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REPORT OF PROCEEDINGS BEFORE

STANDING COMMITTEE ON SOCIAL ISSUES

INQUIRY INTO CHILD PROTECTION SERVICES

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At Sydney on Monday 20 May 2002

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The Committee met at 9.00 a.m.

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PRESENT

The Hon. Jan Burnswoods (Chair)

The Hon. Dr Arthur Chesterfield-Evans
The Hon. Amanda Fazio
The Hon. Doug Moppett
The Hon. Ian West

CHAIR: I welcome witnesses and members of the public to the Committee's initial hearing in its inquiry into child protection services. The Committee hopes that we can contribute to the important task of ensuring that the child protection system in New South Wales is effective and responsive. The Committee has agreed that I should clarify the following procedural issues in relation to the inquiry.

Firstly in relation to submissions, questions have been raised about who is entitled to make a submission. As is the case with all upper House inquiries, any interested member of the public may make a written submission to the inquiry. This includes current and former employees of any government department or agency. These submissions are accepted as representing the personal views of the individual who made the submission and are made in their capacity as a private citizen. There are no restrictions on what may be discussed in a submission provided that it is relevant to the terms of reference. Naturally, it is not appropriate for individuals to make a submission on behalf of a government agency without appropriate prior authority. Any person who makes a submission may request that their submission remain confidential. The Committee will normally agree to such requests, and we have already adopted appropriate procedures to preserve the confidentiality of submissions in this inquiry.

Under the heading "scope of inquiry", we felt the need to clarify a couple of things. The terms of reference are potentially very broad, and we have a relatively short time in which to make our final report. The Committee has therefore decided that the inquiry should focus on systemic issues rather than detailed follow-up of individual cases. While information about individual cases can be extremely valuable in illustrating systemic issues, the Committee cannot provide a remedy for individual complaints. We note that bodies such as the Community Services Commission and the Ombudsman are equipped to handle individual complaints.

We are also conscious that the child protection system in New South Wales has developed over a very long period, and there are many issues outstanding about past practices. While we acknowledge the significance of these issues, the Committee has decided that, in view of the limited time available, the inquiry should concentrate largely on issues that relate to current rather than past systems for child protection and out of home care. Naturally, the Committee is willing to accept submissions on all issues relevant to the terms of reference.

Finally, we are aware that the role and operation of the department and its officers has been under considerable scrutiny in recent times. We acknowledge the increased burden that this places on the many dedicated Department of Community Service [DOCS] workers who are often required to perform their professional duties under very difficult circumstances. We hope that the conduct of our inquiry will lead to positive change for all those who are involved in the child protection system.

CARMEL JOSEPHINE NILAND, Director-General, Department of Community Services, Liverpool Road, Ashfield, sworn and examined:

CHAIR: We gather that the adviser with you is to assist you in relation to legal points for instance.

Ms NILAND: Yes. The adviser with me is Mr Rod Best. He is head of legal services in the Department of Community Services. He is not here as legal counsel; he is here in his role as an expert in the technical aspects of the operation of the Acts that we administer.

CHAIR: We will just run through the formal questions: your full name, occupation, organisation address and so on.

Ms NILAND: My name is Carmel Josephine Niland. My occupation is Director-General, Department of Community Services, Liverpool Road, Ashfield. I am appearing before the Committee in the capacity as the Director-General of the Department community Services. I received a summons this morning in accordance with the provisions of the Parliamentary Evidence Act. I am conversant with the terms of reference of the inquiry. I wish my submission to be included as part of my sworn evidence. What I have done today is prepare a statement which is summarised on power point and as a back-up on overhead slides. At the conclusion of this part of the hearing the statement will be available to all members of the Committee and members of the press and the public who wish to have a copy. It will also be on our Internet and intranet.

CHAIR: Do I understand that we will receive the department's full submission later on?

Ms NILAND: The department's full submission will be received within the time frame, and I consider that that would be the first submission. I also anticipate that I will be before the inquiry a number of times.

CHAIR: Yes, I will get to that. I should make it clear that in fact because the Committee allowed what we thought was an adequate time for submissions, closing I think on 7 June, all of the witnesses appearing today and tomorrow are doing so before they have prepared their written submissions, which is an unusual situation. We felt that because of the parliamentary sitting timetable in June and our inability to hold hearings in June, it made sense for us to use this period to start. As I said, I think everyone appearing before us will be doing so before we get their final submission. Another thing I need to make clear is that the Committee has agreed with Ms Niland's suggestion that we focus today on the areas directly related to child protection and that we will have a subsequent hearing focusing more on issues of substitute care. Obviously there is a close relation between them and it may well be that issues and questions will come up today about out of home care. We have agreed that the issues relating specifically to child protection are probably more than adequate to fill our time today. Do you have an opening statement, or shall be go to the questions that we have prepared and sent to you?

Ms NILAND: I would like to begin with an opening statement. Our priority is to provide good outcomes for children in our role of caring for and protecting them. Sometimes we do that job well, and sometimes we do it poorly. Whatever the results, in the calendar year last year we dealt with 140,806 reports of abuse and neglect. You hear about 50 of them, usually our failures. We are not perfect. We make mistakes. Sometimes our judgments are wrong. But we have not stopped, and will not stop, working to improve our service. I welcome the inquiry as an opportunity to hear new ideas, new solutions, because we ourselves are far from being satisfied with the status quo.

I should like to answer what it is that we do. We have a broad role in the care and protection of children. Our key objectives are that people and families should be better able to care for themselves and their children, that fewer families—women, men and children—move into crisis, and that children and young people are cared for in a safe and nurturing environment, and are better protected from risk and harm. Our broad role spans not only crisis intervention but intervention and early intervention as well. I should like to begin by sharing a story with you. This story is true, and I will handle three case studies in this inquiry. Each one has the name changed, with the exception of one who is a matter of the public record.

This is the story of David. In January 1989 we received a report focusing on drug and alcohol abuse. Of the reports we receive, more than 60 per cent involve drug and alcohol abuse. It was alleged that the child was injected with heroin by his mother's then boyfriend. Some doubt existed about the way this evidence was obtained and contradictory information the child gave. At the time of the allegation David was due to be returned to his mother's care but his doctor admitted him to hospital to ensure his safety. At the time of his admission to hospital full blood counts and coagulation studies were done. They were normal. Given that there was a Family Court order in this case, we issued a section 62A under the Children Care and Protection Act to place David temporarily in his father's care. Simultaneously the matter was referred to the child protection investigation team, which is the country version of the joint investigation teams [JITs].

Police interviewed David and indicated — remember this boy is three years of age — they would take no further action as although David had disclosed certain matters, these matters could not be tested or corroborated. DOCS interviewed David with his paternal grandmother and his maternal grandmother. His story was inconsistent. In the second interview he made worrying disclosures which became the subject of our confidential submissions to court.

I need to say something here in parenthesis; very much of our confidential submissions to court are not for public disclosure and therefore in camera sessions, if the committee wishes to explore those matters, they can be subject to your interrogation..

We lodged a care application with the psychological report obtained for the court, indicating that David's primary attachment was to his mother. The matter went back to court in August 1999. At that time David was residing with his father. The court recognised the previous ruling of the family court in their judgments and returned David to the care of his mother. Joint custody which had been established in the family court was restored.

The proceedings at the children's court were notable by the acrimony of the parents, the birth mother's family and the birth father's family. The father attempted to use the original children's court for a forum to reopen the family court matters. The proceedings were adversarial and not conducive to considerations between the parties considering a little boy rather than a contest between the adults involved. In December 1999 David was hit by his mother's de facto with a baseball bat on his back. This was referred to the CPIT who rejected it due to it having resulted in a minor injury. In November 1999 the father lodged a request for residency at the family court and was eventually granted custody.

What I have outlined to you is an absolute typical case that we deal with on a daily basis. A child used as a pawn in a bitter custody battle; an allegation of assault on a child with a deadly weapon; police refusing to prosecute because the so-called evidence was highly unreliable; a child making confidential disclosures in the presence of his maternal grandmother which cannot be revealed to protect his best interests; the children's Court making a decision different to the one made before the family court and the child in the middle and DOCS in the middle.

What I want to argue before you today is that there is a crisis in child abuse, not just in New South Wales, not just in Australia, but in the UK, the US and the world. It is alarming that in the past ten years child protection reports in New South Wales have increased sevenfold from 20,000 in the early 90s to 140,806 reports in the last calendar year. The Australian Institute of Health and Welfare Data show child protection notifications increased nationally from 1995/96 to 2000/2001 by 26 percent. In the USA reports have increased nationally from 1.15 million in 1979 to 1980 to 3.19 million in 1997 — that is three times — and are expected to double again to 6 million on soon to be published figures. Those are annual figures.

Last year the Child Death Review team reported 21 deaths as a result of abuse and neglect; nearly one child fortnight, each one a tragedy. Thirteen of these children were known to DOCS, with eight of these children current clients of DOCS at the time of their death. The number of child deaths has not significantly changed in recent years. During 1997 to 1998 22 children died from non accidental injuries, of whom 16 were known to DOCS. That is 0.024 percent of the cases we handled in that year. During the year 2000 to 2001 there were 21 child deaths attributed to child abuse, of whom thirteen were known to DOCS or 0.012 of the cases we handled. As our number of cases of child abuse have doubled, the percentage of children known to us who have died has halved and the

absolute number of deaths has decreased. We have as well 9000 children in voluntary and court ordered care. Deaths and children in care are the most extreme ends of the child protection system. There are thousands of children and families that we help every day and their stories remain untold.

I would like to talk about some of the key aspects of our work. You heard me say when people have asked me — --

CHAIR: May I just interrupt? The committee is probably all aware—because we have the questions—that you have in fact moved into the questions we asked you but it might sometimes be sensible if we are able to think we had better move on to this otherwise we are conscious that we will run out of time. So I guess you are moving into what, the overview of the Department's responsibilities and the way in which specifically care and protection is managed?

Ms NILAND: That's right. What I want to actually do first is look at the social context in which we operate; then the challenges we work with, where they have come from and how we are a rebuilding the system; the lessons we have learnt, and then issues specifically relating to the terms of the inquiry.

The social context that we operate in is critically different to what it was ten years ago and when we look at just some statistics—and all members of the committee will be familiar with these statistics or other statistics which could be added to this lot, but just a few that I have selected—Divorce: over the last 20 years the divorced population in Australia has increased four times. One in three marriages end in divorce. Mental illness: young people in our community aged 18 to 24 experience higher levels of mental illness than any other group, at 27 percent of young people. A Queensland studied recently showed one in five children from disadvantaged backgrounds were at risk of suffering serious mental health problems before the age of eight: Debt: in the past decade credit card debt has quintupled. By the end of 2003 it will probably have grown tenfold in 17 years: Gambling: household expenditure on gambling has doubled since 1990. New South Wales has 10 percent of all the poker machines that exist in the world: Drug and alcohol: we believe that up to 80 percent of all child abuse reports investigated by DOCS have concerns about drug and alcohol. This is consistent with US research estimating that between 70 and 90 percent of all child abuse cases involve drug and alcohol and affected parents. The last one that I am going to refer to is domestic violence and the figures there are outstanding. Reported incidents of domestic violence continue to increase at rates that are alarming. In 2001 98,400 domestic violence incidents were reported to the police. Over the same time period the police reported 45,000 of those to DOCS..

The reality is that in 2002 most families are functioning amidst a highly complex sets of stresses and pressures. Many families are in crisis and I'm not going to go into unemployment figures, depression the rates among single mothers, but the cumulative picture is one of deterioration.

I want to now turn to, almost like, a day in the life of a case worker. So that is the background in which we are operating in the social context. Now the worst thing from this background of the crisis in families is child abuse. We assist children with injuries from beatings that are consistent with major car accidents. Three-year-old girls have vaginas so bruised that they look like they have given birth. Children are hit with electrical cord. Babies tortured in scalding water. Toddlers have drowned after being left alone in a bath for hours while mum and dad have a domestic argument. Without our intervention and help many abused and neglected children become society's most dysfunctional and dependent individuals. The cost of this is staggering. After abuse and neglect have occurred DOCS pays for emergency medical care, investigation, foster care placement of child victims, for refuges, for therapeutic, rehabilitative and special education services, for foster care payments to parents. In the long-term the government also bears the cost of juvenile detention, adult institutionalisation and incarceration as well as the social costs of crime, drug use and violence.

When we get these reports case workers have to go in and navigate a minefield of claims and counter claims by parents, neighbours, friends and relatives. I have been amazed in radio interviews where most of the callers seem to think that this occurs in the house next-door. To some extent they are right because we have a very high number of children in this State who are reported for childcare. In fact, one in 64 children in this State is reported for child abuse or neglect, but the homes that we are predominantly in are homes that are flea-infested, with cockroaches climbing over babies cots, faeces and urine on the walls, food on the floor, unwashed clothes. One caseworker told me the story of an

inner-city house there was dead cat behind the wardrobe in one of the children's bedroom and the family could not figure out what the smell was. Last year the Parliament and the public were surprised by photos of a filthy home on the North Coast. My caseworkers were not surprised. They see it regularly in drug and alcohol affected families.

What happens to these caseworkers. They go into these homes and they get screamed at, abused, threatened with knives and guns and they are assaulted. In the last seven months alone we funded nine apprehended violence orders, three of these in April this year. This is because of the volatile situations they work in and the threats they face. Police enter domestic disputes with reluctance. They know it is the most dangerous thing they can go into, and then when they go in, they go in armed with radios and guns. My caseworkers enter identical situations armed only with their wits. In August last year Lismore CSC was closed twice following threats to my staff. In August 1996 Coffs Harbour Community Centre was bombed.

All I am trying to do is just give you a picture of the day-to-day reality. You can watch on television what doctors and nurses go through. You can watch countless police shows, which describe their work. What my staff are involved in is not available to the viewers and most people do not have the slightest idea what it involves. When we move in on a situation like this, these environments are so complex that no single profession or discipline can shoulder the burdens of assessing a family's full needs and developing a service plan to address them. Our work is shared with Health, Police and Education and do we work extremely closely and constructively with them, but this is a minefield of human reality where we try to do the best we can to protect a child. We have to meet legal requirements, prepare for court, provide referrals to other agencies, hold protective planning meetings, do home visits and complete client reports.

On the one hand, we try to protect a child who has been abused and neglected by taking them into the child protection system; on the other hand we try to engage families and support the parents so the children can remain at home. So you have a perennial conflict about what is best for the child. Even when one child dies from abuse the child welfare system comes under scrutiny. How is this allowed to happen, the public demands? Over the last two decades such questions have transformed child welfare agencies from benevolent, helping organisations into a quasi-legal, investigative, accusatory, protection service system. That is the reality of the system we are dealing with—making judgment calls and risk assessments on people's lives in the system where we are bound by legal requirements, performance measures, having to manage within margins and within the human resources we have, and do all the administrative tasks to support this. Our caseworkers do not fly in and fly out and make a hasty decision. Social worker Professor Richard Gellies from the University of Pennsylvania was the former adviser to President Clinton on all matters relating to child protection. He says:

> Any journalist worth their pay cheque knows what happens. Child dies, hearings are held, calls for more caseworkers, calls for more funding, the head of the agency to be replaced.
>
> It is not unlike George Steinburner's approach to the new Yankies. When in doubt spend more money, get more players, fire the manager. Guess what, he concludes. That doesn't work in child protection.

I would like to share with you some of the common misconceptions about DOCS. The first one is that DOCS causes child deaths. Child death is seen as the main indicator of our success or failure. We can no more prevent all child deaths than the police can prevent all murders. Caseworkers make an assessment based on the available information at any point in time. Caseworkers also have to obtain enough evidence to remove a child. In many cases there is not enough evidence to provide a court to justify the removal of a child regardless of the genuine fears of the relatives, who may turn out to be completely prophetic. Unfortunately the reality is—and I will be arguing this each time I appear before this Committee—we will never have zero child deaths.

The next common misconception about us is that we are an emergency service with a power of entry to walk in and remove children. Many people believe DOCS has the power of entry to walk in, search the homes and remove the kids. The reality is that children can only be removed when there is enough evidence to be upheld in a Children's Court and wherever possible we try to keep those children with their families, despite whatever apprehensions people might have about the cleanliness of the homes or about the stability, including the emotional stability of the mother.

Another misconception is that we are only involved in child protection and out-of-home care. We have a key role in early intervention and supporting families. We are responsible for co-ordinating the State's disaster welfare program and we work tirelessly during major disasters such as the Christmas 2001 bushfires. In 2000-2001 we funded 3,600 community-based projects totalling $266 million. We also look after children service programs, community service grants, the Supported Accommodation Assistance program and run adoption services.

The last common misconception I want to deal with is that DOCS gets it wrong. We believe we get it right in the vast majority of cases. It is rarely acknowledged the thousands of children DOCS saves each year from death and serious injury. The reality, as you have heard so often, is we are damned if we do and we are damned if we don't. If we remove a child the community blames us for intervening in a family's private business but if we fail to remove a child and he or she suffers, we are criticised for not interfering enough. Media reports about DOCS are often one-sided and incorrect. However, we cannot defend ourselves. There are special stringent and correct, in my view, client confidentiality provisions under the Children and Young Persons (Care and Protection) Act 1998, which restricts the type of information which can be used to refute incorrect information. We often have made appropriate decisions but we are not at liberty to defend ourselves by providing the casework details. I would now like to turn to where we have come from and how we have been trying to rebuild the system.

CHAIR: Is that going to address some of the questions that we have forwarded to you?

Ms NILAND: Yes.

CHAIR: We have dealt with the general overview. We have a number of specific questions, for instance the Ombudsman's report, the helpline, mandatory reporting and so on. Will you address those issues as you go?

Ms NILAND: I will move into those.

CHAIR: Some Committee members might like to ask some of those questions soon.

Ms NILAND: Okay. I think it might be useful if I just explain about the changed program that we have been through and the number of restructures that we have been through and perhaps pause there.

CHAIR: We are going to get that document so we might need to hold that over for the moment.

Ms NILAND: Okay. What would you like me to go to?

CHAIR: Perhaps to the specific criticisms that have been made recently. We identified the Ombudsman's recent report about the systems within DOCS. We asked specifically about the concerns expressed about the helpline and how well it is coping with the inquiries and complaints that come to it. A number of issues have been raised about mandatory reporting and comments have been made in different directions about that. We have a whole series of issues about staffing, some of which you have addressed in terms of daily pressures but there are others as well.

Ms NILAND: Would it be okay if I go to the helpline?

CHAIR: Yes.

Ms NILAND: The helpline was part of a massive change process in DOCS. In the year 2000 we were changing nearly everything in DOCS and we were watching what was happening with the Olympic Games and we would look at the Olympic Games with enormous envy, not only because of the resources they had but because they were not currently running a games and we were currently running a vast complex, a child protection system at the time of bringing in radical change. The change process was called Service 2000 and it included bringing in a helpline, a client information system, upgrade of computer systems, new decision-making and risk assessment tools. It also included the development of new policy and procedural manuals called "Keeping Kids Safe" and Business

Help" and it included 90,000 hours of training for staffing in bringing in those particular processes. At the same time we are introducing a new adoption of Act and reforming adoption services and refocusing on early intervention and prevention and establishing a parenting centre.

Against this particular background, we have all of those particular initiatives, interdependent and very much relying on one another, so it was not a matter of getting the time lines and the budget right, it was a matter of getting the time lines and the budget of all things right and keeping them in sync with introduction of the new Act, there were significant problems with the introduction of the helpline. The introduction of the centralised intake process occurred at a time when we were also introducing the Children and Young Persons (Care and Protection) Act. There was staff resistance to its implementation. While the helpline clearly benefited busy urban community service centres which had as many as five people working on intakes, in smaller country CSCs, where everybody knew the local teacher and the local police officer, some services suffered a decline in professional relationships once the helpline came in.

Nevertheless, in those very towns that complained about the severing of that relationship, we have seen an increase in the disclosures of those small towns. Why? Because they are now dealing with an anonymous system that protects their identity. Caseworkers, when the helpline came in, complained about their assessments and we had to work with them to improve the assessments. What we did not do was anticipate the massive number of reports that were made. On the very first day of the helpline's operation it received 1,400 calls. We anticipated we would get about 800. Let me explain about a call. One call can take between 10 minutes and half an hour. We had 50 caseworkers handling 1,400 calls.

The demand increased daily until it was quite clear that this was not a temporary upsurge but escalating demand. Helpline contacts currently range between 8,000 and 10,000 per month. So the Helpline was inadequately staffed to deal with the demand and this flow on was felt by the community service centres. It was staffed as a general business line for requests for assistance, to answer questions from the public and to handle child abuse reports. So, while this Helpline was up and running, we then had to refocus it and create a Helpline solely for child abuse reports. We did not anticipate the long waiting times that callers experienced. On the one hand it was not a call centre where the focus was on call turnover. As I said, calls may take between 10 minutes and half an hour. There is then nearly an hour's work to finalise this case to the point where it is entered appropriately onto the client information system and made ready for transfer to a CSC. So it is not conducive to shortening a call so that they can take another report.

Police, education and health workers provide 60 per cent of all work in DOCS, and that grows daily. It is probably a to around 63 per cent now. They grew very frustrated with the long waiting times on the mandatory reporting line. They were annoyed that there was a $22,000 fine attached to their failure to report. In other words, it was criminalised. What annoyed them was that if they were facing a criminal sanction for not reporting that did not bring reciprocal action from DOCS in providing a quick answer time, immediate feedback and a guarantee of service for whatever and whomever they reported. This jeopardised our relationships with good key stakeholders as we struggled to cope with the increase in reports as well as meet their heightened expectations. The early waiting times were completely unacceptable and resulted in DOCS introducing a queuing system that allowed callers to leave a message. We introduced an interactive voice response system that allowed people to press a number so that they could be put through to a caseworker if the call was urgent and press another number to leave a message, and a caseworker would bring them back. Or they could choose to remain in the queue.

It was introduced in 18 December and by April we had nearly doubled the caseworker staffing from its original 55 caseworkers. We introduced a fax system. But reporters provided only limited information in many cases. Let me give you an example. I was at the Helpline one day and a fax came through from a doctor. The doctor said, "Child admits father caused following injuries. Injuries were broken nose and dislocated shoulder." End of fax. So we send two workers to check out on it and it turns out, yes, the report on its face was true. The child, 11 years old, was horsing around with his father. He leant over the back of him and was rough housing with him and the father suddenly brought his head up, collected his nose and, as he twisted to get out of that, dislocated his son's shoulder. The father was mortified. We had two caseworkers involved in that case. The family was very grateful that we were thorough enough that we had actually followed it up. But these are the

problems when you introduce a fax line. Our challenge was to manage the workflow of peak times for calls and faxes. We now have flexible rostering to cope with it. I think that even if we had 1,000 caseworkers we still would not meet people's expectations if they believe a child is at risk. This system was interdependent on another system which we could not deliver at the time. That was the client information system. I might pause there to find out whether there are any questions about the Helpline.

The Hon. DOUG MOPPETT: I would certainly like to ask a question about the Helpline. I understand that the basis for introducing it was a recommendation of the Wood royal commission.

Ms NILAND: Yes, that is right.

The Hon. DOUG MOPPETT: But in his report he said that he was not entirely sure that the transfer of a centralised system into a big State such as New South Wales was in fact appropriate. He was concerned that another layer of bureaucracy might be introduced which would be counter-productive in fact. Do you think that your decision to go ahead despite those reservations that Wood expressed has been justified?

Ms NILAND: I believe that it was the right decision. Whether it was brought in at the right time, Mr Moppett, that is another issue. Prior to introducing the Helpline we did extensive consultation with the community and within DOCS. It was clear to us that there was one set of opinions in urban areas and another set of opinions in non-urban and rural areas. We went to South Australia, where they have a centralised system, and had a good look at it. They said that generally they were happy with it. The great thing about a Helpline is that it is transparent. You know from day one it operates what comes in the door and what it is saying, what trends are and where they are going. We never knew that before.

We have one of the largest child protection systems in the world. Why? Because in every other country what they have is a child protection system where the caseworkers are hired locally by the area health boards or whatever might be the equivalents or the local government authorities. So we have an enormous pouring in which we were not able to measure through 84 community service centres which had different sets of counting rules and different ways in which they handled it. If they are in a country location every single person who calls them they know. They already have preconceived ideas about that family—sometimes going back three generations.

The Hon. DOUG MOPPETT: Nevertheless, I have some empathy with Wood, who was concerned about this centralised telecentre. I think you have explained that the message comes in to the centre and it takes perhaps an hour to digest what has been said and then it is conveyed back out to the country, where you have to find an appropriate officer at the CSC to take the message back. It seems to me that in a country setting their might be an awful lot of confusion and in fact failure in some cases simply because the message was not clear enough after the digestion and retransmission. What you are describing as a difference in approach around the country might in fact be an adaptation that was terribly appropriate to local circumstances. What you are imposing is a very much centralised bureaucracy on officers out in the field who then become lost.

Ms NILAND: I would counter that by saying that what we were getting from those country towns, where everybody liked the system, was a small percentage of the reports of child abuse and neglect. You have to balance that up. Do you want a system in which people are familiar with one another, buddy-buddy with one another, have extensive knowledge about the local community—which is good and it has its strengths—and do you want to balance that with the fact that one-third of the child abuse and neglect is not being reported for the very same reasons that make that system so strong on the other hand? That is the critical issue.

The other thing is that we are accountable to you and to many other bodies. We could not report to them as to what was actually happening in our system because of the local variations and the inability to track it. I believe the Helpline was the right decision and I believe what critically happened at the Helpline was foretold. Now looking backwards 20/20 hindsight is perfect, isn't it? Look backwards and you say: What we did not anticipate with the Helpline was an increase from 1999 to the full year of 2001 was a 94 per cent increase in our work. That is just not a matter of making

transparent demand that was there. They are the kinds of things I tried to explain in the opening address. We still have to go on to the impact of the statutory notifiers on that.

The Hon. DOUG MOPPETT: I am not sure whether it is the appropriate time to raise this but you mentioned that the Helpline has attracted a huge number of calls: 140,000 you have now put on the record. I am rather concerned that members of your staff, the union, and through other allegations that have been aired, are suggesting that only 10 per cent of those calls are really fully followed up and that perhaps as much as 80 per cent of them are dismissed summarily. If that were the case it really would not be such a great load at all.

Ms NILAND: The last annual report we made public dealt with the year 2000-01. It included six and a half months of the operation of the Helpline. That clearly showed that, of the reports we were getting in that period, which was about 107,000 reports, 55,000 were going on to be investigated and handled and assessed by our staff. That is one in two. We recently pulled out the figures for the Kibble inquiry. The Kibble inquiry has been set up to try to resolve this constant debate between ourselves and the Public Service Association as to what is the truth. Is it one in 10? Is it one in 40, which has been alleged? It is also to get some independent body—in this case PricewaterhouseCoopers—to interrogate our system, the system in which PSA members and my staff enter in all information, and to make sure that there can be no error. That committee is due to report at the end of June. It will report to the Minister. The Minister has given me permission to say to the Committee that I will be available for a full briefing on it. She will make available that independent report to this Committee at the end of June. That should try to solve this constant debate.

The Hon. DOUG MOPPETT: I am sure we are looking forward to that, because you would have to acknowledge that we face a situation now where you have now said Price Waterhouse

are looking at it and we have the Kibble inquiry—

Ms NILAND: For the Kibble inquiry.

The Hon. DOUG MOPPETT: Right. There is this inquiry which is being launched today. It all invokes an atmosphere of crisis in the department that I must say your presentation up to date has certainly not acknowledged.

Ms NILAND: I said two things. I said that we have families in crisis and where we have families in crisis and constant scrutiny of our department and our issues whenever a child dies what happens in that is that it creates a perception of crisis. We do not believe that. We believe that we have considerable stresses on us now with a variety of inquiries going on. I do not for one moment say that they should not go on. We can clearly and compassionately lay out to you what is going on and you can then make an independent decision as to what you think. We can say one thing and the union or the media might say another. Somewhere or other we need some independent arbiters to look at what is actually going on and form a view.

The Hon. DOUG MOPPETT: I watched with interest, as I am sure all people in New South Wales did, *Stateline* the other day. Speaking with Quentin Dempster you went into this whole subject very thoroughly. You said that in many cases the failed cases were due to circumstances such as not having a telephone or living in a tent or something like that. But would that not commonly be the case when you are dealing with poorer families and families in deprivation?

Ms NILAND: Exactly. But I do not believe that is exactly what I said. In one of the cases that was the subject of scrutiny on *60 Minutes*, the death of Thalia Brockman, we attempted to contact that family 16 times in the 24 hours before the child died.

No phone, phone not answered, phone off the hook. If you knew that DOCS was coming, what would you do? If you knew that the chances were that DOCS were coming and as a result of that you may lose your child, you would hide your child. That happens to be what we are involved with. We are working with the family, we are trying to build trust with the family so that we can continue to help and support them. We have extremely apprehensive extended families who are making these dire predictions of what is going to happen. We are trying to get in there and check that, because if they

can make those dire predictions to us, which may, in fact, turn out to be prophetic, we have to actually get in there and prove to the satisfaction of the court and maybe to the satisfaction of the Department of Health, the mental health services or the police that those allegations are correct.

The other thing I was saying was that those particular deaths that were raised are not deaths under this new Act. The old Act said that you actually had to have an incident of child abuse, neglect was not there, but you had to have an incident of it. It is like how it used to be with domestic violence; you actually had to have a terrible thing happen to you, like an assault, before you could actually get any help. Our Act is now completely changed and means now that it is a risk of harm and abuse. That is a very different category. That means that rather than actually having to prove with 9 x 12 glossy photographs that has child has been hit and bruised or that that child has been starved, what you can do now is make a range of assessments and look at risk factors.

What are the risk factors? One of the risk factors is itinerancy. A high percentage of our families are itinerant. People ask us why we did not go and get the child. The answer was that we could not find the child. Two things: one, an itinerant family and, two, the fact that the parents were extremely fearful that that was in fact what we were going to do. That was the context for that comment.

The Hon. DOUG MOPPETT: It seems to me that that must be a common experience and that perhaps after trying once or twice on the telephone you would say that someone has to go out there.

Ms NILAND: We do.

The Hon. DOUG MOPPETT: It is no good ringing 16 times and no-one answers the phone.

Ms NILAND: No, I said 16 contacts. That is going to the place, looking for them, asking neighbours, trying to find the child, going to the police, finding out if they are missing persons, or whatever it might be. Contacts means all of those things.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: What percentage of calls to the Helpline are multiple reporting? Presumably that cuts it down to the number of actual cases.

Ms NILAND: I just cannot say off the top of my head the percentage which are multiple calls, but I believe they are relatively small. So, what are we looking at? We are looking at less than 5 per cent.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You are saying that each case of abuse gets reported only once, and only 5 per cent get reported more than once?

Ms NILAND: That is my understanding, yes. But what I want to do is come back to this inquiry with the verified data and go through that very thoroughly with you.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: When do you plan to do that? This would seem to be absolutely basic. There has been a lot of criticism of the Helpline and the lack of response, with the figure as the Hon. Doug Moppett said of 10 per cent of cases being reported. Surely, even if the system cannot report results back, you must know how many multiple reports you get and what happens to the cases that are reported?

Ms NILAND: We do know if the cases are multiple and they are entered on our system only once. The reason I am providing reservation on that is that in some instances we get reports of people with dramatically different spelling or dramatically different circumstances, and do not pick them up initially as being a multiple reporting. I would like to take your question on notice and then I could answer it fully.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You cannot give any numbers on the Helpline outcomes? Or do you not know them off the top of your head?

Ms NILAND: I do not know them off the top of my head. What I have is a variety of things I can tell you about the Helpline. But when it comes to crunching some aspects of the data, I would like to take that on notice.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Surely if you are going to have a system that works well, and you have set up a reporting system that is computerised, presumably the main thing you have is the output to that report so that you know how you are going?

Ms NILAND: That is exactly right.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Why do we have PricewaterhouseCoopers coming in to get reports that, surely, should have been available as routine monitoring of where you were going?

Ms NILAND: They are available, but there is a major dispute about the validity of the data. I can swear to you here on this *Bible* that the consistent reporting from the Helpline and the follow-up of those reports is that one in two of all cases that had been referred up to the end of December 2001 has been attended to and either finalised or are the subject of ongoing work. I can swear that.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So you say that one in two have not?

Ms NILAND: One in two have not, that is right. It is not one in 10, it is not one in 40. Why is it one in two? Because there is a variety of things in the others, those that need no further action, that we can go into. In fact, I have a slide on it. Would you like me to put that up for you?

CHAIR: It would be better to take up Ms Niland's offer to provide that information later. I am conscious that we have a lot more issues to get through. As we agreed earlier Ms Niland will come back at a future date.

The Hon. DOUG MOPPETT: Briefly on that point, we are all aware of the Ombudsman's recent report and his fairly damning conclusions. One that really sticks in most people's mind was that the department did not appear to have consistent records that could be relied upon with any degree of certainty about what reports had been acted on and what had not. Yet you say that you believe, most sincerely, that you do have that information. How was the Ombudsman so persuaded that that was not the case?

Ms NILAND: I have two comments on that. First, the Ombudsman was predominantly talking about our paper files. Are our paper files poor? Yes. Have they been poor for sometime? Yes. What were we doing about it? Well, we had moved to amend the Child Protection Act to make it compulsory that those paper files be attended to. Our workers move from two systems, they have an electronic system where they include things such as date of birth. The electronic system, called the client information system, is hooked into the Helpline. Separate from that there are paper files. Any well-trained bureaucrat knows how important those files are, because those files can be subpoenaed at any time by a court.

The Ombudsman looked at those files and was dismayed. And he had every right to be dismayed. We have a plan, which we have discussed with him and we are continuing to discuss, on what we can do urgently to rectify it. The next question is: Why have we not done it before? Because we are moving to a totally electronic system, and that is very close. In the priority of things, we said, "Okay, we are going to need massive training for this, and we will postpone this until we are going to introduce the electronic system." In retrospect maybe it was not good move. But if you could actually see the complexity of the change that we have entered into, according to the Ombudsman and with hindsight I agree with him, we prioritised that wrongly.

CHAIR: What other responses do you have to the Ombudsman's criticisms of the department?

Ms NILAND: One of the first was on record keeping, and I agree with him that there is nothing more important than keeping a thorough record of a child's life, particularly for later on when they want to come back and find out their history of their involvement with the child care system. He

also talked about systems improvement. We had been working hard on systems improvement and clearly not hard enough. He mentioned also that we were not notifying allegations of child abuse against our employees. We were, but we were late. Now we are dedicating far more staff to notifying these.

I want to say a small thing about that. Where you are dealing with children who are extremely troubled, what they do, or what they can do, is make a false allegation against one of our workers, particularly a male worker. When we have investigated it we have found that the motivation for making that false allegation is that that worker decided that, no, they were not going to get a new pair of the latest pump-up Reeboks. This is an actual case. Within seven days of that, they had an allegation against them of child abuse.

What we do, which is not an excuse but this is what happens, we get caught up in the fairness and the unfairness of these allegations, and get involved in the investigation. We do not go through the proper procedure of notifying the Ombudsman as soon as that allegation comes in, and we should do that, we should meet those time frames and we certainly give him that commitment that we will get away from the drama of the cases and actually get involved in sending him the information. He said a number of things about foster care. He was concerned about a particular case in which the foster carer was not appropriately assessed. He said that the foster carer had been refused accreditation in Queensland. That is, in fact, not true. But he had not been appropriately assessed at the time in which a child was placed with him.

So we moved a child from a mother at her own request and we were putting that child in a less safe environment. That is contrary to policy, it should not happen; but it did. The Ombudsman also had concerns about our dealings with the Family Court. As you know from the first case I gave you we deal with the Family Court on a daily basis. We are taking into account how we can improve the guidelines to our staff about these complex Family Court matters.

He finally went into the way that we respond to core business, the way that we respond to increased reports of child abuse. I have been through with you the figures that show a 94 per cent increase over less than a two-year period. That does not indicate, by the way, a 94 per cent increase in direct child abuse over that time. These particular matters are being taken up by the Kibble inquiry. My deputy is meeting with the Ombudsman as soon as he returns from vacation to make sure that we have met all of his requirements and that our plans will bring about the changes that he wants.

CHAIR: You may be aware that the Ombudsman has suggested to us that we might follow up with you later some of the confidential reports. There is a problem because the Ombudsman cannot tell us directly—certainly not in any public way—about those detailed cases. However, he has suggested that we can follow those up with the department later.

Ms NILAND: I would appreciate having an in camera session with you. In that session we could go into the details of some of the allegations of child abuse against members of my staff. They also relate to certain commercial-in-confidence contracts that we have made that I think need further discussion.

CHAIR: That is certainly something we can look at later. The Ombudsman pointed out to us that it was impossible for the Ombudsman to talk to us publicly about some of those cases because they are—for the child's sake or for whatever reason—confidential at this stage and will certainly remain confidential until they are concluded.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is it not possible simply to de-identify these cases and then discuss them? We do not necessarily have to use the right names. Other than that surely they are just cases in which problems have arisen.

Ms NILAND: I de-identified the one about the pump-up Reeboks. But if there is an allegation of child abuse or neglect against a member of my staff, as soon as you give more than three parts of it, 2,000 of my staff members will know whom you are talking about. So you will have destroyed their privacy in that way. In the case of wrongful allegations of child abuse and neglect—which I will not say are the majority; they appear to me to be the majority but I am not sure—that is a tremendous burden. Not only do these people have to be identified to the Ombudsman on the basis of

spurious allegations but it is then recorded by the Ombudsman. If they go for a future job in a child area that teacher allegation might be brought up again and will have to be explained. So in my view they have already suffered considerable detriment.

CHAIR: We will move to staffing issues. You have already mentioned some of them. For instance, you gave us some idea of the daily pressures faced by DOCS caseworkers. Our first question makes the obvious point that reports in the media and elsewhere highlight problems of low staff morale amongst DOCS staff. We are seeking your comments about whether you think DOCS employees are suffering from a crisis in morale and a crisis in training, which you touched on earlier also.

Ms NILAND: Prior to coming to DOCS I did critical work on how to change an organisation and deal with morale at the same time. The literature on change is very clear about the impact it has on morale. When you go through major change, morale and productivity rise initially because people say, "Not here. Why do we have to do this? We don't like it and we shouldn't do it." Then morale and productivity declines and it takes a while for it to climb again. However, there are objective measures of whether an organisation is healthy. In the environment of the caseworkers, who are buffeted by external criticism and rapid complex change and are swamped with increasing demands for their services, you would expect morale to be affected, and it has been.

However, if you look at the evidence that the industry recognises as indicators of morale, a very different picture emerges. There are two quantitative measures of morale that are taken industry wide—everybody in the human services industry, public and private—and sector wide in the public service. These figures are for New South Wales. There are two sets of them: staff turnover and sick leave. Qualitative measures come from our exit surveys. As to staff turnover, DOCS has a relatively stable work force. Our permanent staff turnover fell below industry medians, with staff retention rates nearly 3 per cent better than all industry figures. That figure comes from the 2000 benchmarking report. We are 2 per cent better than the public sector. When you look at caseworkers as opposed to the whole of DOCS, in 2000-01 the turnover was 10.7 per cent. The all-industry median is 8.3 per cent and the public sector median is 7.79 per cent, or 7.8 per cent if you like. So when you look at us and compare apples with apples, that is what you find. We put the discrepancy that we are 10.7 per cent and the public sector median is 8 per cent down to some measure of morale, but we should look at other things as well.

Sick leave for caseworkers only is 3.5 days per 100. That is slightly higher than the public sector, which is 3.065, and in all industry, which is 3.49—or 3.5 if you like. It is much the same in all industry as it is in DOCS. As to exit surveys, 78 per cent of respondents—the people who left DOCS and were interviewed either by a supervisor or, if for any reason they did not want to be interviewed by their supervisor, they could be interviewed by any other person whom they might nominate, including me; I conducted seven of these exit interviews because they involved senior executives or they asked specifically to see me—say DOCS is a good place to work; 84 per cent felt part of their team; 74 per cent agreed that they had sufficient training; and 83 per cent thought their roles and responsibilities were clear. The main inhibitors to job satisfaction were workload, access to supervision in remote areas, the quality of their clinical supervision and the lack of support from their supervisors. The factors that most influenced their dissatisfaction were the transformation—which was a process of change—because of its slow implementation and resulting job insecurity, and constant media criticism.

As to training, DOCS is strongly committed to learning and development. Since April—this is unmatched anywhere in the benchmark industries—extensive training has been provided to our caseworkers in all key aspects of their work. There were 17,806 full training days—a training day is seven hours—for our caseworkers to December 2001. The courses covered specialist casework training, risk-of-harm assessments, out-of-home care proclamation, alternative dispute resolution, specialised training for the helpline and JIRT caseworkers. In addition, everybody receives the equivalent of 21 days training per year through practice solutions every Thursday morning.

I counter constant comments about morale by saying, "Yes, people will say morale is low, but when you look at the qualitative response, this is what it says." People then say, "We've got the idea that there is a constant churn in DOCS and it must be because everybody is acting up." That is a common belief, particularly of the Community Services Commissioner. Whatever might have been

true in the past, the current figures show that in the pay period 9 May—they are the most recent figures that I pulled out—only 17 caseworkers were receiving higher duty allowances for acting in higher graded positions. One thing about our caseworkers is they make sure that they get in their higher duties allowance, signed on the dotted line, in the same breath as they finish their higher duties.

CHAIR: How many caseworkers do you have?

Ms NILAND: We have 130 caseworkers at the helpline and 1,158 caseworkers in total. You have to take away the ones working at the helpline because they are not in the same front-line positions as the others.

CHAIR: The rest are in the CSCs and so on.

Ms NILAND: Yes.

The Hon. DOUG MOPPETT: It is obvious that you are taking great pleasure in relating the positive features of your staff profile but we are confronted with first one and then another area where staff have gone on strike, complaining about the circumstances in which they work. Can you comment about that?

Ms NILAND: Are they going on strike because of low morale, because they are overwhelmed by the amount of work pouring in the door or for a whole range of other reasons? I believe the PSA will give evidence to the Committee so perhaps it is more appropriate to ask it that question. We and the PSA are in dispute about this matter so I am very limited in what I can say. We are currently before the commission, and we have been before the commission with the PSA for about four weeks relating to strike activity.

I am saying very clearly that the staff perception—which I share—is that there are critical morale problems. The staff will say that overwork, constant change and media criticism are three of the key factors that they nominate as driving that poor morale. If you go to the quantitative figures that can be benchmarked on other agencies, it is not borne out by those facts. It is something else; something subjective. Even if staff are experiencing poor morale, they are not leaving the organisation and they are not going on stress leave. There is some discrepancy there, and together I hope that we can get some answers as to what that is.

The Hon. DOUG MOPPETT: Is there any barrier to recruiting the staff that you need to meet this apparent sense of being overwhelmed? That would be the normal response to the rises that you have outlined to us in inquiries. You have all the statistics to say that you expect it and you are getting it through the helpline, yet staff are saying that they are trying to cope and deal with it by going on strike.

Ms NILAND: As a public servant, I have to work within the existing resources that I have been given. That is one of the key things that I am charged to do by the Government. I must work with what I have got. A caseworker costs us between approximately $120,000 and $130,000. If you say that we need 50, 100, 200 or whatever, you are looking at millions of dollars. You just cannot find that amount of money. That is number one, and that is probably enough.

The Hon. DOUG MOPPETT: A leading spokesman for the Government—no less than the Premier—has suggested publicly that mandatory reporting has been the key to this crisis that is alleged. What is your comment? Do you believe there is evidence to support the introduction of mandatory reporting? I guess you would be aware of other jurisdictions where mandatory reporting has been considered and not introduced, and indeed other areas where it has been introduced and there is some doubt about continuing with a regime of mandatory reporting such as we have in New South Wales.

Ms NILAND: It is quite a complex matter. Instead of taking that question on notice—I am also happy to do that and supplement my answer—I will talk about it generally now. When we moved to mandatory reporting the understanding seemed to be that we moved from no mandatory reporting to mandatory reporting. That is not true. We had mandatory reporting under the old Act by medical practitioners, school counsellors, school nurses and other school medical staff. After the royal

commission there was an extensive review of mandatory reporting. Interagency guidelines were brought in so that the key bodies that needed to report were not statutorily made to report but there were memorandums of understanding with them about reporting. The most critical of those were police. The police had various policies within the agency that encouraged them to report.

I will show you on this slide to give you some idea. Here we have the percentage of mandatory reporters and how they have changed over time. The first graph shows what it was like under the old law and what it was like in the six months leading up to the introduction of the new Act. You can see that the police, with their various policies that came through the interagency guidelines, were approximately 28 per cent of all reports that came to DOCS. At the time the Act was introduced and in the first six months of its operation, you can see that that figure increased to 30 per cent. Now—after it was mandated that they report—they constitute about 34 per cent of people who report to us mandatorily.

The next group comprises non-mandatory reporters. You can see that that figure has dropped as a percentage of all reports we get. It was around 28 per cent prior to the introduction of the new Act, and after the new Act it dropped to about 21 per cent or 22 per cent. We then come to the next group, which is education. Prior to the new Act, education constituted 15 per cent of our mandatory reporters. As you can see, it has now settled at about 13 per cent. In the area of health there is considerable change in the reporting lines. Now anyone in health who works with children must report. Prior to that it was not mandatory but only according to the interagency guidelines. You can see that there has been an increase, but it is slight. This very flat line—about 1 per cent—represents the other mandatory reporters. They are the people who work in refuges, childcare centres, boy scouts and so on.

They were about a half to 1 per cent prior to the Act coming in, they moved up about a quarter of a per cent and they have dropped back down again. So that is the movement in mandatory reporters and the volume came from the fact that the number of things that the police reported doubled in size so the volume came from the police. The volume seems to be driven by a number of factors. The first with the police is that it moved to being a statute which had a criminal penalty associated with it. The second thing that happened was that they introduced a new computer operated police system [COPs] and you could not get out of the screen unless you had reported to DOCs. That gave you the magic release after you put in the final number that allowed you to close the screen and say "My business has finished for the day." That was a critical issue about driving it.

Your question was, "What's driving these reports?" You can see that reports started to move up before the Act came in. It is quite a complex issue and what is driving it is something that the Kibble Committee is considering. My view which is still not properly informed by the data is that in the six months up to the introduction of the new Act there was extensive training of all mandatory reporters. There were reformed interagency guidelines and extensive training on that. There were three critical events. There was a critical debate in the upper House about corporal punishment. Every other country who has been through that debate has found that the following has happened. It has not mattered what their statutes say, within the heads of people the definition has changed so that, hypothetically, a person in 1990 who gave their child a hiding with a hair brush would have been considered by the general community as exercising their parental right. By 2000 they would be accused of child abuse.

So regardless of what the definition was or what the eventual outcome of the corporal punishment bill was we hypothesise that that shift occurred in peoples' head because it occurred everywhere else in the world where they had been through a similar debate. We believe that the fine of $22,000 absolutely and completely drove people to report, and a lot of people are very angry about the criminalisation of failure to report. We also believe that introducing changes in the Ombudsman Act and other Acts where pre-employment checks were being done on child abuse also drove those figures up. Each time there has been extensive training and media debate about these issues we have seen spikes in our allegations of child abuse. One small example is that at the time of the debate about the Governor General, Helpline calls on that day and the days surrounding it increased by 100 calls per day and remained at that particular level until that public debate ceased and then they dropped off.

That is an indicator—and I am happy to give you the technical information—of how sensitive these allegations are to the public debates that are running. Each bad publicity we get, up goes our

notifications so as long as people criticise the Helpline it is fabulous for us because we do not have to advertise it; the allegations just pour in.

The Hon. IAN WEST: You indicated that 78 per cent of the exit interviews replied. In the information you have given us on staff turnover, et cetera, are we talking about 78 per cent of 100, 1,000 or whatever? Of the current 130 Helpline workers what is their case load a day? I assume from what you said earlier they may be allocated 8 per day and the case load would deal with about 940 people a day? Can you provide the Committee with more information on the case worker loads of the roughly 1,000 case workers that are left after you take out the Helpline people?

Ms NILAND: Yes, I am happy to take those questions which are quite technical on notice so that I can answer them thoroughly.

The Hon. AMANDA FAZIO: Could you provide information to the Committee in relation to the percentage of new graduates that you recruit as case workers? I know you are constrained to a certain extent because of industrial disputation, but would you provide the Committee with some idea of the internal supports that are put in place for new case workers who are new graduates? From my past experience in these sorts of areas the inability to cope with some of the more harrowing cases that they might come across would usually impact greater on less experienced people in the field, would you provide information on that?

Ms NILAND: I can provide an immediate answer on graduates. In recruitment in 1998 when I first came to DOCs, 73 per cent of those people we were recruiting were graduates. A much lesser percentage in social work but the others were graduates in a whole variety of totally acceptable disciplines. Our most recent recruitment of 60 case workers last June/July, 85 per cent of them were graduates. I think that the Hon. Doug Moppett asked me whether we had drawn up the supply. We have memorandums of understanding with many universities. I address the graduating classes and the graduating ceremonies and tell them all the war stories so they know exactly what it is like. We have been most successful in recruiting the people who are coming directly from some of those universities that have their placement with us. The later statistics that I will provide in depth to the Committee will show that within the first two years of coming into an organisation is when there is the most turnover. That is uniform across the public sector. When graduates leave universities we are in the top 10 per cent of highest paid jobs. They get more than $40,000 in the first year out so therefore we are very attractive but often only for a short time until they take the overseas trip or better offers come along. That needs to be spelt out in my reply on notice.

CHAIR: I know that the details of the proclamation and nonproclamation of the Act will be provided in the written document you will give the Committee. In light of the story of the views of the Community Services Commission in one of the newspapers this morning, do you see a tension between the department's role in supporting families as distinct from the power to remove children which you addressed before? The Committee has a number of questions about whether the balance within DOCS and if there is an automatic tension that should be addressed in structural ways.

Ms NILAND: We have been debating internally, particularly since the out-of-home care provisions were postponed, about separating out child protection and out-of-home care. Last year I gave a direction to my staff that each area was moved to dedicating 40 per cent of their resources to out-of-home care and separating out child protection, which is like a black hole, it draws all the resources into it to try to get those barriers, that quarantine, operating. That has been successful in most areas but there are still some areas where it has not happened. We have done quite a bit of work on separating out child protection and out-of-home care completely as the Commissioner foreshadowed in his presentation this morning.

We have also looked at lots of other options and I believe I need to come back to you towards the end of the inquiry when we have had a chance to hear the wisdom of everybody else and go through some of the options. I must say that my staff are just going to be all sitting on the edge of their seats because they are saying "Please, don't. We are just getting the place settled down. We don't need the sixth restructure in something less than seven or eight years." But some of the options for differently organising child protection are combining all DOCs children services, early intervention et cetera with Health. Health's early childhood and child and family services as an option and

establishing a Children's Department, as has been floated by the Commissioner for Children and Young People, that is the Canadian model which is very enticing.

Another one is giving—I say this with a gleeful grin—statutory child protection and out of home care to the Commonwealth, as Justice Nicholson talked about in his most recent speech about the complexities of the care courts in the States and the family courts, and how more and more his courts are getting into child protection and child abuse issues. In other States they have established human services departments which have integrated all forms of human services. They are other options we are looking at. I have done these quickly. I believe that all of them need to be put before the Committee with the pros and the cons of them, and to foster some community debate. That has to be up against the status quo about how often we reform, regulate, separate and come up with any other good idea that is around about the child protection system.

CHAIR: This Committee is actually floating some of those ideas in another inquiry we are doing into early intervention for children with learning difficulties.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Can I ask about staff surveys? I notice that the corporate vision survey in 1998 said that only 17 per cent of staff were happy that the executives were good leaders, 34 per cent of area managers were considered good leaders, and 47 per cent of DOCS staff were satisfied that it was a good job, that they got job satisfaction. Has there been another survey since then?

Ms NILAND: No, there has not.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Why not? They are pretty bad results. You should be able to show an improvement if you did another survey.

Ms NILAND: Yes. The main reason is cost. The cost of such a survey in 1998 was about $80,000. It was highly subsidised at the time by the work of the Public Service Association [PSA], which provided a lot of the infrastructure to help us do that survey, which was great. The PSA particularly wanted us to move to exit surveys, which we have done. Since that time the organisation has been split in two thirds. Two-thirds of our staff who contributed to that survey were employees of disability services. They have gone, and they are now employed by another agency. So even if we did a survey we would not be able to fully compare it with that because of the now very much restricted work force.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Can you not divide up the service in terms of where those bits came from?

Ms NILAND: No, you cannot.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Was that not recorded at the time?

Ms NILAND: It was recorded that they were disability workers and you can get certain results about that.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Surely while all these people are going on strike, the strike would cost you are lot more than $80,000?

Ms NILAND: That is debatable because when people go on strike we save money. So think about that. But to answer the question, we would love to do another survey. We must set aside sufficient money to actually do that. The other thing is that if people are telling us that there is poor morale and if our quantitative measures are telling us something else, then we only have to ask them as to what are the reasons for the poor morale. We have not done that in a methodological survey but we certainly do it informally a great deal, and I have given you the results. It is pretty consistent: overwhelmed with work, poor supervision—and we have addressed the poor supervision—the transformation took too long and unsettled them, and media exposure. Each time there is an article critical of DOCS I get flooded with emails from staff who tell me how unhappy they are with it. So it is not rocket science, and you have to ask yourself: Do we spend $100,000 to be told what we know already?

CHAIR: The Hon. Ian West asked me to ask if we could get some detail from you later about those more recent exit surveys and so on, and the other things you are asking. Do you have a vision or a long-term plan for child protection services in New South Wales? Where would you like to see the system in five years time? I will leave out your comment about handing it over to the Commonwealth for the moment.

Ms NILAND: They seem to be very eager to take it, which suggests to me certain things about their intelligence quotient. Yes, I do and I would like to articulate that decision to you at a later time. It is something that I need to spend quite a few minutes explaining. Where I would like to take the child protection system is with far more active and funded participation of the non-government sector. I do not believe that we adequately tap into the capacity that is there in the non-government sector. Secondly, I would like to totally professionalise the staff in child protection. Even though the number of graduates has increased, the awards and the circumstances in which they work do not reflect a modern way of working. I would like to see our child protection workers on their first year as graduates working in very much the same way as nurses do, under the supervision and completing their fourth year of work working for us under very strict and limited case load supervision.

As a major entree in, I would like to see us as a professional organisation where the profession of social work is recognised and there is a chief social work, the same as New Zealand, who, much the same as the Chief Medical Officer, speaks on behalf of a lot of these tricky questions which I have articulated today which are not glib and superficial but which are highly complex and stand aside from the management of the organisation and speaks in that way. I also question the way in which our case workers are currently employed and the wisdom of having a monolithic department as we do—one of the largest child protection departments and the world—and I question the sensibility of that.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Can I ask then about preventive social policy? You said there was divorce, mental illness, gambling, debt, et cetera. Has DOCS come up with preventive strategies that would do that to try to lessen this case load and work more efficiently?

Ms NILAND: I believe our early intervention and prevention strategies are critical to the way ahead. Recently I was in Sweden on vacation but I took the opportunity to visit one of their major initiatives. One of their major initiatives was an early intervention and prevention initiative. As well as having foster parents, they have foster families. These families operate to provide respite to families which are disadvantaged and stressed. It is the guaranteed right of every family in Sweden that they can have access to a family such as that. This is long before children move into a care system.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But presumably drug and alcohol correction is much more basic than by the time the child is in crisis.

Ms NILAND: Yes it is.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Has DOCS made recommendations about things like drug and alcohol programs?

Ms NILAND: Yes, it has. If I could just put up our continuum of care—

CHAIR: I am sorry but I think we will have to refer to that afterwards.

The Hon. DOUG MOPPETT: I think one of the most significant things you said today—and you did it most vehemently—was that one in two cases that are reported are investigated.

Ms NILAND: Yes.

The Hon. DOUG MOPPETT: And a press release you issued recently said, "We track the outcome of every report". How do we reconcile those two? There is one in two, so one in two is not thoroughly investigated. How do you classify them, and what do you do about them?

Ms NILAND: I have a slide on that as well. What happens to those is that they include a percentage where no further work is necessary. It includes some requests for assistance—that is people asking voluntarily—and some of those are counted in that. It also includes those in which a decision has been made under our priority system, a priority one, that no further work is able to be done on that case. What I want to come back to is explaining what the various percentages of those are, giving you a clear indication of how to unpack that "no further work necessary" or the ability to actually finish it.

The Hon. DOUG MOPPETT: I am sure that would be very helpful.

Ms NILAND: Can I just finish with one case study? It has been pretty much gloom and doom and I would like to tell something good. Jai, whose name has been changed, is 16. For his twelfth birthday he was given a shot of heroin by his father as a birthday present. His father, an addict, believed that it was inevitable that Jai too would become a user and therefore he would show him as a birthday present how to do it properly. Within a few years the father's prophecy came true and Jai moved to the streets to support his habit. That is where we found him. Jai is now in successful drug rehabilitation, working with one of our funded services. He has completed his riggers and scaffolding course at TAFE. He has a stable series of relationships in his extended family, and he is motivated to remain drug free. He has just got a job as a scaffolder. When I checked up on him last week I found that. It is stories like Jai that keep us going, and they are the kind of stories that we need to keep focused on in this inquiry: turning our failures into the temporary, still at this stage, success of Jai.

(The witness withdrew)

ROBERT WILLIAM FITZGERALD, Commissioner, Community Services Commission, Level 3/128-134 Chalmers Street, Surry Hills, sworn and examined:

ANITA TANG, Manager, Policy and Community Education, Community Services Commission, Level 3/128-134 Chalmers Street, Surry Hills, affirmed and examined:

Mr FITZGERALD I have received a summons under the Parliamentary Evidence Act. We are conversant with the terms of reference of the inquiry. We wish our submission to be included as part of our sworn evidence and I wish to briefly elaborate on our submission.

Ms TANG I have received a summons this morning. I am conversant with the terms of reference. We will be providing a formal submission by the due date, to be included as our sworn evidence. Mr Fitzgerald will make an opening statement but I would also like to table some documents.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I move:

Those documents be received by the committee.

Motion agreed to.

Ms TANG I would like to tell you what is in the documents on the table. The documents that we are tabling today are a small collection of things to help our presentation today. You will find a summary of our most recent annual report and a brochure relating to our complaints handling functions in relation to child protection matters and children in out of home care which will give the committee a brief snapshot of some of our involvement with children and families who are involved in the child protection system. You will also find in the documents tabled a summary of our observations and proposals from our inquiry into the practice and provision of substitute care in New South Wales, which was completed in November 2000 and the issues there still remain current.

You will also find three loose leaf papers: One is a chart that shows where we see a potential direction for reforming the child and family services area in terms of separating the three streams of services that were alluded to this morning being general support services; child protection and supported care. The second chart you will see is essentially a summary of some of the key issues which we will flag today and cover in more detail in our submission to be provided. We have divided those key issues again into those three streams: General support services, child protection and supported care, in terms of the things that we see as needing to be addressed. We have also provided what we see as some overarching issues at the bottom of the chart there that we see crossing all those three streams that need to be addressed in order to improve the current system.

We have provided for you finally a copy of the current organisational charts for the Department of Community Services which we will refer to during our evidence today.

CHAIR: And you want to talk about the substitute care system I understand?

Mr FITZGERALD: In brief, yes.

CHAIR: We are in a situation where, as you are probably all aware, Ms Niland wants to come back and talk to us later because she thought, quite rightly this morning, that we would not finish the smaller specific child protection issues. But certainly, by all means, talk about those areas.

Mr FITZGERALD I would like to just make an opening statement and then go to the questions that we have, and the opening statement will be quite brief. Let me say by response to the director-general this morning that nobody doubts the extraordinarily difficult socioeconomic times in which we live and in which vulnerable Australians find themselves. Nobody doubts that the increased level of demand, clearly evidenced by the figures provided by the director-general, has had a significant impact on the Department of Community Services and on the non-government agencies. Nobody doubts that in the majority of times DOCS is likely to get it right. Nobody doubts that there

are thousands of illustrations where the department's effective intervention is and should be acknowledged. It is also true, however, that the Department of Community Services in its current construct, with its current culture and in the way it operates, is less likely to be able to meet those demands than is expected of a well functioning department. There is little evidence to indicate that the department in its current construct and within its current culture is able to meet those identified demands and issues that were raised this morning.

Reports, reviews and inquiries have not lead to a department that is well constructed and operates with an appropriate culture to provide to the citizens of New South Wales a sustainable, robust, effective child care and support system—something that should be a given in the year 2002—notwithstanding the extraordinary demands and pressures that are placed on it. Nobody doubts the commitment of its workforce, nor the fact that many workers work effectively to achieve good outcomes, but it is also true that the staff within the department is itself under great pressure and in many senses is a disempowered workforce.

Just some general points to start. The first is that we do not need to reinvent the wheel. The commission is firmly of the view that the 1998 Care and Protection Act passed by this Parliament with the unanimous support of all parties represents the basis of the foundation upon which we can develop a care and support system. We do not need to look overseas to re-establish the principles that underpin a good quality care and protection system. That hard work and massive consultation that preceded the 1998 Act passed by this Parliament represents the foundation stone upon which we can construct the system.

Second, in relation to the substitute care inquiry that the commission itself undertook less than two years ago, it represents the most far-reaching and wide-ranging inquiry into substitute care. It provides a way forward. Is it right or the subject of contention? Does it provide a blueprint and a framework from which we can move forward? Yes it does.

The third point is that we need to construct a care and support system, not simply concentrate on the functioning of the department. It is true the department is the major player but it is only one player in this system. So our response goes beyond simply the Department of Community Services to try to look at what is necessary to construct a robust system into the future.

The next point is that the difficulties are simply not related to demand. Demand has exacerbated and highlighted the weaknesses that have been there for sometime. The director-general this morning indicated that even before mandatory notifying and the increased demand, there were issues of concern. Those issues have been highlighted many times and, more recently, by the report of the Ombudsman. It is those weaknesses that make the department less able and less capable to meet the increasing demands that we are currently experiencing. Unless those weaknesses can be addressed then the increasing demands will ensure the department's continued fracturing in relation to its care of children and young people in need.

The next point is that we will be putting forward a blueprint which needs to be fleshed out in our report that does in fact provide a positive way forward for the provision of services by both Government and non-government providers. Fundamental to that will be the separation in some form of the three areas. All will be defined as prevention, protection and care or, alternatively, described as general family support, child protection and supported care. It is right that the department should not need to go through another restructure but it is wrong if the current structure and culture of the organisation does not permit the effective implementation of this Government's own legislation. It would be wrong to continue with a structure and a culture that militates against the delivery of what this Parliament has indicated it seeks as a good quality child protection system. The department has been restructured too many times and there have been too many changes and the staff and its clients have been the victims of those changes. Nevertheless, the current structure and the way in which it currently operates will not facilitate the effective delivery of childcare and protection.

My last point is that this is a matter of trust and confidence. The Department of Community Services and the non-government agencies involved in childcare and protection are first and foremost or must be first and foremost about re-establishing trust and confidence in this system. A trust and confidence first by its employees and staff; second, by the people that come into contact with this system, that is children, young children and vulnerable families, carers and support workers in

accommodation services. But it must be the re-establishment of trust and confidence by the community. That is nothing less than what is required. The re-establishment of that trust and confidence is at the heart of our submission that we put to you. We believe that there is a way forward. We believe there is a way to achieve, albeit in most difficult circumstances, an improvement in the quality of our care and protection system including that of out of home care. I am now happy to go to the questions.

CHAIR: We will come back and ask you to flesh out some of those statements you made but could you just start off by giving us an overview of where the Community Services Commission fits in, both as an oversight body to DOCS but also more generally.

Mr FITZGERALD: In briefest terms, the commission was established some eight years ago to be the statutory and independent watch dog for community services in this State. It has a particular and strong focus on consumer protection and seeks to deal with issues raised by consumers of community services. In relation to the Department of Community Services, its contacts are through the work that we do in respect of its clients. It does not per se have a mandate about the department; it has a mandate in relation to matters that come within the jurisdiction of that department. To that extent we use complaints, independent reviews of people in care, the community visitors who visit—in this case children's services—to provide accommodation for out of home care. It also conducts inquiries and investigations pursuant to a wide range of powers which facilitates us having focus groups and discussions with both staff and former staff of departments and non-government agencies. So there is a wide range of involvement.

Up until recently the majority of the complaints received by the commission were in respect of the Department of Community Services and child protection issues. As you are aware, because of advice from the Crown Solicitor's office received in November 2000, that jurisdiction has been narrowed. Nevertheless, the commission has a wide range of relevance in relation to complaints about the department as well as the review and other functions to which I have referred. So we have a continuing and active involvement. I would just point out, however, that we do not have a jurisdiction about the department per se. There was a taskforce of DOCs, which I chaired and my predecessor Roger West chaired, that ceased to operate some two years ago on the announcement of the transformation of the Department of Community Services.

The Hon. DOUG MOPPETT: Recently you had on your web site a report which was fairly critical of DOCS in general but it also contained a recommendation that you should undertake advocacy as one of your functions. Is that still your view?

Mr FITZGERALD: In the CRAMA Act that governs the commission there are two functions that require the commission to promote advocacy and advocacy services. The commission has not been nor will it be an advocate per se but it does have a statutory obligation to promote advocacy services. However, the commission has never been an advocate nor would we propose it to be. There are those who have a different view as to whether the commission has been seen to be an advocate but, in fact, we would maintain very strongly that representing the issues raised by consumers does not lead you into the field of advocacy. We remain an independent and objective reviewer of those issues.

CHAIR: Coming back to many of the comments you made in your opening statement, we explored with Ms Niland and we wanted to ask you about whether the issues of concern being experienced by DOCS and also by non-government and other agencies involved in New South Wales reflects what is happening elsewhere?

Mr FITZGERALD: There is no doubt at all that the increase in the level of reported child abuse and neglect or children at risk throughout Australia has increased and is increasing throughout the world. Many of the socioeconomic circumstances that have been outlined by the director-general this morning are valid. The increase in substance abuse, the increase in sole parent families, the increase in financial vulnerability, the increase in issues in relation to indigenous communities both in Australia and throughout the world all exist. The difficulty is whether or not one can construct a care and protection system that can respond to those changing circumstances.

It is absolutely right that many of the issues of concern raised exist in all jurisdictions. The issue for us is whether we can construct a system that can meet those in New South Wales in the current environment. We indicated right at the beginning that we do not believe one needs to look overseas in terms of finding new principles that should underlie the child protection system. The work done in 1998 did that, but we can look to other jurisdictions to see whether their system of delivering the services could in fact inform us, and we would hope that is an ongoing process. The one thing that we are very sure about is that the care and protection system needs to evolve as society evolves and to that extent we can look at other jurisdictions, but yes, the issues are similar. The responses, however, are the critical issues from our point of view.

CHAIR: We have mentioned, without necessarily including all of them, specifics about the client information system, the mandatory reporting system and the helpline. We have asked an open-ended question about current areas of concern.

Mr FITZGERALD: I start off by talking about the fundamental weaknesses that we see. The first is in relation to the inability of the department to adequately investigate matters that it receives. Let me be clear that the director-general this morning indicated that one in two matters were, in fact, dealt with by way of assessment or investigation. In reality, that statement needs to be unpacked substantially. Let me give you an illustration of that. I will give you a profile of a CSC that I visited in the last month: 180 were referred by the helpline. On the day of the discussion only 40 matters had been allocated to a staff member. In respect of them all other matters, and if there is no other activity within 28 days under priority one, those matters will be closed. On the records all 180 will have been recorded by having been referred to the CSC. The issue is whether or not the files are activated once they have been received by the CSC. The overwhelming evidence is that they are not. The overwhelming evidence is that the three categories or three levels of cases are dealt with differently.

In relation to category one, the highest priority, the majority of those would be attended to. In relation to category two only a percentage—and I am unaware of what that percentage is—would be dealt with. In relation to level three, they would not be dealt with at all. That has a significant impact. Over and above that, a number of matters do not get to the CSC, as the director-general has indicated. Unpacking those numbers from this morning we would think that 50 per cent would not be going to the CSCs but that would have to be unpacked from the figures. The issue is not about referrals, although that was a fundamental issue when the helpline was not functioning as well as it is now. The issue is the activation of files. This is an issue that goes back at least four years and has been the subject of each and every matter that the commission has dealt with in relation to child deaths and others. It is an issue that priority one, the system of management of those caseloads, seeks to deal with, that is, if matters are not dealt with within the 28-day period, they will be closed. The issue always has been about the activation of the files. The department at no stage in the past four years has ever produced figures indicating the number of files that are active within the CSC levels nor was that information provided this morning.

At no stage has there ever been disclosure of the number of cases that are active and allocated or inactive and unallocated. In relation to that, the commission itself was to do an audit of the Lismore area. The commission, in agreement with the director-general, determined not to proceed on that on the basis that the priority one scheme would be evaluated. That evaluation was never completed. As difficult information arrived that simply ceased and the evaluation of priority one never took place. It remains of grave concern to the commission that the most fundamental and important figure, that is, the active numbers, has never been disclosed. There have been no internal audits published at all and apparently there has been no audit done by the Audit Office in relation to those matters. That is a serious issue. There are a significant number of matters that are not being actively pursued at the local level and at this stage we are unable to determine precisely what those figures are. The department would be the only body to have those. That seems to me to be a serious issue but why that is occurring we can deal with a little later.

CHAIR: What period are you talking about?

Mr FITZGERALD: In 1999-2000 the commission conducted a number of works. We became aware that in the Lismore area there were significant concerns. To be helpful we determined that an audit should be conducted. We decided not to conduct the audit on the undertaking by the

director-general that in fact the evaluation of priority one would take place and we would be on it. My point is that the evaluation was never completed yet the helpline was introduced and priority one simply maintained without any effective evaluation. That was then and remains the critical issue.

The Hon. AMANDA FAZIO: I would like to ask you a question about the file not being activated within a certain number of days and then they are closed. Are those cases ever recorded on the client information system to build up a background?

Mr FITZGERALD: Under the new system with the helpline they would all be recorded—and again the department would have to tell you technically—but I believe they are all on the client information system and now they are all recorded.

Ms TANG: One of the objectives of introducing the priority one system was to make it more transparent as to how many cases were unallocated in different offices and part of the procedure was to collect the data to inform, plan and monitor. One of the issues that the Ombudsman raised in the recent report was that at the central office level they cannot count those cases so we do not know what happens between the CSC and central office.

The Hon. AMANDA FAZIO: So under the client information system it is not possible to obtain those figures?

Mr FITZGERALD: The department has consistently indicated to us that it has never had those figures available. We have indicated to the department that whilst the data is not available one could do spot audits on a number of CSCs to determine both trend analysis and to do a profile. We believe that would be the least you would do if you want an effective management system. The CSCs themselves know—the actual branches have to know those numbers. It is not beyond the wit and wisdom to be able to collate them or at least to be able to do a geographic audit on a select number of services to find out what is occurring. I would simply indicate that, yes, at this stage the department indicates that it is not able to provide that data across the system. We believe there are other ways to obtain, if not the whole systems numbers, at least some could give an indication of what is occurring.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It seems extraordinary that this is the most commonsense measure of what is happening and it is not available, particularly when a new data system has been introduced. It is extraordinary that the director-general did not bring the figures this morning. Do you think there has been a deliberate attempt not to collect these figures?

Mr FITZGERALD: I cannot assert whether it is deliberate or not. I would simply indicate that it surprises me that a community services system that has been in place for decades is still incapable of delivering the most fundamental data information. It has been an issue that was highlighted in Ombudsman's report and I refer you to where he said he attended an office where 170 or 180 matters were unallocated but this issue has been raised over a series of years. The helpline and the new information system should have been able to pick that up. Clearly, I believe it is an organisation that is incapable of being managed if it does not have that data readily available.

CHAIR: What you were talking about predated the introduction of the helpline and DOCS was basically changing its system. Are we still in a period where the data collection and distribution was being developed and the new system, the centralised system was replacing the former system or is those sort of data you are talking about something that should underlie both the old system and the current system?

Mr FITZGERALD: The data should always have been available under the old system and most certainly needs to be available under the new system. The director-general indicated this morning there was a major information system upgrade meant to take place over the last couple of years. As you are also aware that has failed to occur and new tenders are to be issued shortly. Our point is if you cannot obtain it centrally, which we think you should be able to do, then at least you have to have a very strong understanding of what is happening in a range of branches, given that the branch level understands that. I believe that it can be fixed. I have no doubt that the department in its new tender would be wanting that information provided. My view is that it is absolutely essential in terms of managing an organisation to have that information.

Ms TANG: Priority one was introduced in 1998 and the helpline was not introduced until December 2000. Priority one should have been operating in that interim period.

The Hon. AMANDA FAZIO: Could you get us a brief summary of the three categories they classify the notifications into?

Mr FITZGERALD: No, I would rather not do that. I would rather the department provide that on its current information. Basically they are levels of risk. They are determined in the first instance by the operators of the helpline and then they are subject to a secondary risk assessment at the actual CSC. If I can take category three matters, which appear not to have been dealt with at all, they often represent cases where neglect is occurring or potentially is occurring and require intervention by family support or intensive assistance. If they are not being referred or dealt with, what we fear is occurring—and when I say "we" this is based on information we have from workers at the coalface is that they will eventually escalate in risk and come back into the system at a later date, probably in category two or category one. One of the questions that was asked before was about double reporting and there was no answer to that this morning. Another major issue is whether a matter that came in at a lower level re-enters the system at a higher level because it was not dealt with earlier, and that is one of the grave concerns in relation to category threes. It is true that they would be of a lesser risk nature. It is not true to say that that risk is so low that they do not warrant attention. That would be our issue.

The Hon. DOUG MOPPETT: We had quite an exchange with Ms Niland this morning about her version about what the response is and what is being publicly alleged at a much lower level. You have given us some understanding of how the discrepancy could arise. These reports are coming in, they are going back to the CSC and then after a 28-day period they are disappearing into the ether. Do you think this is somehow a way of bringing these figures together, as well as Pricewaterhousecoopers, which is going to do an audit, and provide, through the Kibble inquiry, a definitive profile of what is actually happening?

Mr FITZGERALD: Firstly, I was not aware that Pricewaterhouse was doing that until this morning, but let me indicate that the Kibble inquiry, which I understand has representatives of Treasury and Cabinet, we believe is an opportunity, largely driven by the demands of the PSA, to unpack those figures. I have indicated previously that the Committee may wish to look at whether the Audit Office itself should conduct an audit of a number of offices. Nevertheless, I was unaware of the involvement of Pricewaterhouse until this morning. I understand from the director-general this morning that the report will be available at the end of June. Subject to your satisfaction with that report, you may well wish to look at whether the Audit Office should conduct an independent report. The Audit Office does extraordinarily good performance audits and we think that that would be a way of verifying the data. Having said that, I have no reason to doubt that the Kibble inquiry will not produce some robust figures. I have no reason to doubt its integrity or its capacity to achieve that.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: In terms of prevention, do you think it would be helpful if the Helpline identified whether the child at risk is the child of people who themselves have been in care? In a sense that is an extra risk factor if they had been in care themselves and then were making cries for help in the next generation. Is that happening? Should it happen?

Mr FITZGERALD: I am unaware of whether it is happening and I would have to take that on board in terms of actually examining whether that is part of the risk indicator or what is called a secondary risk assessment tool at the CSC. Let me indicate that it is true that families themselves who have been through the care system often re-present in the child care and protection system. But it is also true that a very large percentage of families that have been through the care system do not re-present. So my point is that we would need to take on board that issue as to whether or not it is a sufficient risk factor to be identified either at the Helpline or in the CSC. Again, it may well be that it is already covered in one or two of the tools, either the Helpline tool or the secondary risk assessment tool. But we will come back to you on that.

CHAIR: Mr Fitzgerald, as I said, this question is very broad and it has a number of subsets. Some of what you have said seems to raise questions about the Helpline as such and whether it is, as a single, centralised tool, perhaps not the ideal tool, or needs an awful lot of other administrative arrangements around it. As Anita said, we have now had it in place for about 18 months and a variety

of criticisms are being made of it. Can you give us your general comments on how you think it operates?

Mr FITZGERALD: The commission supported the introduction of the Helpline, particularly in relation to metropolitan areas, on the premise that the department was incapable of providing a picture of what it was doing across the State. The Helpline has one major attraction and that is that it provides a very clear indication of demand or of contacts which it has done. The second thing is that it does allow for the standardisation of assessments. But it is also true that the Helpline has had a significantly difficult start-up period and it is also unclear to us as to whether it has impacted positively or otherwise at the local level, particularly in regional and rural communities. That remains unclear to us at this stage.

The Helpline should be evaluated to determine both its efficiency and effectiveness. What is not clear is whether it is a cost-efficient implement for intake. That is not a judgment on it; it is simply saying that we do not know. The staffing has doubled, and as a consequence of the doubling of the staff many of the initial problems with the Helpline have been overcome. There are shorter waiting periods and so on. At the end of the day there are 120 case workers, according to the director-general this morning, at a centralised intake point. I think the jury is out on whether that is a cost-effective tool or not. Having said that, it has met its most central aim, which was to collate information in relation to contact reports.

The second thing about the Helpline which remains unclear to us is whether it is a duplication. If the assessment has clearly been done effectively at the Helpline then there should be very little reassessment at the CSC. But we are unclear as to what level of reassessment is taking place at the CSC—in other words, a duplication. Those matters are unclear and should be raised with the department. I think the jury is out in relation to the Helpline. I think the director-general has improved many of the initial weaknesses. Our issue now is whether it is the most efficient way of achieving intake at present.

CHAIR: Would you like to add to that, Anita?

Mr FITZGERALD: Yes, I would, thank you. One point of clarification on a comment that was made earlier by the Director-General: as we understand it, one of the policy objectives of establishing the Helpline was to standardise intake processes and to free up staff in the field. They are both honourable objectives. It was not, though, directly a Wood royal commission recommendation. As we understand it, the Wood royal commission recommended standardisation of intake, which does not have to be done through centralising. Centralising is one way of doing it, but not necessarily the only way. The issue is, as Robert said, whether or not that has turned out to be the most effective. It appears that there are a number of risks with centralising intake through a call centre mechanism.

Any sort of evaluation should look at whether those risks are being appropriately managed and whether or not it is cost-effective. As Robert said, one of the risks is about double handling. It is assessed at the intake level and then reassessed and possibly recategorised at the CSC level. We do not know how much of that happens so we do not know whether the field staff assess something that is consistent with the way the Helpline staff assessed it. There is a substantial risk that the accountability and management of matters is fragmented. So the Helpline handles it to a certain point and then it is handed on. I am not sure what the links are between those two processes.

The Hon. IAN WEST: We have asked for and we are getting more information on this matter from the director-general but, commissioner, in your extensive experience in this area, if there are currently 120 or 130 helpline workers, what is your understanding of the capacity of a particular Helpline worker in a day?

Mr FITZGERALD: I am not able to answer that. There has been extensive work up with the union in relation to caseloads at the Helpline. They would be a better position to answer that. I simply do not have the information available. Helplines can always be fixed by increasing the number of staff, which is what has happened here. They can be fixed in the number of ways. The question is whether it is the most cost-effective instrument to deal with intake. I will not even try to come back to you on that. I suggest they would be matters that should be put to the PSA and the department.

The Hon. DOUG MOPPETT: We have had quite a number of suggestions that there are demographic—to put it at its lowest level—socioeconomic problems. The introduction of the Helpline and all these things have given us an escalation of the problems. There are staffing issues: whether there are enough front-line staff when it gets back to the CSC to actually do something about it. Underlying all this there is a suggestion from various reports—not just my allegations—that basically the administration cannot cope with it. What would you put your finger on of all those causes as being the largest contributor to the difficulties that we are investigating?

Mr FITZGERALD: Overall, the difficulties lie across the department itself as a starting point. But I want to contextualise that. What is missing in New South Wales, and has been missing for some time, is any notion of a genuine care and protection system. In the same way that we have in health, we deal with crisis and we deal with difficulties. We deal with emergencies and we deal with unplanned events. There is nevertheless a health system in place, albeit with its weaknesses. That system understands the role of various stakeholders in it. In the education system we are able to deal with demand. The system does not go into crisis when there is an increase in that demand; it manages it, albeit with its weaknesses. In the community service area successive governments have failed to develop the infrastructure necessary for the delivery of a quality care and support system; rather to treat every new crisis or demand with an ad hoc response. There is a great lack of clarity about what we wish the department and non-government agencies to deliver, and there is a lack of robust infrastructure in place to allow that to be delivered.

Having said that, the Department Of Community Services I think faces some major dilemmas across a number of areas. Firstly, I believe the current structure as indicated in the annual report plan, which I will return to later, is manifestly incapable of delivering what is required under the child care and protection legislation, and is constructed in a way that is not conducive to positive outcomes. I think that has now been tested and been proven to be the case, notwithstanding the fact that a very large percentage of its activities in the disability area were transferred to the new department.

The second area is that the administration of the department clearly has been lacking—when we look at the report of the Ombudsman about record-keeping, the failure to have appropriate information systems, the inability to transfer files when somebody moves from one area to another. These are fundamentally administrative issues on which I have no great expertise but they are recurring themes. The third issue, which I will come to in the blueprint, is about the program areas themselves, and I will return to that. The fourth area is culture, a culture within the Department of Community Services that is antithetical to a human services department, a culture that has been allowed to develop over recent times which sees secrecy, misinformation, failure to provide information and lack of co-operation with stakeholders as a way forward. It has been clear to me for a very long time that nothing could be more conducive to the failure of a human service system than that approach. It is completely contrary to the way in which other human service organisations now operate. It is not simply about attitude; it is a culture that places values in the wrong place—in this case leading to very difficult outcomes.

So I think it is across the board. If that sounds a damning indictment it is. But it is a damning indictment that I think can be rectified, and needs to be rectified. I refuse to acknowledge that DOCS or the community service area, as I said earlier, was a poison chalice or a black hole from which we cannot get out. But when you look at the department—the issues that were raised by the Ombudsman, by the commission and by many other people indicate that there are weaknesses across the board. Each of those needs to be unpacked and dealt with in order that we can move forward. If I can qualify that with one comment: my earliest comments were that we do acknowledge that despite all that good outcomes do occur for many clients. Good staff do good work and there is no lack of commitment by the workers within the department to do a good job.

CHAIR: I wonder whether we should move on to your suggestions. Looking at the questions and looking at time again, we asked you a number of questions about the role of the department in relation to support services as distinct from protection services and asked you very specifically if you had formed a view about solutions, and within that about the diverse range of responsibilities of the department. Maybe we should look at the suggestions you have to make. I think the criticisms will come up continually as we go through this as well.

Mr FITZGERALD: I think I have indicated to people that I do not think we need to keep adducing evidence of the weaknesses and the issues around those; I think they have been identified. What is missing is the way forward, to which we have tried to put our mind. I want to preface my remarks by saying a couple of things. First, this is not a definitive plan at this stage. We wish to give an indication to the Committee as to which way we need to move. The first point I want to restate is that the current child care and protection legislation, a 1990 Act, is the foundation stone. If we use that as a foundation stone we find that three things are evident. The Act rests on three legs. The first is early intervention, requests for assistance, what we might call family support. The second leg is child protection itself, which is about dealing with notifications of risk of harm. The third leg is the out-of-home care area.

At the present time the structure of the department, both at its top and as it is implemented at ground level, militates against those three areas being dealt with in anywhere near the manner and resourcing that is required. Put simply, in the early intervention family support area the Act was proclaimed without any additional resources and with no agreements with any non-government organisations [NGO] as to how to deal with that. These are very much that category three cases, or, alternatively, matters that are dealt with by the hotline. There is no evidence at all of any increase whatsoever in the referrals to family support services, yet with the demand and with the numbers in the report, we would have expected a massive rise. That is a serious concern. But most importantly, the family support area or general support area seem to be very hollow and need to be well supported resource-wise and in other ways.

CHAIR: Are programs such as Families First playing a role in this area outside the department?

Mr FITZGERALD: Families First has the potential to play a role and have funded a number of worthwhile activities. We see that as part of that stream. If you look at the chart that we have provided, under the three area, general support services, child protection and what we call supported care, they could be all of the early intervention family support requests for assistance, and indeed Families First type of initiatives. Long term that is the only way forward, prevention. The second area that we believe needs to be structurally separated is child protection interventions from the point of intake to the point of investigation and/or removal of child. That is a discrete and forensic activity required to be undertaken in conjunction with police and with a trained and skilled workforce.

The third stream is what we call supported care, that includes intensive family support for children at risk of entering the out-of-home care system or in the out-of-home care system, all the out-of-home care programs, including intensive youth services and after care. By streaming we believe that we can start to work on the issues that cause the current problems. The director-general used a term that I have also used, she said that child protection is like a "black hole", it draws everything unto itself. Unless we can structurally separate that, be it within the department or otherwise, that will continue. That was the finding in our substitute care inquiry issued in 2000, and we looked back over 15 years.

Irrespective of governments, directors-general or ministers, the same thing occurred; unless you get structural separation all reforms fail within a three-year period, largely because the child protection area continues to eat into it. We say that we need three streams operating effectively at the one time. If you look at the current staff structure of the department you will see at a quick glance that out-of-home care is under the child and family services area, part of it is under the partnerships area, part of it is under the deputy director-general's area, and all the areas report to different people in the department who may or may not support any of those initiatives.

In a sense that is a very difficult model to achieve good outcomes. Clearly, in relation to child protection again it is under different headings and different people with, we think, real problems. The end result is that all three areas are problematic and need to be addressed separately. It follows the Act precisely, it allows streaming within the department. The third point we make is that you could then bring in and clearly articulate the roles and responsibilities of NGOs in each stream. Is it a perfect model? No. Is it right? No. But do we believe that it will achieve much better outcomes in the short term than currently? We believe it has many of the elements necessary to achieve a better outcome.

Again, this is a work in progress and we will come back to the inquiry with more detail. But it is a way of linking the legislation to the department to the non-government sector and removing both duplication and contradictions that currently exist within the department and the system.

Ms TANG: The structural separation would not in and of itself resolve the problems. I guess we are terming it as an unnecessary but not sufficient condition. We have noted that there are a number of overarching issues in child and family services that are contributing to the current concerns. Unless they are addressed as well, structural separation in and of itself will not be the panacea. We have talked in our sub-care inquiry and continue to think about issues relating to resource allocation and purchasing arrangements to ensure that there are adequate resources to provide the services that are needed. There are issues around transparency and accountability of the operations of all three streams, particularly in the discussions this morning about child protection, and the need to truly understand what is driving the demand, what the figures mean and what is the best response to deal with it.

There are issues around accountability of service provision in terms of monitoring and standards in following through with evaluations of new initiatives in making sure that they get bedded down. This morning issues were raised and questions asked about the workforce, staff training and so forth as well as organisational capacity. Most importantly the organisations that are responsible for providing those services actually showed the capacity to improve, to assess their own performance, identify where changes are needed and they need to be able to do that. We will give more consideration to each of those in our written submission.

Mr FITZGERALD: This is about transparency and accountability within the department. At the moment accountability and transparency are two issues that seem to us to be real problems. It is a problematic area. This arrangement would allow you to know who is accountable for the various activities right throughout the organisation and to transparently report on that. It is in the interests of the workforce and the department, and, I suspect, the community in general, to be able to have an accountable and transparent structure in operation. I emphasise what Anita said, in and of itself some would say that that is just another restructure. We do not see that in any way, shape or form. But in and of itself it is insufficient if we do not address some of the other issues.

The Hon. DOUG MOPPETT: You have referred to the out-of-home care services being one of the three significant legs. In the current controversy that is raging in the public, we are assured that more than 9,000 children sleep safely in their beds because of the intervention of DOCS. In the light of what we have been talking about, what proportion does that represent of the children who are not sleeping safely in their beds? How adequate is the availability of accommodation? We hear sometimes about motel rooms and other unsuitable alternative accommodation. What is your view of that claim that we should be happy with the Government's performance because 9,000 children are allegedly safe at night?

Mr FITZGERALD: A couple of overarching comments. We cannot, nor pretend to, indicate a percentage of the children who would be in either unsafe or unhappy environments. I cannot do that. Through our reviews, complaints and other processes, most importantly through the sub-care inquiry, we see a concerning range of trends. For example, we are aware of cases in which children have been placed with untrained and unassessed carers. We are aware of the increasing use of relative carers, but without appropriate assessments of the carers taking place. We are constantly aware of children, one of whom we are reviewing at the moment in his thirty-first placement; and he is aged 14. In and of itself the child has extraordinary difficulties and it is true that there would have been multiple placements for the child.

At 31 placements, with the twenty-ninth placement being a two-year foster care, we suspect that what occurred was when the foster carer called out for help that was not provided and so the relationship broke down. The child has now been moved. We see recurring patterns of that. It is true, and I support the statements of the department and the Minister, that the vast majority of children in out-of-home care would be safer. After consulting with children in care we produced a document entitled "Voices of Children in Care" and we found that the majority of children in care felt happy and safer. That is true. The problem for us is that there is a significant number who appear to be in circumstances that are less than appropriate and certainly are not meeting the normal benchmarks for a quality care system.

I do not wish to put a number on that, we simply do not know. I wish to raise one other issue about substitute care. Last year about 5,000 new children came into out-of-home care. That is the same figure as the previous three years, give or take a small variation. One issue for us is whether that is representing, as the director-general indicated this morning, an improvement because it represents a smaller percentage of the total reports. Or is it simply the maximum amount of casework that can be done, given the resources? One issue in the out-of-home care area is that if there has been a huge increase in demand, some of that is definitely real, why have we not seen more children in out-of-home care? We need to unpack that?

If it is that the resources do not permit more children coming into the care system, that would be a concern. What would be happening? Children would be left in environments which ultimately will get worse and the child will re-enter the system later, but more damaged. It could be that some of the early intervention strategies are actually working. The problem is we do not have enough data or evaluations to impact that.

The Hon. DOUG MOPPETT: Is one of the limiting factors that case plans for children are either not completed, not prepared, or not even undertaken? So whilst 9,000 might represent those who have been processed, there is a vast number that are pending?

Mr FITZGERALD: There is a huge issue with case planning. The new Act is a significant improvement on the requirements of caseworkers. The new Act and its care plans have increased the workload of workers. In a resource-constrained environment and with increased demand there are real concerns about the quality of the care plans and their ability. The areas that would be able to provide some light into that would be the Children's Court and, when the Act is implemented, the establishment of the Children's Guardian.

As you know that functions of the Children's Guardian had not yet been proclaimed. That role was to review case plans and care plans and also regulate reviews. At the moment the Government has indicated that the proclamation will be delayed, and there is no new timetable in place. We are missing an element that was meant to find out the quality of those care plans, that is through the Children's Garden. The Act itself is a significant improvement of the former Act in relation to care planning. This morning the director-general indicated that there has been substantial training in that area. I do not dispute that.

CHAIR: Can you sum up your findings in your substitute care inquiry? Following that, what reforms or changes have been made as a result of your report?

Mr FITZGERALD: We have tabled for the Committee the actual report and this morning I have provided a summary document. I understand that the Committee will have separate hearings about out-of-home care.

CHAIR: With the director-general, yes. We are yet to find out whether other witnesses today will concentrate on child protection.

Mr FITZGERALD: Our work indicated that the majority of children in out-of-home care found their environment to be safe and they were happy. I preface that by saying that I believe that the majority of children would be safer than they were in their previous environments. Overwhelmingly we found a lack of clear strategic policy framework in relation to out-of-home care, which continues today; a disenfranchised non-government sector that has countlessly had engagements with the department only to be rebuffed, with no effective outcomes; a lack of any long-term sustainable infrastructure put in place in relation to the NGO sector; and a failure to quarantine substitute care from other areas.

I acknowledge the comments of the director-general that the department is moving to a 40 per cent staffing for sub-care. We found also a failure to effectively resource and support carers and staff, but I acknowledge that last year or the year before the Government increased the carer allowance for foster carers by a significant sum. We found basically a lack of forward planning and program management in that area. We found that there is not a clearly articulated out-of-home care delivery system operating in this State.

As a consequence, there are significant problems with placements of children in both foster care and relative care; support for carers, particularly indigenous carers and particularly grandmothers, who are under extraordinary stress at the present time. Most importantly, there does not seem to be a clearly articulated way forward. There have been attempts, and one, which I am sure others will comment on today, was the Care 2000-2001 strategy which was negotiations between the non-government sector and the department to reach resolution on some issues.

The outcome of that is nothing short of disappointing. In fact, it is completely unacceptable that years after the Usher inquiry report we are still no clearer in any respect in relation to a number of issues that were identified many years ago. There is an interesting example. First, the department withheld figures from that group. As a consequence, when an agreed caseload formula was put on the table, the department said, "Sorry, we can't implement it because the numbers are greater than we thought."

CHAIR: Was that 1992 or 1993?

Mr FITZGERALD: No, this was just last year.

CHAIR: Sorry, I thought you meant the Usher report.

Mr FITZGERALD: Secondly, despite repeated calls, there is no policy in relation to residential care. New South Wales has had a massively declining number of children in residential care but there has been no effective evaluation of whether that is a good approach. In Victoria there are substantially more children in residential care. I am not arguing the merits of residential care; I am indicating that we have had a system that has been moving away from that but no effective evaluation and no clearly articulated policy for the future. In out-of-home care there are genuine systemic weaknesses that go back over a 15-year period. Today we have made small gains in some areas but very little in terms of genuine reform. It is an area that is resource constrained and, as an increasing number of children enter it, that will become more and more difficult for workers and for the system generally.

Briefly, I think the report—no-one has questioned its findings—remains the most robust piece of work that you will find available. We can only encourage the Committee to, in its findings, seek the implementation of its recommendations. One of those recommendations was the formation of a body that would report to the Minister and would include Cabinet, Treasury and other stakeholders. That has not even been established. We have found over the past 15 years that unless the Cabinet Office and Treasury were involved it was unlikely that any other body reporting to the director-general would be effective. We thought that that recommendation alone would be implemented. To date, the Government has given no formal response whatsoever to any of the findings in that report yet it has not delivered any alternative blueprint or framework. If it can come up with a better one, I will concede easily. But to have none, and to have no formal response at all to the only agenda in town, is concerning.

The Hon. DOUG MOPPETT: You talked about the problems of cultural rigidity within the department. Is that one of the reasons—could you point to others—why the department has not availed itself of offers from the NGO sector to meet this huge unmet demand for out-of-home care, particularly in relation to crisis cases?

Mr FITZGERALD: The Government is unclear about the roles and responsibilities that it wishes the NGO sector to have in relation to all community services. As this Committee is aware, the Government has yet to articulate in the disability area a clear role for government and non-government providers. In the child protection and out-of-home care areas, the same remains. Until such time as the Government takes a clear, unequivocal and sustainable position in relation to the role of NGOs in the out-of-home care sector, we will continue to drift. It is not an easy question; there are significant issues. Our report indicated that certain aspects of out-of-home care, particularly long-term care, would go to the NGO sector, leaving the department to have a very important role, together with NGOs, in what we call intake and bridging care. That may not be the right way forward but it is a way forward.

One of the issues is that the Government has yet to clearly articulate what it sees as the role of the Government as provider and non-government agencies as provider. Over time, I think more and more out-of-home care services will be provided by non-government agencies, but not to the exclusion of DOCS because 80 per cent to 85 per cent of the system at present is provided by the department. Our view is not about whether the Government should be in or out; it is what is the role of NGOs and to fund that effectively and resource it in the long term. A critical element of out-of-home care is coming to an agreed caseload formula that applies in the department as well as in the non-government agencies. Until we can do that and fund it, it will be a very problematic system. That issue needs to be addressed.

The Hon. DOUG MOPPETT: I wanted to round off the point in the area of case plans. Are the NGOs standing ready—they can handle that part of the load—and the problem is that DOCS cannot meet its administrative responsibilities?

Mr FITZGERALD: I have a couple of comments. First, the Usher report in the early 1990s was naive, both on the part of the Government and non-government organisations. As you know, put simply, the Usher report indicated that all residential services would move to the non-government sector. However, what was missing was any capacity building within both the non-government and government sectors to travel with that. Yes, there were agreements about the funding of individual houses, but there was no clearly articulated development of infrastructure and capacity within both sectors. If tomorrow you said that 60 per cent or 50 per cent of out-of-home care should go to the NGO sector, that could not be achieved tomorrow—absolutely not. But as part of a long-term plan could that be achieved within three years? The answer is yes.

The other part of the equation is resources and improving infrastructure for government workers because their workload will not reduce. In a sense, we must look at the infrastructure support for both government and non-government providers with any reform strategy that comes into place. What I believe has occurred in more recent times is that the central agencies of government have lost trust and confidence in the ability of the community service system, both government and non-government, and it has become increasingly difficult to get resourcing. The lesson from the health reform area is that reforms with money can be achieved. To unpack that a little, I think we need greater resources, but that will have to be accompanied by a robust reform strategy in the out-of-home care area.

Ms TANG: I would like to alert the Committee to the fact that there is now emerging a third type of provider in the out-of-home care area, which is private for profit providers. In addition to the non-government agencies with which you are probably more familiar that provide services, a number of other providers are now essentially operating under what we call individual client agreements or individual funding packages for those children who are unable to be accommodated elsewhere within the system. So the growth in that type of arrangement is one possible indicator of unmet demand and undercapacity in the current system. That is another dynamic to be taken into account.

CHAIR: We need to conclude your evidence as we are running about 20 minutes behind. I think we have gone through all areas—albeit more briefly than we might have wanted. If you feel that we have skated over some issues I hope that you will address them in your submission. What would you like to see come out of this inquiry? I think you have already answered that question in different ways during your evidence, but this is your opportunity to sum up.

Mr FITZGERALD: I should start by summing up in relation to mandatory notify and the demand issue. It is clear from the evidence available from the department and the director-general this morning that we need to examine mandatory reporting, but we need to examine it based on a real analysis of what is occurring. I must make one point very clear. At the same time that there was a rise in the number of reports from mandatory notifiers there was a significant rise in the number of reports from families and others who were not affected by mandatory notify. So I think the mandatory notify needs to be reviewed and evaluated. I caution against indicating that that is the cause of the difficulties. It is not. It is certainly the cause of some of the demand increase, but it is very easy to say that it caused the difficulties. The difficulties were there prior to the massive increase in mandatory notification.

I will make several quick points. First, we would like this inquiry to restate absolutely the need for a coherent reform strategy and the separation of the three areas of child protection, general support and out-of-home care. That is critical from our point of view. Secondly, we would like the Committee to reaffirm that the foundation stone, or the foundation point, for the care and support system is the 1998 Act. Thirdly, we need to re-establish a culture of accountability and transparency in the key government agency, and that is about the regular release of data, public evaluation of initiatives and a transparent resource allocation process. Without that, the system cannot move forward.

We would like the Committee—we will put this in our submission—to look at the establishment of a body reporting to the Minister in the same way that we have talked about substitute care. That can help to guide and drive this reform strategy. The history is that advisory committees to the director-general over a 15-year period have not been effective in driving reforms, irrespective of whom the directors-general or the Ministers have been. We need to have resources allocated to enhance capacity not just meet increased costs. The Government will indicate, rightly, that there has been a substantial increase in resourcing to the department. That is true. What is not clear is whether that has simply gone to increase costs or increased capacity. Lastly, we would like the Committee to look at the issues that we have raised in relation to the three streams—I will not go into them now—general support, child protection and out-of-home care.

My final comment is to caution against something that I think is very dangerous: demonising families. It was right for the director-general to clearly articulate this morning the extraordinary circumstances in which her workers find themselves in day-to-day contact. It is absolutely right to articulate what is occurring in these families. But it is absolutely wrong if we, as a community, allow this to turn into a demonisation of the most vulnerable. These families do terrible things, but often they do terrible things because we have failed to support them at their time of greatest difficulty. In this debate throughout the world there is a tendency for people to say that it is the family's fault. Yes, abuse and neglect are the consequence of the actions of men and women. But sometimes they occur because the circumstances in which they are placed are so dramatic and so terrible that they do terrible things.

The last thing that this inquiry should countenance is for the debate to turn to the difficulties of families or children or young people as distinct from what is critical to this inquiry: our response as a community, as a government and as NGOs. I am not indicating in any way that the director-general did that this morning, but I am indicating very clearly that too often in the past four years whenever a criticism has been made of the department or the system, we end up talking about terrible families. That is a dangerous course that will not lead to our enhancing the quality of care in the system.

CHAIR: Thank you. We look forward to receiving a submission and we may need to talk to you again later. It is agreed that the document from Ms Niland be accepted and made public.

(The witnesses withdrew)

NIGEL HENDERSON SPENCER, Chief Executive Officer, Association of Child Welfare Agencies, level 2, 223 Castlereagh Street, Sydney, sworn and examined:

JUDY ANN CASHMORE, Deputy Chairperson, Association of Child Welfare Agencies, level 2, 223 Castlereagh Street, Sydney, affirmed and examined:

CHAIR: Have you received a summons issued under my hand in accordance with the Parliamentary Evidence Act?

Mr SPENCE: Yes.

Dr CASHMORE: Yes.

CHAIR: In what capacity do you appear before this Committee?

Mr SPENCE: As chief executive officer of the Association of Child Welfare Agencies [ACWA].

Dr CASHMORE: As Deputy Chairperson of ACWA.

CHAIR: Are you conversant with the terms of reference of this inquiry?

Mr SPENCE: Yes.

Dr CASHMORE: Yes.

Mr SPENCE: We welcome this opportunity and we want to try to get through as much of the questions as we can, including commenting on both child protection and out-of-home care. We also want to point out that our final submission from ACWA may vary or have additional points than what we say today after we have the opportunity to have further consultations and discussions with our member organisations and others which will inform our final submission.

CHAIR: One of the advantages in appearing in reverse of the natural order is that all of you will be able to add in your submissions things that have come out of today's hearing so it is not without advantage.

Mr SPENCE: Indeed. It is the view of our association that there are serious problems in child protection and in out-of-home care. Broadly we think the conceptualisation, which has been particularly put forward by the commission, of the three elements of child protection investigation and assessment, family assistance and out-of-home care is a useful way to conceptualise the kind of system we should be providing for children and families at risk. At the moment really only one part of that service system is getting any attention, and that is the child protection investigation. In that area it is really only a limited number of matters, really just the level one matters within DOCs that are getting any follow up.

In terms of out-of-home care there are some really quite serious problems. There are very few options currently for children. There is a shortage of placement options in foster care and we have effectively declined the alternatives to foster care such as residential care to an almost negligible level. There is a lack of appropriate review and case planning for children in care. We find it completely unacceptable that the out-of-home care sections of the Act have not been put in place, even though that legislation was passed four years ago. This is contrary to children's interests, in our view. The legislation provides for statutory case planning and review and it provides for the monitoring by the Children's Guardian and these are functions which are long overdue.

The Community Services Commission inquiry into substitute care provided a very comprehensive blueprint for out-of-home care and while we would not say we agree with every aspect of that, it is a very comprehensive plan and it is the only plan that is currently available to provide an overall reform of out-of-home care. Again, it is deeply disappointing and frustrating to us that that report has not been responded to.

Dr CASHMORE: We would acknowledge that there is an increase, as both the Director-General and the Commissioner for Community Services pointed out, in social problems, particularly in areas of substance abuse, domestic violence and social disadvantage and isolation. Many of the cases coming through that you see—and I certainly see as a member of the Child Death Review Team—have been combinations of those risks and the impact of those on children and young people. We would also acknowledge that there has been some increase in demand on the department and other agencies, including non-government agencies, but we would agree that the problems that the department is currently facing, and has been for sometime, are not simply those resulting from the increase in demand.

In fact, if we refer to a 1998 report, the same issues were put then about increasing demand of something like 123 per cent, 1995-98. What we want to put very clearly is the issue of the lack of transparency in understanding of the statistics and the lack of accountability that flows from that. We have had comments about 107,000 reports in one year and 140,000 in the most recent year. That needs considerable unpacking, and we look forward to the Kibble inquiry doing some of that work. We have actually asked for some of that unpacking for sometime. It is very clear that that includes multiple reports and that could be by multiple reports for people, like neighbours, doctors, teachers and so on at the same time. But the other part of that that would lead to multiple reports is when the mandated reporters, or other people who have reported, look for some feedback as to what has happened as a result of their report, have heard nothing and report again feeling that they have no option. That brings up the issue of how many of those cases have been dealt with before? I would be very surprised if the figure is as low as 5 per cent.

There are very clearly problems in terms of both child protection and out-of-home care that have been continuing for some period. We have had numerous inquiries now over a decade. You can go back to the Lusher inquiry. In fact, at the back of the Community Services Commission inquiry into substitute care a full rundown is given over the past decade going back to approximately 1990 of all of those attempts to make some difference in this area, and none of it has yet worked. The Wood royal commission looked very carefully at these areas and again some of its recommendations have not been put in place.

I would agree that the issue of child protection is overwhelming out-of-home care, and it means that children in care already in the system are on backburner until there is a crisis and then they get put on the frontburner for a limited time. We saw in the 1987 Act that there were boards of review that were passed and never proclaimed. We are very concerned that the only possibility of proper review now in the Office of Childrens Guardian has still not been proclaimed. We are worried that that is the best guarantee of children's safety in care and the quality of the care that they receive and it is still not happening. In fact, we have no schedule for when that particular part of the Act will be proclaimed.

We would agree that there are some ways forward and that the best options so far put forward are to stream and separate those areas and to build on the foundations that the Act provides. We should not reinvent the wheel. We should not do a new Act. We should not have to go through another inquiry into the Department of Community Services substitute care area as the Community Services Commission has already done a lot of that work. Let us build on it rather than redo it.

CHAIR: What is the role of the association? Would you comment specifically on the issue raised by you and Robert Fitzgerald about the non-government sector in this area, its role and the adequacy of a working relationship between the government and non-government agencies?

Mr SPENCE: Our association has a membership of child and family welfare agencies around New South Wales, and that includes all of the non-government out-of-home care service providers as well as many family support, counselling and other programs for children and families at risk. In relation to the relationships between government and non-government, particularly between DOCs and non-government, again I think there is some cause for concern. Many of our member agencies are reporting a deterioration of relationships at the local level. Many of our agencies are reporting that DOCs officers are much less available than they were previously for case conferencing and protection planning meetings which were supposed to be a key planning mechanism for children at risk. I was talking to an agency on Friday that said that it is as if DOCs officers have disappeared:

they are less available for interagency discussions and meetings because, our agencies understand, they are preoccupied with investigative matters. The interagency guidelines for child protection which were released after the Wood royal commission and then updated in 2000 are largely unused and unknown. They are not a point of reference usually for DOCs staff or other agencies and so some of those key features, like protection planning meetings, are just not happening in relation to collaborative case work.

In relation to some of the central policy processes in which we have certainly been keenly involved, I might refer to the Care 2000/Care 2001 process which has been going on for the past 2½ years to try to resolve some of the funding and planning issues around out-of-home care. It is bitterly disappointing to us that that has not achieved a result in spite of, at committee level, seeming to have agreement on case load levels, funding formulas which might apply both to DOCs provided out-of-home care services and non-government out-of-home care services and in spite of trying to reach agreement over a very long and extensive process. When DOCs revisited the figures of children in care, we were informed it was not possible yet to proceed with that formula, and still we wait for a resolution. I am using that as an example to say it has been very frustrating that we have been engaged in such a process over such a long time and yet fail to get a result. That adds to the strong frustration felt by non-government agencies with DOCs at the moment on those key matters.

CHAIR: When you say you are getting reports from local organisations that DOCs people essentially are less available, are you talking about the black hole of children protection to which Robert Fitzgerald referred to? Do they say they are simply being skewed, if you like, or that the case load is just growing? What do they say is going on?

Mr SPENCE: It is the understanding of our agencies that DOCs staff are being heavily preoccupied with investigative matters, particularly of younger children in priority one matters. I was talking with one of our agencies in Newcastle on Friday that works mainly with teenagers 13 years to 16 years old. They continue to report but they have no expectation really of any service being provided for that age group unless it is absolutely obvious that kids are being beaten black and blue. If there are other risk factors, or kids that are homeless, they have no expectation that DOCs will be able to follow up those matters because of DOCs apparently being totally preoccupied with young children at risk.

CHAIR: Is this a matter of DOCs needing a massive increase in staff or is it a systemic issue?

Mr SPENCE: There is clearly a lot that we need to unpack about what is going on. It would appear that significantly more resources are required for the care and protection system in general. However, we would caution against vastly more resources just going into the front end of child protection. Already we have a system that is preoccupied with receiving calls, screening calls, doing the emergency investigations and the ability of the service system currently to provide, if you like, family case work, ongoing work with families at risk, and indeed providing quality out-of-home care has been diminished. The resources are being sucked towards the front end, and there is very little ability of DOCs staff now to do any family case work. It really is preoccupied with investigation and then referral on to a non-government agency which may or may not occur. Indeed, the referral rates appear to be contradictory because they are not as high as we might have thought given the demands that are on DOCs.

CHAIR: If the demand at the reporting level is growing and there is overwhelming staff is it difficult to break through that to put more emphasis on the out-of-home care and the family support areas?

Mr SPENCE: Yes, I think it supports the argument for a greater separation between the three functional areas. As long as those three areas are muddled together, child protection investigation will always dominate and the ability to provide meaningful family intervention and support is going to be lost to the child protection end.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Sometimes I have the feeling that this is a bit like a hospital system which deals with its problems by increasing its intensive care budget and doing nothing else. Would something like universal means-tested child care or a similarly structured

preventive system act on a lot of the problem areas and be an alternative, as opposed to simply all the money going into this? In a sense, you are concerned with child welfare in a broader context than simply emergency care, if you want to call it that. Where should we put the resources, and what solution should we look for?

Dr CASHMORE: We have had attempts over some period now in recognition that we need to put more into prevention and early intervention. As mentioned earlier, Families First is attempting to do some of that. I think more broadly, if you look at the question you were raising about universal services and child care, the approach that is taken in some non-English European countries, particularly the Scandinavian countries where there is much better provision of universal services, it clearly indicates that you need a smaller safety net of child protection intervention when you have those services. There is a very good analysis of that in the last chapter of a book by Dorothy Scott which is looking into the analysis of the Victorian history of child protection. She is a very thoughtful, good analyst of this area, and clearly says that the European approach—and there is research to support it by Shelley Phipps that we can provide—that shows that the more intervention you put and how much you pay for children in terms of teaching, child care, early health care intervention and so on pays off down the line in terms of less days away from school, less intervention, less drug abuse and so on further down the track.

We can provide a copy of that research which I think is very convincing and does indicate that we need to put more into the front end. Also, if we do not put money into the children who are already in care, we will be picking up the pieces later in terms of those people. I am not saying that it is inevitable that those people, when they have children, will have problems. We certainly know that they tend to have children earlier and, from the follow-up of children and young people leaving care, that some of those children come back into the system and that they have difficulties coping after their own poor parenting experiences. So we need to be doing both ends. We need to spread the resources and I think the idea of good child care services is a good solution. That is currently available and it is an option for case planning. The problem is getting people referred when they end up in the level three and four categories where they sit in the unallocated lists and do not get referred on for any of those services. Currently, there is provision for those services and some Commonwealth funding, but it is getting the families there that is the problem at the moment.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: This is like saying in medicine, "When we fix the intensive care units we will put the prevention in." That is what they say in resource allocation things.

The Hon. AMANDA FAZIO: Would some of the families most at risk be least likely to take up universally available child care if the parents themselves have alcohol or drug problems or if, as mentioned earlier, being from an itinerant family is a risk factor? Would that be providing services that would often not be available to the most at-risk families?

Dr CASHMORE: I think this comes back to the issue of trust in the families you are dealing with and the time to work with them, and get them in services. That is the problem we are currently dealing with. I think most parents, even if they do have drug problems, want the best for their kids. They may not be very good at providing it and their own needs may get in the way at various times. However, if people can work with them over time—and I think this is the problem we have; you cannot jump in and out of these families and expect that you will get a short-term fix. It takes longer to turn these families around. We are not doing that very well, except in some specific services. Some of them are non-government services like the Benevolent Society and so on.

CHAIR: Can we move on to some of your specific concerns with DOCS. I know from discussions that have been had with you that you have some that you specifically want to mention, and question four includes a lot of particular points. You have said something about the administration of DOCS and the three areas, and the need for some sort of separation. We have also included the efficacy of the helpline and data collection and analysis which I understand you have some specific concerns about. Could you run through some of those for us?

Mr SPENCE: If I could perhaps speak briefly to mandatory reporting and staffing issues, and Judy might comment on the helpline and the data issue. Clearly, mandatory reporting is under the spotlight at the moment. Our view is that we should not rush to judgment on the mandatory reporting

issue. We question whether now is the time to be reviewing, curtailing or looking to change that policy direction. The increases in notifications and reporting are a long-term trend that started well before the current legislation. Certainly, the current legislation has put it up another level, but the trend to increase was already there before this legislation occurred.

There is still a lot to be understood about the numbers. There may be some duplicate reporting—almost certainly there is. It still concerns us that there is not sufficient differentiation between report of a risk of harm and other matters. There is talk of whether one in two reports is investigated or whether all reports are investigated. I think there is still some confusion about what is actually a report and what are other matters, such as requests for assistance. These figures have to be understood before we call into question mandatory reporting. At the end of the day we would contend that mandatory reporting is a vital development if we are to have any chance of identifying children at risk and, having done that, being able to get services to them. If we cannot identify them, we will not be able to deliver services to those kids and families. Let us not rush into dismantling mandatory reporting.

There may be an argument for more informed reporting. I think there is some evidence, particularly with the upsurge in reports from police and departments, that there may need to be less procedurally driven reporting and some level of judgment or screening inserted into the report before it is put through. In relation to staffing issues, we would agree with some of the points put forward by the Director-General and by the Community Services Commission. It remains a concern for our non-government organisations that there is still a turnover of DOCS caseworkers. Although we are told that the turnover rate has decreased, there is still sufficient turnover to cause concern for our non-government agencies. Often it means that DOCS caseworkers do not have the benefit of the history of the case, and it is often the experience of our non-government staff that they have to be constantly briefing DOCS caseworkers to bring them up to speed with the full history of some of the cases being dealt with.

CHAIR: When you say "turnover" do you mean, for instance, resignations, or is there also a pattern of people moving from job to job within DOCS so that knowledge of individual cases is lost?

Mr SPENCE: It is both. In fact, it may be more the latter where our agencies will be working with one caseworker one week but then they are seconded to another office, acting up in a supervisory role or back in central office for a special project. It is movement inside the department as well as some resignations.

CHAIR: We may be able to get some indication from the Director-General about the level of that.

Mr SPENCE: Yes. I can only give you the anecdotal experience of our agencies. It would still seem to us that DOCS has not yet been able to achieve the sense of a professionalised work force where clinical supervision, clinical knowledge, experience, research base and evidence-based practice are highly valued. It may be on the way but as yet we do not have evidence of that. We still seem to have numbers of inexperienced staff in management and supervisory roles. But it is an issue not just for DOCS. There are difficulties for other providers, including non-government organisations, particularly in rural areas, to attract and keep experienced staff in this very difficult and demanding area.

Dr CASHMORE: I will speak to some of the data issues and the helpline. Just coming back to the issues about the helpline, again from what I said before about 107,000 and 140,000, I think it is very unclear what those figures represent. Having a look at the annual report, it is very difficult to work out what they mean and what the definitions are in terms of what it means for it to be a care and family issue affecting the child if that affects the safety, welfare and wellbeing of the child. Does it make sense to talk about substantiation in those circumstances? Nigel was talking about the need for some sort of differentiated response. What sort of response do these families need? Do they need a full blown investigation approach? In fact, the whole thrust of the Act was to remove the need for that full blown investigation and to provide for assessment and referral and support services where necessary.

What I think is very difficult, and is acknowledged as being difficult, is the operation of the CIS. It is outdated. It has been seen as difficult to use and unreliable. It means that there is a lot of

information sitting on paper files. One purpose of the helpline was to try to bring some consistency into that process. We are not sure whether that has happened as yet, and it is concerning that proclamation of the child protection sections of the Act was delayed two years in order to bring on the CIS in line with it. We are nearly two years on from that and we still have no indication exactly of when a new CIS, which will support the work of those workers in the system, will be available.

It is very difficult for them, and I do not think any of us are criticising the work of the workers. They are working under extraordinarily difficult circumstances with a system that does not support them. The poor record keeping or the work that they do not do is usually because of a lack of time and resources to do it. What was clear even from a report that I was involved on in 1994 on systems abuse is that these workers then did not have and still do not have time to plan forward so they are constantly in crisis reaction. They do not have time to look back and say, "What did I do in that case that I should have done differently? How can we manage that and have proper clinical supervision surrounding them to make that work happen properly?"

We also do not have good research in this area to know what is going on. There is very limited research done by the department that is available. There is very limited research done elsewhere. In fact, there is very little research done throughout Australia in this area. Some of it is in South Australia and some in Western Australia but not a great deal here. That is one of the things that we lost in terms of some of the library resources and the research unit that used to exist within the department some time ago that are no longer available. It is not clear, even in terms of staff training, that those Thursday mornings are used by staff to be trained, rather than get up-to-date with their paperwork, and whether or not they can use that time to think forward, to have a look at the literature, get some advise on how they can manage these cases better.

It is an issue of poor record keeping and poor administrative systems that do not support their work. We found the Ombudsman's report very useful in basically articulating things that we already thought about the problems that occur. I will come back to the evaluation of the Act and so on later. In terms of the helpline, we would agree with the Community Services Commission that it is essential to undertake some evaluation and know what is going on there. It was introduced to provide some consistency of intake, better service delivery, quality risk assessment and freeing up staff within the local community service centres. It seems pretty clear from anecdotal evidence that those things may not have happened and it would be worth taking a better look at what has gone on there.

Some of the work that ACWA has been engaged in is in terms of some surveys of their agencies in relation to their experience with the helpline. There is currently another survey, the third one, that is going on and Mr Spence may wish to speak to that.

Mr SPENCE: I will table those findings of the first two surveys for the committee's information. In brief, it did find certainly major problems with getting through to the helpline, difficulties of long waiting times on the phone and sometimes delays in returning calls. There was some improvement of that and we still believe there have been further improvements to those waiting times but still significant waiting times are experienced but I think for us now the biggest single concern is the lack of confidence with the follow up because it was a relatively small study the second study, 129 children, but 60 per cent of those matters the agencies had little confidence that there was appropriate follow up able to be provided by DOCS on those cases.

CHAIR: Could I ask either of you to comment on the priority system one, two and three? We heard quite a bit about that earlier this morning. Do you have any comments on how effectively that is working?

Dr CASHMORE: I think we again are only working from anecdotal information. We certainly have heard reports that the level of priority gets changed when it gets to a local community service centre which raises issues and concerns about double handling and what that actually produces and what the positive benefits of that process are. The priority one system in a sense, as I think Ms Tsang said this morning, was about risk management for workers so that they did not have cases allocated to them to be responsible for when they were beyond their case work or their caseload capacity. I think that needs considerable more questions and I think that it is one of the questions that we have raised in a document that we are giving to you of what we see are the key questions for the inquiry.

The Hon. DOUG MOPPETT: Unfortunately with our terms of reference we have got to exclude ourselves from considering those circumstantial things. Socioeconomic and early intervention, child care, university child care, are outside our purview. We are concentrating on the delivery of child protection services when the emergency arises and you have gone through a number of things in this group of what makes up the response; there is the helpline and then there is the referral back to the CSC and so forth but it seems to me the one thing we are not really dealing with is, given the identification of crisis that is manifest in reports and publicity and so forth, where is the problem in it all? It seems that it is difficult to sheet it home to the people who are answering the telephone—they have got a thing that they do and they go through it—it goes back out to the CSC and we are hearing assertions from them that up to 80 per cent of the calls just go into the ether. Surely at the end the responsibility for that must go up to a higher level than simply saying well, we think that is an acceptable way for the system to run. Do you think that is where the inertia is? Higher levels of people who are not dealing with the cases but the department's more senior officials or the will of the Government to actually do something about it?

Dr CASHMORE: I think there is clearly a resource issue and that the new Act probably was not resourced to the level that it needed to be. What the helpline did was make the work that came in very transparent and I think we need to be very clear that we are talking about 107,000 phone calls and faxes, not children reported as at risk of abuse or neglect. Apart from that, I think the other thing that has been clearly demonstrated by the Ombudsman's report is that central management are not clearly aware of what work is and what work is not getting done because the system does not make that transparent and available or that the targeted work, more research work and audits that could be done on particular areas —like the Ombudsman did for a couple of officers—has not been done and made available to management.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: When you say there are not many reports available, not much research, is that talking about a lack of a library function within DOCs or are you saying DOCs does not produce internal research, or is that research not available publicly?

Dr CASHMORE: I think there is very little research that is actually done within the department. Under the old research unit that was run by Laurie Young I think there was more research and even back to the late eighties you saw DOCs publishing in the literature. That never happens now and in fact their research is not publicly available, it is not available to those in the sector; we do not really know what is being done apart from some of the ARC linked grants and so on that they are involved in.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Presumably if there was research at those times there must have been data on which that was based. Have those data systems simply atrophied with the research function?

Dr CASHMORE: I think to some extent when that was done you had a specialised research staff with research background and so on and you also had at that stage people who were responsible, administrative staff who were responsible for data entry. What has happened in a sense to the system is that the CIS has not improved and the expectations of what we can get out of the data system have increased but at the same time the administrative support for that process has been pulled out as well as the supervision above and the research. So you are left with workers who are trying to do everything in terms of data entry, keeping their records up to date, getting out, responding, investigating and so on. There is no time. I think the problem is that nobody was prepared to do research on those figures at that stage because they are seen as highly unreliable.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So it is not a lack of transparency that is the problem?

Dr CASHMORE: It is the high degree of unreliability and I think there is a lack of transparency.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But that is unrelated to the lack of that, or it may be?

Dr CASHMORE: Yes.

CHAIR: We have got two other broad areas to cover. We have said a little bit about each of them. One is your comments about the role of family support programs and early intervention. In other words, those areas outside the earlier conceived child protection system and then also with substitute care. Do you want to say any more about those other than what you have already done?

Mr SPENCE: Firstly in regard to strengthening families. I suppose to some extent it restates what has already been said but problems in families are not solved just by investigating the family. Once you investigate you have to then provide some kind of follow up. If you look at the framework in relation to guidelines that are set out, they have a recognition, an assessment, an investigation and follow up, and a closure at stages in terms of their total process. At this stage there is very little being done beyond recognition and investigation in terms of children at risk. DOCS do very little family case work, they have virtually no capacity currently to do any kind of meaningful family case work. The non government organisations, such as the members of ACWA and others and the health department have a key role but they are limited by resources. They are working with a limited number of families and their funding by and large has not varied for the best part of a decade.

At the moment we would have to say the service system is doing very little to strengthen families. It is doing a fair bit to try to identify families where there are risk factors but it is doing very little beyond that. There was some discussion earlier today about Families First. That is a major policy initiative that we think has tremendous potential but, by and large, that is not delivery services to families with complex needs. If you look at the tier one, tier two, tier three, tier four structure that Families First proposed you will find that in terms of tier three services, that is those services that are specialist services for families with complex needs, there has been no development at all in terms of that level of delivery. There are some useful funded initiatives, supported play groups, volunteer home visiting, some extra family workers in key areas but in terms of specialist intervention for families with complex problems, we have done very little, virtually nothing, to develop a service stream at that level.

CHAIR: Is that because Families First is still, to some extent, in its early stages New South Wales most regions, or because that area has been less developed than the other areas.

Mr SPENCE: I have to say I am not clear why that has not developed further in terms of that particular stream because in some areas it has not been in place for quite some time but I have to say I am not clear why that has not gone ahead.

Dr CASHMORE: Could I just make one comment to follow up on the identification without follow up and the problems that that can cause? In fact that may lead some reporters not to report because if they have no confidence that it is going to have any better outcomes for people, the only thing that might make them report is the threat of a $22,000 fine, but there are certainly concerns that I have had expressed to me by people in the field who say "If I report it and that family gets no response from the department, what that is really saying is that I overstated the problem and that blows my trust and concern and confidence by that family". So in some senses that can be a negative. If you identify and then do nothing that can be worse than doing nothing in a number of cases I would say.

CHAIR: That is assuming that there is some follow up. I mean that would not happen if you identified and then there was no follow up to the call or whatever?

Dr CASHMORE: That is right. So identification without follow up can have some quite negative consequences in that it can lead the family to drop out from the service with which they have been working, with nobody else picking it up. I know that there are some professionals in the field who say "I think this family is at risk" or "These children could be at risk but I will not report because I will continue to work with them and try to monitor what is going on and only report when it really becomes serious". So we really do not know what is happening in terms of the feedback that is going back to reporters in terms of the overwhelming surge of reports and whether that is having another effect.

The Hon. IAN WEST: And can partial follow up be worse than no follow up?

Dr CASHMORE: Probably and I think that brings us back again to the research and the evaluation aspect. There has yet been no proper evaluation of the new Act and we certainly strongly support the Act as being the foundation for best practice but we do not know what the effects are. There has been no real commitment at this stage to evaluation of the Act and knowing what is happening in the field and what the impact is. We really need to know that and some commitment needs to be made to it.

CHAIR: The other area that we have touched on that you may well have more to say to us is about the structure of the department, the comments about it being too large, with a diverse range of responsibilities and your view about the best models to proceed and how we go about it. Is there a need to review the department's role and responsibilities within it? How would you go about doing that if you think that there is that need?

Mr SPENCE: I think the first thing you would say is that these huge challenges are not going to be easily fixed by some kind of simple structural realignment but, at the same time, we are arguing for a greater separation between those three functional areas of child protection, family assistance and out of home care; out of home care, family support, still obscured by the attention to child protection. There may be an argument for outsourcing those areas of work. Certainly in terms of out of home care there have been several inquiry reports which have recommended a greater outsourcing of out of home care to the non government sector. It was said this morning, I think, by the commissioner for community services that at the moment DOCS are doing about 80 per cent of the out of home care. We would say that in fact about 55 per cent of out of home care is self managed by families. If you look at the in care population, you have 55 per cent currently in relative or family care. DOCS are really not able to provide any kind of case work for those families. They do pay allowances usually to the care givers but beyond that families manage their own cases, if you like.

CHAIR: It is misleading therefore to talk about DOCS looking after 80 percent?

Mr SPENCE: I believe it is misleading to say that DOCS look after 80 per cent of the in care population.

CHAIR: So what, 55 per cent is family?

Mr SPENCE: It is relative or family care.

CHAIR: And then what are the other percentages?

Mr SPENCE: In terms of placement type we have about 55 per cent of children in kinship or relative care. We have about 30 per cent in foster care and then a very small proportion in residential care or other forms of placement, including SAAP. Certainly, if we have not made this clear before, we have grave concern for the shortage of options for children who need care. There are a significant number of children who are going into SAAP services, into youth refuges because there are not traditional out-of-home care places available. We have seen a growth in for-profit providers, small organisations, usually with good intentions but for profit, springing up in considerable numbers over the last two years but we still have young people accommodated in motels and other thrown together arrangements. DOCS caseworkers identified the need for substitute care placement as their single greatest priority in their 1998 climate survey but still we have done very little to create capacity to give more choice of placement for children who need that option.

CHAIR: Talking about the structural side of thing as distinct from dividing up family support, child protection, out-of-home care, what about the issue between centralised and local responsibility. Some people have said the helpline was established, at least in part, to get some equivalence across the State and make sure we all knew what we were doing, however, it may have had a disadvantage in bringing undue centralisation. Do you have any comments about that side of the structural arrangements?

Mr SPENCE: We would say that we really have to do an evaluation, including a cost benefit analysis, of the helpline. We are unconvinced as to whether or not it has made the improvements that it was expected to and, at the same time, it has certainly sucked a vast number of dollars into that intake point. There seems to be evidence of double handling where the helpline does a primary risk

assessment and the local office does a secondary risk assessment and there may well be some duplication. The reasons given for having a centralised system is a consistency of response, a standardisation of procedure, more consistent quality of intake and transparency of demand, which were good objectives but has the helpline delivered on that? I do not think we know at this stage.

The Hon. DOUG MOPPETT: Ms Cashmore, you were responding to some question about the possible danger of identification without proper follow through. Could that equally apply to children who are placed in out-of-home care but subsequently it becomes apparent that they have become the victims of systemic abuse and lack of proper care, emerging from that procedure; in other words, they have been put on a shelf and DOCS have said, "That's that", but they come out severely damaged and perhaps candidates for the juvenile justice system you know so well. What do you think ought to be done about that aspect of it? We have concentrated on ones who do not get that far. Could the Committee have the benefit of your views on the ones who do get out-of-home care but who may not necessarily be followed through to see whether that has been beneficial or not.

Ms CASHMORE: I agree with you about the dangers of putting children in care and then not having any proper follow-up. They are the reasons for the various sections of the new Act in providing for proper care plans and proper reviews. The boards of review in the 1987 Act were never proclaimed. There has never been any good review and monitoring process for children in care. The children who we know who are really in difficulty are those who have been in multiple placements and those with mental health problems. This is where we need to bring in the rest of the system and the responsibility of both education and health for these children. These children deserve the best of care, not what is left over. If they do not have someone who is there—and I think a lot of foster carers do really care and try to do their best but they do not have the wherewithal within the system to call on the resources and get them delivered to these children and the kids who are really in trouble and we still do not see any good long-term planning and resourcing are those difficult adolescents who are the ones without intervention and will end up in the Cross, prostituting, drugs abuse, alcohol, so on, homeless. They are the ones who have fallen through all the gaps in the system and we really have not done well by them at all.

The Hon. DOUG MOPPETT: To overcome that, you suggest that the plan should be completed and they should be monitored, not just simply to say "It is too hard and we are bogged down."

Ms CASHMORE: I think that has been ACWA's message throughout. We cannot wait to proclaim this Act any further. It is one of the means of making things better. The problem is that DOCS' is basically saying it is so overloaded in its child protection work that it cannot get to this part of it but if we wait until that gets better many more kids will be failed by the system and they deserve much better than they are getting.

CHAIR: Are you aware of models in other States or overseas, particularly in the child protection area, which we should look at or adopt? Second, what would you like to see come out of this inquiry?

Mr SPENCE: Clearly, there is no easy answer or one solution to this. As to alternative service systems, there are elements of service systems elsewhere that deserve looking at but we might put some of those in our written submission. However, at the end of the day we have to work from where we are now. We have good legislation, legislation that was applauded when it came in. It remains solid legislation, which needs to be given a chance to work. We have interagency guidelines and other policies and procedures. In terms of alternative service systems, there are models elsewhere that have greater division or separation between functional areas and they deserve consideration. In terms of some specific elements, I think we will put those into our written submission.

Ms CASHMORE: I think it is worth going back to some of the recommendations that we had over time, including the Wood royal commission. One of the things that we have lost in this whole area is an interagency capacity. The Wood royal commission model for a children's commission involved a child protection centre. We do not have that. We no longer have the child protection council that provides cross-agency training, research and policy analysis. That is no longer being done. It was free training that brought all these people together. It is really valuable to have

police, health workers, drug and alcohol workers, DOCS workers and so on in the room together getting training so that they see how they all contribute to the process.

CHAIR: We look forward to your submission taking up these points and others in more detail.

(The witnesses withdrew)

(Luncheon adjournment)

ALAN KIRKLAND, Director, Council of Social Service of New South Wales, 66 Albion Street, Surry Hills, and

LINDA SUSAN FROW, Senior Policy Adviser, Council of Social Service of New South Wales, 66 Albion Street, Surry Hills, affirmed and examined:

CHAIR: Perhaps we could dispose of the formal questions, which would be familiar to you as you have appeared in many social issues inquiries.

Mr KIRKLAND: I appear in my capacity as Director of the Council of Social Service of New South Wales. I received a summons. I am conversant with the terms of reference of the inquiry. I wish our submission, which is to be provided at a later date, to be included as part of our sworn evidence.

Ms FROW: I am appearing in my capacity as Senior Policy Officer with NCOSS. I have received a summons and I am conversant with the terms of reference of the inquiry.

CHAIR: Would you like to make an opening statement or go straight to the questions?

Mr KIRKLAND: We are happy to move straight to the questions.

CHAIR: We are aware that you, like our other witnesses, have not yet had time to prepare a formal submission. Of course, that is because we are having our opening hearings a couple of weeks before the closing date for submissions, which is a bit topsy-turvy but it seems to be working. The questions we have drafted for you are very similar to those we have asked other people, including the witnesses this morning. Were either of you here this morning?

Ms FROW: I was.

CHAIR: You are probably familiar with the questions and there will probably be a fair amount of similarity in the answers. It is useful for us to get on the record how you see the responsibility or the role of NCOSS in relation to child protection and in particular the role of the non-government sector generally in relation to the delivery of child protection services.

Mr KIRKLAND: NCOSS's role is to advocate in the interests of disadvantaged people in New South Wales and to represent the non-government community services sector. That naturally brings us to have a very strong interest in child protection issues in terms of the vulnerability of children and young people who may be at risk of abuse or neglect or who may be victims of abuse or neglect. But we also represent a very broad spectrum of services that play an important role in the system. I will talk about that in response to the second question. In terms of our role in relation to child protection, we have been involved in many of the departmental processes around implementing the new Act and other processes. For instance, we sit on that reference group and have been involved in a range of other committees organised by the department to do with monitoring the implementation of the helpline.

CHAIR: Did you want to add anything, Linda?

Ms FROW: Just perhaps a little bit of history. We were involved in the DOCS ministerial task force in 1998. I guess our role has been to bring together the sector where issues around child protection issues range across a number of different service types and different interests need to come together and come to some kind of consensus that we have played that co-ordinating role. I think that is true with the meetings we ran on Service 2000 throughout 1999 and 2000. We had regular monthly meetings with the department and other sector people.

CHAIR: This morning we also asked people whether they think the issues that are before this inquiry and the issues that have been discussed in the media and elsewhere in relation to DOCS are peculiar to New South Wales or are confronting other States and jurisdictions at the moment. Are we dealing with almost a worldwide series of issues or do you think we are dealing with issues peculiar to New South Wales?

Mr KIRKLAND: I think that every system in the world that seeks to address child abuse and neglect experiences at least some of the challenges currently being experienced by DOCS, such as how best to design a system that will apply consistent principles to the intake of reports of possible child abuse and neglect and then how to respond and how to co-ordinate a range of services across the spectrum—from universal services such as child care services to prevention and early intervention services through to crisis services and out-of-home care services. There are many issues that are common across jurisdictions but there are probably some things that have contributed to the current issues in DOCS. We are dealing with the implementation of a new Act, whose objects we absolutely support. As a result of the implementation of the new Act there has been a very comprehensive statewide training program that has probably raised awareness of the issues around child abuse and neglect. That may have contributed to an increasing contact with the department around the possibilities of neglect. If you look back to the last time there was a major training program in New South Wales, we saw a similar increase in the numbers of reports. There are some common elements but we are probably also seeing particular issues arising from a process of change, a process which we support.

Ms FROW: What we are looking at worldwide is not just a crisis in child protection services but a change in ideology about what child protection actually is. One of the things we want to explore a bit further in our submission is what a child protection system in the year 2002 is and how that has shifted and how it has changed what it is that we might be seeking to do. In Britain that is one of the issues that they are coming to grips with. Our Act is very closely based on theirs. So there are some of those issues about actually defining what a child protection system is and might look like and how you deliver those changes.

CHAIR: Do you want to expand on that now?

Ms FROW: We have an Act whose objects are different from the objects and principles enshrined in the old 1987 Act. We are moving to an Act that says not only are we here to look at children at risk who have been abused and neglected or are at risk of harm—being a new element—but also to provide assistance to families. One of the principles of the Act around the less intrusive intervention into families is changing the way we look at how services—including DOCS—might be responding to families who come into contact. One of the ways in which the Act was being sold initially was that it would promote a family-friendly Department of Community Services that people would want to approach. Whether we are delivering that is now a bit problematic. That is some of what we hope might be explored through this inquiry, how we actually go back and look at that and how we can deliver that.

The Hon. DOUG MOPPETT: We would imagine that you might be in a very good position to comment on the public controversy about the level to which DOCS is actually responding to the demand that is there. On the one hand, as you would realise, there are people as eminent as those from the Public Service Association who are saying that an awful lot of them go through to the keeper. On the other hand we have had evidence today that suggests that the figures are much more like one in two that are dealt with. Have you people, as an association dedicated to the welfare of these very people, formed an opinion about how true those claims are that the system is overloaded and simply ignoring many notifications that comes through on the Helpline and in other ways?

Mr KIRKLAND: I think it is very fair for Committee members to expect us to be able to answer that question but, sadly, we cannot. I suspect that you have had evidence from other witnesses that it is very hard to get to the bottom of the figures. It is certainly unclear from the evidence that has been publicly reported by the department, how many of the contact reports, as they are described in the annual report, are reports as defined in the Act, how many of them may be phone calls seeking assistance, how many may be multiple calls concerning the same child or young person or family, particularly given the problems early in the implementation of the helpline. People were having trouble getting through and were possibly trying to report in several different ways. Before we can really move on to look at any substantial changes to the system we really need to get to the bottom of those figures. I hope the department will assist you to do that but even the Government has recognised that the department's figures are difficult to interpret, which may explain the establishment of the working party chaired by Gabrielle Kibble, which is trying to sort out those very matters. So there is

no simple answer but we need to get to the bottom of those figures before we can be talking about big changes to the department.

The Hon. DOUG MOPPETT: Could I assume that you do not feel that everything in the garden is rosy?

Mr KIRKLAND: You certainly can assume that. Probably where we have the clearest picture of there being problems is in responding to contact with the department involving not necessarily very serious cases of abuse or neglect. Anecdotally, some non-government services that provide assistance to families are saying that they are getting fewer referrals from DOCS than they were before the implementation of the Helpline. It seems to be the case that, regardless of what is happening in relation to serious reports, the capacity to respond at least in relation to families that need assistance is less than what you would want and less than what the Act requires.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is this a systemic question? We talk about intensive care units being not good enough when we have no sanitation, no vaccination, no Quit campaigns and no food stamps. Are we really looking at a similar situation if DOCS does not have enough resources for all these people ringing up in relative crisis when we have a welfare system that we are cutting down on and we do not have universal child care or even subsidised child care for families at risk. We could say to a drug affected mother, " You have been selected to get your kid in for 40 hours a week of child care for some role modelling, feeding and so on." Are we asking the wrong question—does DOCS need more resources?—when a more global approach is needed?

Mr KIRKLAND: We should not focus on DOCS and what the department does and delivers. We certainly should not focus simply on the initial intake, assessment and investigation process, we have to look at the whole system, and that includes the capacity of the system to respond in those very serious cases of abuse and neglect and also to respond with families contacting the department simply asking for information on support services in the area or identifying the sort of support they need and asking for that to be provided or asking for a referral.

We have to look at all those elements of the system. Most of the new resources that have gone into the department in recent years have gone into that investigation and assessment end. Very few have flowed through into the services provided by the non-government sector, with the exception of the Families First program, which is targeted at children aged nought to eight.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So put the money into the casualty departments of the community services system, to use a medical analogy. We have the intensive care units opening up our resources and we put money into the casualty department, but we do not have a broader brush.

Mr KIRKLAND: If we are to use the medical analogy I would say that a lot of the focus of the political debate and of resources has been around the triage end of things. We do not necessarily even have the intensive care units fully in place. We certainly have not put substantial new resources into the early intervention and prevention end of things.

Ms FROW: To pick up on the child care component, this Committee is running another inquiry that could inform this inquiry on some issues around the provision of child care, such as family support. As Nigel Spence mentioned earlier, for a decade there has been no funding for some of the services that are funded out of the department, even though they do a lot of interesting and innovative things. Preschools are going out backwards New South Wales. Family support has not had an injection of funding for 10 years.

There has been a definite stagnation at a time when we know that there are increasing social problems and we have known that over the whole period. It is part of the problem of not having any kind of social policy vision in the State that acknowledges the trend and addresses it. There has been no long-term forward planning to put some of those things in place. Some of it could be done a lot earlier. On the issue of funding for children at risk, there is a small pot of money in DOCS that is allocated to children at risk who can get child care. It is specifically designed for child care places, but it needs a dramatic increase in funding. I think it needs a bit more public acknowledgement that it exists. I do not think many people outside the department actually know about it.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The Committee is running that inquiry and I am trying to bring that idea across.

CHAIR: The Committee is running quite a specific inquiry into early intervention of the children with learning difficulties. Other issues have come from that inquiry.

Ms FROW: The idea that has been floated of an office for children, for example, will form some of the thinking that happens here.

CHAIR: We are hopping from one stream of questioning to another. One stream of questioning is about what, if anything, is wrong with the child protection system. Questions about the Helpline were relevant to that. Another stream is a matter of balancing child protection, family support and early intervention; whether the system is out of kilter and whether child protection is being addressed and having resources directed to it and other areas are not getting the help that they need. It probably makes sense for us to talk about one or the other.

Mr KIRKLAND: We are happy to talk about current areas of concern.

CHAIR: What specific problems do you identify in the child protection system?

Mr KIRKLAND: In response to some of the prompts that we have been given, it is very clear that there is an enormous problem with the client information system. It still has not been adapted to meet the requirements of the new Act. We have two information systems running between the Helpline and the rest of the department and that is one of the reasons why we cannot currently get to the bottom of the figures that have been provided by the department.

CHAIR: When you said " between the Helpline and the rest of the department", do you mean that the rest of the department is still paper based or are you talking about two totally different systems regardless of whether the new computerised systems are up and running?

Mr KIRKLAND: It is our understanding that the Helpline has its own information systems designed for its requirements, but it does not interact very well with the client information system. That system is primarily used in the community services centres to which matters are referred after the initial intake process through the Helpline. That does not really allow for easy tracking of cases through the system. As I said that is the core of the current problems in identifying what is going on with the numbers of contact reports to the department.

CHAIR: When information comes to a community services centre from calls made to the Helpline, it may be quite unclear whether the family concerned is a family that is already in the local database and being dealt with. Therefore, you would have two groups of people dealing with the same child. Can you give an example of what you think goes wrong?

Mr KIRKLAND: It is certainly not clear to us, once a matter goes to the Helpline, what degree of checking there is at the Helpline around how well that child or family may be known to the department. Probably that is recorded on the other information system, the client information system. The Helpline does the initial intake and some initial prioritisation and then refers on to the community services centres. It is our understanding that because it then passes into the client information system, it is not easy from the Helpline end to track what has happened to those cases once they are referred to the community services centre. That explains all the confusion about supposed unallocated cases. We simply do not know what happens once they get out to the community services centres.

CHAIR: You are saying it is almost impossible to get a very firm answer to those questions, because the two databases do not interrelate?

Mr KIRKLAND: It is impossible, just using the databases. A tracking of a sample of cases through the system is the only way that we are going to get a sense of what is happening.

Ms FROW: We do not understand when a report goes from the Helpline to the CSC whether there is an opportunity for the casework manager at the CSC level to alter the priority of that report.

That has to go back to the Helpline, but we are not sure how that gets recorded or tracked. This morning it was mentioned what happens then to the priority three cases that end up in the Community Services Commission, again that does not seem to be something that is tracked. They can just drop off after the 28-day period.

One of our concerns is that people who request assistance through the Helpline may be referred to services; whereas cases that have been reported to the CSC as requiring investigation and given a priority three, may end up with no service at all, because they have dropped to the bottom of the pile. So there are issues around what happens to those families.

CHAIR: Where a priority is changed by a caseworker, for instance in the CSC, would it be fair to assume that that would be done because of the local knowledge of the child and the family?

Ms FROW: I assume that they would go through the new secondary risk of harm assessment. I do not know the process that is used. There is a new tool which is a better tool than they have had before, but we do not know how some of those decisions are made.

Mr KIRKLAND: Anecdotally we hear that the level and quality of contact and relationship between local CSC staff and staff in non-government agencies is possibly less than it was under the old system. That local contact and local knowledge gathering seems to be happening less than used to happen.

CHAIR: In relation to child protection only? Or in relation to the broader areas of family support?

Mr KIRKLAND: Possibly both. Most anecdotal reports have had been in relation to child protection.

Ms FROW: It is quite shocking to hear of someone who has worked in a refuge for 20 years and been involved in numerous reports on children to say that for the first time in her career she does not know any of the caseworkers at her local CSC. That is something that was predicted by the non-government sector when the move to the Helpline was made.

CHAIR: That could be because of the high turnover that is suggested sometimes occurs amongst DOCS staff, although this morning the director-general questioned whether that was accurate. It could conceivably be because of turnover of staff or because of a reduction in local interagency contact, or both.

Mr KIRKLAND: It is probably a function of both. I think the turnover of staff has probably been fairly constant over the years.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do you mean high?

Mr KIRKLAND: Yes, that is right. I do not think that it is a new phenomenon.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But the lower echelon is turning over?

CHAIR: No, I think Mr Kirkland means that it is fairly constant, therefore it is not an explanation of the sort of stories you are getting.

Mr KIRKLAND: Yes, that is what I was suggesting.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But it is not just certain areas that are turning over. You might have a big department in which a small area is turning over and the rest are fossilised or constant?

Mr KIRKLAND: That may be possible, I cannot comment on where that is exactly concentrated.

The Hon. AMANDA FAZIO: This morning the director-general said that at the last intake of 60 new caseworkers, approximately 85 per cent were new graduates. have the organisations that you deal with made any comments to you about their being able to establish good links with the caseworkers because so many of them are new?

Mr KIRKLAND: I have not heard any comments either way at this stage about the new intake.

The Hon. DOUG MOPPETT: Obviously the Public Service Association believes it is very important that a great deal of time is spent going through the files. Of the pile sitting on your desk, another 10 would be added today and by the time you try to prioritise them it is time to go home and you have not done anything. It is all getting too much. Is that an inaccurate picture? Is it a matter of having more staff, perhaps more backup, so that field offices can get immediately onto the task at hand rather than be bogged down with prioritisation and dealing with an unreachable number of requests from the Helpline?

Mr KIRKLAND: I refer to my earlier comments about the numbers. It is not possible to fully answer your question until we get to the bottom of the numbers. It may not be a matter of simply putting more staff into the system. We need to look at how the overall system is working and particularly the way that cases are passed through the system. As I have already said, there is an initial assessment and prioritisation process at the Helpline level. There is a secondary risk of harm assessment at the CSC level. If we are able to improve the interaction between those two levels of prioritisation we might be able to free up some resources. That might be any burden that is being felt by staff. It is not simply a matter of leaping to the solution of more staff into that end of the system.

Ms FROW: It is also about building capacity, for people to have somewhere for clients to go. That was identified in the 1998 staff survey. The staff actually wanted more substitute and respite care beds; they want some options for the families. It takes an awful amount of time to run around trying to find the appropriate services for placements for children in care in someone's case load. If some of that capacity building was happening at the same time, perhaps some of those flexible options would be available for staff to use. That would be a huge assistance.

The Hon. DOUG MOPPETT: Another bogyman that was identified by a senior government spokesman was the mandatory reporting system; that has invoked a flood of inquiries that may not all be entirely valid.

Mr KIRKLAND: We need to be conscious that mandatory reporting is not new. Certainly there have been some extensions of mandatory reporting under the new legislation, but it has existed in various forms in various professions for sometime. Even with mandatory reporting we know there are cases of abuse and neglect that are not coming to the notice of the department. We would be very concerned about losing the opportunity to know about more cases if we were to do away with mandatory reporting. Once again, we need to get to the bottom of the numbers. We do not know how many contact reports are multiple reports about the same person or family. It may not be the bogyman that is being suggested, and it is probably a very important principle.

Ms FROW: Even if there are some problems around mandatory reporting, it is not necessary a matter of saying that mandatory reporting is the problem. Perhaps we need better informed reporting. Maybe some suggestions will come from this inquiry about how we might better screen what is coming in from police so that there is not an automatic procedural response.

I think we restore some professional judgment to mandatory reporting. There may be some mechanisms to put in place that would assist that, but until we can unpack the figures we do not know what needs to be done. The fact that there is no questioning of this worries the non-government sector. These trends were obvious for a long time but were not questioned and unpacked.

Mr KIRKLAND: I return to our earlier comments about the impact of the training program. I think the increase in contact with the department was entirely predictable if you look at the trends and the increasing reporting that came from the last major training program around child abuse and neglect issues. We will present some more information about that in our written submission.

CHAIR: Whom are you talking about? Training for whom?

Mr KIRKLAND: There was a training program. It was not absolutely comprehensive.

CHAIR: For police, doctors, education workers?

Mr KIRKLAND: Yes, people in the public sector and also in the non-government sector. A big round of training accompanied the implementation of the new Act about people's obligations as mandatory reporters. I guess it is difficult to isolate which bit of the increase might be due to the legislative requirement of mandatory reporting and which bit of any increase—if there is one—might be attributed to greater awareness, which is surely something that we should be seeking to achieve.

CHAIR: This morning the director-general referred to what I think she called "spikes" in the number of calls to the helpline that followed publicity about various issues. She instanced publicity earlier in the year about the Governor-General leading to a measurable spike in the number of reports, queries and so on. That fits in with what you have said: on the one hand, increasing awareness is a good thing but, on the other hand, it sometimes means more reports than might be warranted by a change in the number of children who are abused or neglected.

Mr KIRKLAND: That is right. I think greater community awareness of child abuse and neglect and greater community responsiveness to possible child abuse and neglect are things that we should seek to foster rather than fear.

CHAIR: The hard part is measuring what is responsible for the change or the increase.

Mr KIRKLAND: Yes.

The Hon. DOUG MOPPETT: In his evidence this morning the community services commissioner acknowledged that a number of factors—some world wide and some local—were leading to higher demand. He was quite categorical in saying that, despite that, a well-organised department should be able to meet the challenges of the present situation. We have heard evidence from various people that that is manifestly not the case. Do you think administration within the department at a higher level—not the person answering the telephone or the person in the field but the way in which the department has organised itself to respond to child protection services—is inadequate?

Mr KIRKLAND: I think there are many problems with the current structure of the department. The current structure has not been driven by the objects of the Act. We need to be very clear that we should not be walking away from the objects of the care and protection legislation; they are absolutely crucial to both responding to serious reports of abuse and to providing assistance to those families and children who may need it. I support some of the views expressed by the community services commissioner about the need to quarantine child protection investigation from the other elements in the system. That does not necessarily mean splitting the department but it means clearly quarantining that role, whether it is within or outside the department, and quarantining the resources allocated to it.

We have seen resources channelled into that part of the system because it is very open to crisis and political attention. We have also seen a lot of intellectual energy devoted to that part of the system to the detriment of the other parts of the system, including universal services, early intervention and prevention and the out-of-home care system. If you look at the structure of the department, our understanding is that the helpline does not fall under the management responsibility of the Director of Child and Family Services, who is the person responsible for other parts of the child protection system. So there are obviously some clear dislocations in responsibility and we do not have the quarantining that is necessary and that has been recommended by the commission on a number of occasions.

Ms FROW: The other point is that parts of the department do not connect with each other so you have a matrix management system—Robert Fitzgerald talked about that fairly eloquently this morning so I do not need to say it again. The lines of accountability are not clear and when the

department is trying to achieve things not everyone is on board. There are some issues about how what happens centrally is translated or communicated to other areas and down to the CSC level.

CHAIR: Presumably there is a need to keep pretty close communication between the different areas. I refer to your earlier comments about anecdotal evidence from local areas about communication between different agencies. In child protection, family support and the search for substitute care, the same people need an understanding of the three broad areas and often need to work with a family in all three areas.

Mr KIRKLAND: Absolutely. That is why we have some reservations about suggestions that the quick fix to this problem is to split the department.

CHAIR: To split it into three vertical chunks.

Mr KIRKLAND: There must be quarantining of child protection investigation and a strong management structure and the quarantining of resources for that function. But that does not necessarily mean splitting it from the other functions of the department. There are clear interactions with other areas of the department's work, not just in terms of out-of-home care or even funding of services that work with children who are victims of child abuse and neglect but also in areas such as the supported accommodation system. It has a clear overlap with the out-of-home care system in terms of the way that clients move between those systems. You would want those bits of the department's current responsibilities talking to each other, and quarantining child protection investigation does not mean splitting it into entirely separate agencies.

CHAIR: Another issue that we spoke about this morning that is related but different is the split between central action and regional action, and the relationship specifically between the central helpline and the 84 community service centres. As well as the vertical division there is also the issue of the extent to which the central helpline, for instance, overtakes initiative, action and control at a local level.

Mr KIRKLAND: Yes, we have spoken already about the clear problems with the way in which cases pass from the helpline to the community service centres and then what happens. I guess the underlying message throughout our evidence is that there are no quick fixes. Doing away with the helpline and devolving its responsibilities back to community service centres alone will not fix the problem. We would be concerned if that quick solution were suggested because we might then spend the next few years implementing that system while we continued to neglect the other bits of the system that have been neglected for the past few years. There is a clear dislocation between the work of the helpline and the community service centres. We would encourage the Government to do a cost-effectiveness study on the helpline in the next few years, but we would not want to hear the suggestion that devolving the helpline's responsibilities to regional areas would solve the current problems.

Ms FROW: Another issue with the helpline is that it has dragged in very experienced and quite senior staff from the field. We would like to see what sort of impact that has had on the supervision of some younger, newer caseworkers, for instance.

CHAIR: Is it dragging out caseworkers or other high-level officers?

Ms FROW: Many people who have come to the helpline in order to make it work—we admit that it is functioning much better now—are quite senior. They have been in the department for quite a long time and are very good at field work. They are now basically screening calls and making initial assessments. We must explore whether that is having the intended impact of freeing up field staff.

The Hon. IAN WEST: As I understand the figures regarding senior people coming to the helpline from the front line and the new intake, it appears that the new 130 caseworkers constitute about 50 per cent of the helpline strength.

CHAIR: The director-general said this morning that 130 caseworkers now work directly with the helpline out of a total of 1,158. Amanda also cited the number of new entrants every year and their qualifications and experience.

Ms FROW: We do not know whether that is added to the numbers on the front line—which is where I think you are heading with that question.

The Hon. IAN WEST: Has it reduced the numbers on the front line?

Ms FROW: It is sometimes hard to tell because there are many temporary and casual positions in DOCS, which can sometimes confuse the issue. It is unclear to us whether there is an increased front-line capacity in the department.

The Hon. IAN WEST: Did you say that you were involved in setting up the helpline?

Mr KIRKLAND: No. We were involved in some committees that talked about implementation issues through the period leading up to and just after the introduction of the helpline.

Ms FROW: Our involvement related to concerns that came to us from the non-government sector about the impact of the helpline on its work. We anticipated that there would be an increase in referrals to non-government agencies, particularly to family support services. A lot of our negotiations were around what those referral protocols might look like. We are hearing now—we do not have any hard evidence of this—that those increased referrals do not seem to have happened. If the aim is to stream some of the work away from investigation, we think it should be happening and we are a bit concerned as to why it is not.

CHAIR: We have not discussed specifically the substitute care system. You have mentioned some issues in passing, for instance the relationship with SAP. What are your views currently about substitute care?

Mr KIRKLAND: We do not have a lot to say about this part of the system other than to say that the need for reform to the out-of-home care system and the relationship between the department and the non-government agencies that play a role in that system have been issues since the Usher report in 1992. A range of processes has been in place since that time to attempt to reform the system, but we have not seen many outcomes from those processes. That is a symptom of the overwhelming focus on the investigation end of the system that draws away senior departmental staff and their attention and resources to the investigation end of things, which does not allow serious concentration on reforms to out-of-home care.

Ms FROW: The failure to act on the Community Services Commission's report is of particular concern. That report has been around for nearly two years. It made the number of recommendations that were fairly widely supported in the non-government sector. In particular, we were interested in exploring not only the separation of child protection from out-of-home care but the shift of some of the department's responsibilities to the non-government sector.

CHAIR: Child protection?

Ms FROW: No, long-term out-of-home care into the non-government sector. The failure to implement those sections of the Act dealing with out-of-home care exacerbated the problems.

Mr KIRKLAND: We believe absolutely that it is crucial that the out-of-home care sections of the Act be implemented and we would be very concerned if the current debate led to further delays. That was a very important part of the system. We have talked already about the aims of the Act in relation to early intervention and prevention. Of course, one of the other very important aims is to improve the level of monitoring of outcomes and of assistance for children and young people who come into the out-of-home care system, whether it is in services provided to the department or the non-government sector. It would be absolutely terrible if those reforms were delayed any further or abandoned. I reinforce that we strongly support the work of the Community Services Commission through its inquiry into out-of-home care and strongly support the recommendations of the commission.

The Hon. DOUG MOPPETT: On that subject, often—particularly in crisis intervention—the important ingredient is somewhere for the child to go if it is a life-threatening situation or he or she is in danger of grave injury. If that side of the system is posing great difficulties, is that a threat?

This morning the Committee spoke to the Director-General who was talking about some of the most notorious cases where maybe death has been the outcome. The Director-General described the problem of gathering evidence and of being able to make sufficient contact to support the removal of a child. I asked the Director-General about the media report that in some cases these people did not have telephones or were itinerants who lived in tents. To what extent is the inability to come up with a workable solution part of the problem in dealing with urgent cases that are notified where it is assumed that there is a real risk to the child?

Mr KIRKLAND: I would say a few things in response to that. One is that it is very important to make it clear that the sort of cases mentioned by the Director-General of families are living in tents or are difficult to contact probably are a very small proportion of the total number of cases or families that come into contact with the department or that are notified to the department. We have got to be clear that we are not talking about a big part of the system. I would also say that we would not expect telephone contact to be a primary means used by the department to investigate the risk of harm to children or young people. We would expect that that would be done in another way, through speaking with the people who notified the department and also face to face contact with children and young people and their families or carers.

In relation to the issue of availability of out-of-home care places and appropriate places, I go back to Linda's earlier comments that that can actually contribute to the workload of people working in DOCS in the frontline. If they are spending a lot of time trying to find appropriate placements for children and young people who are in need of out-of-home care then that is obviously the time that comes away from their ability to be assessing other cases, and prioritising other cases and referring some of the lower level cases on to agencies that can provide assistance at an early stage.

The Hon. AMANDA FAZIO: The Community Services Commission mentioned three streams of functions for DOCS. Do you see within that child protection stream that was mentioned there being any value in splitting up the work of case workers? For example, you were saying that somebody would not be able to deal with families in crisis and children at risk of abuse because they are too busy on the phone trying to find a temporary placement for someone who needs to be taken out of their family environment. Is there any benefit to have a separation of responsibilities? Presumably, one would not need to be a social worker to ring up to try to arrange some alternate care for somebody if a case worker asked one to. Is there that capacity to free up the time of case workers to do more face to face work?

Mr KIRKLAND: We need to be careful about splitting up that too much because finding placements is not just about finding somewhere for someone to live or sleep, it is about finding an appropriate placement which might be quite a complex task. There might be cultural factors that make that a very complex task. I think that in terms of the quality of the system there is probably a lot of merit in having the smallest number of departmental staff as possible working on a particular case as it passes through the system from intake and prioritisation through to actual placement of children and young people, if indeed they require out-of-home care.

Ms FROW: The stability of the relationship between the child or young person is actually quite critical in finding the best options for the child or young person, so I think there are some difficulties with splitting up that. One of the things mentioned by the Director-General this morning was respite care in Sweden. We have been running a campaign in New South Wales through the support for vulnerable families group, which is a group of non-government peaks seeking to get funding for a respite care program for families for the past four years at an estimated cost of $10 million. It is providing some of those options that actually do not currently exist but could be brought into operation if there were additional resources made available. Building the capacity is across a range of services, not just of one particular type.

The Hon. AMANDA FAZIO: Do you mean respite care for the child to go away from the family to stay with someone else or respite care for parents in stressed families or can it be both?

Ms FROW: It can be both. There are a range of things one can do, usually it is going to involve a separation of some kind so meeting the needs of the child will be looked at in the first instance. There are a few temporary family care services around, but not many. If you look at the least intrusive option then it is a program that actually meets the needs that may not involve complete removal of the child but actually supports the family in other ways. It is something that we would like to see further investigated.

CHAIR: Where can the substitute care system be further developed? Should it have more emphasis on non-government services? Should it be family and kinship care, foster care or what sort of shift should be the emphasis? I assume it is a given that we need more places but what sort of directions other than respite do you see the system going in?

Ms FROW: It is something that the Committee should have asked the Association of Child Welfare agencies [ACWA] this morning. If I were to answer that, it might be time to take stock of the placements that we do have. We have not asked a lot of questions about why there is an increase in kinship care placements, for example. Whilst a lot of the research shows that outcomes for children are actually very good when they are placed with family members, we have not actually explored what is driving that here and why the numbers have suddenly shot up so high. I know ACWA has been trying to do some research in this area for quite sometime but it would be worth knowing whether it is actually the shortage of foster care placements that is driving the increasing kinship care, or whether it is actually the outcomes of the child, for example. There are a lot of things that we need to know before we decide what the best placements might be.

CHAIR: All the different comments and questions from today will come together and will form the written submissions later on. If we forgot to ask ACWA something it does not mean the Committee will not hear one way or another, even if it is only by reading the transcript.

The Hon. DOUG MOPPETT: It has been claimed in defense of the department that we, the general public, should be concentrating on the fact that more than 9,000 children sleep safely each night. Does you organisation have an estimate of how many residual cases there are that should be sleeping safely because of departmental intervention but are not?

Mr KIRKLAND: No, I do not think we really have any way of knowing that accurately. In looking at the number of children and young people who sleep safely each night, we have got also to look at the stability of those placements and how many of them may actually be sleeping safely but then moving on to another placement the next week or day or indeed moving into a supported accommodation assistance program [SAPP] between the systems because an appropriate placement for the term that is required is not available. It is not just a matter of taking a snapshot on any particular night because that will not tell you how well the system is working.

The Hon. DOUG MOPPETT: Sometimes it has been said that part of the problem is that there is a failure to complete case plans and to implement them. Is that a factor in that as yet unmeasured but well recognised unmet demand?

Mr KIRKLAND: Certainly in looking at the issue of the proclamation of the remaining sections of the Act that pertain to the powers of the Children's Guardian, the reason given by the department for the delay in proclaiming those sections has been that the department is not ready to actually implement the system of case planning and monitoring of care plans by the Children's Guardian. It is probably fair to assume that that is not happening very well at the moment if the department is not ready to move into a situation where they are being monitored by an independent body.

CHAIR: Do you have a view about solutions even in terms of what we have started to explore about suggestions, for instance, that maybe the current structure of DOCS is too big and diverse, maybe there needs to be new structures within DOCS or in some other form or whether there are good models in other States or anywhere else? If there is an agreement that there are a lot of problems, even if not exact agreement on what they are, how much agreement is there on solutions?

Mr KIRKLAND: We will have some firmer recommendations about solutions when we come to our written submission but we can certainly comment in some general terms perhaps first by

excluding some of the solutions that have been suggested by others. We very strongly reject the suggestion that the police should have any greater role in child protection investigation than they currently have. The police have a role in cases that are likely to involve criminal conduct through the joint investigative response teams but we would oppose any shift in further responsibility for investigation to the police because of fears that some communities and families might then not report cases of possible abuse or neglect or might not seek assistance because of their historic relationships with the police force. It is very important that the investigation role is founded within a system of support rather than one of criminality. We reject those suggestions.

In relation to the issue of whether DOCS is too big, we have to be conscious that there are indeed other jurisdictions in Australia where the human services agencies are actually bigger or broader in scope than DOCS. Other States have departments of health and human services that have a much broader scope than DOCS. I do not know that we can necessarily say that DOCS is beyond its effective limit in terms of scope. While we have said that it is important to quarantine child protection investigation we certainly have not said that that means splitting up DOCS. You could certainly quarantine child protection investigation and give it clear boundaries and a stronger management structure within a department with a role similar to the breadth of the role of DOCS at the moment.

If you look at what DOCS does across the spectrum of community services and community development and the services that are likely to come into contact with children and young people who may be at risk, there are many benefits in having the one agency. The one agency deals with services towards the universal end, such as children services, prevention and early intervention services, community development services and then through the system, some services through the community services grants program that are funded to actually work with children and young people who have been victims of abuse or neglect through into out-of-home care and the supported accommodation system. There are many benefits in having those elements of the system overseen by the one agency because of the interactions, from a client perspective, between those elements of the system.

We urge against any inclination to leap to a solution that says split up DOCS because it is too big. We need to design a department around its responsibilities. There is no way you could say that the current department has been designed around its role as defined by the community protection legislation or the community welfare Act.

Ms FROW: The department has started moving slowly, for example, into early intervention and certainly that is one of the streams about which Robert Fitzgerald has been talking. They now have a stream within the department that is basically childcare, bits of Families First because it has not all come across yet, parenting resource centre and there are probably ways to build on some of where they are moving. I think part of the problem has been that the department moves very slowly, and I do not think this is very clear and I am not sure how well thought out it is. I think some of the bare bones of it are actually there certainly in making some connections between the well being, welfare and safety aspects of the Act and actually reflecting that within the streams within the department.

CHAIR: In terms of solutions broadly, you agree with the Community Services Commission?

Ms FROW: Broadly, we could probably see a bit more overlap happening rather than the complete separation.

CHAIR: What would you like to see come out of this inquiry?

Mr KIRKLAND: To reiterate, we would like to see a quarantining of child protection investigation functions, whether that is within or outside the current departmental structure. We would like to see a clear commitment to the implementation of the remaining sections of the Act and the proper implementation of those sections of the Act that have already been proclaimed, particularly in relation to the capacity to respond for requests for assistance from children and young people and their families.

That also implies that we need to ensure that we have a system defined in its broadest possible sense that is able to deliver on the objects of that Act and to respond to children and young people, their families and carers, wherever they may sit across the spectrum, from self-identifying the need for some assistance to being in a crisis situation and needing a very high level of support and intervention.

CHAIR: Do you have anything to add to that?

Ms FROW: I have nothing to add to that.

The Hon. DOUG MOPPETT: A moment ago we talked about substitute care. I think you made a very cogent point about the snapshot not necessarily being an accurate picture of how safe that child was, simply because they were in a bed that night. It has been suggested in some statistics that a large proportion—perhaps up to 50 per cent—of people in the criminal justice system have been wards of the State. Do you think that is a reflection on the department's capacity to arrange appropriate alternative care?

Mr KIRKLAND: It is not an easy question to answer. I think it is a very long-term trend that people in the juvenile justice system and the criminal justice system include an overrepresentation of people who have come into contact with the child protection system. Certainly, you would expect that if the department was able to fully deliver on the objects of the Act, including the capacity to respond to requests for assistance and to provide early intervention and prevention services, as well as the capacity to respond to reports of child abuse and neglect, if they were fully implemented you would hope that that would actually lead to fewer people who have been victims of child abuse and neglect ending up in the juvenile justice system or the criminal justice system. Obviously, that is something that will not happen overnight, and we must give this Act a chance and implement it properly and then we would hope over time to see a reduction in that correlation.

The Hon. DOUG MOPPETT: A moment ago you mentioned that you thought it was undesirable for police to be taking a greater role, but it has certainly been suggested in response to the current media controversy and so on, and by the Premier himself I believe, that the police should perhaps be doing more. Indeed, there has been some criticism in one of the courts that DOCS workers are not properly equipped to do investigations and that sometimes a ham-fisted attempt at an investigation as presented to the court fails and that is counterproductive. In the light of those sort of comments, how would you respond, giving your perspective that there should be less intervention or that the balance should shift away from police?

Mr KIRKLAND: I guess what we are saying is that the police should have no greater powers than what they currently have. We have to be clear about how the system currently operates, which is that investigation is the domain of DOCS staff unless there is a suggestion of some criminal conduct, in which case it is then referred to a joint investigation team that involves both DOCS and police staff. We think that is sensible and would not want to see any greater role for the police. That is because vulnerable children and young people and their families need to feel confident to approach a system when they need support or when they are in a crisis situation. If the system which they had to approach is one that is enshrined in a system of responding to criminality, then we may see families less likely to seek assistance when they need it. We may even see people who are less likely to report cases of child abuse and neglect because of fear or misunderstanding of the consequences. If you look particularly at some of the cultural factors, Aboriginal communities traditionally do not have great histories of good relationships with the police, yet we need to have a system—

CHAIR: They do not have good histories of relationships with organisations like DOCS.

Mr KIRKLAND: No, that is right. Even with DOCS having that role, there are enormous challenges in getting Aboriginal communities to have the confidence to approach the system, particularly given the history of the stolen generations. I guess we fear that giving that greater responsibility to police would only make those problems worse.

Ms FROW: Now that we have touched on Aboriginal communities—and I notice we did this very little throughout the day—there is another principal in the Act around Aboriginal self-

determination. Another thing we would like to see is some evidence that that is being taken into account in whatever service system is recommended by the inquiry.

Mr KIRKLAND: Certainly, a very strong theme in the Community Service Commission's recommendations from its inquiry into substitute care was the need to develop appropriate services for Aboriginal people. We think that is absolutely crucial and not very much attention has been devoted to that since the commission's report came down.

(The witnesses withdrew)

SUSAN MARY RICHARDS, Executive Officer, Family Support Services Association of New South Wales, affirmed and examined:

CHAIR: There is a sheet of formal questions before you. For Hansard and for your protection under privilege, we need to have your full name, occupation and so on.

Ms RICHARDS: My full name is Susan Mary Richards. I am the Executive Officer of the Family Support Services Association of New South Wales. I am appearing in that capacity before the Committee representing our membership. I did receive a summons, and I am conversant with the terms of reference of the inquiry. I would like my submission to be included as part of my sworn evidence. I do not wish to briefly elaborate at this stage.

CHAIR: Like the others who have appeared before us today, I assume that your organisation will make a submission before our closing date.

Ms RICHARDS: Certainly, yes.

CHAIR: Hopefully what we ask you today might suggest a few things that might go in that submission. In some ways it is turning out to be useful to talk to people beforehand. Can you tell us a little about Family Support Services and how their role relates particularly to child protection but more broadly to family support services and intervention, and so on?

Ms RICHARDS: As I said, I represent the Family Support Services Association, which is the peak body that works with about 240 family support services in New South Wales. They are mainly family support services which came out of the movement in the early 1970s to enshrine into the child protection system some prevention and supportive work as a support for families before things went wrong. Our membership is the vast majority of those services which are funded under CSGP funding and some others which get their funding from different areas. The family support services that we represent are in New South Wales and in the Australian Capital Territory. We have them in metropolitan areas and regional and remote areas as well. They range from very small, with 1½ worker services in a small country area, to larger family support services which would have 10 or 15 staff and may be auspiced by a larger organisation again.

The philosophy of family support is that the vast majority of families want to do the very best they can for their children. The vast majority of families can do a good enough job with their children given the right support, but there are some families for whom support is not easily found amongst their own family, friends or neighbours and they need support from an organisation like Family Support, which works in partnership with parents. We do not have an investigative role; we have a support and encouragement role for families.

CHAIR: To clarify where you fit in, many witnesses today have talked about family support and intervention, which is the first stage, and then there is the child protection stage and then there is out of home care and substitute care for children when something has gone wrong. Are family support services in general more related to the first of those three?

Ms RICHARDS: We started off being that. In the early days we started off being the person who did home visits and worked with families before problems became acute. One of the problems that we are identifying is that as either the complexity of the problems faced by the families increased or other organisations' inability to work with those families in that case management model decreased, Family Support has moved up the continuum from early intervention and prevention into full damage control with some families. I think our boundaries have crept a bit so that now many of our members tell us they are working with level one and two families, whereas the department probably thinks we are working with level three families.

CHAIR: And that is not something that the organisations would have chosen to move into?

Ms RICHARDS: I think as their capacity to do the work has increased, many families support services felt that we could do more than the gentle have a cup of tea and see how you are going. They are highly skilled workers that we employ. I think the difficulty is that at the hard end of

the market, those families that are in big trouble, they need intensive intervention, intensive work, and when you have two or three families support workers do 20 hours a week some of the more difficult families are taking up space that you could do work with four or five families which are having less difficult problems.

I think it is an uncomfortable sit for us. We are less sure than we used to be about where we sit because my members are telling me that DOCS people are not doing so much case management these days. They take the referral, make the assessment and refer to family support, whereas in the past we might have worked together on a family. They would have their role and we would have ours. Now we seem to have it all. So there has been a change.

CHAIR: Would that vary from suburb to suburban or region to region?

Ms RICHARDS: I have just done some country visits and I think it is probably worse in the country. In the country very small family support services are being asked to work with extremely complex situations with families over large geographical areas and they are struggling. I am not saying it does not happen in the city. In the city there might always be another option; in the country there is sometimes no other option. So family support services perhaps are taking referrals that in the past they would not have taken because there is nobody else sometimes.

CHAIR: Today we have asked everyone basically to go through the current areas of concern about the DOCS child protection system and the ones they usually come up with include client information system, mandatory reporting, the efficacy of the helpline and so on. Would you like to go through those and give us your knowledge or wisdom of the ones that you feel able to comment on?

Ms RICHARDS: I do not feel able to make any comment on the client information system except when I asked the question at the helpline when I went on a visit "Can you tell whether this family has been known to DOCS before?" They said "No" and I thought that was extraordinary. If you are taking a referral about a family that is having difficulty, I think the first thing you need to know is whether they are already known to the system but I am no expert on the CIS.

CHAIR: That fits in with what other people have told us about basically two different information systems running in DOCS simultaneously.

Ms RICHARDS: The administration of DOCS, I do not feel I can say a lot about that except to say I am enormously impressed by the efforts and intents of some many individuals and my members in the country in particular are saying there are really good people here but they are working in a system that makes it hard for them to work to the full capacity of their skills because of the over demand or the fact that they kept getting diverted onto other stuff. The mandatory reporting system is something that family support services are comfortable with. They have been mandated reporters for a long time. It is a responsibility that they take very seriously. They have some frustrations around it which I would like to expand on if I could.

Firstly, to my disappointment, we are still hearing stories about "I had to wait on 55 minutes to speak to someone on the helpline". I thought we had got through that because in the beginning there were these long waiting times and family support workers who were working 20 hours a week cannot spend hours waiting on the phone and the system seemed to improve but it seems to have fallen off a bit again. The other thing is that family support workers by the nature of the relationship that they develop with the families that they work with—they visit them at home; they visit them in a partnership relationship rather than an expert relationship with the family—it has always been the practice in the vast majority of cases with family support that if you make a notification or a report to DOCS about a family you do it with their knowledge and often in their company.

I am hearing from our members at the moment that when they have said to a family "It is time for me to make a report because of these issues", sometimes that affects their relationship with the family. Then if DOCS do not do anything that person has lost the one support they had. On the other hand, if a worker helps a family to realise that a report needs to be made about an incident or an attitude or something that the family workers feels is placing the child at risk of harm, if the department then does not respond, the family may be left with the view that what they were doing was okay and that the family worker was being a pain in the neck.

So there are some little irritations about mandatory reporting but I would hate to see it not be there. I worked as a family support worker before mandatory reporting and sometimes making the decision whether to report or not was so difficult that in the end when they said "If you have a suspicion you must", it became much clearer and it was not so easy to blur because of the relationship you had with the family.

CHAIR: Is it often the case that the need to make that report effectively destroys the relationship of the worker with the family?

Ms RICHARDS: It does sometimes if it is early days. I always felt that if got to the stage where the relationship was starting to develop, a therapeutic relationship could survive reporting but if it is very early days sometimes it does not and if the crisis is obvious on your assessment visit and you need to make a report really early it might mean—and our service is voluntary, people come to us because they choose to, they do not have to stay—you might lose them. Then if DOCS do not follow them up—gone—kid at risk. Family support services have always put the child in the forefront of their mandatory reporting. Even if it is awful for the mother or the father to have a report made about them, it is the child's safety that has to come first.

The helpline, I must say, is a wonderful place. I have been there. There seems to be an awful lot of equipment and a lot of people with very good intent and the day we were there it seemed to be operating beautifully. But it certainly takes away the relationships that coordinators in particular of family support services can develop with their local community services. So that reports are made in a context that is local. I am not saying we should go back to that, it is just one of the things that we have lost. I do not know what the helpline staff know about all the little villages and hamlets within a remote area but the CFC knows a lot about what is happening there, so I do not know. I have waffled a bit I am sorry.

CHAIR: No, it is an issue that other people have raised that there are gains and losses by a centralised system.

Ms RICHARDS: When I was a working family support services coordinator I spent a lot of time in the district office getting to know the staff. They got to know us. They knew if I made a report it was based on good, sound child protection principles and that I would have suggestions about how they might move the case along further, that I was never dumping. So on making this report I believe we have the situation in hand but we need you to know, I think some of that personal trust that develops amongst colleagues is being lost with the helpline.

CHAIR: Cannot that still happen though if the idea of the helpline is that reports come in and then judgments are made, priorities are identified, et cetera and then the report, in effect, goes out again to a community service centre. In theory shouldn't those relationships still exist?

Ms RICHARDS: There is a question later on about what our members are saying and it seems that in order for those relationships to be developed, in the past they happened by dint of constant contact but I think now there has to be a very different approach to developing them and people are having to make a very definite effort. District officers, community service centre staff seem unable to get to interagencies as much as they used to or be as available. So I think it is a time issue as well but I do have one piece of good news which I will share with you later. I thought we could find one.

Staffing issues—I do not know a lot about that except to say that my members are telling me that some of their families they are working with have had a constant turnover of staff in their DOCS office. One person, who I have strongly suggested makes a submission to the inquiry, had eight district officers in 14 months working on one case. One cannot do good case work under those circumstances. There is nobody watching the patterns. There is nobody developing trust and people get fed up telling the same story all the time. It just adds to somebody whose self esteem is poor; it makes them seem even worse if not even their case manager can stick around. People can see it as evidence of their lack of worthiness. That is what I would like to say about that.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: This morning Carmel Niland said that she thought with the helpline only 5 per cent of cases were reported twice. If you are saying that in your experience of the client information system they could not tell you if they had been previously reported and if there is a gap between the client information system and the helpline information system, then it may be that that 5 per cent is in fact abnormally low. In other words, they are missing large numbers that have been multiply reported or that are already on the database. Could you comment? Do you think that that percentage would be correct or not? Would you have any idea of how many are likely to have been reported again?

Ms RICHARDS: No but if it is only 5 per cent that have been reported twice then the numbers are even scarier than we thought they were. I thought a lot of the increase may have been because people were getting counted twice or 15 times.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Yes, that is what I am wondering but if not—

Ms RICHARDS: I do not know, it is beyond me. I think many many cases are reported more than once and I know that family support workers, if they have not heard back in a couple of weeks or they are waiting for the other shoe to fall, will report again in order to try to make sure that something happens but I do not know how they are counted. That is what I understood. I could have been mistaken but I think not. They said they could not tell me at the helpline.

CHAIR: Just following on from that, presumably the people at the community service centre must have some idea. When reports from the helpline come back from a family and maybe a week or a month later something comes back again, they must build up some sense. I mean obviously there is a difference between multiple reports in the sense of simply almost like time wasting multiple reports and a series of incidents occurring over a period where of course you would expect there to be multiple reports.

Ms RICHARDS: I do not know whether they are counted as one report with a series of case work follow ups or whether they are counted as a report each time something happens, I do not know.

CHAIR: I just wondered if you have a feeling as to whether we are dealing with a real increase in abuse and neglect cases or whether the statistics from the helpline perhaps make it sound as if there is a huge increase, but it is not reflected on the ground.

Ms RICHARDS: My members certainly say that they are seeing an increase in abuse and neglect cases but what we do not know, and there is no research to help us that I am aware of—and I think I ought to say the association is a much smaller peak than ACWA and NCOSS, it is kind of me really—is whether those families in the past were being case managed by DOCS or the children would be going into foster care and we are getting them now, or whether there is a real increase. I would not be able to comment.

CHAIR: As you said earlier on, you feel as if the work of the support services has moved more towards the crisis end.

The Hon. DOUG MOPPETT: I think it probably naturally goes on with number three that we have got here but earlier you alluded to the fact that you thought particularly the country services were experiencing greater difficulties than they had in the past and in some instances the cases were not referred to them for assistance but referred to them to deal with in toto.

Ms RICHARDS: Yes, that is true.

The Hon. DOUG MOPPETT: I was wondering for the sake of our records if you could quote some particular areas and, if you felt a little reluctant to do it off the top of your head, perhaps you could write to us about whether that was a feature of the north-west area or a feature of the particular area or is it generally right throughout the country?

Ms RICHARDS: One of the questions that I said I would like you to ask me was what our members are saying about their working relationship with DOCS and when we get to that I,

fortunately, time wise, had a meeting of our regional representatives last Thursday—which we do every three months and they tell us what is going on—and I can give that information in more detail then if you like.

CHAIR: We have probably just about got to that one. We were on staffing issues and I think we had almost got into this one.

Ms RICHARDS: For example, on the mid north coast they are saying things like the stress levels of family support workers with high work loads, the majority of their clients are level one and two child protection cases. So that is saying that there is not the prevention or early intervention there. There is a lack of funding to do the intensive work with families that are reported and registered and then referred to family support. The Nepean region is saying they do not have enough worker hours to meet the referral demand. South-east Sydney is saying there is an increase in the number of clients needing case work and counselling. In New England they are saying in child protection issues there is a lack of staff at the DOCS office. Ballina is saying with child protection issues there is a lack of response.

I will give you the good news as well in a minute. Ballina again is saying there is a general lack of resources and services and long waiting lists. Casino has a lack of resources and services and needs more funding to assist families with specialist issues, e.g. sexual assault. There are not those sorts of specialist services out there. Cooma has insufficient DOCS staff for child protection obligations and follow-up. Gosford family support said that DOCS in Gosford have made a substantial effort in working together with family support and a joint team meeting has been scheduled and joint training has been offered, so there is some good stuff happening. Ballina family support has a high percentage of unallocated cases and a breakdown between the helpline and local CSC, no feedback from helpline, local CSC staff burnt out and no support. Casino has a high number of unallocated cases, in New England there is unavailability of departmental workers, rapid turnover of district officers and so it goes on. I have encouraged those people to send in submissions. I think in the country areas, because there is no other option, sometimes there is a shortage of children's services and specialist counsellors, so that with family support they end up sometime doing work that in other systems they would have referred on.

The Hon. DOUG MOPPETT: You do not have specific examples from further west of the ranges?

Ms RICHARDS: I was in Bourke last week or the week before and the family support service out there is run by an extraordinarily talented woman who is so tired she does not know where to go next. She said, "I don't want to go to work tomorrow." Dubbo was in better shape and Broken Hill but I was particularly concerned about Bourke. For example, there is not a drug and alcohol service in Bourke. A lot of the families in Bourke have drunk and alcohol issues which have to be dealt with by this poor family support service, which has a 1½ staff. The way she does it is she can no longer do individual home visiting; she just does group work because that way she can see 10 people at once. I left Bourke very depressed by what was not happening for the families in Bourke. I will be asking her to make a written submission.

The Hon. DOUG MOPPETT: When you get away from large regional centres such as Broken Hill, Dubbo, maybe Orange, to Walgett and Bourke that is when the picture is particularly depressing?

Ms RICHARDS: When I said I was in Dubbo I had people from surrounding areas coming in for a workshop. I met some inspirational people, people who would travel 167 kilometres return to take a playgroup experience to a child living on a very remote property who never got anywhere else and once a fortnight the van turns up and the mother gets support and the child has a play, but they do not know how long they can keep that because it is not cost effective; very effective for the child, though, and necessary, but that is the kind of kilometres they were doing to do one home visit.

I guess the question is: What are our members telling us? They are telling us that they feel as though they are often being asked to do monitoring and almost investigation. They are not trained to do that. That is not their role. Their role is to support, encourage, build up self-esteem, educate, be a

role model, be a source of information, encourage but not to investigate and monitor child protection issues, which are the legislative responsibilities of the Department of Community Services.

CHAIR: What sort of training do your members have?

Ms RICHARDS: It ranges. When family support first started 25 years ago it was as a result of some research done overseas that said in each community there is a natural helper, the sort of person who goes around and helps everybody, whether they want it or not. The sort of people who survive their own life challenges, who brought up a raft of kids, had some problems and got through them. The sorts of people could make a big difference to families. We started off recruiting some people who had life experience. Those were simpler days. Now the vast majority, 90 per cent of our staff have tertiary qualifications. Many of them are carrying masters degrees. Some are very skilled people but they all also have had life experiences, and life experience I think still counts quite high. It does not mean to say you have had to have had seven kids or to have survived some tragedy or something like that but they have to be people, even if they are new graduates, who have shown a liking for being involved with communities and families.

CHAIR: Do your boards now reflect the older style of worker?

Ms RICHARDS: Some of the family support services are auspiced by large charities such as Burnside, Barnardos, Mission Australia, and various others. Others are still the community-based model where they are managed by people who live in the area. Some of those management committees are finding it hard to struggle with some of the complexities of this new world. One of the things I have recognised in my job is that I have to find a way of putting much more effort into the work done by management committees and boards, yes.

The Hon. DOUG MOPPETT: You have described these organisations? How are they funded to do this massive amount of work that you have alluded to?

Ms RICHARDS: Through the Community Services Grants program. I would like to be able to tell you the range of funding that they get, but I cannot, but it is humble. I do not know. It will be part of our submission. They are all one, two, three-person services with the minimum administrative support and not a lot left over to come to Sydney for conferences and stuff like that, and huge expenditure on travel. We are asking workers in the country to drive their own cars and get reimbursed 60¢ a kilometre or something. We do not run fleets of cars or anything like that. People who work in family support services tend to have a degree of passion about the work that helps them overcome some of the difficulties.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Coming back to your point about the level of qualifications, you start off with people who have life experience. I have heard people talking about mental health say they cannot get enough qualified people because to get that degree of qualification you have done quite a few years at university and you do not want to get bashed up.

Ms RICHARDS: Exactly.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The suggestion has been made in the mental health area that if you want staff you have to have a range from the highly qualified to people who just hold your hand to make sure that you take your pills.

Ms RICHARDS: Yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is it the same in family support and to what extent could more be achieved if people were selected on life experience and then a graded response were made rather than going for more qualified people, which was identified as the intention of Carmel Niland today, but she is presumably talking about the priority one cases not the other ones. That may be right for the priority one cases but for the family support areas could you use more people who just have life experience?

Ms RICHARDS: It depends on the size of the organisation. Certainly, when I was running a family support service that had a staff of 12, I had three people who were absolute whiz-bang child

protection family support workers and that is what they did. I had others who were absolutely terrific at making sure people got to the baby health centre for the immunisation clinic and that is what they did but when there are at two of you or three of you, I think the capacity to have a bigger range of skills is different. As our work has become more complex, our need for staff with qualifications has become greater. This is a very personal opinion but I think tertiary education teaches people a great deal about themselves. Some of the work that we do as family workers can be quite difficult, quite demanding and stressful. I found that the people who had a greater theoretical base to fall back on coped with it better than those who were operating from a goodhearted, more emotional base. I do not know if anyone has said the awful word "burnout" today, but people who have been trained and have higher qualifications sometimes cope better than the well-meaning, natural helper, who has less theory to back up their actions. That sounds a bit weird, but I know what I am trying to say. It is hard work.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You said that DOCS is trying to do a triage and you end up with a lot of the support work. If the more highly qualified people were doing the triage so that the people working from the good heart could work in a supervised role at the other end, do you then think there is a place for a significant number of less qualified people?

Ms RICHARDS: Probably, yes, as long as they were getting good supervision, yes, particularly in some of the centre-based work where you might run a parenting group, those people with supervision could certainly have a place, but when you are sending someone out alone to deal with a family with significant difficulties, they need to have some skills to back up their good heart.

The Hon. AMANDA FAZIO: I would like to ask a question following on from that which may not immediately seem to be connected with our terms of reference. I am assuming that the majority of family support workers you represent would be women?

Ms RICHARDS: Absolutely, yes, unfortunately.

The Hon. AMANDA FAZIO: Do they then have difficulties providing services to sole parent families where the father has custody of the children? Do they have any issue when going into homes?

Ms RICHARDS: No. I think a lot of the family support model did develop out of the feminist basis and a lot of the work that we do is with people who are the victims of domestic violence, there is no doubt about that, but in a family where the father is the carer of the children and is the person needing the support, the odd family support workers have the odd man working for them but if not, if the man is comfortable in working in what is a very woman-heavy environment, certainly they can often do very well. But in issues where there is domestic violence, then the family support effort would be on supporting the victim.

CHAIR: I am looking at our questions and we have not specifically asked you Nos 4 and 5 about your comments on the impact of the introduction in 2000 and specifically about the role of family support programs although we seem to have been talking about those things.

Ms RICHARDS: I will talk about the impact of the Act. When the Act was coming in family support services were very excited because it was an Act that talked about prevention and support of families and helping families in a way that recognised their work. It had a focus on the child. People were really excited about the Act but were terrified that they were going to get swamped with a lot of extra work and this is one of the issues I would like to raise today. The family support workers are telling me that they are getting to work with people with very difficult situations, as I outlined earlier, but they are not being referred by DOCS.

In the main they are coming through other sources. In fact, we found that in some areas there has been a decrease in the referral rate from DOCS to family support services since the Act came in. We are puzzled by that. We think what it means is that the sort of referrals that DOCS would normally make to us are not being allocated and families are coming to us through the general practitioner, the school or through some other sources. In some areas—and this will be much clearer in our submission—there has been a 75 per cent drop in the referral rate from DOCS to family support services. In some areas there has been a very slight increase but in no areas so far have we seen an increase concomitant with the reported increase in reports.

CHAIR: Are you aware whether the DOCS client information system or any of its other record-keeping systems enable it to know that you are in fact picking up perhaps the same sorts of clients use to get but picking them up through the GPs?

Ms RICHARDS: I do not know. I would have to rely on my members to inform me on that. When a family is known to be involved with DOCS the family support service would make it known that it was involved as well. But whether DOCS would record that or where the referral came from I do not know.

CHAIR: But you are confident that your members are getting fewer referrals directly from DOCS?

Ms RICHARDS: In many areas they are. This is not rocket science research. I sent out a piece of paper asking the percentage from DOCS from when the Act started, halfway through and now. Some of them have increases but nowhere near what the increase of reports has been. Some have been getting none and some are getting a big drop. Anecdotally they tell me this. I would like to get into it a bit more to find out why in particular areas and so on. If they are saying that the number of cases is increasing and we are not seeing them, where are they?

CHAIR: From the bits of paper you talked about can you tell whether this pattern is across the different priorities?

Ms RICHARDS: You mean the levels?

CHAIR: Yes.

Ms RICHARDS: I cannot tell from what I have done, no.

CHAIR: There is some evidence of a concentration on the level one sort of area.

Ms RICHARDS: Certainly our members are saying that but whether those level ones and twos came from DOCS or came from the GP or were self-referred I do not know. What has happened has surprised and puzzled us. We thought we would get swamped with all this work and be able to say, "Give us more money because we have lots more work." That has not happened. We would still like to say give us more money but for different reasons.

CHAIR: And your members are telling you that is a change since the introduction in 2000?

Ms RICHARDS: Yes, a surprising change.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I was going to ask more less the same question. Does that mean that the level ones have been processed and the level twos and threes that you might have got are not getting processed at all and not being allocated and hence not being allocated to you?

Ms RICHARDS: We think that is what it is but we have nothing to prove it. But I know from years of experience that today's level three can be a level two in six months time and a level one a week after that. Because people are a level three at the time they are reported does not mean to say that if you leave them with nothing done they will stay a level three. If a family are starting to experience troubles, troubles tend to grow on each other. So my concern is that there might be a whole lot of level twos and threes that are sitting in offices that are going to blow out to level ones any tick of the clock.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You presumably do not have an excess of resources due to the lack of referrals.

Ms NILAND: No, sir, I do not.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is that because you are working as hard with the fewer level ones as you would have been working with the twos and threes before?

Ms RICHARDS: I think that is quite probable. The level twos and threes—they are families with children and I do not like calling them that but we know what it means—that are referred to a family support service and become part of our caseload can blow into a level one still in spite of your best efforts if something terrible goes wrong. So I am not saying that if you take all the level twos and threes things never get worse. But I think I can guarantee that if level twos and threes are not being allocated some of them will get worse and will come in as emergencies at some stage.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So this may be indicative of a prevention failure in terms of a lack of assessment and allocation leading to preventive action failure.

Ms RICHARDS: Could well be, yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: And then intensive work being needed later?

Ms RICHARDS: Yes.

The Hon. DOUG MOPPETT: Dr Chesterfield-Evans has just touched on this. I wondered whether, from your own experience or from the reports from out in the field, you would care to speculate on whether this failure for there to be an increase is due to a lack of funds available so the cases are not followed up, or do you think it is simply, as some of our witnesses have suggested, that the system is breaking down, that files are just piled up and most of the effort goes into wondering which file will go on top of which file and never getting onto actually opening the files.

Ms RICHARDS: A referral to us does not cost anything. It does not come with money attached. So it cannot be just a budgetary issue. It is a budgetary issue from our point of view if we get 400 referrals and we do not have enough money to do them. But for DOCS to make a referral to us takes a phone call. It is a time issue. People talk about their mate who works in DOCS and so on. I suspect what is happening is that there is so much effort going into juggling those really high crisis ones that the ones that they would normally have sent on to us are sitting there.

The Hon. DOUG MOPPETT: An earlier witnessed talked about a difficulty being the sort of rigid culture within DOCS that is very resistant to change and that part of its reaction to this increasing demand and perceived sociological changes is to close down and not allow people to look in, let less and less information out to people such as yourself, to simply try to deal with it internally by load shedding, just simply ignoring the ones that do not present as absolutely acute. Do you think any of that is a factor?

Ms RICHARDS: I would not dismiss it. It would be very sad if that was the case but I would not dismiss it.

CHAIR: We are almost up to our question about your views about solutions. This is where it gets hard.

Ms RICHARDS: Yes. A lot of really bright people have been working on it for a long time and if it was easy it would have been solved. I believe you start at the beginning. I think that the solution is to go back to the child. What does a child need? A family. What is a family? Somebody who cares about us. What else does it need? It needs this and that. We should build outward from children a set of services that meet their needs when things are going well and when things are going badly. When things are going badly sometimes you have to make really hard decisions about what happens to children. But it is better than the alternative. All families have times within their lives when things do not go well and they need extra support. If we are lucky it is provided by our mother, sister, brother or person next door. If it is not, it needs to be somebody who can put time into a family so that they can develop some skills so that next time they have a rough spot they have something to fall back on: they have learnt confidence and courage and that if you ring up somebody they are not going to bite your head off. They have learnt that if you go into the Department of Housing you have a right to have your questions answered—that sort of fairly simple stuff.

In another life I have been a foster parent. I do not think that a lot of foster care is necessarily the answer for children when things are going bad either. The best foster care in the world still means that a child has to be removed from its family. I was inspired to come into the family support industry to see how we could stop kids going into care. Having said that, if in spite of your best efforts, the kid has to go into care it has to be good care that is age appropriate and right for that kid. I would not presume to have any solutions except to say that whatever our solutions are should not necessarily all be up here but they should be down here before things get too bad and they should be focused on children's needs. If we take too long to make these decisions kids have grown past the ideal time for good things to happen to them. If we muck around for another 10 or 12 years there is another generation of kids who end up not knowing what good care feels like and so cannot give it when it is their turn.

CHAIR: Do you see the sort of solutions you are talking about being offered within DOCS? Do you see them being offered in a range of services like family support in a range of non-government—

Ms RICHARDS: I have always quite liked the mix of having lots of different models, because families are different and there experiences and the things they like are different. Agencies develop expertise in different areas. I do not think any one organisation can be all things to all families at all stages of their lives. But I do think it is important that these things not all run parallel to each other. There should be an expectation that they work together and that they consult with each other so that they are not duplicating each other's efforts or leaving gaps or whatever. I have not thought too much about that.

CHAIR: You mentioned earlier a growing number of family support services which are auspiced by some of the larger non-government organisations. I wonder whether we are ending up—you use the word "parallel"—with a few parallel quite large bureaucracies and whether we have less say at a local community level than we had in the past.

Ms RICHARDS: I think it is a bit of a dilemma. I have enormous respect for the larger organisations that can develop research and skill based stuff that we small ones have no hope of doing. But, having said that, it is still worth fighting really hard to protect and develop local community management so that towns, suburbs or hamlets are responsible for the services in their own areas because they know the town best and all that sort of stuff. But, as I said, I would hate to see the Burnsides and Barnardos of the world not involved in family support. As I said, they have resources that we do not have and they can work with us in developing systems and best practice that is really important.

(The witness withdrew)

(The Committee adjourned at 4.28 p.m.)