SERVICES, YOUTH

The Committee met at 8.00 p.m.

MEMBERS

The Hon. P. Forsythe (Chair)

The Hon. J. C. Burnswoods
The Hon. A. Chesterfield-Evans
The Hon. C. E. Cusack
Reverend the Hon. F. J. Nile

The Hon. J. F. Ryan
The Hon. C. M. Robertson
The Hon. K. F. Griffin

PRESENT

The Hon. R. P. Meagher, *Minister for Community Services, and Minister for Youth*

Department of Community Services
Dr N. Shepherd, *Director General*

Mr A. Ramsey, *Executive Director Corporate Services*

Ms D. Rygate, *Executive Director, Office of Director General*

Commission for Children and Young People
Ms G. Calvert, *Commissioner*

Ms E. McGee, *Manager Administration*

Office of the Children's Guardian
Mr T. Kenny, *Manager Children's Employment and Corporate*

CHAIR: Thank you, Minister, and departmental officers, for your attendance tonight. At this meeting the Committee will examine the proposed expenditure for the portfolio areas of Community Services and Youth.

Before questions commence, some procedural issues need to be dealt with. I point out that in accordance with the Legislative Council's guidelines for the broadcasting of proceedings, which are available from the clerks or support officers, only members of the Committee and witnesses may be filmed or recorded. People in the public gallery should not be the primary focus of any filming or photos. In reporting the proceedings of this Committee you must take responsibility for what you publish or what interpretation you place on anything that is said before the Committee.

There is no provision for members to refer directly to their own staff while at the table. Members and their staff are advised that any messages should be delivered through the Chamber support officers on duty or the Committee clerks. The Committee has agreed to the following format. We will be doing blocks of 20 minutes in rotation until the time has run out. We will commence tonight with the Opposition. We will then go to the crossbench, and they will have 10 minutes each in that 20 minutes, and then the Government, and then in rotation.

I declare the proposed expenditure open for examination. Minister, do you wish to make a brief opening statement?

Ms REBA MEAGHER: Yes, Madam Chair, I do. In December 2002 the New South Wales Government demonstrated its commitment to the children and young people of this State with the announcement of a \$1.2 billion five full-year reform of the Department of Community Services [DOCS]. This budget enhancement is not simply about extra staff, although we will almost double the number of caseworkers employed by June 2008. It also reflects a philosophical shift by DOCS and its community partners to providing early intervention services to children and their families to stop them entering the child protection system. New South Wales Government spending on the Department of Community Services will—for the first time—exceed \$1 billion in 2005-06.

Reform funding totals \$218.6 million in the 2005-06 financial year—an increase of \$75.6 million on the \$143 million provided in 2004-05. This \$75.6 million will provide an extra \$16.1 million for 125 new child protection and early intervention caseworkers and professional support staff; an extra \$14 million for services to assist vulnerable and at-risk families under the early intervention program; and an extra \$45.5 million for out-of-home care, providing an additional 25 caseworkers and better services for children and young people who cannot live at home.

By June 2008 DOCS will have employed an additional 875 caseworkers across the care spectrum—350 in early intervention; 375 in child protection; and 150 in out-of-home care. During 2004-05 the department met its caseworker target, recruiting an additional 150 caseworkers by 30 June 2005. DOCS will recruit another 150 caseworkers in 2005-06. The 350 early intervention caseworkers will work in partnership with non-government services to support vulnerable families and keep their children out of the child protection system. Early intervention promotes healthy social, physical and psychological development in children and builds family resilience. Over the longer term, it will reduce child abuse and neglect.

In addition to our early intervention caseworkers, \$150 million has been provided over five years for front-line services including home visiting, parenting programs, quality child care and case management. The early intervention program will be rolled out progressively across New South Wales. So far, services worth more than \$18 million have been funded and, in May 2005, the Department of Community Services called for expressions of interest for the remaining \$132 million. A two-stage expression of interest process is being used to allow service providers to develop considered proposals and establish integrated services. This will allow us to build a sustainable service system for the future. Applications for stage one have closed, with more than 300 responses received from both large and small organisations. These applications have now been assessed and stage two will commence in the near future.

Early intervention is a long-term strategy. In the short to medium term DOCS must continue to manage rapid growth in child protection reports. During 2004-05, the department received more than 215,000 reports of risk of harm, a 540 per cent increase on the level recorded in 1994-95. This

increase is due to a number of factors: greater awareness of child abuse and neglect in the community; an increasing number of families at risk due to issues such as poverty, drug and alcohol misuse and domestic violence; and greater identification of families where there are risk factors—due to the expansion of the definition of "risk of harm" and the expansion of mandatory reporting requirements.

The Helpline is DOCS' single entry point for people wanting to report child protection concerns and handles over 4,000 contacts a week. A performance audit report on the Helpline, released in June, detailed performance improvements that the Auditor-General, Mr Bob Sendt, described as "dramatic". Call waiting times have been cut from an average of 20 minutes in 2000 to less than five minutes. The current waiting time is just over four minutes. These very significant improvements have been achieved through equally significant increases in resources. Since the Helpline started operation in 2000, the Government has more than doubled Helpline caseworkers to 142 and more than doubled the Helpline budget to \$15.7 million a year.

Most reports to the Helpline are made by mandatory reporters—police, nurses, doctors, teachers and other people who work with children and who have a legal obligation to report children at risk of harm. Mandatory reporting is an essential element of this Government's child protection policy. In December 2000, in response to the recommendations of the Wood royal commission, mandatory reporting obligations were expanded. This expansion—combined with a broader definition of risk of harm and which includes exposure to domestic violence and psychologic harm—means DOCS is receiving information earlier and, with our new early intervention services, providing support to at-risk families to keep them out of the child protection system.

Once a risk of harm report is initially assessed at the Helpline it may be referred to a community services centre [CSC] or joint investigative review team for secondary assessment. As the Government's new resources are rolled out, case allocation rates are improving dramatically. Recent feedback from DOCS regional directors shows some enhanced delivery sites, including Blacktown, Bankstown and Epping, are taking action on 100 per cent of their 24-hour response reports.

Sadly, more than 10,000 children and young people in New South Wales are unable to live at home. An additional \$613 million will be spent on out-of-home care over the five years to June 2008 to provide an additional 150 caseworkers, better services to meet the needs of children and young people in care, and better support for their carers. We are establishing specialist carer support teams staffed by experienced departmental caseworkers to advise, assist and consult with carers, and we are committed to ensuring carers continue to receive appropriate levels of financial support. As a starting point, from today, care allowances will be increased. For example, the standard rate—\$350 a fortnight—will rise by 4 per cent to \$364. From now on allowances will be indexed with the CPI each year.

DOCS is also conducting a major review of care allowances and other payments to ensure they are appropriate, equitable and well targeted. This review is due to be completed this financial year. Caseworkers cannot work in a vacuum. They need strong organisational support to protect children: good systems, training, legal officers, psychologists, clerical officers and managers to provide advice and counsel, and policy and planning staff to make sure the system is working. A significant element of the reform of the Department of Community Services is concerned with rebuilding these supports—supports which were, to a great extent, lost during the early nineties as the so-called nonessential staff were cut and systems were run down. In April 2002 Bruce Barbour, the New South Wales Ombudsman, had this to say:

Without the right systems, records and support, appropriate child protection interventions become as much a matter of good luck as good management.

Because relying on good luck is not enough when a child's safety is at stake, DOCS has been working hard to improve its infrastructure. Key initiatives include staff training, better systems—including the KIDS case management system—a new complaint management and information system, and the development of a better evidence base for better policy and service development. In closing, I thank the Committee for giving me the opportunity to make this opening statement. I am happy to answer questions.

The Hon. JOHN RYAN: The Minister's opening statement contained an enormous amount of statistical information and it would be helpful if the Minister could make a copy of it available to

members so that we do not ask questions about the same material that has already been provided. Is that possible? It will be published in *Hansard* but—

Ms REBA MEAGHER: Absolutely. I am more than happy to do that.

The Hon. JOHN RYAN: Minister, what are you able to tell the Committee about the services from DOCS given to the family of Rose Villanueva-Austin?

Ms REBA MEAGHER: I understand that two people have been taken into custody this evening and for that reason I am not prepared to answer any more questions about this case.

The Hon. JOHN RYAN: I do not want to ask you questions relating to that but I think it is reasonable to ask in terms of details that have already been given in the media in relation to the reports that went to the DOCS Helpline and the services that DOCS provided to the family. I think that is reasonable.

Ms REBA MEAGHER: The status of this case has now changed by virtue of the fact that two people have been taken into custody. All of the material that DOCS has in relation to this matter will be examined by police. Therefore, I am not prepared to canvass the case at this Committee.

The Hon. JOHN RYAN: Are you able to tell us what classifications were given to the two reports you referred to in the media that came to DOCS in relation to that? Were they rated at a 10-day or 72-day response level when those reports came in?

Ms REBA MEAGHER: I have already answered that question.

The Hon. JOHN RYAN: When did DOCS receive the two reports you referred to in the media through the Helpline?

Ms REBA MEAGHER: I have made it clear that in relation to this case I am not prepared to canvass any further details.

The Hon. JOHN RYAN: Did any officer from DOCS visit the family or investigate those reports? If not, why not?

Ms REBA MEAGHER: I can only repeat to you that the status of this case has now changed: two people have been taken into custody. All of the material that DOCS holds in relation to this matter will be examined by police and may well form part of the police case in this matter. I am not prepared to canvass it in this forum.

The Hon. JOHN RYAN: I cannot see how the actions of DOCS can possibly form part of the police case in terms of events that happened, as I understand, months prior to the death of this child. It is not unreasonable, as the community is asking, as this is a typical example of work done by DOCS, to request whether or not this child, as has been widely reported in the media, was the subject of complaints through the DOCS Helpline and for the Committee to have information as to how those reports were dealt with by your department. There is no way they could possibly be regarded as part of the police case against the parents.

Ms REBA MEAGHER: I am not sure that you are entirely accurate on this point. If you would like to ask generic questions about the way DOCS approaches its responsibilities I am happy to answer those to the best of my ability. However, I can only reiterate that I am not prepared to canvass the details of this case any further. It would be irresponsible for me as the Minister to do that. As I have said repeatedly, to canvass that sort of detail potentially risks jeopardising the case, and I am not prepared to do that.

The Hon. JOHN RYAN: In what circumstances, with a parent who previously had been the subject of the removal of her children, would a subsequent complaint about her not be considered a high enough priority for someone from DOCS to visit the home, as appears not to have occurred?

Ms REBA MEAGHER: If you would like to phrase those questions in a generic context I would be happy to try to provide you with some sort of outline of the way in which DOCS would approach that business. However, I am not going to canvass specific details about that case.

The Hon. JOHN RYAN: This morning you were asked questions on the Mike Carlton show in relation to this home and you appeared to be using a form of words that was designed not to give information. I ask you the question Mr Carlton asked you this morning: Were drugs found at this family's home?

The Hon. CHRISTINE ROBERTSON: She said she cannot answer the question.

The Hon. JOHN RYAN: She can answer the question and she is giving the answer she wants to give. I am still entitled to ask it.

CHAIR: I rule that question only out of order.

The Hon. JOHN RYAN: It is not out of order. Madam Chair, I will persist in questioning about this matter.

CHAIR: I have ruled that question out of order.

The Hon. JOHN RYAN: It is not out of order. I take a point of order. I am entitled to ask the question. The Minister is giving answers. They are somewhat repetitive.

The Hon. JAN BURNSWOODS: The Chair has ruled it out of order.

The Hon. JOHN RYAN: It does not matter. I am questioning whether it is out of order.

The Hon. JAN BURNSWOODS: There are forms to do that.

The Hon. JOHN RYAN: I press the question: Were drugs—

CHAIR: Order!

The Hon. JOHN RYAN: I am sorry, Madam Chair. I am entitled to ask the question. It is not out of order. The standing orders of the House permit me to ask this question and I press the Minister: Were drugs found in the home?

The Hon. JAN BURNSWOODS: You have to move dissent if you are going to challenge the Chair's ruling.

Ms REBA MEAGHER: As I am not prepared to canvass those specific details that may or may not have been pertinent to a police investigation this morning, similarly I am not prepared to canvass those details this evening.

The Hon. JOHN RYAN: We will get this repetitive nonsense all night. If the Minister wishes to avoid answering questions, that is fine. Minister, what changes have occurred at the Richmond Community Services Centre following the coroner's report two months ago that highlighted comments of staff stating that 87 per cent of cases referred to that CSC were not investigated?

Ms REBA MEAGHER: The coroner did not make any recommendations in relation to that case but as part of our reform of the number of child protection system caseworkers at the Richmond CSC will more than double. As well as new child protection and early intervention staff, we will provide new early intervention services, services which will support and assist vulnerable families. Today DOCS is spending more than \$2.9 million on an additional 47 services in the Hawkesbury local government area. This includes children's services, vacation care, youth services, community development, family support, supported accommodation and Families First.

The Hon. JOHN RYAN: How many caseworker positions are at the Richmond CSC?

Ms REBA MEAGHER: I am advised that there are 11 caseworker positions at the Richmond CSC. As part of our reform we will be adding 12 caseworkers to the Richmond CSC, which will more than double its front-line response capacity.

The Hon. JOHN RYAN: How many staff that currently occupy those positions at the Richmond community service centre are part of recent intakes of new caseworkers? Have any of those caseworkers at Richmond been employed subject to final completion of their professional qualifications? If so, how many?

Ms REBA MEAGHER: I will have to take that question on notice.

The Hon. JOHN RYAN: Minister, you have referred in the media to the matters about which I asked you questions earlier. You said they would be independently investigated by the New South Wales Ombudsman. Do you mean that they will be investigated specifically by the Ombudsman or will this investigation be part of the Ombudsman's routine investigation of child deaths?

Ms REBA MEAGHER: I have made it quite clear in previous press statements that this matter will be investigated by the police. It will be subject to a coronial inquiry and then, as a reviewable death, the Ombudsman will go through the detail of this case and the Department of Community Services' response to the case. I would remind you that it was this Government that gave those powers to the Ombudsman in 2002 as a response to the Wood royal commission. That is a very important statutory oversight role. An independent third party has an opportunity to look at the Department of Community Services' response to matters where a child who died has been known to DOCS.

It is an important opportunity for a third party to look at the way the agency responds, and provides advice, whether that advice goes to case management practice or to resource allocation. The Government invited that scrutiny of the Department of Community Services. I believe it has been an important reform as part of strengthening the child protection system in New South Wales, because we understand that the agencies do not necessarily reform themselves. That kind of oversight is important to assist in setting directions for that reform process.

The Hon. JOHN RYAN: In any event, the report from the Ombudsman is one that would be part of his routine review of child deaths, and you would expect to receive this report a significant time into the future, would you not?

Ms REBA MEAGHER: I will ask the director general to answer that question.

Dr SHEPHERD: The Ombudsman has the option of dealing with this matter in his annual reviewable deaths report or as a separate report. You would anticipate in any year that the department's specialised investigation group would do about 20 such investigations and the Ombudsman would do about 20 as well. We provide all of our material on investigations to the Ombudsman and some of those investigations will appear in the annual report; some of them will come out separately.

The Hon. JOHN RYAN: But the report on this one would not be due for some time, would it?

Dr SHEPHERD: It depends on how quickly the report is done. Clearly, a number of matters need to be clarified in relation to this particular case and it will take some time to do a proper investigation of those matters. It is absolutely a matter for the Ombudsman as to how long and how detailed the investigations are. It is not a matter for anyone other than the Ombudsman. The Ombudsman is absolutely independent.

The Hon. JOHN RYAN: I was not suggesting otherwise, but it might be suggested from the way in which comments have been made in the media that the Ombudsman is responding to a specific request of the Minister, and that obviously is not the case. Can you give the Committee information as to how many of the 11 positions at the Richmond district office have been filled—by people who are currently working there, as opposed to filled by people who are on leave and so on?

Ms REBA MEAGHER: I ask the director general to answer that question.

Dr SHEPHERD: I cannot tell you as at today whether all of the positions are filled by permanent employees. I can get that information and it can be provided on notice. There are 12 positions to come to Richmond, which would be new caseworkers. You would expect that, of the 11 at Richmond at the moment, a substantial proportion will be experienced caseworkers.

The Hon. JOHN RYAN: Well, that is what you say. We will find out on notice whether that is in fact the case. Could you also give the Committee some idea of how the Richmond CSC compares with other district offices, in terms of the number of cases that are referred from the DOCS Helpline to the Richmond office, and the extent of their severity as measured by whether they are category one or category four cases? As I said, it may be necessary to take the question on notice.

Ms REBA MEAGHER: I will take that question on notice.

The Hon. JOHN RYAN: Minister, first, I will read a quote from a media report that has been attributed to you or your office:

A spokeswoman for the Minister for Community Services, Reba Meagher, said the girl was in a complex family situation, involving multiple parents, partners, siblings and step-siblings.

Because Rose had been known by three different surnames, it was hard to determine how many times she had been reported to the department. "We don't know whether the same child was reported in a different surnames, or whether it was another sibling," she said.

Second, I would like to read a recommendation by the New South Wales Ombudsman, contained in a special report to Parliament in April 2002. It states:

When a family moves, stringent processes should be in place to ensure that casework continues with the family where there are concerns about the children. To date the evidence we have seen leaves us with grave concerns about the adequacy of DoCs practices in this area.

Judging by the comments you have made in the media with regard to this case, is the DOCS Helpline adequately able to trace people across New South Wales if they come to its attention and then move into different family circumstances and situations? Has that issue, which was highlighted by the Ombudsman in 2002, been addressed? Your comments would appear to suggest they might not have been addressed?

Ms REBA MEAGHER: Contextualising those comments for you, they were made at a time when information was required of us at very short notice. To give some indication of why DOCS would take some time to review their systems and to check the surnames, given the complexity of the family, that is why that answer was given. In terms of the KIDS system, cases are now entered not only under the name of the child but also phonetically to assist in the recovery of information. So children are not missed simply because of a spelling error. I ask the director general to elaborate on the KIDS system.

Dr SHEPHERD: The KIDS system—that is, the client information system—is designed to make sure that caseworkers can retrieve the maximum amount of information about a report in the shortest possible time. It does allow for phonetic searches because often the spelling of the surnames is slightly different, or the spelling of the christian names may be slightly different. So we can search that way. It also includes all of the alternative names that are known for a child. As you will appreciate, with many of the most vulnerable children in New South Wales, they may have a number of possible surnames and also multiple spellings of their christian names. Obviously, when the system was designed, that issue was recognised. It took a little while after the system was first implemented to get the phonetic searching capacity working to its full extent, but it now works to its full extent. It was a short period of time when phonetic searches could be done, but they were slow.

The Hon. JOHN RYAN: I suppose the critical issue is: Are you confident that the department has the capacity, or is at least developing the capacity, to start moving the casework when obviously many of the families you deal with are itinerant? They move around. They change their names and family circumstances. Are you confident that you have the resources and the systems that can follow families across the State?

Dr SHEPHERD: It is correct that pre-2002 there were some difficulties in file transfer between community service centres, and that extended into 2003. I think there were a couple of occasions that the Ombudsman referred to in that time. A policy was put in place about file transfer, to ensure that when the family moved the files on the case moved with them. There are formal hand-over procedures between the region owning community service centre and the new CSC, and that system is working.

Not every set of files moves when every child moves, because clearly many of our families are transient. Sometimes the owning community service centre, as we call it, will maintain casework responsibility for a child who has moved to another area, until that child is permanently settled in that area. That makes a lot of sense; otherwise you would have no continuity at all. But we now have in place the policies and procedures we need to enable us to track the children and make sure that the files are transferred at the appropriate time.

The Hon. JOHN RYAN: Minister, if I may quote from a response by the Department of Community Services to a report of the Ombudsman. It reads:

It is a matter of public record, highlighted in the Kibble Report in early 2003, that the rate of allocation of cases to caseworkers across all levels of cases was around 30%. In the context of the growth of child protection reports these figures can well be understood. In 1989/99, there were 72,762 reports concerning 50,181 children ...

You have given some indication that some Department of Community Services regional directors, such as those at Bankstown, Blacktown and Epping, are reporting that 100 per cent of their 24-hour response reports are attended to. Given that the number of matters coming to your attention has increased significantly, are you able to provide evidence that the Department of Community Services is now attending to more than just urgent matters?

Ms REBA MEAGHER: I will ask the director general to answer that question.

Dr SHEPHERD: It is a matter of public record from the Kibble report, as you say, that in 2001-02, 55 per cent of the level 1 reports were being allocated to caseworkers, 26 per cent of the level 2 reports were being allocated to caseworkers, and 12 per cent of the level 3 reports were being allocated to caseworkers. We are finalising the annual report figures at the moment, so we will be able to give you more information on notice. But we have done a quick survey of the regions in relation to the sites that have already received their additional child protection caseworkers. In respect of those sites, the allocation of rates to caseworkers is between 90 and 100 per cent for level 1 cases—and I will explain why there is a discrepancy there in a moment — 68 per cent for level 2 cases, and 52 per cent for level 3 cases. That is a dramatic improvement upon the Kibble report figures.

You must remember that those sites have been in place for, in some cases, only 12 months and in others for less than 12 months. They do not yet have their full complement of early intervention caseworkers. When they do have their full complement, those level 3 figures will rise dramatically because many of the cases that the early intervention caseworkers will deal with would have been classified as level 3 cases. In general, though, despite the increase in reports to the agency—and it has been a dramatic increase in reports—we are handling a significantly higher proportion of cases not only in the enhanced service delivery sites but also in the non-ESD sites.

To deal with that issue of 90 per cent to 100 per cent at the enhanced service delivery sites, all the level 1 cases that go into an enhanced service delivery site will have action taken. In a small proportion of cases, that will result in a decrease in the level from level 1 to level 2, because local knowledge means that people discuss it with the school or with the health officials, and so on. They say, "All right. This is no longer a level 1 case, it is a level 2 case." So, clearly, you do not automatically allocate that as a level 1 case.

If you go to places like the Tweed, which is where one of the enhanced service delivery sites is, we have border issues. The incident may occur in New South Wales but the child actually resides in Queensland. As soon as the intake workers examine the case, it is seen to be a Queensland matter, and it is transferred to Queensland. Clearly, it is not allocated to a caseworker, so it does not form part of a 100 per cent allocation. You must remember also that level 1 cases are allocated on a combination of seriousness of risk and urgency. A case in which a child is locked out of a house, with no capacity to

get in and no access to anyone who has a key, can be classed as a level 1 case if no-one is apparently likely to be able to assist that child. It will have to be dealt with as a level 1 case, even though the seriousness of the risk is not at the same level.

The Hon. JOHN RYAN: How many ESD sites are there?

Dr SHEPHERD: There were six in 2003-04, another nine in 2004-05, 20 in 2005-06, and obviously the rest in 2006-07 and 2007-08. We are just over half way through the reform.

CHAIR: The Committee will now take questions from the crossbench.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I notice you have given us a four-minute waiting time. Presumably that is a mean waiting time for the Helpline, is that correct?

Ms REBA MEAGHER: Yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: That is for the phone to answer, presumably?

Ms REBA MEAGHER: No. The Audit Office of New South Wales conducted a rigorous and transparent external review, which took nine months to complete, and the final report was tabled in Parliament on 1 June 2005. It found that centralising the collection of child protection reports by the Helpline has provided greater assurance that risk of harm reports are assessed consistently. The audit also found that the Department of Community Services has improved the overall performance of the Helpline and has introduced processes to fast track reports that indicate the child is in imminent danger.

All of this has been achieved in a climate where the average number of reports to the Helpline has increased from 429 per day to 542 per day over two years. Despite this, times from when calls are answered until callers get to speak to a staff member have reduced from a maximum of 90 minutes when the Helpline first came into operation to an average of around four minutes. The Department of Community Services remains strongly committed to identifying new and innovative ways to further improve and enhance the Helpline through the use of new technology, staff recruitment, and training and systems improvements. New projects are already under development—

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Please do not go further. My question was merely an introductory question. When you say these things are reported, is it necessary that they be reported in person? Could they not be reported by email or fax? I understand that in the old days the fax machine used to clog up. Presumably that does not happen these days, given that the officers are responding within four minutes.

Ms REBA MEAGHER: If people ring the Helpline, they will speak to a trained caseworker who will be able to make an assessment based on the information available.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Within an average of four minutes?

Ms REBA MEAGHER: Yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You said that once they have been assessed at level 1, in some areas there is a 55 per cent case allocation rate. Does that mean they are assessed at level 1 and 45 per cent of them are not allocated to a caseworker?

Ms REBA MEAGHER: I will ask the director general to answer that question.

Dr SHEPHERD: I said that I was referring specifically to the figures for 2001-02, which were the figures in the Kibble report, and that was the 55 per cent allocation to caseworkers of level 1 cases. But that is not what is happening now.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Would not some of them have already been allocated? Presumably some of those children would already be known to the

Department of Community Services and the caseworker would already be on the job. Presumably that would tell the caseworker to get on with it, would it not? They would simply say, "The case has been reported again, so there is an exacerbation."

Dr SHEPHERD: There are two kinds of multiple reports. There are duplicate reports that occur in relation to the same incident, virtually on the same day or within a day—

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Presumably you discard those, or you combine those?

Dr SHEPHERD: We do not discard them.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You combine them?

Dr SHEPHERD: You combine them. There are also what we would call duplicate reports that are reports on the same child some distance apart. If you look at the reports for last year—this is off the top of the head stuff; I will give you these figures off the top of my head and then verify them, if I might—there are about 130,000 reports that are referred to the community service centres [CSC] for further action, and that represents about 105,000 children. So that means the duplicates are about 30,000. Of those, 51,000, or thereabouts, are new reports. I am sorry, it is a bit more than that, but a bit over half are new reports of children we have never heard of.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So when you say 55 per cent have been allocated, you mean the other 45 per cent might have been already worked on?

Dr SHEPHERD: Some may have been worked on. There is a difference, and it is a difference, if you like, of DOCS semantics about action being taken and a case allocated. When a case comes into a community service centre it will be examined by the intake workers to check the information that has come from the Helpline, to check local knowledge and to make some preliminary inquiries. A decision will then be taken as to whether to allocate the case to a caseworker for further action or whether no further action is required, based on the information that has been obtained, or, in those cases where there are seriously competing priorities, there will be a decision to rank the cases in order following the intake assessment at the CSC. So all of them will be looked at, and then it is an issue of which ones are then allocated to a caseworker. So when we talk about "allocated", that means somebody is working with the family or with the child.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: We have been hearing about this system coming online for quite some years in these estimates committees. It is now online?

Dr SHEPHERD: Which system are we talking about?

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is it not called the children's information system?

Dr SHEPHERD: The KIDS system.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: That is now online and has been since just before or just after last year's estimates committee, as I recall.

Dr SHEPHERD: Towards the end of 2003.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Will we now have a detailed breakdowns of statistics like the ones you are giving me in terms of how many cases there are and how quickly they are actioned? Will this all be in the annual report? Can we confidently look forward to this?

Ms REBA MEAGHER: Yes, you can. If I could just give you a little bit more information about KIDS, just to give you a sense of the size of it. As you have identified, it was introduced at the end of 2003 and replaced an old client information system. But it also involved not only the implementation of KIDS, but also the transfer of 24 million records onto that new system. DOCS staff

throughout New South Wales undertook more than 6,000 days of training for the KIDS system, more than 120 highly trained key users supported more than 80 DOCS officers and the DOCS Helpline for the first three months after its introduction, and following the implementation of the system DOCS had roving trainers to target specific additional issues as they arose.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I am sure you have done a wonderful job, but we do not perhaps need to hear it all now. There is no specific breakdown in the budget papers for past, current and future spending in key program areas such as Community Solutions, the Area Assistance Scheme, Families First, the Strengthening Local Communities Strategy, Better Futures and the Aboriginal Children's, Youth and Family Strategy. Why is that? Why are these not in the budget papers? Are these figures available?

Mr RAMSEY: The breakdown of the figures in the budget papers is a matter for Treasury. We provide them with data in a form that their ledgers can record. The breakdown that DOCS uses is not necessarily the same as theirs, and figures on the programs you mentioned are available, yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So we can get those figures, if I give you that request you can give them to us?

Mr RAMSEY: Certainly.

CHAIR: Would you just take it on notice?

Mr RAMSEY: I want to get some clarity about exactly what the question was.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I can give it to you in writing rather than you having to get it out of the transcript. What funding will be made available to each of the 30 major projects that have been funded from the Community Solutions in Crime Prevention Strategy in 2005-06 and 2006-07? What plans are in place to sustain the service delivery and community development initiatives that have been started under this program but for whom the funding will cease in 2005-06?

Ms REBA MEAGHER: If I might answer that, the Community Solutions in Crime Prevention Strategy aims to provide urgent and immediate crime prevention responses in rural, regional and metropolitan areas of identified need. The strategy has been resourced at \$50 million over the five years to 2005-06. The strategy aims to reduce crime and antisocial behaviour and increase community safety, improve health and community wellbeing, enhance educational and employment opportunities, improve local co-ordination in infrastructure and promote agency co-ordination and information sharing. Currently, initiatives are in place in 28 targeted locations across New South Wales, and to date, \$46 million has been committed under the strategy. There is evidence from a number of locations to suggest that several Community Solution programs have contributed to a reduction in crime and antisocial behaviour.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The question was what will happen to the ones that will cease to be funded?

Ms REBA MEAGHER: I will have to take that on notice.

Reverend the Hon. FRED NILE: Minister, referring to page4-4 of Budget Paper No. 1, which relates to enhanced service delivery sites, what factors determine whether a site is classified as an enhanced delivery site? You have mentioned some in the budget papers: Redfern, Coffs Harbour, et cetera. Have these factors proved useful indicators of the nature of the issues present in these potential sites?

Ms REBA MEAGHER: I will ask the director general to answer that.

Dr SHEPHERD: The enhanced service delivery sites were the existing community service centres in New South Wales and a couple of new centres that were determined to be necessary because of changes in the demographics of the population in the State. All of the sites will receive significant increases in caseworkers over the five-year program that the Government has put in place.

The priority accorded to the sites was based on a number of things. The first was the level of difficulty that the site was experiencing because of the number of cases that were being referred to it and the number of caseworkers that it had available to deal with those cases, and clearly that was an important one. The second was whether accommodation for the new caseworkers would be available or not available, and in some centres that has proved incredibly difficult, particularly in rural New South Wales. Getting sites that are suitable for a community service centre involves us at times in letting a tender to construct and to lease back to the department for an appropriate site. So accommodation was also an important factor.

Because of those issues and management issues, we determined that it would be necessary to put the enhanced service delivery sites into action pretty much as a unit, so that you would build them site by site. That is why there were six in the first year, nine in the second year, 20 in the third year, and so on. We did keep back a small reserve of caseworkers from the caseworker allocation for that year to bolster sites that were clearly under significant pressure, such as Campbelltown, where we put additional caseworkers in before they were ready to receive their full allocation of caseworkers. In some cases we wound up with community service centres that were too big to be managed by a single individual. What we did there was to split the community service centre into two so you have, effectively Campbelltown No. 1 and Campbelltown No. 2—although they are not called that—based in the same building, but two separate community service centres serving different parts of the Campbelltown area. The allocation of caseworkers to all of those enhanced service delivery sites is based on the workload in child protection and in out-of-home care, so the rate of allocation of caseworkers is strictly on the basis of anticipated workload.

Reverend the Hon. FRED NILE: You have said that nine sites were selected in 2004-05. How many sites are there?

Dr SHEPHERD: Roughly there are about 85. It depends on which year you are talking about.

Reverend the Hon. FRED NILE: Currently?

Dr SHEPHERD: Currently there would be about 83, I think, give or take one.

Reverend the Hon. FRED NILE: Do you have some system in place to evaluate the effectiveness of those centres and whether you are in the right location?

Dr SHEPHERD: We certainly believe that we are in the right location to deliver services across New South Wales. Where we anticipate that the population will change, the demographics will change, we are looking at whether to put a new community service in there. For example, Warnervale, at some point in the next four or five years, will require a community service centre. It is on our planning horizon to put one in there. We put one into Ulladulla recently, and I think we did some work with the Yass one as well. We have put in new community service centres where they have needed to go. A very substantial proportion of the community service centres—I think just over half—are, in fact, in rural and regional New South Wales because of the distances involved in travelling. If you are going to service the most vulnerable families in New South Wales, you need to be pretty much where they are.

Ms REBA MEAGHER: If I could just add to that, the 19 locations that are selected for 2005-06 are a good mix of metropolitan, regional and rural areas. I might just name them. The locations are Manly, St Leonards, Chatswood, Penrith, Armidale, Moree, Bega, Cooma, Deniliquin, Condobolin, Coonamble, Dareton, Gosford, Burwood, Fairfield, Queanbeyan, Lakemba, Campbelltown, Mount Druitt, Wyong and Nyngan.

Reverend the Hon. FRED NILE: Did you say that is the total number?

Ms REBA MEAGHER: That is this year's rollout.

Reverend the Hon. FRED NILE: Only nine are listed in the budget papers.

Ms REBA MEAGHER: That was the previous year, 2004-05. For the 2005-06 budget year, there are 19 locations.

Reverend the Hon. FRED NILE: Another 19?

Ms REBA MEAGHER: Another 19.

Reverend the Hon. FRED NILE: You mentioned some of the new suburbs and problems with having the centres built. Those in public education try to look at sites in advance. Are you also looking at sites in advance to anticipate what land may be needed on which to build centres in the future?

Dr SHEPHERD: We are looking at the demographics of the New South Wales population to see what shifts are anticipated to occur and, obviously, we also look very closely at our client base and where we believe our client base is going to be located. We have also got a very sophisticated planning system for accommodation that ensures that we will have the right accommodation available, region by region, in the years that the community service centres are going to be expanded. We will be able to accommodate all of the caseworkers that we require, at the times we require them, this year, next year and the year after.

Reverend the Hon. FRED NILE: I note in the report—and you have repeated it here today—the number of calls coming through on the Helpline. In 2004-05 there were 215,000. One of the reasons for that number is mandatory reporting, which I fully support. It is an excellent idea. You said that you have reduced the waiting time now from 20 minutes to less than five minutes, and that the current waiting time is just over four minutes. If you were a sibling or a mother who is distressed, ringing about a child at risk, even waiting on the phone for four minutes could be distressing. Has the department given consideration as to whether there should be a priority system with respect to the calls coming in? For example, police officers or schoolteachers could be given directions about a priority number and told, "If it is a priority, we need to be informed; we don't want you to stop informing us. Will you ring this second number." In other words, the input of calls is broken down into categories. Have you given consideration to a system like that?

Dr SHEPHERD: There are a couple of bits to this. The first is that when you, as a mandatory reporter, ring the Helpline, the Helpline is answered instantly and you get the standard call centre prompts as to what you need to do. "If you want to speak to a caseworker, press one", or "If you want to speak to someone else, do this", and so on. The second prompt is what we call a distress call—"If you think this is incredibly urgent, press 2 and you will be transferred immediately to a customer service officer who will hear what you have to say very quickly and then transfer you to a caseworker, if that is required". So there is an emergency mechanism to circumvent the four-minute wait time, if you need to.

Reverend the Hon. FRED NILE: I thought the four-minute waiting time was for someone to answer the call.

Dr SHEPHERD: No. When you call in, the call is answered virtually immediately.

Reverend the Hon. FRED NILE: By actual staff, not just a message machine?

Dr SHEPHERD: Well, it is a standard call centre answering system where you come in and there is an immediate message. You may get straight through to a caseworker.

Reverend the Hon. FRED NILE: But it is an automated computer voice?

Dr SHEPHERD: Yes, an automated system, and when you hear that, it will say, "Press 1, press 2, press 3". The second prompt is the distress prompt, so it goes straight to a real person instantly. The other thing is that we have put in place a specialist queue for education because education is our major source of high-quality reports. They have a specialised queue that is staffed by people from 8.00 a.m. to 6.00 p.m. who do nothing else but the education queue work. A lot of them are, in fact, from the education system itself originally and their call wait times are below two minutes.

Reverend the Hon. FRED NILE: Is that another number?

Dr SHEPHERD: No, it is the same number.

Reverend the Hon. FRED NILE: It is still the same number?

Dr SHEPHERD: Yes. They come in and they are immediately dealt with. We are looking at whether we can extend that system to other kinds of mandatory reporters. It is easier with the education system because they call within a defined period of time so you can have a group of workers specifically allocated for that purpose. If they call over a 24-hour period it is much harder to have specifically dedicated workers. I guess that probably covers most of what you wanted.

The Hon. CHRISTINE ROBERTSON: I have a question about the Supported Accommodation Assistance Program. Can you update me on the progress of the Commonwealth-State agreement for that program? Are there lots of inquiries coming from country New South Wales about this program?

Ms REBA MEAGHER: Indeed. The Supported Accommodation Assistance Program [SAPP] provides funding to about 400 non-government organisations which assist people who are homeless or at risk of becoming homeless. The shelters and support services funded by this program help some of the most vulnerable people in our society: Women and children escaping domestic violence, young people who cannot live at home and the homeless living on our streets. New South Wales is currently negotiating with the Commonwealth to conclude a new SAAP agreement which will run for the next five years. I have met with the Federal Minister for Family and Community Services, Senator Patterson, to discuss this matter, and have urged her to match New South Wales SAAP funding.

The Commonwealth proposal is for all States to match its SAAP funding 50:50. Over the five-year life of the program New South Wales will contribute more than \$303 million for homeless services. I am deeply concerned that in New South Wales the Commonwealth is not prepared to meet its obligations by providing an equal level of funding. The impact of this will be felt across New South Wales. Last year 25,000 people sought our help and got it, but many others had to be turned away. Refuges in regional areas have struggled to cope with the near doubling of demand in the past year, and we cannot expand services without growth funds.

The Commonwealth Government's own evaluation states that a 15 per cent increase is needed just to keep pace with the demand for services. The Commonwealth should deliver growth funding for SAAP consistent with the evaluation. However, if the Commonwealth cannot achieve that, at the very least it should match current New South Wales funding levels. New South Wales currently provides about \$3 million more for SAAP services than the Commonwealth provides. An extra \$3 million from the Commonwealth can make a sizeable difference. Without additional Commonwealth funds, some services may face closure and others will have to wind back. The Commonwealth has set a deadline of 30 September for New South Wales to sign the agreement or face funding penalties that will hurt services even more.

The Hon. KAYEE GRIFFIN: Obviously there are a number of grants available from government to business that can be accessed by community organisations in regional communities. What sort of assistance is given to community organisations to enable them to find the right places to find out what sort of grants are available and how they can apply for them or lodge applications?

Ms REBA MEAGHER: In 2003 the New South Wales Government made a commitment to provide a single access point that would allow the community to find information about New South Wales government funding programs. Last year the Government enhanced the community builders web site, allowing organisations to search for information on New South Wales government funding programs. The web site, managed by the Department of Community Services, is a significant government asset. It has been recognised by the Organisation for Economic Co-operation and Development advisory committee as the world's most comprehensive e-public works project.

Until recently this site contained only limited information on New South Wales government and Commonwealth funding programs. It now also contains corporate and philanthropic sources. The web site currently receives in excess of one million hits per month, peaking last month at 1.4 million hits. The funding page on the web site has proved highly popular since it started. It has a broad user base and is used by community organisations in regional communities. On 1 September 2005 the new funding and awards module went live on the community builders site. About 15 New South Wales government departments have published their funding program information on the site, and it is expected that this will build up to 30 agencies in the future.

Any individual organisation or business with access to the Internet and a computer can now use this one-stop site to find up-to-date information on New South Wales government funding and awards programs. Metropolitan, rural and regional communities will have equal access to information on funding programs. The web site includes guides for submission writing and tools and tips for fundraising. Funding programs can be browsed by category, alphabetical order, closing date, funder and key word. A selection of awards and scholarships can also be searched in the same way. Site users can also register alerts for funding and award programs closing in the next 90 days. Already, 67 government access centres across New South Wales have registered to receive this. An access link has also been established on the Government's home page.

The Hon. CATHERINE CUSACK: Are you aware that the New South Wales Women's Refuge Movement has a working party and resource centre that support 55 refuges which are supposed to be operating as part of Community Services?

Ms REBA MEAGHER: I am sorry?

The Hon. CATHERINE CUSACK: Are you aware of the role of the New South Wales Women's Refuge Movement as a support group for the 55 women's refuges?

Ms REBA MEAGHER: Yes.

The Hon. CATHERINE CUSACK: Are you aware that the support group in Sydney is criticising a number of women's refuges, saying they lack understanding of feminist philosophy, are not committed to the overarching principles of correcting the gender power imbalance between men and women, and are blaming that in part for dysfunctionality in up to 10 centres at the moment? Are you considering a report from the Women's Refuge Movement to reform the women's refuges that they are auspicing at the moment to embrace feminist philosophy and become an employer of choice for women committed to the feminist philosophy?

Ms REBA MEAGHER: I understand that the Women's Refuge Movement has prepared a report but I am not sure what stage that report is at. I do not know whether it has been formally presented to either the Department of Community Services or me. So do you mind if I take that on notice?

The Hon. CATHERINE CUSACK: My understanding is that the department has been very involved in the development of this report, particularly in relation to the 10 auspiced women's refuges, including many in the country such as Tamworth, Kempsey, Wagga Wagga and Albury. A large number of refuges are affected by this.

Ms REBA MEAGHER: I was aware that in fact the Department of Community Services had provided some funding to assist in the preparation of the report. I have just been advised that the Department of Community Services has a copy of that report. If you would like the director general to speak further to that he would be able to do that.

The Hon. CATHERINE CUSACK: Given the difficulties in Tamworth, I assume that you must have had some briefing on these issues.

Ms REBA MEAGHER: I am very aware of the situation in Tamworth.

The Hon. CATHERINE CUSACK: Are you aware that there is a recommendation for a preferred partnership arrangement with DOCS and the Women's Refuge Movement, to be devised through a memorandum of understanding? Are you aware of that proposal?

Ms REBA MEAGHER: I will take that on notice.

The Hon. CATHERINE CUSACK: So you are not aware of it?

Dr SHEPHERD: Can you repeat the question?

The Hon. CATHERINE CUSACK: There is a proposal for a preferred partnership arrangement between the Women's Refuge Movement and DOCS which would be implemented through a memorandum of understanding with the Department of Community Services.

The Hon. CHRISTINE ROBERTSON: Whose proposal is it?

The Hon. CATHERINE CUSACK: It is the Women's Refuge Movement proposal, in a report funded by the Department of Community Services. Are you aware that these recommendations, in implementing this, would give the executive officer of the refuge movement a significant pay rise from \$64,000 to \$87,000; establish a new executive manager for auspicing, also on \$87,000; change members of the working party into a board of directors, increasing their terms from two years to four years and paying sitting fees for the directors; granting an \$84,000 travel budget for these women to visit the 10 refuges; expand into new office space; and fund all of this with an 11.4 per cent management fee imposed on the 10 auspiced refuges, which would pull \$600,000 out of local refuge services into an ideological Sydney head office?

Dr SHEPHERD: We have received a report and a proposed business plan, and at the moment it is being considered by the department. It has got no further than that. I certainly have not seen it but I am aware it is in the department and being considered. When the department has had an opportunity to do that it will provide advice to the Minister in the normal course of government business. But at the moment there is no decision in relation to that report.

The Hon. CATHERINE CUSACK: It sounds very innocent but the Women's Refuge Movement believes that a single service provider is being driven by the Department of Community Services and that that report was commissioned with that in mind and that ultimately the department wants to deal with a single service provider rather than with 55 local refuges.

Dr SHEPHERD: If that is a question about departmental philosophy, your statement is not the departmental philosophy. We are interested in providing the best service to the women of New South Wales, particularly around the women's refuges, in ways that are specific to the communities in which the refuges are required. If that comes up as a number of refuges banding together in order to provide back-office services and so on, that may be a sensible way to go. If the best way to provide the service is different from that, then you provide it differently. The suggestion you are making, that it is departmental philosophy that all of it should be combined under a single auspice, is simply not the case.

The Hon. CATHERINE CUSACK: So you would deny that the Women's Refuge Movement has done this in response to a move from DOCS to move towards single service providers in the SAAP area?

Dr SHEPHERD: As I understand it, the Women's Refuge Movement was funded to provide a report as to how services might be provided. It has done that. We will look at the report. What I am telling you is it is not departmental philosophy to have a single oversighting body for women's refuges in New South Wales. That is nonsense.

The Hon. CATHERINE CUSACK: Can I ask the Minister then, as a matter of policy, are you committed to locally managed services in the women's refuge movement? Are you committed to maintaining locally managed, locally operated services?

Ms REBA MEAGHER: I heard the question. I am committed to ensuring that we provide the best level of service possible to women who are escaping domestic violence. Let me make that very clear. There is not going to be a one size fits all around the State. In some local communities the local management has not worked effectively and it has been necessary in those cases for the Women's Refuge Movement to step in to ensure the provision of the service. That is always the priority, the provision of the service to the women who are attempting to escape domestic violence. But, where possible, there is a commitment to involve local management.

If your question is being driven from the Tamworth example, let me say that when the working party for Tamworth was established in 2002 it was understood at that time that there would be a transition to local involvement in management. For whatever reason—I am not sure—that has taken a long time. This dispute has focused my attention to ensuring that the Department of Community Services provides the support necessary to ensure that the working party is working towards transitioning to local management.

The Hon. CATHERINE CUSACK: Can I put it to you, Minister, that given that that has gone on for three years, that the working group has done a very poor job in handing it back to local management, and that is a reflection on them, it is not a reflection on the ability of the people in Tamworth to operate their own refuge?

The Hon. CHRISTINE ROBERTSON: Have you ever been involved in a management group to do with a women's refuge?

CHAIR: Order! This is not a opportunity for cross-committee questioning.

Ms REBA MEAGHER: I think I have answered your question. There is no one size fits all around New South Wales. It has to be a combination. Where there is an effective group of individuals who can run these services, it is desirable to have as much local input as possible. But what do we do in situations where local committees fall over—not provide a service because there is not enough involvement? That is not desirable. This is about best quality, front-line service provision.

The Hon. CATHERINE CUSACK: Many of these are country refuges with a very different character and expectation to a very ideologically driven movement in Sydney.

Ms REBA MEAGHER: Yes.

The Hon. CATHERINE CUSACK: And that movement has not been able to impose that on the philosophy in Tamworth. It has gone on for three years. Is it not time to let Tamworth have the opportunity to run its own refuge?

Ms REBA MEAGHER: I have made it very clear over the past couple of weeks in all my statements to the town community on this matter that I am committed to working with local representatives and ensuring that there is as much local involvement in Tamworth as soon as practicable. Of course, we are providing support to the working party to get the doors open on that refuge. It is important to the community of Tamworth that there is a refuge there that is able to take women who are fleeing domestic violence. As this point in time if they are in the best position to provide that service, we will support them to do that. But I have made it very clear that we will be working to transition to involve the local community in the management of that as soon as practicable. I am quite committed to that. I have made that clear, and you know that.

The Hon. JOHN RYAN: Minister, recently I have observed that the adoption rate by DOCS—I am talking about the local adoption rate—has not increased very much and there has been a significant increase in the numbers of children coming into care. Representatives from the Association of Child Welfare Agencies, for example, have put to me a proposition that one of the reasons those two figures are operating in that way is that there has been no real attempt by the Government to implement permanency planning, in that you would expect to see a significant increase in the adoption rate because there are people who are possibly up to their second, third and multiple restoration plan, and DOCS should be giving up and removing the children from that situation at an earlier stage and allowing the children to be adopted out. Why has it taken so long to get permanency planning up and

running? Are you making any plans? I notice it has appeared now on the corporate plan of DOCS as one of its five priorities. How will we know whether any action has taken place in regard to that?

Ms REBA MEAGHER: The permanency planning demonstration project has been developed to support policy development and to provide a test of the policy framework. The project has a specific focus on children under two years of age coming into the care and protection system, and emphasises the development of partnerships with non-government agencies around permanency planning. The key aim of the demonstration project is to test and refine the practice of permanency planning in selected community services centres to inform the full rollout of permanency planning policies across the department. The project is designed to increase and consolidate the capacity of practitioners within DOCS and non-government service providers to make earlier and more effective decisions that lead to better and more stable outcomes for children for whom DOCS has care responsibility. While the initial focus is on improving DOCS practice, the collaborative arrangements between DOCS and non-government agencies for the assessment, placement and support of children involved in the project will also be tested in 2006-07.

The Hon. JOHN RYAN: Is permanency planning, though, not the specific legislated intention of the Government, and why is something that was legislated for in excess of five years ago only being piloted now?

Dr SHEPHERD: Permanency planning is a really important piece of policy and philosophy for the agency. Clearly it is in the legislation. It was inserted in the legislation in 2000 or thereabouts. It has taken some time to get permanency planning policy in place and to change the practice to try to get improved stability in the placements. The project has been put in place in consultation with the non-government sector in order to get permanency planning moving. There is no uniform agreement across the sector that deals with exactly what permanency planning constitutes and what the end objectives of permanency planning should be. Many practitioners believe it should be adoption. Others are opposed to a philosophy that is adoption driven, and still others would prefer that the focus was not on permanency planning at all but was on restoration.

So it has not been an easy process to get agreement across a wide range of the sector as to exactly how this would be implemented. The pilot is designed to do exactly that. We have been working with a couple of the non-government agencies in order to get a realistic approach to both adoption and long-term foster placements. You would be well aware that Barnardos, through Find a Family, has been pushing hard to increase the rate of adoption for long-term foster placements, and we are strongly supporting the proposal. It is a fact, though, that there are not a lot of children in New South Wales that are put up for domestic adoption. However, there are a few heartwarming cases in which foster children are adopted. Last year 24 were adopted in New South Wales after being in foster families for a period. We have also been looking at the UK example. Initially the UK set a target of 10 per cent of long-term placements for adoption. We had an international expert out here recently who was involved in that program. Her advice was that they were struggling to reach 6 per cent, and there were some serious queries about whether that was a sensible benchmark. So there are a lot of ins and outs to this.

The Hon. JOHN RYAN: We would not be close to one or two per cent, would we?

Dr SHEPHERD: No, not at this stage. We do think that adoption is a very viable long-term proposition for many of these younger children who come into care with no prospect of restoration. Some 560 or 570 children under one came into care in New South Wales last year. Some of them went back out again but that is the number that came in. So there has to be a potential there to increase the rate of adoption significantly.

The Hon. JOHN RYAN: There would have to be more than a dozen, you would think.

Dr SHEPHERD: Yes.

The Hon. JOHN RYAN: I think I have made the point. It sounds like there is at last some opportunity to see that progress.

Dr SHEPHERD: There is a strong belief in the department that it is important to significantly improve our performance in permanency planning and to push the rate of adoption in those cases where adoption would provide the best long-term outcome for the child.

The Hon. JOHN RYAN: About a year ago you were commenting in the media, in response to the Ombudsman's special report on the Child Death Review Team, that you were disappointed that sometimes the Children's Court did not take up recommendations of DOCS officers for removal. What have you done about that? Is it the case that there is a problem with the laws? Is it a question of educating the Children's Court magistrates? Or, as I have understood it, could it also be a case of the need to better prepare the cases that DOCS officers place before the court? Do you have any evaluation as to how well the cases that DOCS officers put before the court are prepared?

Dr SHEPHERD: It is a combination of all of those factors. On the quality of the cases that are prepared, we are employing an additional 28 legal officers who will be located in community service centres throughout New South Wales to provide direct support to caseworkers in the preparation of material for the court system. We are also engaged in a working party. The Deputy Chief Magistrate, the Legal Aid Commissioner and I are engaged in a working party to streamline the processes and to make them more accessible, if you like, for caseworkers—and in so doing improve the quality of the material that caseworkers are providing, to cut down the number of appearances required and to make the court's job easier because they get the right information that they need to make the decision. There was a first bit to your question, which I have now forgotten.

The Hon. JOHN RYAN: Is there any need for reform of the law to see whether the law is inadequate. I find it hard to believe that it is not adequate but I had to ask anyway.

Dr SHEPHERD: There are two bits to this. One is the review of the Act, which is due by December 2006. All the issues relating to the current legislation will be examined in a public process. The Children's Court will be involved in that, the Legal Aid Commissioner, the non-government sector and so on. The Minister has commissioned—I do not know whether she wants to talk about it—the way that Act review will take place. If there are things that need to be modified in the short term then the working party will come back to the Attorney and the Minister with a set of recommendations for any immediate streamlining that needs to occur that requires legal change. Clearly, you would try to improve the practice first, which is what we are doing, and then see whether you need to modify the law.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Will the Area Assistance Scheme be reviewed in 2005-06 with a view to making changes in its funding level and operations from 2006-07?

Ms REBA MEAGHER: The Area Assistance Scheme provides \$10.6 million each year for grants to local councils and community organisations for projects that improve community well-being. The aim of the scheme is to connect communities through partnerships, build community leadership and promote safe communities. Each year the Area Assistance Scheme funds approximately 260 projects, of which generally 120 are new projects. Area assistance is available to those regions experiencing rapid urban growth, specifically Western Sydney, Macarthur, the Hunter, the Central Coast, Illawarra and the North Coast. The scheme generally funds projects from \$2,000 to \$110,000.

These can be one-off capital projects or time-limited projects for one to four years. There is also a small amount of recurrent funding available. In 2004 responsibility for the Area Assistance Scheme transferred from the Department of Planning, Infrastructure and Natural Resources to the Department of Community Services. Grant applications for the 2006-07 funding round closed on 7 September. The large number of applications reflects the strong level of community interest in this program. Proposals are assessed by local and regional advisory committees before being presented for ministerial approval. This is very much a ground-up process, and it is one of the great strengths of the program that it responds directly to local needs.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Can you answer the question that I asked? Will the Area Assistance Scheme be reviewed in 2005-06 with a view to making changes in its funding level and operations from 2006-07?

Ms REBA MEAGHER: I will have to take it on notice.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: In the Better Futures for Young People Program and Aboriginal Child, Youth and Family Strategy how many projects have been funded and at what cost over what period? Are there uncommitted funds available to these programs in 2005-06 and beyond? If so, what are the amounts and what level of funds has been carried forward from underspending in 2004-05?

Ms REBA MEAGHER: The Better Futures Strategy is aimed at improving outcomes for vulnerable young people aged between 9 and 18. The strategy transferred to the Department of Community Services in July 2004. It follows on from the Families First Strategy, which is targeted at children aged 0 to 8 but, unlike Families First, it is not a universal strategy. It is targeted at improving outcomes for vulnerable young people, which may include young people at very high risk.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Minister, I appreciate your reading a backgrounder to the projects but people who take an interest in this do know this information. What we would like is an answer to a specific question. It is not good your reading a prepared statement and then my repeating the question as happened with the last question. The question was: In the Better Futures for Young People Program and Aboriginal Child, Youth and Family Strategy how many projects have been funded and at what cost over what period? That is the first question.

Ms REBA MEAGHER: I will take that question on notice.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are there uncommitted funds available in each of these programs in 2005-06 and beyond?

Ms REBA MEAGHER: I will take that question on notice.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: If so, what are the amounts and what level of funding has been carried forward from underspending in 2004-05?

Ms REBA MEAGHER: I will take that question on notice.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: What level of funding has been notionally allocated to the promotion and implementation of the Working Together for New South Wales Agreement and the Government and non-government sector compact in 2005-06?

Ms REBA MEAGHER: I will take that question on notice.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: If no funds have been notionally allocated, why not?

Ms REBA MEAGHER: I will take that question on notice.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Could the departmental officers answer some of these questions?

Dr SHEPHERD: Not at that level of detail as to how many dollars have been carried forward from one year to the next. I can tell you what the overall budget is for 2005-06, but I cannot handle, off the top of my head, the sort of detail you are asking for.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I ask you to take those questions on notice. With regard to the Helpline allocations, once they are allocated do you have figures on how long it is until the person is actually seen? You gave figures on how long it takes for the phone to be answered and on the percentage of people that are allocated. You have priority levels, in terms of 24 hours, which is priority one. I am not sure what priority two and three are.

The Hon. JOHN RYAN: They are 24, 72, a week and a day.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Right. Do you have figures on how many of them are actually seen within that time—in other words, the link is closed? The target was 24

hours or 72 hours. The call was taken, allocated and the person was seen in that time—or, if not seen, allocated to someone who knows what needs to be done and does it. They then ring the schoolteacher or whatever in order to ascertain that the matter is under control.

Ms REBA MEAGHER: I think in his first answer the Director General explained that every case that comes from the Helpline is actioned. There is an initial assessment and then it is sent to the CSC where it undergoes its secondary assessment. Based on determinations that are made at that stage, would determine at what point the case is allocated, and that would determine at what point an officer would see that child. I cannot give you the specific figures you are asking for.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: In a sense, when you set up a system you set targets to meet. Initially that is the priority. If they are reprioritised presumably they will either have a shorter or a longer target, depending on whether they are reprioritised up or down. The next question is: When that target is set, how often is it met? Because that is the outcome of the process and the success of the process, is it not?

Dr SHEPHERD: At this stage what I can get for you is the percentage of cases that are allocated to caseworkers. I have not seen figures, in the recent past anyway, that would enable me to give you tonight—and I am not even sure whether I can get them out of the system in the very short term—figures as to the number of cases that were allocated, say, within a 24-hour time frame or a 72-hour time frame. I am certain that that is one of the performance indicators that we are developing. I just do not know tonight whether we have that information at this point in time. If I can perhaps take the general question on notice, as to whether we can give you that information. Then, if we can give it to you, we will give it to you. We will take the question in two parts.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It would seem if you had a unified information system that was computerised it would ask when the allocated worker saw the person and what they saw. They would write, "Saw at 10 o'clock on such and such a day." Presumably, that could then be extracted.

Dr SHEPHERD: These things are done a bit differently to that. What happens is that when the case is allocated to the caseworker what the caseworker then does it is to commence a process called "the secondary risk of harm assessment". That may involve visiting the family, it may involve making a whole lot of inquiries from health and other professionals. The secondary risk of harm assessment is a very detailed assessment of the family and of the child, and of the circumstances in which the child is placed, in order to determine the level of risk should the child to stay in that household, and also what should the then occur.

At the end of the secondary risk of harm assessment we should know the level of risk, the risk factors involved and what we should then do what about that particular case. Buried in the narrative within the caseworker's records may well be that they went somewhere at 10 o'clock on a particular day, but that may not be germane to the secondary risk of harm assessment report, which is designed to determine the risk of harm to the child. Whether you could trawl through all the caseworker records in order to get the precise time that someone went there, is not necessarily relevant to the quality of the secondary risk of harm assessment and the potential outcome for the child.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I understand that the object is to measure the response time so you could say that one proxy was when the secondary risk of harm assessment started. In other words, when the caseworker actually got around to looking at it. Obviously some time after that they were able to have sufficient facts to make a decision.

Dr SHEPHERD: As close as you would get, I think, is a time as to when the case was allocated. There is a whole stack of factors that then come into play after that point of time, as to what the caseworker does next. The one thing you know about these cases is that no two of them look the same and they are incredibly complex.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Presumably the caseworker at some point logs on and looks at it and you should be able to measure when that happens. If they are totally overloaded and do not look at it for a week, obviously that is a problem.

Dr SHEPHERD: Correct. I am not a computer expert. I do not know whether it is possible to extract that information. I am happy to have a look at it and if we can do that we can provide the information. If the system is not capable of providing the information that you are seeking, because it is not designed that way, then I am happy to provide that information as well.

CHAIR: Will you take that question on notice?

Dr SHEPHERD: Yes.

Reverend the Hon. FRED NILE: Minister, on page 4.4 there is a reference, "Recruitment is under way for an intensive family based service, based in the Arabic Community Council in Bankstown to service the Arabic community." Can you explain how it operates "in" the council?

Ms REBA MEAGHER: I am sorry, in the Arabic Council?

Reverend the Hon. FRED NILE: Yes. I am reading your document that says an intensive family-based service, based in the Arabic Community Council in Bankstown. I am wondering how it operates "in" a council. Do you mean the council building?

Ms REBA MEAGHER: No, I think the "council" refers to the community organisation

Mr RAMSEY: Could we have a reference?

Reverend the Hon. FRED NILE: It is page 4.4, right in the centre of the page.

Ms REBA MEAGHER: I would have to seek clarification about that. I do not know that it refers to a physical structure. I think that this is part of our partnership with the non-government sector. I think this came about that a time a while ago when there were some problems with Arabic youth.

Reverend the Hon. FRED NILE: Do you mean in cooperation with, or something like that?

Ms REBA MEAGHER: I think that is what it means. Part of intensive family-based services is to work with families and Young people that are at risk and put in place some strategy is around that. Generally, it is a small number of families that are given to a particular caseworker. That caseworker is then available 24 hours a day, seven days a week, to provide intensive support for that family, to help them overcome the difficulties they have. It refers to that kind of arrangement, as opposed to being in a council. I think this is the community sector that we have formed a partnership with.

Reverend the Hon. FRED NILE: Following up on that, what was the relationship between DOCS and the council?

Ms REBA MEAGHER: I will ask the Director General to answer that question.

Reverend the Hon. FRED NILE: Is DOCS paying for a staff member within the council or is there a DOCS staff worker working with the council? The underlying thought is the independence of the DOCS worker, whether they are working for the council or for DOCS.

Dr SHEPHERD: Normally what we would do in a case like that is provide funding to the partnering body to do the employing of the staff to do the particular piece of work, in the same way as we fund Barnardos or Burnside, or anyone else. You do not place an actual DOCS worker in there. You provide funding in order to do the particular piece of work that needs to be done. We can come back to you with the precise detail of this particular matter, but I would be very surprised if it was different to what I have just said to you. We will be providing some funding to the organisation and the organisation will have an agreement with us as to what services they provide with that funding.

Reverend the Hon. FRED NILE: It has the words "intensive family-based service". That does not sound like a single person.

Dr SHEPHERD: Most intensive family-based services are not single people. The ones that we have adopted within DOCS are generally for the Aboriginal communities, and there are a number of them, and the model has been in place for a long time. In fact, it has been so successful that it has been adopted in Victoria and other States. There you have up to four Aboriginal caseworkers engaged in dealing with families on a very intensive basis in order to try to keep the family together and support the children. You provide that intensive level of support for a period of months in order to allow that to happen, then other services can take over, and then the intensive caseworkers can go to another case.

Reverend the Hon. FRED NILE: I have worked with many Arabic communities and I know there are strong divisions within those communities. The word "Arabic" is used there. Is it a Muslim council? If so, obviously other Arabic groups would not use that particular service. Or is it non-religious?

Ms REBA MEAGHER: It is based on language, rather than religion.

Reverend the Hon. FRED NILE: A cultural group, rather than a religious group?

Ms REBA MEAGHER: It is for Arabic-speaking families, so it is based on that.

Reverend the Hon. FRED NILE: It is not restricted to a particular religion?

Ms REBA MEAGHER: Not that I am aware of, no.

Reverend the Hon. FRED NILE: Page 4.3 states that the Violence Against Women specialist unit was transferred from the Attorney General's Department to your department, and that the unit co-ordinates the New South Wales strategy to reduce violence against women. Does the department have any particular problems in assisting Muslim women who may be exposed to domestic violence?

Ms REBA MEAGHER: I will have to take that question on notice. I do not have that kind of detail regarding the strategy. I will get back to you on that.

Reverend the Hon. FRED NILE: In the same way as you are assisting in that cultural group, are there any plans to assist other groups, such as Pacific islanders, perhaps in the Campbelltown area, with an intensive family-based service?

Ms REBA MEAGHER: Yes. Part of the work that has been undertaken by the Department of Community Services is a huge partnership with the Pacific communities. The strategy promotes the wellbeing of young people of Pacific backgrounds, increases parent support and education to help parents prevent risk-taking behaviour by children and young people, and provides children and young people with better learning opportunities and recreational activities for long-term development. In the 2005-06 financial year a peer parenting education network should be established, along with parent information and support advice. The partnership has a budget of over \$1.5 million for that financial year.

Reverend the Hon. FRED NILE: Is that program based in any one geographical area, or does it cover the metropolitan area? Is it geographically based?

Ms REBA MEAGHER: I would have to seek further information and come back to you on that.

Reverend the Hon. FRED NILE: Does the director-general know?

Dr SHEPHERD: Off the top of my head, no. There are hundreds of these sorts of programs.

Reverend the Hon. FRED NILE: The program is not based in one town or suburb?

Dr SHEPHERD: My recollection is that it is primarily in south-western Sydney, but it extends across Western Sydney as well. But I will seek to come back to you with accurate information.

Reverend the Hon. FRED NILE: The budget papers make repeated reference to DOCS responsibility for child protection. There is a perception—it may not be correct—that the department, in its attitude to a situation where there are drugs, does not seem to regard drugs as a priority problem. What training is given to DOCS staff when it is identified that drugs are involved in a domestic situation? Is that ignored, or do they regard the matter as serious? For example, the people involved may be drug addicts who are on methadone and other programs.

Ms REBA MEAGHER: I think the specific training you are referring to is operational. I will ask the director-general to answer that question.

Dr SHEPHERD: Training is given to new caseworkers in relation to the significance of drugs and drug abuse when they come through the new and expanded caseworker development course. Some specific drug and alcohol training is also given to DOCS and non-government organisation workers. As part of that, we are reviewing the Intranet site, which is called *Drugnet*, in order to provide a much more dynamic tool for the caseworkers who are working with individuals who may be drug affected and have children still in their care. We are also looking at a safety assessment tool that we can use in the secondary risk-of-harm assessment, which will assist caseworkers to better identify the extent of the risk that is present with different kinds of substance abuse and different levels of substance abuse.

It is a key issue for us because increasingly we see drugs as a very significant risk factor in many of the serious cases that come into the child protection system. Obviously, the caseworkers are not medical practitioners, but we are in the process of significantly improving their training in drug and alcohol issues. You must remember that many of these cases involve both drug and alcohol issues in the one family, or one of the parents. There is no doubt that drugs and alcohol lead to a number of other major risk factors that we deal with, particularly domestic violence. You will find that in more than half of the cases of domestic violence there is a background of either alcohol or drugs, or both.

The Hon. JOHN RYAN: I want to ask some questions about the regulation of the child care industry. I understand that the new regulations with regard to children's services provide that a licence effectively terminates unless it has been renewed at the appropriate time. Is the department certain that it has a sufficient number of children's services advisers to ensure that no licence is going to terminate prior to it being able to be renewed?

Dr SHEPHERD: The short answer to your question is yes. There are a bit over 3,000 licensed services, as you would be aware, and there are over 80 children's services advisers. If you look at the ratio of children's services advisers to licensed services, there should not be a difficulty in relation to the issue that you raised.

The Hon. JOHN RYAN: Is the Minister going to address the urgent need for more child care places in the inner suburbs? Will she respond to calls from the Federal Minister, Senator Patterson, for the child care sector to convene a meeting of local government bodies in the inner city to identify the areas of need and to find suitable pieces of land for new child care centres to serve local families?

Ms REBA MEAGHER: Thank you for the question, Mr Ryan. As you are well aware, child care is predominantly the responsibility of the Federal Government. That was demonstrated quite recently when Child Care New South Wales, which is the peak body for the private sector, called on the Federal Government to take responsibility back for planning for the locations of child care centres. As you would be aware, New South Wales provides a service in establishing regulations for child care centres by which they must operate that predominantly focuses on the safety and wellbeing of the children who are in the care of these centres. Funding and planning is predominantly a Commonwealth Government responsibility.

The Hon. JOHN RYAN: When will the regulatory impact statement about the regulation of out-of-hours school care be completed? What problems have been experienced with regard to the consultancy started by Mr Ron Greenhout?

Ms REBA MEAGHER: The funding of the out of school hours [OOSH] care service is predominantly a Commonwealth Government responsibility. The Commonwealth Government funds the out of school hours care sector through the childcare benefits subsidy scheme. In July 2003 the Commonwealth Government introduced a new quality improvement and accreditation system tied to its funding for OOSH services. The New South Wales Government is committed to supporting high-quality standards for the operation of children's services, including OOSH. In 1993 New South Wales was the first State or Territory in Australia to introduce a voluntary code of practice for this kind of service. The code developed by the out of school hours care sector, in partnership with governments, had a range of standards that provided best practice guidelines. The code was a forerunner for the national standards for OOSH care that were developed in 1995 and agreed by the Commonwealth, State and Territory governments.

The New South Wales Government is committed to ensuring the safety and protection of all children in New South Wales. In order to inform the development of a range of options for and against regulation of OOSH care, an analysis of best practice regulation and a review of the approaches of other jurisdictions were undertaken. Independent consultants commenced work on regulatory impact analysis in collaboration with DOCS staff in March 2005. This analysis will assist the anticipated economic and social costs and benefits of two proposed options for regulation compared with the current arrangements and recommend the best option. There will be public consultation on any regulatory impact statement and proposed regulation that may result. In the meantime, safeguards to protect children in OOSH care services are already in place. These include the quality assurance scheme for OOSH care services, the working with children check, elements of the Children and Young Persons (Care and Protection) Act 1998 and the occupational health and safety requirements.

The Hon. JOHN RYAN: Could I put two questions on notice, as I am going to run out of time? First, could you explain to the Committee how we will deal with the shortage of university qualified early childhood teachers in New South Wales to ensure that there are sufficient numbers to make sure that our centres can stay licensed? Second, are you in receipt of a report relating to the Children's Employment Act that deals with the working of children's check, a review of those arrangements? Do you have a report, what are its recommendations and what are you planning to do with it?

Ms REBA MEAGHER: I am happy to take those questions on notice.

Reverend the Hon. FRED NILE: I have two quick questions of the Minister. The first is something that has been nagging me since you first started. You said there were 24 million files, is that correct?

Ms REBA MEAGHER: Records.

Reverend the Hon. FRED NILE: There are multiple records on each person?

Dr SHEPHERD: Yes.

Reverend the Hon. FRED NILE: Second, have you had any problems with the Families First Program since the Family First political party started with a similar name? I understand that the Government was using the name prior to the formation of that party?

Ms REBA MEAGHER: No, not that I have been made aware of.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The Children at Risk report, which came out from the social issues committee a couple of years ago, seemed to be keen on child care as an early intervention. However, I notice that you do not have any more child care funded places than you had in 2002-03. It is still 46,000. Why has that not gone up if it has been found to be a very good way of looking after young kids at risk?

Ms REBA MEAGHER: Just on the point that you make in relation to child care, there are some very interesting figures. For every dollar that is invested in good quality child care, there is the potential to save \$17 for each person by the fact that you are able to prevent them coming into contact with other government-type services, maybe the police or the judicial system. There is a strong commitment to ensuring that child care is of the highest standard. The Department of Community Services has taken a view that child care forms part of a continuum and early intervention funding is available as part of a continuum of service delivery for those services that will link in. I will ask the director general to fill that out.

Dr SHEPHERD: The early intervention program that the Minister mentioned earlier in her address is currently out for expression of interest. We have 313 or so expressions in the first round and we are about to go into the second round. There is \$132 million to be allocated under that scheme. There are four primary elements to the early intervention program and one of those primary elements is the provision of quality child care. There is no doubt that, for the vulnerable children in New South Wales, provision of quality childcare is crucial. You would be well aware that 60 per cent of the brain development of a child occurs in the first three years of life. So for those children who are not receiving the appropriate levels of stimulation at home because of family troubles and so on, quality child care does provide a suitable substitute that will allow the development to continue to occur.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But these people will not tender. The Minister says that it is going to be a 17:1 payback, you are saying it is really important and I am saying that the number of child care places has been stuck at 46,000 since 2002-03. They are not going to tender and say, "Please give me some child care." You have kids whom you want to do something with and there are those child care places where, basically, you only have to put the kid in and pay the money, do you not?

Dr SHEPHERD: No, we are looking to develop child care services in some of the locations. In some locations we will purchase places, but in most of them we are looking to develop or for services to expand. That is part of the expression-of-interest process. The key reason that we are focused, with the early intervention money, on the most vulnerable is because that is the group that benefits most from access to quality child care. If you look at the spectrum of children and the research that has been done in the United States, which is probably directly applicable to New South Wales, on this point anyway, it shows that children from strong family backgrounds where there is a very high level of education receive relatively little benefit in terms of development, apart from socialisation skills with other children, from being in quality child care. As you come down the education spectrum and the socio-economic spectrum, the level of improvement in development of children becomes more dramatic and when you get to our client base, at the most vulnerable level, the improvement is dramatic. So we are focused on getting quality child care places—additional ones wherever possible—under the expression-of-interest process to support those most vulnerable children.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So why has this not gone up? Is this a new program?

The Hon. JOHN RYAN: This is a new program.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The figures show that this has not gone up in the last four years.

Dr SHEPHERD: We are out on expressions of interest at the moment in order to get this money out into the non-government sector. That will occur during the remainder of this financial year. We anticipate that we will get to the end of the expression-of-interest process by the end of this year. We are now through the process of short-listing those people who will go on to the second stage. I can say that we have a mixture of very good applications from both small and large organisations that are interested in providing the full spectrum of services under the early intervention program.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So this number will change dramatically?

CHAIR: Thank you, Dr Shepherd.

The Hon. JOHN RYAN: Can I put another question on notice for the Minister to answer?

CHAIR: In the spirit of co-operation, yes.

The Hon. JOHN RYAN: Could the Minister provide the Committee with the reasons that the department has not accredited a not-for-profit adoption agency for intercountry adoption services?

CHAIR: I thank the Minister, the director general and departmental officers for their attendance tonight, including those who have given their time and have had to sit patiently in the background. I thank Committee members as well for their spirit of co-operation. I accept the Minister's opening statement as being tabled. Minister, I can advise that the Committee has resolved that responses to questions taken on notice must be provided within 14 days, unless the department has some difficulty, in which event we would ask that you contact us. That would be in relation to individual answers, not all of them. We would expect to receive most of the answers within 14 days. We will advise you whether there is any need for further hearings.

The Committee proceeded to deliberate.
