

GENERAL PURPOSE STANDING COMMITTEE No. 2

Wednesday 23 August 2000

Examination of proposed expenditure for the portfolio areas

COMMUNITY SERVICES, AGEING, DISABILITY SERVICES AND WOMEN

The Committee met at 2.00 p.m.

MEMBERS

The Hon. Dr. B. P. V. Pezzutti (Chair)

The Hon. Dr A. Chesterfield-Evans

The Hon. R. D. Dyer

The Hon. J. H. Jobling

The Hon. R. S. L. Jones

The Hon. H. S. Tsang

PRESENT

Department of Community Services

Ms C. Niland, *Director-General*

Ageing and Disability Department

Mr P. Loxton, *Acting-Director-General*

Ms J. H. Milligan, *Director, Program Performance*

Department of Women

Ms R. Henderson, *Director-General*

CHAIR: I welcome the Director-General and senior officers to the hearing of General Purpose Standing Committee No 2., which is inquiring into the budget for Community Services, Ageing, Disability Services and Women. I thank departmental officers for attending today. At this meeting the Committee will examine the proposed expenditure from the Consolidated Fund for the portfolio areas of Community Services, Ageing, Disability Services and Women. Before questions commence some procedural matters need to be dealt with. As members are aware, part 4 of the resolution referring the budget estimates to the Committee requires the Committee to hear evidence on the budget estimates in public.

Under Standing Order 252 of the Legislative Council this Committee has resolved to authorise the media to broadcast sound and video excerpts of its public proceedings held today. The Committee's resolution conforms to the guidelines governing the broadcast of proceedings adopted by the Legislative Council on 11 October 1994. The attendant on duty has copies of those guidelines. I emphasise that only members of the Committee and the witnesses before them may be filmed or reported. People in the public gallery are not considered to be part of the proceedings and, therefore, should not be the primary focus of any filming or photographs.

In reporting the proceedings of this Committee, as with reporting the proceedings of both Houses of Parliament, members of the media must take responsibility for what they publish or what interpretation is placed on anything that is said before the Committee. I advise that the Committee has agreed to the following format. Each member will be given adequate time to ask questions on a fair basis. But any matter that is raised by one of the members can be followed up by any member of the Committee until that matter is completed.

The Hon. R. S. L. JONES: In the budget estimates hearings for Juvenile Justice and Community Services each Minister referred to the jointly funded wards project as an example of the departments working together to ensure a whole-of-government approach and improvement in service delivery through joint case management, improved advocacy and research for State wards and children in care. However, the Minister for Community Services, the Hon. Faye Lo Po', stated that the number of wards in juvenile justice centres and the reasons for their incarceration, such as the failure of Department of Community Services [DOCS] district officers to attend judicial proceedings, was a responsibility of the Juvenile Justice and Attorney General's departments, not DOCS. In contrast, the Minister for Juvenile Justice said that the issue is the responsibility of DOCS. What steps will the department and/or the Minister take to guarantee that the issues affecting State wards and children in care—

The Hon. R. D. DYER: I ask the Hon. R. S. L. Jones to identify the answer to a question on notice about which he is asking a further question.

CHAIR: The Hon. R. S. L. Jones referred the Committee to a number of areas about which he wished to ask questions.

The Hon. R. S. L. JONES: I can identify them if that is what the Committee requires. The first part of my question was as follows: Children who come directly under the power of the State for their own protection are now the largest per capita group in our juvenile gaol system. What initiatives or programs will the department be implementing in order to specifically address the overrepresentation of State wards in the New South Wales juvenile correction system? That question was answered. Apparently that related to questions 54 to 59 in the hearing. The next part of the question related to question No. 59. The next part of the question referred to questions and answers on page 8 of the budget estimates on Friday 9 June. Do the departmental representatives wish to hear the question again?

Ms NILAND: I think so, yes. I would be most happy if you could give me the question again.

The Hon. R. S. L. JONES: The final part of my question is: What steps will the department and/or Minister take to guarantee that the issues affecting State wards and children in care really are treated with a whole-of-government approach rather than this obvious passing-the-buck mentality? Will you also get together with Juvenile Justice to comprehensively answer the original questions on notice?

Ms NILAND: I make one comment as an opening statement. The Wards in Care project that was done as a joint project between the Department of Juvenile Justice and the Department of Community Services made critically clear that many of the reports previously done about the number and percentage of DOCS wards or people known to us as being exceptionally high and drifting into care were inaccurate. The ward study proved conclusively that, at any one time, 4 per cent of the total number of children in the Department of Juvenile

Justice were wards of the State. When one puts that emphasis back, it is a good indication to me that the programs we have been running have been remarkably successful in not increasing the representation of wards in care. The rest of the honourable member's question I will take on notice.

The Hon. J. H. JOBLING: I seek clarification. When can the Committee expect a response to the questions that are taken on notice?

CHAIR: After the health estimates committee hearing this morning we resolved that it should be 6 October. Would that be convenient?

Ms NILAND: That would be convenient.

CHAIR: We would have to report to the Parliament before we receive those answers. We determined at the health estimates committee hearing this morning that 6 October—which is a week before the Parliament sits again—would be an adequate time frame within which to receive those answers.

The Hon. R. S. L. JONES: Are you aware that the July 2000 Community Services Commission [CSC] report inquiring into substitute care practice at a regional community services centre found that "current substitute care practice was unable to meet the department's statutory obligations"? Are you aware that the CSC stated, "The issues confronting this community services centre are not unique and that similar problems may occur in many CSCs?" Are you aware that the commission also stated, "There is also a need for a continuing willingness to acknowledge poor practice, to monitor compliance with procedures, to be open to constructive criticism and to work towards change?" Bearing in mind the criticisms in that report and the failure of the department to implement changes that were urgently recommended by the review, how has the system now improved or changed that will give us confidence that DOCS is satisfactorily fulfilling its statutory obligations and its duty of care to children in its care?

The Hon. R. D. DYER: Which answer to a question on notice given by the Hon. Faye Lo Po' does the member's question relate to?

CHAIR: The Hon. R. S. L. Jones said to the director of the Committee that he wished to ask questions relating to substitute care separate from the follow-up questions. I think that covers it fairly well. Are you comfortable with that?

Ms NILAND: Yes. Firstly, I am familiar with the report of substitute care practices in the regional subcare agency. The Community Services Commission said that the issues there were not unique. I would take issue with the Community Services Commission. Since I have been Director-General of DOCS I have been continually willing to work through programs of reform with the Community Services Commission. Your question was about the failure of the substitute care system. The budget provides \$149.5 million for the provision of substitute care services. The data tells us that in relation to about \$40 million of that and about 393 out-of-home care places in the non-government sector—that is, 7.6 per cent of all the placements for the period—DOCS provides for 7,164 placements, that is, 92.4 per cent of the system, and our expenditure on that is \$36.52 million.

In addition to that amount of money, we spent \$76.53 million, \$60 million of which was spent on allowances and contingencies for all children and young people in care. Approximately 9,500 children and young people entered into care. We need 7,700 out-of-home placements on a daily basis. Approximately 12.6 per cent of children and young people in out-of-home care are Aboriginal. New South Wales is the State with the highest proportion of indigenous children placed with indigenous care providers. I am giving those statistics as a background of the extent of the substitute care system and also as some indication of its complexity. Since I have been Director-General we have met with the non-government sector to ensure that we have a better fit between our out-of-home care service system and the needs of young people and children in care. We have developed special projects to assist in that. We provided \$1.6 million for nine out-of-home care programs, which are around service innovation and improvement. We have mapped the existing out-of-home care system for 74 programs. We have assessed four major funding costing methodologies, and we have identified major deficiencies with data definitions and reporting compliance. We have agreed with the non-government sector on five outputs and 13 performance measures for improving our services together.

The regional subcare project focused on the handling of substitute care in a country area of New South Wales. In that program and in all others we work in partnership with the non-government sector to actually

deliver substitute care. We have introduced a statewide planning and funding system for our care program. We have identified the areas of reform in substitute care, or out-of-home care as we call it now under the provisions of the new Act, and our first priority is Aboriginal children's services.

We are currently developing a minimum data set for out-of-home care and we are working in a constructive and collaborative way. We are working to improve out-of-home care. This financial year but next calendar year we will roll out the Looking After Children program. The Looking After Children program goes under its acronym LAC, which unfortunately is pronounced L-A-C. This system has been in place for the last eight years in the United Kingdom. It is regarded as world's best practice. This system will take us about two years to fully implement. It will involve extensive training of our staff.

Prior to rolling that out, however, we will be establishing dedicated teams in foster care and out-of-home care in all our community service centres and they will be exploring the different models of care that we are rolling out at the moment. The Looking After Children case management tool will be introduced for State wards first in long-term care. It will then be progressively introduced for all children and young people in out-of-home care. It is a proactive and an accountable service provision tool, which establishes the individual goals that each child needs to look after their development. It requires all key people to be involved in that case management in the life of the child or the young person and the young person plays a critical role in making the decisions about their own care.

In addition to that, we have established a program called Metro and Country Care. This is for intensive services. An intensive service occurs where you have a young person, usually aged 11 to about 14, who has high and complex needs. When one translates what is high and complex, that usually means a drug addiction, considerable behavioural disturbance, the child is not attending school and a child who has suffered in his or her past child abuse or neglect. These children regard family environments as toxic because these have been environments in which they have suffered considerable injury.

This process, which is run right across the country care network, deals with these young people and reduces the need to offend or other self-destructive behaviour. It links the young people with mentors, guides their decision making and provides a model of positive relationships. As well as that, we have established 24-hour support to carers, intensive counselling for these young people and specially trained carers and youth workers. That sits beside the complete roll out of other changes that the Department of Community Services is doing that relate to our transformation and our information technology and the roll out associated with the new Act. By 1 December we will have delivered 54,000 hours of training to staff in all our service outlets in child and family services. Mr Jones, I could go on but it would probably take up the full time.

The Hon. R. S. L. JONES: Perhaps you could take the rest of your answer on notice and we will be able to read it later.

Ms NILAND: To actually roll out the changes in substitute care that are integrated with the whole reform strategy in the Department of Community Services actually takes about one hour.

The Hon. R. S. L. JONES: Please take the question on notice so that we can have it in written form. I refer to question No. 54 asked by the Hon. A. G. Corbett on the last occasion. You have stated in answer to questions on notice regarding the drift into prostitution and juvenile justice of wards that case planning is a major solution. Given the disturbing findings of the 1999 Matrix report on the case planning and management strategy, are you confident that the case planning system actually results in benefits to children and can you make that report public?

Ms NILAND: I think I will take that on notice because I am not aware of the Matrix report to which you are referring.

The Hon. R. S. L. JONES: I will ask you to take this question on notice also. Did not the Matrix report show that even after a personal direction from the Premier, backed up with a \$4 million input and in a time of immense public scrutiny that DOCS could not actually provide workable case plans for the vast majority of children in its care?

Ms NILAND: If I can make one comment. I think the Matrix report is referring to a case management methodology that was in operation long before I took over as Director-General of the Department of Community Services.

The Hon. R. S. L. JONES: I have a copy of the report if you would like to have a look at it.

Ms NILAND: Thank you. I think it is referring to 1995-96, is it not?

The Hon. R. S. L. JONES: It is dated 27 April 1999. I would have to examine the report more carefully to see what date it refers to—1996-98, yes.

Ms NILAND: Yes.

The Hon. R. D. DYER: I note that there appears to be no reference to the Matrix report in either question No. 54 or in the answer.

CHAIR: No, but it deals with the same subject matter indicated by the Hon. R. S. L. Jones and flows out of the question, substantially, does it not?

The Hon. R. S. L. JONES: It does. It is to do with case planning after all.

CHAIR: Are you happy with that?

The Hon. R. D. DYER: Not entirely because the Hon. R. S. L. Jones prefaced his question by referring to a question No. 54 from the Hon. A. G. Corbett. I note for the record that there is no reference whatsoever in either the question or the answer to the Matrix report.

CHAIR: No, but it is about case planning.

The Hon. J. H. JOBLING: Perhaps the answer was deficient.

The Hon. R. S. L. JONES: And the report is about case planning

CHAIR: I rule the question in order.

CHAIR: In relation to the functions of the Department of Community Services, about three months ago you produced a video that was viewed by all members of the department. Could you tell us who produced that video?

Ms NILAND: Can I just clarify which video you are talking about.

CHAIR: The one that went round to all members of the department and was compulsory viewing.

The Hon. R. D. DYER: Does it have a name?

CHAIR: No, I do not have the name.

Ms NILAND: If I could have the name—

CHAIR: It is Transformation.

Ms NILAND: That would have been in January or February this year, is that the one?

CHAIR: It was longer than three months ago, yes.

Ms NILAND: Yes. Okay, would you now proceed with the question?

CHAIR: Who produced the video?

Ms NILAND: I will take that question on notice.

CHAIR: Do you have any idea of the cost of the production?

Ms NILAND: Not off the top of my head. I will take that on notice also.

CHAIR: Do you have some idea of the cost of getting all the departmental people together to view the video and to take part in discussions following the video?

Ms NILAND: I could answer that in a very simple way. The video was shown during a Thursday morning, which is a practice solutions morning. Practice solution is when our staff receive in-house training and work on case management so that the time that they viewed the video was the appropriate time for them to be involved in training or instruction.

CHAIR: So every Thursday morning everybody in the department clusters together in various nodes to do in-house training.

Ms NILAND: Not everyone in the department, those people who work in community service centres and a number of the managers of the group homes come in for that. They would pick up the video and take it back and show it in the group home at their convenience.

CHAIR: I will come back to that. Question No. 11 states:

Q. Have you ever referred a child death and the role of your department to an outside body for investigation other than the general report undertaken by the child death review team, which specifically is not empowered to look at individual cases?

A. Yes.

Can you give me some details, please?

Ms NILAND: The "you" that is referred to is the Minister for Community Services.

CHAIR: Yes, I understand that.

Ms NILAND: So I would be in a difficult position to know exactly what she has referred out from time to time because her tenure of office and mine do not coincide.

CHAIR: She has been Minister the whole time you have been director-general?

Ms NILAND: That is true.

CHAIR: During your tenure as director-general you would have advised her. The Minister does not make up her mind by herself; she obviously seeks advice from you as her director-general?

Ms NILAND: That would be a general comment but if the Minister is considering a child death, she may take advice from elsewhere in government rather than from me because if it is a child death that is associated with my department, she has to be assured that anything to do with that child death is referred to the appropriate body to investigate it.

CHAIR: Could you give me an example of any one child death with which you have been associated in which the Minister has referred it to an outside body?

Ms NILAND: You will appreciate that I cannot use the name of the child.

CHAIR: Of course not. I just want to get some idea.

Ms NILAND: Okay. There was a death in January this year and the Minister referred that death, besides automatically to the child death review team, to the Commissioner for Children and Young Persons, who is the person in charge of interagency guidelines. That was because that death involved not only the Department of Community Services but a number of other government departments that are covered by the interagency guidelines. Therefore, the commissioner was the appropriate person who could look over the system and look at the systemic response. I can give that as an example.

CHAIR: Would those child deaths also go to the Coroner?

Ms NILAND: Automatically they would go to the Coroner. That is the Coroner's choosing. On the point of death it would be the Department of Community Services or the police who would refer the matter to the Coroner.

CHAIR: For example, if there is a death and the Coroner takes an interest and undertakes an investigation, as does another interagency body, how do you feed back the information gathered from those investigations in a quality control way to improve the system of operations of your department?

Ms NILAND: Okay. It is not unusual to have five or six agencies investigating a death that might be associated with one of our clients. The agencies that are likely to be involved are the coroner, the police, the Community Service Commission—

CHAIR: I am sorry but I was asking you how, in physical terms, you actually get—

Ms NILAND: I am getting to that. There are the child death review team, the disability death review team and the health complaints unit as well. When all of the reports are in, that would go to the best practice unit in our Child and Family Services Directorate in the Department of Community Services [DOCS] central office and a series of changes would be made. Those changes may relate to practice; it may be a case study; it may be a business system or it might be issues that actually have to do with management of a particular case. If the management of the particular case shows up inappropriate practices, then discipline action may flow from that. But the ways they get back into the system are multifarious—business rule changes, business system changes, case studies which generally improve practice that are workshopped for practice solution ways, and in a policy and procedure change that may go into our manual.

CHAIR: These committees of investigation, which is what I suppose one could call them, are their operations protected by privilege, or can the proceedings be discovered and admitted for litigation purposes?

Ms NILAND: I have to take that on notice because that there are so many different bodies with which we are dealing here, one answer would not suffice to deal with the police—

CHAIR: But when you say that you have a multidisciplinary body that may investigate a death, the Minister may refer the matter to the investigation—

Ms NILAND: Like the Children's Commission?

CHAIR: No, the other body you mentioned. You mentioned the coroner, the Children's Commission and another body.

Ms NILAND: The Community Service Commission?

CHAIR: That is it. Are the machinations of that inquiry protected by privilege?

Ms NILAND: I would think so but I do not know. I have to take that on notice.

CHAIR: Earlier I asked you about the video, *Transformation*. You were a star in that video, were you not?

Ms NILAND: I featured in the video. I, however, would not classify it as stardom.

CHAIR: Did you do any training for the performance?

Ms NILAND: No.

CHAIR: Where was it produced?

Ms NILAND: It was filmed at the 0-Ten network of TAFE.

CHAIR: You will get back to us with the cost of that and the cost of distribution or the estimated cost of the training?

Ms NILAND: Yes.

CHAIR: In terms of the functions of the Department of Community Services, how many senior staff have been appointed by you since you became director-general?

Ms NILAND: Dr Pezzutti, what you mean by "senior staff"?

CHAIR: I suppose the senior executive service [SES] level.

Ms NILAND: Is that minus the number of people who have exited at SES level?

CHAIR: Yes. I am talking about new appointments, even if they were just replacing people who had been there.

Ms NILAND: I think I would have to take that question on notice, otherwise I would be sitting here and counting on my fingers.

CHAIR: There are large numbers?

Ms NILAND: No, there are not. Off the top of my head, I think it would be about five but I would not be sure because the transformation process has been a spill-and-fill process. The first thing that happened was that every single SES officer's position in the department was spilled. They had to compete for their jobs. Technically, anyone who was in an SES position competed for his or her job and quite a number of them have been unsuccessful because there were fewer SES positions after that process than there were before it.

CHAIR: I assume that all the positions that have been filled have been filled according to the SES scale of payment which is published by the Government?

Ms NILAND: The ones that would be leadership positions, yes, but we reduced those positions through the transformation by about 25 per cent.

CHAIR: Are the duties for each of those people published?

Ms NILAND: I believe they are available. Do you mean the position descriptions?

CHAIR: Yes. Where would one find those?

Ms NILAND: You will find them in the Department of Community Services.

CHAIR: But if a member of the public or a member of Parliament wanted to find them, is there a web site or somewhere where one could find them—in the annual report, or something like that?

Ms NILAND: I do not believe that it is in the annual report.

CHAIR: Well, where would one discover your duty statement, for example, or the duty statement of your senior staff?

Ms NILAND: I think you would have to request it and we would have to provide it to you.

CHAIR: How many SES people do you have under your direct control?

Ms NILAND: If you could just wait, could I total it, please?

CHAIR: Yes.

Ms NILAND: The rough estimate is about 13.

CHAIR: Would it be a great difficulty to give the Committee a brief summary of duties of your senior staff? Would that be difficult?

Ms NILAND: No, it would not be difficult at all.

CHAIR: It is just that at some later time, the Committee might wish to have an inquiry just by getting the senior staff to talk about what their roles are. I just wondered whether it would be difficult to obtain that information. If that could be provided, I would appreciate it.

Ms NILAND: Yes.

CHAIR: How many SES staff do you have now?

Ms NILAND: We have 13. We previously had 21.

CHAIR: This question relates to the issue of provision for children in care. At the last meeting of Community Services Ministers, were you present?

Ms NILAND: The last meeting of Community Services Ministers was in New Zealand.

CHAIR: Yes.

Ms NILAND: And I was present at that.

CHAIR: Did the Minister raise the idea of having more children adopted out instead of other forms of substitute care?

Ms NILAND: One of the items on the agenda for information was a brief precis of the Children and Young Persons (Care and Protection) Amendment (Permanency Planning) exposure bill which is lying on the table of the lower House.

CHAIR: It has been debated.

Ms NILAND: No, it is lying on the table until Parliament resumes and it is out for consultation at the moment—if that is what you are referring to?

CHAIR: Yes.

Ms NILAND: Yes, she provided a precis of that.

CHAIR: Were any other State Ministers or the New Zealand Minister very supportive of the concept of increasing the number of adoptions, to your recollection?

Ms NILAND: I am afraid that I would have to take that on notice because I do not recall.

CHAIR: Did you advise the Minister this year about concerns about her keenness on adoption as an increased form of dealing with children in substitute care?

The Hon. R. D. DYER: Chair, before the witness responds, could you indicate to the Committee what previous answer this relates to?

CHAIR: It is to do with my letter to Ms McNicol which states that I have an interest in asking questions regarding the functions of the Department of Community Services, provisions for children in care, group homes, and functions and provisions of Ageing and Disability Services. I am keen to find out, if I can, any reservations that Ms Niland has about the increased keenness enunciated, perhaps, by the Minister or coming from the community about this increased level of access to adoption.

Ms NILAND: I have expressed no reservations privately or publicly about the Minister's desire to make adoption one of the options under permanency planning. A proposal relates to a process within the Department of Community Services but specifically within the legal system, that is, once a court has made a decision, that child will become a ward of the State. One of the options as it is currently would be that open adoption would be available to that child. As an amplification of existing practice, I have expressed no reservation, nor has any other member of the Department of Community Services, publicly or privately to the Minister, expressed any reservations.

CHAIR: Are you perhaps even more enthusiastic than is the Minister on this issue?

Ms NILAND: I would be unable to gauge her emotional intensity, but I can gauge my own, which is that I do have enthusiasm for the proposal.

CHAIR: How many people were adopted last year—a small number, was it not, 11 or 12?

Ms NILAND: I will just provide that to you accurately—19.

CHAIR: How many do you think that will be, should the new legislation go through?

Ms NILAND: The initial estimates are that in the first year it could double, so we might be looking at 39 children.

CHAIR: So we are still talking about a relatively small number of children?

Ms NILAND: Yes.

CHAIR: The reason I asked questions before about your views is that it was reported in the media earlier this year that there was considerable disagreement between you and the Minister about the issue of adoption. Was that untrue?

Ms NILAND: That was inaccurate and untrue.

CHAIR: At the time I remember quite vividly that there was a great silence on your part when the speculation was going on. Was there a reason why you just did not come out and say that the media speculation was wrong?

Ms NILAND: The great silence did not occur, Dr Pezzutti. I think I was on the record on ABC radio on the early morning show at approximately 8.35 a.m. speaking to Philip Clark and making it critically clear to Philip Clark that there was no dispute between the Minister and me.

CHAIR: I am sorry, I only read newspapers at that time so I must have missed Philip Clark. But there were no reports in the newspapers that I remember, so the *Sydney Morning Herald* simply did not publish it. I just thought it was remarkable that there was that silence when I thought you were supportive.

Ms NILAND: There was not silence and I was not able to make an impression with the media. It is a story if there is a dispute between the Minister and the director-general. It is not a story if there is no dispute.

CHAIR: Professor Parkinson and Judy Cashmore are prominent people who are not so keen on the issue of increased adoption. Could you simply encapsulate their arguments against the current proposal before the House?

Ms NILAND: No, I could not encapsulate them. I have studied the arguments and because their arguments are based on a number of false premises, misinterpretations and exaggerations of possible or what could be perceived to be drafting errors in the proposal, I do not think that I would be fair to them by trying to summarise their arguments.

CHAIR: You are saying that they are basically misguided at this stage, or acting under false apprehensions?

The Hon. R. D. DYER: Point of order: I put it to you, Chair, that it is not the function of a senior public servant to assess the views expressed by an outside person, no matter how eminent or expert that person might be. Ms Niland is responsible for matters of administration at a high level within the Department of Community Services. However, she is not responsible for policy: the Minister is.

The Hon. Dr B. P. V. PEZZUTTI: I am aware of that, but this is a matter of public statement, and members of Parliament are receiving importunings from Professor Parkinson and others, and given that the legislation is not just before the House but it is going through the Committee stage at the moment—in fact I think it has almost completed the Committee stage in the Lower House—I was interested to know, because it will come to our House, whether the director-general might wish to give an upper House estimates committee views about what Professor Parkinson and Judy Cashmore are writing to us about. She has expressed the view

quite well that she thought they were inaccurate and working under false premises, without verbally the director-general. I wonder whether they should review their position as result of the discussions that have happened in the Lower House.

Ms NILAND: If you would like me to provide a summary of their views to you, I am happy to do that on notice.

CHAIR: That would be very helpful, particularly since those items will come up in our House. It would be of value to me and members of the Committee, particularly the Hon. A. G. Corbett who is not here this afternoon. About three weeks ago you attended the ACWA conference. I understand there was considerable opposition from the attendees. What were their main concerns?

Ms NILAND: I attended the conference for approximately 20 minutes. At that time, because of the illness of my Minister, I delivered a written statement that she had produced, which was then handed out to all members of the conference. I did not stay for any of the debate, although I had oral reports on it. My recollections are not such as I could rely on them to actually summarise what they said. However, three people from DOCS are part of the consultation team on the permanency planning amendment. Not only did they attend the ACWA-convened meeting, but they have attended 20 to 30 other meetings held around the State. Their purpose is to absorb all of the comment that is coming in about the draft exposure bill, and present a discussion paper.

CHAIR: Are we talking about the bill that is currently before the lower House?

Ms NILAND: We are talking about the draft exposure bill, yes.

CHAIR: But it is there, it has been debated already, has it not?

Ms NILAND: No.

CHAIR: The Adoption Bill?

Ms NILAND: You are talking about the Adoption Bill?

The Hon. J. H. JOBLING: The Adoption Bill is on its way to our House.

Ms NILAND: I am sorry, the Adoption Bill?

CHAIR: Yes.

Ms NILAND: I did not attend any of the session on adoption, which was the afternoon session. I am not privy, at this stage, to any public concerns that have been expressed about adoption.

CHAIR: The other bill, the permanency planning bill, have you had any feedback from departmental officers who were there that would represent a largely held view by the people at the conference?

Ms NILAND: Not that I could express in this venue. It would be better, if you would like a precis of what was addressed at that conference, for me to provide that on notice.

CHAIR: Would those people raise those matters with the Minister's officers or with the department?

Ms NILAND: They would raise them with both.

CHAIR: Is it possible for you to get a precis of the major concerns that people have, because it is the only way we are going to get the sort of information that we need as well both from the Minister's office and from your gleanings, I suppose?

Ms NILAND: Before any bill reaches your House a discussion paper will be available, which will summarise any concerns the public has had at that location or at any of the other locations, about the draft proposal.

CHAIR: There will be a fulsome exhibition of the views held in all directions about the draft exposure in the discussion paper that comes?

Ms NILAND: That is correct.

CHAIR: When can we expect that?

Ms NILAND: Sometime in September.

CHAIR: That is fairly short planning. Given the criticism that the Minister faced with the Adoption Bill being presented without major prior discussion, do you believe that the time you have had for the Child and Young Persons (Care and Protection) Amendment (Permanency Planning) Bill, that none of the discussion held in the community has been adequate?

Ms NILAND: Let me take that in two parts, and let me deal with the Adoption Bill first of all. The adoption bill emerged as a result of a Law Reform Commission report into adoption. There were five years of consultation before the Adoption Bill came forward.

CHAIR: Yes, but not with the bill itself. The bill itself was simply presented.

Ms NILAND: The bill represents a series of recommendations that were made in the Law Reform Commission report, and a draft bill was available as far away as two years ago, because I was involved in negotiations with many of the agents who are in charge of bringing in children from overseas for adoption who had concerns about the cultural placement principle. The negotiations with those groups went on for nearly a year, and that resulted in a significant amendment to what the Law Reform Commission originally proposed.

CHAIR: Exactly!

Ms NILAND: At the time when the Adoption Bill went into the House there had been five years since the Law Reform Commission report, and one year of extensive debate with the community sector to resolve that.

CHAIR: But the bill itself, the actual form of the bill itself as presented was not widely publicised.

Ms NILAND: I suppose then it is a matter of how much is enough consultation.

CHAIR: Sure. But this—

Ms NILAND: I would have thought that five years was relatively adequate.

CHAIR: But I understand that the Minister is very much wedded to the new child care young persons care and protection permanency planning bill. She is strongly wedded to that bill, is she not?

Ms NILAND: The Minister received the care and protection bill when she took over the ministry from the Hon. R. D. Dyer. He had a bill on which consultation had occurred since 1995. During that time permanency planning had been pursued as an issue. In the intervening time between when the consultation finished, which was something like the end of 1997, to when it finally passed to the Parliament, which was in 1998, to when it will actually become law, which will be November 2000, there have been a variety of changes around the world on adoption practices and permanency planning practices. The United Kingdom, Canada and President Clinton's Adoption 2001 proposal was such that around the world people were saying that many of the bases that we developed for child protection legislation made a great deal of sense before the scourge of heroin and amphetamines eroded family life in the way that they had. And, therefore, in those English-speaking countries there had been an outcry from the public and a reaction from the people in the community welfare sector, including Ministers, about what should be the new ways of responding to that.

CHAIR: Does that mean the Minister is still wedded to the bill that she has put out for discussion?

Ms NILAND: The Minister has made it critically clear that her purpose and her direction are what she is wedded to. The form of words that that takes is very much subject to negotiation and consultation. The intent is clear.

CHAIR: How many DOCS workers have been sacked or placed on a monitoring program, or moved away from direct services for children as result of the Wood royal commission?

Ms NILAND: I will have to take that on notice. It was well before my time.

CHAIR: For example, the Department of Health and the Department of Education and Training have been through a strong monitoring program and exclusion program. Has DOCS done the same thing?

Ms NILAND: DOCS has gone through an extensive program of checking and, as you would know, it is now one of the agencies that is accredited to be involved in employment screening.

CHAIR: How many of your non-government organisation partners have been screened in the same way as your DOCS office? How many people have been excluded as a result of that screening?

Ms NILAND: The answer to that is a long one, and I would like to take it on notice to make sure I have the numbers accurate.

CHAIR: Are the numbers from DOCS large numbers as well?

Ms NILAND: The numbers are not large numbers.

CHAIR: But the answer is long and interesting?

Ms NILAND: The first part of your question related to the royal commission; the next part would relate to subsequent to the royal commission and prior to employment screening, that would be that period; and then there is the third part of your question that relates to employment screening.

CHAIR: That is right. It is not just looking forward to employment screening, but going back to check what you have behind you.

Ms NILAND: Yes.

CHAIR: Are large numbers involved?

Ms NILAND: No.

CHAIR: And has it been completed?

Ms NILAND: The screening involves large numbers of people. The outcomes of that are pretty minimal.

CHAIR: But you have done everyone in the department so far?

Ms NILAND: Yes.

CHAIR: And, of course, you are proactive with new employees?

Ms NILAND: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: I would relate my questions to previous answers for the sake of simplicity. Question No. 38 states that the DOCS budget was overspent in the 1999-2000 budget. In what areas did the 1999-2000 actual spending exceed the projected budget and by how much in each area? It was about 9 per cent if you check the figures in the budget papers; slightly under 9 per cent. I note the increase is 9.5 per cent for next year. Was this spending fully funded by the appropriation bill during the year and if not how was it funded?

Ms NILAND: The answer to both questions is yes. Yes, it was fully funded.

The Hon. Dr A. CHESTERFIELD-EVANS: It was fully funded by the appropriations?

Ms NILAND: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: Can we have details of what areas the actual spending exceeded the projected spending?

Ms NILAND: I am prepared to give those to you on notice.

The Hon. Dr A. CHESTERFIELD-EVANS: Obviously, you may not be able to do that off the top of your head. Question No. 39 is really a request: could the items be given as tabulated budget items with more detail of how much of the increase is in foster care, how much is in award increases, how much is in motor vehicles, and how much is in workers compensation premiums? The question relates to answer A.

Ms NILAND: You are referring to question No. 39?

The Hon. Dr A. CHESTERFIELD-EVANS: Yes.

Ms NILAND: And I think that is answer B, is it not?

The Hon. Dr A. CHESTERFIELD-EVANS: Yes, it is my supplementary question A, but it relates to your answer B. I could give you those in writing if you would like, if that would be easier.

Ms NILAND: I think it would be easier because what we will have to go through is a considerable number of numbers.

The Hon. Dr A. CHESTERFIELD-EVANS: It would be easier if I were to give you a copy.

Ms NILAND: Are you going to read those into *Hansard*?

The Hon. Dr A. CHESTERFIELD-EVANS: Yes, I am. Second, how much of the increase in foster care payments is new clients and how much is existing clients? Third, how much of the foster care funding is being spent on State wards from the closed residential facilities? Do you want to take those questions on notice?

Ms NILAND: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: Or can you answer that?

Ms NILAND: I will take them on notice.

The Hon. Dr A. CHESTERFIELD-EVANS: In answer to question No. 40 you talked about some decrease in demand relating to the Olympics and some increases in demand. If the anticipated demand is less than the extra demand you concede exists, will the Government meet the shortfall? This is towards the provision of vacation care during the extra week of school holidays during the Olympics.

Ms NILAND: I would like to take the answer to that question now, if I may. Is that all right?

The Hon. Dr A. CHESTERFIELD-EVANS: Yes, of course. We would prefer that you answer them now.

Ms NILAND: We said we expected the demand for vacation care would be down on the normal numbers as families would take the opportunity to be part of the Olympics experience or to take their holidays elsewhere in New South Wales. We conducted a survey on the need for vacation care, and that happened since the last meeting of the budget estimates committee. We surveyed more than 300 funded vacation care services. These are vacation care services that are funded by us, the New South Wales Government, not the Commonwealth Government. As a result of the survey we have approved, the Minister has approved, \$207,000 in grants for allocation to 158 services that have notified the Department of Community Services they will be operating the extra days of that third week of the holidays. This additional funding will assist families of more than 28,000 children to have access to good quality vacation care for the extra week. A package of information has been sent to all the services informing them about a number of things that they might do during the Olympics period and making it clear to them about the access that they have to those funds.

The Hon. Dr A. CHESTERFIELD-EVANS: Question Nos 1 and 47 relate to exit interviews. Could we have a copy of the staff exit survey reports and the trends in turnover and exit survey outcomes?

Ms NILAND: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: How many district officer positions are there?

Ms NILAND: Effective full-time positions, 880.

The Hon. Dr A. CHESTERFIELD-EVANS: How many Aboriginal district officers positions are there?

Ms NILAND: I am just checking to find out. What I have is the percentage rather than the number. Will the percentage do?

The Hon. Dr A. CHESTERFIELD-EVANS: We can work it out, yes.

Ms NILAND: Okay. Based on June 1999 EO survey results, 2.1 per cent of our staff are from an Aboriginal or Torres Strait Islander background, but this is not necessarily the percentage among district officers. That is our total staff. I will just see if we can answer that before this session closes, because I know I have the information but I cannot access it here easily. You are after the total number of district officers, or caseworkers as they are called now, who are from an Aboriginal background?

The Hon. Dr A. CHESTERFIELD-EVANS: Yes.

Ms NILAND: I will see if I can access it. In the meantime, would it be possible to go onto the next question?

The Hon. Dr A. CHESTERFIELD-EVANS: Yes. What percentage of these posts are vacant, that is the caseworker posts?

The Hon. R. D. DYER: Mr Chairman, the question asked on notice appears to have an answer—47 as at 16 June 2000—and for Aboriginal district officers, six as at the same date.

CHAIR: Perhaps the Hon. Dr A. Chesterfield-Evans is asking for an update of those numbers.

The Hon. Dr A. CHESTERFIELD-EVANS: Is 47 plus six vacancies an acceptable number in view of the crisis in service provision and the number of unallocated cases?

Ms NILAND: It is 47 plus six?

The Hon. Dr A. CHESTERFIELD-EVANS: You have here as at 16 June the number of currently vacant positions, 47 for all district officers and six for Aborigines. I suppose the 47 includes the six?

Ms NILAND: It does.

The Hon. Dr A. CHESTERFIELD-EVANS: So it is not plus. So there are 47 vacancies in 880 equivalent full-time positions?

Ms NILAND: Yes, that is right, very small.

The Hon. Dr A. CHESTERFIELD-EVANS: That seems quite a lot.

CHAIR: It is 5 per cent.

The Hon. Dr A. CHESTERFIELD-EVANS: You think that is acceptable?

Ms NILAND: It is most acceptable. The vacancy rate in a normal organisation runs at 10 per cent. That is half the benchmark figure. I think it is commendable.

CHAIR: Sorry, what benchmark?

Ms NILAND: Dr Pezzutti, what happens is that all government departments—

CHAIR: No, where does the benchmark come from? You know I am interested in benchmarks.

Ms NILAND: The benchmark comes from—I am just trying to think of the name of it. We submit our financial data and our human resources data to a benchmarking study. That gives us benchmarks on private enterprise and public employment.

CHAIR: A 5 per cent vacancy rate is not below the benchmark?

Ms NILAND: I would say it would be about half the benchmark, that is what I am telling you.

CHAIR: So if everyone in the public sector filled all their positions vacant there probably would not be any unemployment in New South Wales.

Ms NILAND: One of the strategies in managing budgets in the public sector is to keep some vacancies at some time as a way of managing the budget cycle.

CHAIR: But when the Premier puts out freezes, as he did last year, that keeps some departments that are running a bit lean and clean on the hop, does it not?

Ms NILAND: There is no freeze on our caseworker positions. I was merely commenting on your strategy of deleting vacant positions, filling them up. The 5 per cent vacancy rate, I consider, is not only acceptable; I consider it commendable.

CHAIR: Even in spite of what the Hon. Dr A. Chesterfield-Evans has just asked, about a large number of unallocated cases, particularly the report from Nowra last year that I asked you about in the first hearing? They were highly critical.

Ms NILAND: I think that is a different issue. If I could just go back to dealing with the issue of vacancy rates. I have 85 service outlets which caseworkers could be operating from, and then technically, if you like, from that, 85 different points where employment or recruitment for employment should go on. Given that diversity, given our thorough commitment to having minimum vacancies at any time, particularly in our country centres, where unemployment is a critical issue, I am very satisfied that we are running at a 5 per cent vacancy rate.

CHAIR: You have a benchmark for employment levels, but I asked you last year and I asked you again this year, when are we going to see the benchmarks for the time that it takes for a child who is notified to you to be seen? You promised me in the first year that they would be available this year. At the last hearing you promised me they would be available sometime later this year. Do you have those published yet?

Ms NILAND: No, I do not have those published yet.

CHAIR: Surely they are more important benchmarks to judge your jobs than the benchmark of the number of people employed, for heaven sake.

Ms NILAND: They are far more important, I would agree, but the difficulty with those is that counting the number of staff you have is a relatively easy exercise. Developing the data systems to capture not the activity rate of what cases are being handled or when they are handled but how soon they are handled demands a computer system with an accurate client information system attached to it.

CHAIR: So we still have not got that?

Ms NILAND: We have it—

CHAIR: Almost.

Ms NILAND: Yes, almost will do. Building a computer system, as you know, takes about two years.

CHAIR: On a very good archaeological base.

The Hon. Dr A. CHESTERFIELD-EVANS: What was the actual budget of the support for families subprogram—this is in relation to question No. 43—of the child and family support for 1999-2000? Is the rise of 23 per cent to the original budget or to the final actual budget of last year?

Ms NILAND: Can we take that on notice please?

The Hon. Dr A. CHESTERFIELD-EVANS: Yes. It is not in the budget papers, the final budget, that I could find. The whole department's budget increase is only barely greater than its actual spending last year, is it not?

Ms NILAND: I will take that on notice.

The Hon. Dr A. CHESTERFIELD-EVANS: I wanted to ask about unallocated cases, which have been alluded to in question 45. The priority one project, as you say in your answer, is currently under review but presumably at some time it did exist and did what its terms of reference asked it to do, did it not?

Ms NILAND: The priority one project was satisfactory in meeting some of its terms of reference, but not all of them.

The Hon. Dr A. CHESTERFIELD-EVANS: For how long did it continue? What data was collected regarding the cases in the period it was active, which is what I asked before?

Ms NILAND: The priority one process is a process by which workload is managed. It is a way of prioritising the work that comes in the door and then assigning that work. It is not a data collection system; it is a workload management system. So, it deals with activity, not data.

The Hon. Dr A. CHESTERFIELD-EVANS: But it says in its priority procedures, as my understanding was, to sign off quarterly case closure reports from management, ensure reports were available so that statistical information collected can assist in statewide planning and review of resources and report to the deputy director-general on a regular basis, with endorsing and signing off minimum four-weekly reports from managers. So, every four weeks reports must have been available with statistical information being collected on a statewide basis. That priority one program went for at least 18 months, so some information must come out of that.

Ms NILAND: Some information has come out of it, but the original intent of it turned out to be ambitious and not accurate in its delivery of statistical information. It delivered numerical information, and that numerical information was not accurate. What I have had to do with priority one is refer all the data that has come out of it to the Australian Bureau of Statistics to try to see if we can get some validity of what has happened.

Let me explain. Whether a case is allocated or unallocated at DOCS means that a field on the existing client information system has a case worker's name in it or has not. If it has a case worker's name in it, it is considered to be allocated. If it does not, it is unallocated. What Priority One counts then is the unallocated cases. However, the previous day there may have been a case worker's name in that field which, on the particular day on which you are checking, has now been deleted. The case may be in transit to another centre where it is about to be allocated. The case may have been allocated to a person who no longer works at the community service centre. So it is temporarily unallocated until another temporary officer comes in. I am giving you a number of examples of what proved to be the difficulty of taking a workload management system and translating that statistically. It did not work.

The Hon. Dr A. CHESTERFIELD-EVANS: But all prominent studies take sections into which people are classified at a point of time. Some of those classifications are changing, but those changing classifications are not usually a significant proportion of the overall number, surely.

Ms NILAND: We believe that because it was set up as a workload management system and not a data gathering system, there is no clarity around the definition about what is allocated or unallocated, other than that there was a name in the particular field.

The Hon. Dr A. CHESTERFIELD-EVANS: So you are saying more or less that the data from Priority One collected numerical information that was not statistical—which is interesting—and that the data is of no use and you have asked the Australian Bureau of Statistics and Research to try to get something out of it. Is that the bottom line?

Ms NILAND: That is correct.

CHAIR: Which genius was responsible for the design of Priority One?

Ms NILAND: I am afraid that the person was not currently employed at DOCS but by a trade union called the Public Service Association.

The Hon. Dr A. CHESTERFIELD-EVANS: Given that the workload was managed at a local level, were any comparisons between areas or community service centres made?

Ms NILAND: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: Under the Priority One project?

Ms NILAND: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: Can you tell us the conclusions of that, or is that very complex?

Ms NILAND: I am sorry, but could you ask another question?

The Hon. Dr A. CHESTERFIELD-EVANS: Were comparisons made between areas or community service centres?

Ms NILAND: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: Which areas or community service centres had the highest levels of closed cases and notifications, and what has been done to change the imbalances?

Ms NILAND: That I cannot answer. I cannot answer that because it did not go into that level of detail. I can tell you off the top of my head what are the high-volume community service centres in DOCS, whether they be on an urban basis or a country basis. I can say that with some validity. As opposed to that particular tool wherein some of our centres used the Priority One system and relied on our client information system to back it up, other centres used a completely different method of counting, so that they had another workload planning process in place. So, what in effect has happened is that, because of a number of phenomena, we have been planning, and have ready, a brand new client information system that gets round these problems with data, but that is linked into the new Child Protection Act. About a month after that is proclaimed this system can be rolled out. So, in the interim, people cobbled together a variety of systems, which led to contamination and corruption of the data.

The Hon. Dr A. CHESTERFIELD-EVANS: So you are saying that Priority One was implemented in some areas differently from other areas?

Ms NILAND: Correct.

The Hon. Dr A. CHESTERFIELD-EVANS: So it was not uniformly brought in?

Ms NILAND: It was uniformly brought in, but it was not universally and accurately implemented.

The Hon. Dr A. CHESTERFIELD-EVANS: Surely the department has a uniform protocol throughout the department. If it sets up a major initiative like this, one would think that managers were trained in how to use it. This was a major initiative, was it not?

Ms NILAND: It was a major initiative of the Public Service Association, yes.

The Hon. Dr A. CHESTERFIELD-EVANS: Are you saying that it was not a management program?

Ms NILAND: It was negotiated with the Public Service Association, and it came out of the determination of the Industrial Relations Commission.

The Hon. Dr A. CHESTERFIELD-EVANS: Are you saying that management was not committed to it?

Ms NILAND: I am saying that management did not have a key role in this Priority One system.

The Hon. Dr A. CHESTERFIELD-EVANS: Surely, if an industrial court or whatever tribunal came to a conclusion that a program was necessary and a result was negotiated with the Public Service Association, the result of that could have been clarified as a protocol and implemented by management, as required by that industrial agreement, could it not?

Ms NILAND: A court may come up with a particular procedure or practice which inherent in the industrial relations philosophy makes a great deal of sense, but when actually employed as a management tool—

not looking after workload management, for which it was designed, but as a system to keep data on unmet demand or unallocated work—it fails. That is what I am saying.

The Hon. Dr A. CHESTERFIELD-EVANS: Surely unallocated work does come into the system as a request and as such is part of work flow management or a workload understanding.

Ms NILAND: Yes. But I am responding about it in a system sense. If you want a good system, with all due respect, do not go to the Industrial Relations Commission to design it.

The Hon. Dr A. CHESTERFIELD-EVANS: One would have thought that management would have implemented it in a workable fashion.

Ms NILAND: Yes. And as a workload planner, it worked brilliantly.

CHAIR: How much did it cost?

Ms NILAND: Zero.

The Hon. J. H. JOBLING: Which is probably what you got out of it.

Ms NILAND: But as a way of counting statistics on the amount of work that was allocated or unallocated, it fails.

The Hon. Dr A. CHESTERFIELD-EVANS: The number of allocated and unallocated cases is dealt with in questions 51 and 52. It is estimated that 70 to 80 per cent of the 32,074 children who required a response by DOCS officers received direct contact. Where did that estimate of 70 to 80 per cent come from?

Ms NILAND: We count the number of total notifications. The total number of notifications recorded here is 57,834. Of those, 32,074 required a response. That means that people call up and provide information to DOCS that does not require us doing anything about it other than recording the information that they have provided. By "response" we mean it requires a piece of information to be assessed and then, after its assessment, allocated as a case to a case worker or a district officer.

In those cases that did not require a response people can be: one, notifying to us additional information about the case we already have, so that it is simply recorded on the client information system; or, two, they could be notifying the same individual who has been notified in a number of places. Let us say a child presents at a child care centre with welts on the backside. The child care centre reports it. It is then reported by a community nurse, and it is also reported by a doctor. So those are three notifications about the same thing, with only one of those notifications requiring a response. Other things can be fairly trivial—for example, a notification that a child is running around in a backyard without a nappy on, and they call us to tell us that.

The Hon. Dr A. CHESTERFIELD-EVANS: You have 25,760 notifications being written off out of 57,000. That is a very high proportion.

Ms NILAND: I am trying to give you a range of examples off the top of my head about why it would not require an immediate response. But, to satisfy your serious question, perhaps it would be better if I took it on notice, and in that way I could provide you with a fairly good estimation of the whole range of issues that come into the department which do not require immediate response.

The Hon. Dr A. CHESTERFIELD-EVANS: From your estimates, there are between 6,414 and 9,622 notifications of children at risk that your department did not write off but did not receive direct contact from a DOCS officer. Is that correct?

Ms NILAND: I need to take that question on notice. That is not the way I see it.

CHAIR: So does that figure mean that between 20 and 30 per cent get no response? Is that the information I should glean from this?

Ms NILAND: No.

The Hon. Dr A. CHESTERFIELD-EVANS: That is the way I have calculated it.

Ms NILAND: No. What we are talking about is "required a response". Every single thing that comes in gets a piece of work done on it, so it is assessed. At the end of the assessment a decision is made about what might be done. Let me give you another example. The police notify us that in a particular household domestic violence occurred. They notify us also there were two children in the household while the domestic violence occurred. The third piece of information they give us is that the mother left the household that night with the children and is considered by the police safe, and that they have taken the other person into custody. In that instance it does not require a response from us because the children are safe: the children have moved out of the violent home with the mother, and the police are assured that those children are safe because the perpetrator is in custody. Now, that situation could change. If it changes, the next notification might be that the perpetrator has now come out of custody and, in addition, the mother has moved back into that violent situation. At that point, that requires a response from us.

CHAIR: The answer in response to question 52 is that only 70 to 80 per cent of the 32,074 children who required a response actually received direct contact from a DOCS officer. In other words, 20 to 30 per cent of those who required a response, as I read this answer, actually get one. Or can't I read?

The Hon. R. D. DYER: You can't read, because it says that 70 to 80 per cent required and received direct contact.

CHAIR: That means that 20 to 30 per cent required, but did not receive, a direct response from a DOCS officer.

The Hon. Dr A. CHESTERFIELD-EVANS: You are saying those who did not require and did not receive are the 20 to 30 per cent?

CHAIR: No. Some 32,000 required a response. There might have been another 20,000 who did not require a response. I accept that. They might be the children running around without nappies on. However, of the 32,000 who required a response, 20 to 30 per cent did not get the required response.

The Hon. H. S. TSANG: And did not require it either.

CHAIR: No. We have excluded those who did not require it.

Ms NILAND: The force of the question as I understood it was whether they required direct contact from a caseworker?

CHAIR: The answer you gave to the question from the Hon. A. G. Corbett was that 32,000 required a response. There were another 20,000 who did not require a response.

The Hon. R. S. L. JONES: How do you define a response?

Ms NILAND: A response is that we have received a notification and, having received the notification we have to assess the information that we have been given and maybe follow it up with one, two or three phone calls. That is a response. The next level is that that is then allocated to a district officer or caseworker, and that involves direct contact with the caseworker. We are talking about a continuum of response. Some of it involves direct contact; some of it does not.

CHAIR: There might be 10,000 notifications that you judge as not requiring response; and 32,000 that require a form of response, building up to direct contact, of which, say, 30 per cent, after talking around it a bit, you consider does not need any direct contact or response—other than making a few inquiries. Have I got it right?

Ms NILAND: With one exception, which I did not add. While those inquiries are going on, it could also involve a referral to another agency. It is still not direct contact with the district officer.

The Hon. Dr A. CHESTERFIELD-EVANS: What is the renotification rate of the children at risk who did not receive direct contact within a 12-month period?

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

[Short adjournment]

The Hon. J. H. JOBLING: Could we start with a very simple question which should take about one second for an answer, I suspect. In answer to question five from the Hon. Patricia Forsythe relating to refurbishments and upgrading, you said they were made in line with relevant guidelines. Could you make the relevant guidelines available to the Committee please?

Ms NILAND: This is in relation to the answer to question five?

The Hon. J. H. JOBLING: Yes, question five in the first set of questions. The Hon. Patricia Forsythe asked a question relating to expenditure and budgeting and your response was that they are required to be made in line with relevant guidelines. My very simple question is: can you make the guidelines available?

Ms NILAND: Certainly.

The Hon. J. H. JOBLING: Coming back to intensive support services, question 58. As I understand it, your department is currently not providing any therapy services into Peat Island. Am I correct on that basis?

Ms NILAND: Can you tell me, please, what you mean by therapy services?

The Hon. J. H. JOBLING: I am referring to intensive support services and what support is being provided to the residents of Peat Island. Perhaps you could clarify, firstly, that you still have some residents there, as that may render my line of questioning inappropriate?

Ms NILAND: Yes, we have residents at Peat Island.

The Hon. R. D. DYER: Point of order! Question 58 deals with intensive support services for children in care. Peat Island is an institution for people with developmental disabilities. They are serviced by quite different programs.

The Hon. J. H. JOBLING: What I am looking at in particular in respect of intensive support services are physiotherapy and occupational therapy and things like that. You have indicated to me that you have residents at Peat Island.

Ms NILAND: Yes.

The Hon. J. H. JOBLING: Therefore, am I correct in my understanding that you are not providing physiotherapy and occupation therapy to those residents.

Ms NILAND: I am puzzled because the question—

CHAIR: It may come under the disability services area.

The Hon. J. H. JOBLING: Question 58 was a very broad question.

Ms NILAND: Yes, but it is dealing with a different program. It is dealing with substitute care.

CHAIR: Do you have a representative from disability services?

Mr LOXTON: I am Peter Loxton, Acting Director-General of Ageing and Disability.

CHAIR: That comes under the heading of the questions the Hon. J. H. Jobling put on notice: functions and provisions of ageing and disability services.

Mr LOXTON: Do you want to deal with that now?

The Hon. J. H. JOBLING: If you would like to, yes.

Mr LOXTON: May I say I am acting in the position of Director-General, Ageing and Disability Department, in the absence on leave of the Director General. I am accompanied by Janet Milligan, who is the Director of Program Performance. I understand the Committee was notified of Marianne Hammerton's absence. In respect of issues of detail I may call on Janet.

Ms MILLIGAN: The question relates to Peat Island, which is a residential facility for adults with intellectual disability. Our understanding is that there are no children at Peat Island. The question relating to substitute care would seem to not apply to Peat Island.

The Hon. J. H. JOBLING: The question relates to the services that are or are not supplied to your residents there, particularly in relation to physiotherapy and occupational therapy. Are they receiving those services?

Ms MILLIGAN: Your question is: Are the adults who live at Peat Island receiving therapy services?

The Hon. J. H. JOBLING: Yes.

Ms MILLIGAN: Peat Island is a residential facility that is managed by the Department of Community Services. Having that clarification, perhaps the Director General might like to respond to the question if she can.

Ms NILAND: Based on my knowledge, the residents at Peat Island have access to a full range of services. What I do not know is whether they are currently receiving physiotherapy or occupations therapy services. I had better take the question on notice so that I am sure that the answer is accurate.

The Hon. J. H. JOBLING: If such services were needed, do you give this Committee a guarantee that they will be provided?

Ms NILAND: The short answer to that is yes.

The Hon. J. H. JOBLING: It is my understanding from DOCS staff—and this stems from the comment that you were in an acting position—that there are more supervisory positions in DOCS occupied by acting staff than by permanent employees. Would that be a reasonable comment?

Ms MILLIGAN: By way of clarification, I am the acting Director General of the Ageing and Disability Department.

The Hon. J. H. JOBLING: First to you, and then to Ms Niland. How many of your positions are occupied by acting staff as opposed to permanent appointments?

Ms MILLIGAN: I would have to take that question on notice.

The Hon. J. H. JOBLING: Ms Niland?

Ms NILAND: I would begin with a general comment that we have had a staff freeze since March of last year. The result of that staff freeze is that you cannot permanently fill positions unless they are front-line positions. In the Department of Community Services that means that our caseworker district officers are exempt from that staff freeze. In some instances in our residences our direct care workers are also exempt from the freeze. But if one moves into positions of what would be colloquially referred to as promotion positions, DOCS is looking a bit like the Academy Awards: everybody is acting.

The Hon. J. H. JOBLING: I realise you would want to take this question on notice. Could you perhaps quantify for the Committee how many positions in DOCS are occupied by acting staff, out of a total number?

Ms NILAND: Yes, I can provide that on notice, but when you have had a staff freeze that goes on for over a year, you would find this phenomena right across the New South Wales Government. The only thing that would mitigate against it is the turnover rate. Because our turnover rate is relatively low, we would have fewer acting positions than other comparable government departments.

The Hon. J. H. JOBLING: Obviously, it is a serious position. Can I put to you the proposition that this must make your case management extremely difficult. In fact, it would seem to me that a conclusion one could draw is that it would not be in the best interests of your clients.

Ms NILAND: This does not impact on the clients because direct care workers are exempt from the staff freeze.

Ms NILAND: The managers would be in acting positions. When a person takes on an acting position he or she goes through a merit selection process. An acting position in DOCS does not mean that someone taps you on the shoulder and says, "You will act." Expressions of interest are put out for them and they compete for a position. Even though they do have not the substantive position and even though they have not been market tested against people from outside DOCS who would apply if the position was advertised, whether that is internally in government or externally, we are satisfied that, within the pool of people available, we have made a merit selection.

The Hon. J. H. JOBLING: Surely you are not saying to me that having so many people in an acting position is good for the management, structure or morale of the department or, at the end of the day, that it is ultimately in the best interests of the whole client base? Surely you are not saying that it is in the best interests of management and the clients? Surely you would be quite upset with that?

Ms NILAND: I am saying that we would prefer to substantively hire the people to do the job. I do not agree that this has a direct impact on service delivery. As I have said, service delivery is exempt. Of those people who are acting, they have already gone through a merit selection process. So it is not as though they are getting the positions by accident; they are getting the positions through a careful selection process. They would be more than competitive if they were market tested. The only difference then relates to stability. Does that affect stability? It affects stability, but when you are in a service for which people have job tenure—unlike private enterprise where they do not have job tenure—it is not unusual to have a high percentage of people acting. There are particular kinds of protocols for that to occur. People accept that as a way of managing a service.

CHAIR: I have heard apologies before in my life, but that has got to be one of the worst. First you are saying that you would rather have jobs substantiated because you have a bigger pool of people to choose from. Then you are saying, "We will just take the best from what we have got and we will still manage. It will not have any impact on the quality of the service." Then you are saying, that in the worst case scenario, you are quite happy to have a lot of people acting. It is bizarre. You should read the answer that you have just given. I think it is bizarre.

The Hon. J. H. JOBLING: With respect to the Director-General, I have some understanding of management and I find it interesting. The question of tenure opens up a new line of questioning, but that is not the matter that I would like to pursue right now. I turn to question 25 which refers to the SAAP program. Question 25 refers to the Supported Accommodation Assistance program [SAAP] that your department administers. Can you confirm whether that program is for use only by the genuinely homeless?

Ms NILAND: The program is for use by people who are temporarily homeless—women who are escaping domestic violence and their children. So the definition of what is genuinely homeless, I am not sure what that would mean.

The Hon. J. H. JOBLING: I think the words "genuinely homeless" are reasonably understandable in the English language.

Ms NILAND: Take the example of a woman escaping domestic violence. She is temporarily without a home. There is a home and she may even be the registered co-owner of that home, but she is not living in it. Do you consider her to be genuinely homeless or not?

The Hon. J. H. JOBLING: I am trying to find at what you consider to be genuinely homeless. That will become apparent from the second question that I would like to put to you. Are State wards referred to SAAP services by DOCS?

Ms NILAND: Sometimes, yes.

The Hon. J. H. JOBLING: Why then is DOCS using State wards in what should be a genuinely homeless service? Why are you doing that?

Ms NILAND: Let me reiterate the purpose of the SAAP program. SAAP programs are for people who are in crisis, who are homeless, who are moving towards independent living, or who are returning to their families. So four categories of assistance are provided to people. Why would State wards be in SAAP services? The key reason that State wards are in SAAP services is that to return them to a family situation is something

with which they cannot psychologically cope. In other words, the family has been an incredibly dangerous and upsetting place for them and, based on a psychological assessment, the most appropriate place for them to be is with people who are more their contemporaries, where they do not experience the intensity of living in a family-like situation. So that is when a decision is made to put them in a SAAP service.

The Hon. J. H. JOBLING: I wish to explore a scenario with you. Bearing in mind the fact that, under the Intoxicated Persons Act, intoxicated persons could also be placed in SAAP services, do you believe that that is in the best interests of children in care who are using these services? Could it not be said that those children could be at risk whilst in your care and in these services?

Ms NILAND: Can I obtain clarification to that question? Is the question that a young person is in a SAAP service and an intoxicated person is also put into that service?

The Hon. J. H. JOBLING: I am looking at the placement of State wards into a SAAP service. They could come into contact with intoxicated persons. Are you in fact liable to put people that you are supposed to be caring for at risk in these services?

The Hon. R. D. DYER: I seek clarification of the question asked by the Hon. J. H. Jobling. I do not understand the reference to intoxicated persons who are normally directed to a place other than a SAAP service. Could he indicate how in any respect they relate to a SAAP service?

The Hon. J. H. JOBLING: My question is directed to the Director-General. I am not having an interrogatory with the Hon. R. D. Dyer. My question was whether or not State wards were being referred to SAAP services. The answer to my question was yes. I am now exploring the difficulties that could be encountered by State wards using these services and the potential risks in which they could find themselves. Is that what the department is intending?

Ms NILAND: It is certainly not what the department is intending. Intoxicated persons are referred to part of the SAAP services which are known as proclaimed places. It is totally inappropriate to have a State ward who is not intoxicated and is not a chronic alcoholic referred to a place of adult care for people who are intoxicated.

CHAIR: That was an example. There must be other examples of instances when you do not use the word "intoxicated".

The Hon. H. S. TSANG: Point of order: We are dealing with a hypothetical question. Why are members asking questions which do not relate to real cases? Why are we going into something that might or might not happen?

CHAIR: The Hon. J. H. Jobling can ask whatever questions he likes. If the Director-General has a problem with them she will point that out.

The Hon. J. H. JOBLING: The Director-General might enjoy this delicious irony. As I understand it the Government—perhaps even under the former Minister—made SAAP services available under the Intoxicated Persons Act. As I understand it SAAP now includes proclaimed places under the Act. Am I correct in that assumption?

Ms NILAND: There is no doubt that there are proclaimed places under the SAAP provisions. However, it does not automatically follow that because a SAAP service is a proclaimed place a State ward would be referred to one of them. That would be a completely inappropriate placement and, to the best of my knowledge, it has never happened.

The Hon. J. H. JOBLING: Can you assure the Committee that this has not happened because, from what you have said, it is entirely within the bounds of possibility that it could happen?

Ms NILAND: No. It is entirely in the bounds of possibility that it would not happen.

The Hon. J. H. JOBLING: I note that you used the word "would". I am not referring to semantics; I am trying to ascertain the care and concern of the department and its reaction to situations such as this. Are you absolutely confident that this sort of placement cannot or will not happen? You have not given me that assurance.

Ms NILAND: I have been Director-General for about two years and three months. I cannot assure you that at any stage prior to me becoming Director-General or subsequent to me being Director-General that it has not happened or that it will not happen. All I can say to you is at that, to the best of my knowledge, we have in place the protocols, the practice, the training, the dedication and the philosophy not to refer a State ward to a proclaimed place.

The Hon. J. H. JOBLING: I return to question No. 2 and question No. 4 in the second series, one of which was asked by the Chair and one by the Hon. Patricia Forsythe. Question No. 2 relates to the investigation at the Nowra DOCS that found that in one month alone 10 notifications involving children under one were not followed up. In relation to question No. 4 the Chair asked about unallocated cases and what figures other district offices had and the answer indicated that unallocated casework is not a static list. You have made comments on that matter in an earlier answer to the Hon. Dr A. Chesterfield-Evans. In view of those two questions, what checking have you or your officers undertaken to ensure that what happened at Nowra is not generally reflected across-the-board in offices throughout the State or will not turn up in other specific offices. Can you advise me on that matter?

Ms NILAND: Yes. The first relates to a question asked by the Hon. Patricia Forsythe. She alleges in her question that a recent investigation of the Nowra office by DOCS found that in one month 10 notifications involving children under one were not followed up. I do not agree with her supposition in the question. I then went on in the answer to point out what the workload management review of DOCS actually found. The purpose of your question is: Am I satisfied that notifications involving children under one are followed up? The answer to that is unequivocally yes.

The Hon. J. H. JOBLING: What means have you undertaken to assure yourself of that status? Why are you so sure? Have you or your department checked?

Ms NILAND: We check on a regular basis, that is, on a monthly basis. As you are aware, we obviously had the discussion about priority one. Besides priority one there is another policy that is called the under one policy, and it is checked on a monthly basis that notifications under one are followed up. There are instances where they do not need an immediate response. I think I gave this example last time but I think it bears repeating. If we have a child who is born with an opiate addiction—and that is a common occurrence in children who are notified to DOCS—that child is in the safe care of a hospital where it is undergoing a detoxification program and will be there from one to three months. We have the child notified, as is perfectly correct because they are under one, but they do not need to be followed up, that is, given a direct service by DOCS because they are safely within medical care. Where they will need follow-up is on their release from hospital to ensure that whatever is the case management of that case then requires a service from us.

The Hon. J. H. JOBLING: Would you not find it unusual, looking at the answer to question No. 2, which states that a workload management review of Nowra found that there was inconsistency and non-compliance in reporting methods, inaccurate data combined with poor work practices, resulting in staff being unable to accurately identify and prioritise current casework.

Ms NILAND: Yes.

The Hon. J. H. JOBLING: You then proceed to resource Nowra by appointing two full-time assistant managers and an experienced manager with extensive background and additional external clinical support. I put it to you that somebody reading that question and answer would draw the conclusion that it is only as a result of that question that this has turned up and, therefore, if that is the case at Nowra, one wonders what will be found in other places.

Ms NILAND: The inquiry into Nowra preceded any question by the Hon. Patricia Forsythe.

CHAIR: That is right, it did.

Ms NILAND: Second, putting in an experienced manager with an extensive child protection background means that under the transformation process DOCS is going through at the moment we have the flexibility of providing a dedicated manager for child protection. Previously, we had a policy that generic managers would run our community service centres. That meant they may have come from a disability background, a child protection background or they may have come from health.

CHAIR: The Hon. J. H. Jobling is clearly suggesting that as a result of the inquiry into DOCS at Nowra a new manager was appointed and two full-time assistant managers were brought in. He is asking where you inquired into other offices such as Lismore, Grafton or Coffs Harbour and did the same thing or was Nowra just a rotten apple in the barrel?

Ms NILAND: We do it on a continuing basis.

The Hon. J. H. JOBLING: How many would you do a year out of how many?

Ms NILAND: Last year I suppose I conducted a review of about 40 community service centres.

The Hon. R. D. DYER: I draw your attention to the fact that it is now five past four.

The Hon. J. H. JOBLING: Of these additional staff that were attached to Nowra, were new positions created with new members or were they transferred from somewhere else and what was a result of transferring them from another place?

Ms NILAND: The experienced manager in child protection was merely a swap.

The Hon. J. H. JOBLING: Somebody else did not need them?

Ms NILAND: The experienced manager who was there was in disability services. They were put where they were going to be managing disability services and another person was moved from a generic position to look after child and family. That is the first one. To appoint two full-time assistant managers, we had one and there is one additional, that is, extra money found to appoint that additional assistant manager and the additional external clinical support was provided to staff at Nowra because in the 90s there was a critical incident that occurred at Nowra resulting in the tragic death of a child and we formed the view that our staff needed critical incident debriefing from that, even though that have occurred five years previously.

The Hon. J. H. JOBLING: So there was enough funding to enable you to do this, in a barrel somewhere?

Ms NILAND: Not in a barrel. What we do is we squeeze management and, as you know, acting positions are cheaper than full-time positions and from that we were able to reallocate resources to the field.

CHAIR: We have run out of time but with your indulgence the Hon. R. S. L. Jones has a further question.

Ms NILAND: I actually want to clear up something with the first question of the Hon. R. S. L. Jones. I was asked a question earlier concerning the Matrix report and I took the question on notice. However, I would like to correct the record and state that I am aware of this report. It is known to me as "Evaluation: Case Planning and Management Strategy". Matrix is the name of the company that undertook the evaluation. I was a bit flummoxed by it because we operate in matrix management and I was confused as to where that had come from. The recommendations of the report are being considered and will be dealt with with the roll-out of the new child protection legislation.

The Hon. R. S. L. JONES: Will the report become public?

Ms NILAND: The report at this stage is not a public report.

The Hon. R. S. L. JONES: But it will become public?

Ms NILAND: I do not know whether the report will become public or not as the report was an internal document that reviewed case management practice. It covered the period before I came there and what we learnt from that report we built into the new case management system for the legislation that is coming out in November.

CHAIR: But it does exist in written form?

Ms NILAND: This report?

CHAIR: The report that followed that report.

Ms NILAND: Sorry? The report that followed that report?

CHAIR: He has a copy of the report so it is a public document.

The Hon. R. S. L. JONES: Well maybe it is not public. Maybe this is an unofficial copy. Following on from your answer about the evaluation report, as you know in the report there are some damning criticisms of DOCS about the loss of files and some DOCS units ignoring requests and so on. Can you assure us that the concerns expressed in that report will be adequately addressed?

Ms NILAND: I can.

The Hon. R. S. L. JONES: I hope so.

Ms NILAND: When you computerise a system it is then very difficult to lose the files.

The Hon. J. H. JOBLING: Oh no, it is not.

The Hon. Dr A. CHESTERFIELD-EVANS: What about the lost laptops?

The Hon. R. S. L. JONES: Please continue.

Ms NILAND: One of the difficulties is the paper-based system and the nature of our clients, particularly those in rural areas, in that they are highly itinerant, they are more itinerant than any other parts of the population. That means that the Lismore office may be handling the case, then the Dubbo office has to handle it, then the Broken Hill office has to handle it and then it may go down to Victoria and we negotiate across the border for a while and then it is at the Dareton office. That movement may occur within a four or five-week period so files are moving all the time. Whereas it may be jocular to talk about files being lost, the critical thing is that when you have as many clients as we do who are constantly on the move, you will have some difficulty in locating the file. The file itself will turn up but it unfortunately might be now in the Lismore office, that having been the domicile of that client for about two weeks but we just have not thought to look in the Lismore office.

When we computerise not only will the information be directly recorded on the database, that database will be backed up and will be continually backed up as it is included and paper documentation will also be scanned in. There will be two sources of information: A hard copy file plus the computer file with the scanned in documents and backing that up will be another file to ensure that if the computer system crashes, we still have the electronic file as well as the paper file. That is in an effort to get round the problems of movement of files between offices.

The Hon. R. S. L. JONES: In 1986 the New South Wales Select Committee on Prostitution found that being institutionalised, especially on child welfare matters, was a high-risk indicator of future involvement in prostitution. In 1996 the Wood royal commission came to similar conclusions regarding child prostitution and victimisation by paedophiles. Recently, the Marsden case heard evidence that many State wards had become rent boys. What programs, reports and funding has the department produced both historically and in the last two budgets to specifically address these problems?

Ms NILAND: I will take that question on notice.

The Hon. Dr A. CHESTERFIELD-EVANS: I request that any of my unanswered questions in the list be taken on notice.

Ms NILAND: Yes.

The Committee proceeded to deliberate.
