

GENERAL PURPOSE STANDING COMMITTEE No. 2

Monday 4 September 2006

Examination of proposed expenditure for the portfolio areas

COMMUNITY SERVICES, YOUTH

The Committee met at 8.00 p.m.

MEMBERS

The Hon. P. Forsythe (Chair)

The Hon. C. M. Robertson
The Hon. P. Sharpe
The Hon. H. S. Tsang

The Hon. A. Chesterfield-Evans
S. P. Hale
The Hon. R. M Parker

PRESENT

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

Department of Community Services

Dr N. C. Shepherd, *Director General*

Ms S. E. Dawson, *Deputy Director General, Communities and Policy*

Mr A. L. Ramsey, *Executive Director, Corporate Services*

Ms D. T. Rygate, *Executive Director, Strategy, Communication and Governance*

Office for Children

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

Ms K. A. Boland, *Children's Guardian*

CHAIR: I declare this hearing open to the public. I welcome the Minister and accompanying officials to the hearing. At this hearing the Committee will examine the proposed expenditure for the portfolios of Community Services and Youth. Before we commence I will make some comments about procedural matters, firstly in relation to the broadcast of proceedings.

In accordance with the Legislative Council's guidelines for broadcast of proceedings, only Committee members and witnesses may be filmed or recorded. People in the public gallery should not be the primary focus of any filming or photos. In reporting the proceedings of this Committee you must take responsibility for what you publish or the interpretation you place on anything that is said before the Committee. The guidelines for broadcast of proceedings are available from the table by the door. In relation to the delivery of messages, any messages from attendees in the public gallery should be delivered through the Chamber and support staff or the Committee clerks. Minister, you and the officers accompanying you are reminded that you are free to pass notes and refer directly to your advisers while at the table.

I ask that Hansard be given access to material placed on the public record during hearings. This is the usual practice in the House and is intended to ensure the accuracy of the transcript. I ask that all mobile phones be turned off, please. In this instance, turning them off does not mean putting them on silent or some of a lesser noise. It means turning them off. In relation to the format of hearings, Minister, the Committee has agreed for this hearing the portfolios of Community Services and Youth will be taken together but we will do 20 minutes for the Opposition, 20 minutes for the crossbench and 20 minutes for the Government in that order. If there is time left at the end I will allocate it appropriately and fairly. Do you anticipate any problems with that?

Ms REBA MEAGHER: No, that is fine, Madam Chair.

CHAIR: The Committee has resolved to request that answers to questions on notice be provided within 21 calendar days from the date on which they are sent to your office. Do you anticipate any problems?

Ms REBA MEAGHER: No.

CHAIR: I understand a number of committee members some you a number of proposed issues for questioning at this hearing. Are you familiar with those issues?

Ms REBA MEAGHER: I understand that only the Greens submitted issues they want to canvass.

DONNA THERESE RYGATE, Executive Director, Strategy Communication and Governance, Department of Community Services, and

KERRYNN ANN BOLAND, Children's Guardian, Office for Children, sworn and examined:

NEIL CRAIG SHEPHERD, Director General, Department of Community Services,

SUSAN ELIZABETH DAWSON, Deputy Director-General, Communities and Policy, Department of Community Services,

ALAN LAUGHTON RAMSEY, Executive Director, Corporate Services, Department Of Community Services, and

GILLIAN ELIZABETH CALVERT, Commissioner for Children and Young People, Office for Children, affirmed and examined.

CHAIR: I declare open the proposed expenditure for Community Services and Youth. Minister, do you wish to make a brief opening statement?

Ms REBA MEAGHER: Yes I do. In December 2002, the New South Wales Government demonstrated its commitment to vulnerable children and families across New South Wales by announcing a \$1.2 billion five full year reform of the Department Of Community Services. The reform will see Government spending on DOCS increase by 11.4 per cent to \$1.13 billion this financial year as we continue working to achieve our major reform targets, including the recruitment of an additional 1,025 caseworkers, \$150 million for new early intervention services and more than \$600 million to improve services and support for young people who cannot live at home and their carers.

A critical element of this reform is cultural change, changing the way DOCS does business. I would like to address this issue in my opening remarks. By 30 June 2006 the Department of Community Services had created 450 additional caseworkers it is under the reform package, but the reform is about much more than increasing caseworker numbers. New DOCS caseworkers must be degree qualified and must complete the caseworker development course. Delivered over 22 weeks, caseworkers alternate between intensive training and working in the field using their new skills with support and advice from experienced workers and managers.

At the end of the program caseworkers can identify key departmental programs, policies and procedures, understand the role and responsibilities of a case worker, apply theoretical knowledge on issues such as child development and the dynamics of abuse to real life cases, and use new skills to help them communicate effectively with children and families, apply effective case management skills, and understand the socio-legal framework of child protection as well as the application of relevant legislation.

Early intervention caseworkers complete the caseworker development course when they start their career with DOCS, and then undertake additional training for their work in early intervention. The early intervention course is a specialist three-day course detailing the early intervention program. Early intervention seeks to identify families who are vulnerable and support them to stop their problems from escalating.

The program aims to keep families together and keep children out of the statutory child protection system. The early intervention course teaches caseworkers how to engage with families and assess their strengths and needs so that the best support and services can be provided. Around 150 caseworkers, casework managers and managers client services also completed the early intervention

course in 2005-06. Experienced case workers are being trained to use new programs and techniques while more than 300 staff completed management courses in the past 12 months.

During 2005-06 a number of internal courses, including management development, the caseworker development course, joint investigation response training, and professional supervision were formally accredited with several universities. Staff who have successfully completed these courses or who complete them in the future will now be eligible to receive credit towards specific undergraduate and post-graduate degrees. Across DOCS almost 24,000 training days were delivered last year. This is a significant increase on the 2004-05 period, and further growth is expected this financial year.

In addition to formal training, front-line staff now have access to a range of specialised information resources. The research to practice program provides information and advice based on the latest research evidence and best practice developed by the DOCS centre for parenting and research to help case workers do their jobs better. In addition to regular updates detailing the most recent developments, research to practice notes provide more in depth commentary on child protection issues such as neglect, parenting capacity and attachment.

Caseworkers deal with child abuse and neglect linked to alcohol and other drugs every day and the DOCS DrugNet Intranet site provides them with the information they need on drug types, effects and treatments. And for families where parents suffer mental health issues as well as drug or alcohol misuse, the award-winning dual diagnosis support kit provides information for caseworkers, parents, carers and children. The latest resource is the caseworker field kit, which is being trialled for three months by caseworkers at 11 sites and at the Helpline. The kit provides information on current policies and procedures and, as it is rolled out across the State, will ensure all caseworkers have access to the latest policy information. Resources such as the field kit are essential to the department's drive to achieve operational consistency.

The Operational Consistency Major Project was launched in 2004 to ensure DOCS has consistent and effective systems and procedures in place across New South Wales. As a result of cuts to so-called "non-essential" staff and other savings imposed by the Coalition during the early 1990s, DOCS systems prior to the reform package were run down and policy was, at best, ad hoc. In April 2002 Bruce Barbour, the New South Wales Ombudsman, had this to say:

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

And because relying on good luck is not enough when a child's safety is at stake, DOCS is working hard to improve its infrastructure and procedures. The new caseworker computer system has been introduced and caseworkers are being better supported in the field by the appointment of more psychologists, legal officers and clerical staff. Specialist policy units have been established to ensure DOCS procedures reflect best practice. Because DOCS in such a large organisation both in terms of staff numbers and geographic spread a significant amount of work is being done to ensure that every caseworker in every Community Services Centre in New South Wales knows and employs current procedures and policies to ensure all children at risk receive the best possible care. Staff performance across DOCS is being managed in a systematic way through the introduction of annual personal planning and review agreements. These annual agreements see managers and workers from the most senior executive to the most junior caseworker reviewing performance, identifying areas for improvement and setting goals against which future performance will be measured. A toolkit has also been developed for the management of poor performance and is being used to train front-line supervisors. As part of the new professional development strategy more than 300 managers have completed a four-day training course to improve the quality and consistency of professional supervision for casework staff.

Service delivery by non-government organisations accounts for about 60 per cent of the DOCS budget. A critical element of the reform is ensuring that the services DOCS buys are both effective and efficient. Developed in consultation with representatives from the community services sector, the DOCS funding policy seeks to enhance non-government service delivery by strengthening service capacity, performance-based contracting, and providing flexible funding options. The department is committed to fostering a diverse and vibrant service sector including small and large organisations delivering locally relevant and cost-effective services. Performance-based contracting

will give all our community partners more flexibility and control over the way they manage their projects. Under new funding and reporting arrangements, organisations will be able to highlight how their projects help clients, rather than document inputs and processes. The emphasis is now firmly on results. More flexible funding options will ensure that the best placed provider is chosen to deliver services. From contestable expression of interest processes to the direct allocation of funding where appropriate, the funding policy will enhance service quality and value for money.

DOCS is also working with NGOs and peak organisations on a number of capacity-building projects including: good practice guidelines to help NGOs comply with the DOCS performance monitoring framework; funding the New South Wales Council of Social Service to auspice the Aboriginal Capacity Building Project; maintaining the community builder's web site, which provides an opportunity for NGO networking, information and peer support; DOCS costing manual which helps DOCS and NGOs plan, develop and review services; DOCS NGO training program for non-profit boards of directors, management committees and collectives; and development of a common chart of accounts for DOCS-funded NGOs. Through these and other projects DOCS seeks to work with non-government organisations to build a better, more sustainable community services sector. The DOCS reform package is about a lot more than increased budgets and more staff. It is about changing the way we think and the way we do things. While no child protection system can protect every child all the time, I am confident that the Department of Community Services is well on the way to providing the best possible care for vulnerable children in New South Wales. In concluding my remarks, I am sure that members of the Committee would appreciate that this organisation deals with sensitive individual matters and whilst I am happy to answer questions about Government policy I am not prepared to canvass details of individual cases that may well be subject to investigation.

CHAIR: How many children have died since December 2004 following notification to DOCS?

Dr SHEPHERD: Those statistics are available in the Ombudsman's reviewable death reports. They are published. I can take that on notice and provide the precise information to you in due course.

CHAIR: Could you include the circumstances of each of those deaths, please?

Dr SHEPHERD: Insofar as they are available. It would be a matter of checking the report.

CHAIR: When do you anticipate the next reviewable deaths report of the Ombudsman will be published?

Ms REBA MEAGHER: That is a matter for the Ombudsman but it is generally towards the end of the year. Last year I think it was in the last week of November or first week of December.

CHAIR: I refer to the survey that you released this morning which showed that 43 per cent or almost half of all people who suspect a case of child abuse were reluctant to report their concerns. Is that an indication that the Government has failed to inform the community about reporting methods?

Ms REBA MEAGHER: No, because the report also went on to detail the reasons given by those people for not reporting. Interestingly, the first point they made was that they wanted somebody else to take responsibility for making the notification. But, having said that, I think that there is certainly room for DOCS to work more closely with the community to encourage people to notify suspected cases of child abuse.

CHAIR: By contrast, on 27 August you announced that there had been an increase of up to 30 per cent of notifications to DOCS in the past year. How many of the total number of notifications were followed up with a home visit?

Ms REBA MEAGHER: All of the cases that are referred to the Department of Community Services receive an initial assessment. Following an initial assessment it is then determined what course of action should be followed by the department. I will ask the director-general to answer that.

Dr SHEPHERD: When a report is made to the Helpline it is initially assessed by a Helpline caseworker and then a decision is made as to what priority level that case should be assigned. In roughly 66 per cent of cases they are referred to a community services centre or to a joint investigation response team for further investigation. The 66 percent that are assessed as requiring further investigation are then assessed again at the community services centre or at the joint investigation response team to determine whether additional information is available locally over and above the initial report and to make a further assessment as to what should occur with that case. If it is decided that the case is of sufficient priority to allocate it to a caseworker it will then go through a process known as secondary risk of harm assessment, which is designed to determine the level of risk.

That may or may not involve a home visit; it will certainly involve contact with other professionals who may be dealing with the family. At the end of that process—and it is a complex and detailed process to complete the secondary risk of harm assessment—we will make a decision as to whether we should be taking action in the Children's Court, whether we should be providing additional supports to the family, whether we should refer them to other services, or exactly what intervention should take place. Where we suspect that a child is at risk of serious harm, the home will usually be visited and the child will be sighted. It would be an unusual case in which that action was not sought to be taken.

CHAIR: Given that you released the figures on 27 August, it suggests that you have now done a tally for the period 1 July 2005 to 30 June 2006. Can you provide a breakdown of the figures by region, including the number that you determined to be at risk and were followed up with a home visit?

Dr SHEPHERD: I obviously cannot provide that now.

CHAIR: Can you take that question on notice?

Dr SHEPHERD: I doubt that without a substantial amount of work, involving going back to individual files—remembering the number of reports we are dealing with—I can tell the Committee whether a home visit was conducted on each of those cases because it is part of the total complexity of the case investigation. I cannot say off the top of my head whether that information is readily available. If it is readily available, I can take the question on notice.

CHAIR: But you obviously knew you had a 30 per cent increase in notifications by a particular date.

Dr SHEPHERD: Yes, we know that because we get that information from the helpline statistics, which are automatically and comprehensively recorded.

CHAIR: When the helpline gives you a set of statistics, you know that your notifications have increased. Do you also know what happens next with each of the notifications?

Dr SHEPHERD: When the case is transferred to the Community Services Centre [CSC] two kinds of information are recorded. One lot of information is recorded on the client information system, and it is reasonably readily extractable. Other material—a substantial amount—is recorded on individual case files, which are hardcopy files held in the CSC. It is that material which might be exceptionally difficult to extract without going through thousands of files. If it is on the client information system, it is easy to extract. At the moment we are obviously working hard to improve the coverage of the client information system so that it captures all of the important material we might want to use for management information. However, historically the department has operated on paper files.

CHAIR: Are you able to indicate how many of the notifications had a follow-up home visit by region?

Dr SHEPHERD: If we can indicate to you how many of the cases had a follow-up home visit—and I have already put the caveats on that information—then we should be able to extract that information by region. There is no reason that we could not. However, it has to be in a form that we can extract it generally to do that.

CHAIR: After notification, do you allocate a priority?

Dr SHEPHERD: Priorities are allocated at the helpline. In old terms that we have discussed in these committee hearings before, they were levels one, two and three. Level one cases were cases that the department believed it should attend to within 24 hours; level two cases were cases that should be attended to within 72 hours; and level three cases should have work done on them within 10 days. That level is transferred to the CSC or the Joint Investigation Response Team [JIRT]. When they do an intake assessment at the CSC, they may assign a different level. Only a very small proportion of cases now have their level changed. In the March quarter of 2005, only about 4 per cent of cases had their level changed. A quarter of those went up and three-quarters went down. One would expect that to happen based on local knowledge. If there was a level one case in the Tweed CSC and the incident occurred in New South Wales and the child was Queensland based and had moved back to Queensland, clearly New South Wales would not deal with that case. Therefore, that level would go down and the case would be sent to the Queensland authorities. A child locked out of a house or in a car might well receive a level one report. If someone has done something about that within the 24 hours in which the case has been transferred to the CSC, clearly that level will be downgraded. However, it is a small proportion of reports.

CHAIR: Looking back over the past year in terms of notifications and categorisation at levels one, two and three, can you provide the total number of notifications and how they were broken up by region?

DR SHEPHERD: I do not have that information with me here.

CHAIR: Is that statistic kept?

DR SHEPHERD: We should be able to get notifications by region.

CHAIR: And by category?

DR SHEPHERD: Yes.

CHAIR: That must determine where resources are placed.

DR SHEPHERD: Yes.

The Hon. ROBYN PARKER: We have determined that it is available and that you will provide that information by region and category on notice; is that correct?

DR SHEPHERD: I am confident that I can provide the number of reports by region and by level of report.

The Hon. ROBYN PARKER: Further to that, can you provide information about those notifications that were followed up with a home visit and assigned a caseworker?

DR SHEPHERD: I have already said that I am not certain whether I can easily extract that information. It will be available; the question is whether it is easily extractable from the system. If it is on paper files, it will take an inordinate amount of work to pull it out to answer a question like this. That would not make any difference to the casework being done in relation to that family. The CSC would have the information sitting on the file and the caseworkers would have access to that file. Whether I can aggregate that information easily is another matter.

Ms REBA MEAGHER: It is also important to understand that with some level two or three reports, those families may be getting support from non-government organisations, and those organisations may be providing some kind of early intervention response, particularly in neglect cases. In that case, the non-government organisation would have its service history with the family and it would not necessarily be held by DOCS. So those figures would not provide a complete picture of who is visited in the home. Much of the service system is supplemented by the non-government sector.

The Hon. ROBYN PARKER: We frequently hear reports about children who suffer under terrible circumstances. Does the public have a right to know whether those children were known to DOCS before those tragedies occur?

Ms REBA MEAGHER: Quite often we work with families in a voluntary capacity, particularly in our early intervention model. In that case the fact that the family is working with the Department of Community Services [DOCS] may be something that they would like to keep private. By all means we would be happy to give indications of the numbers of families that we are working with, but specific families and specific children, no.

CHAIR: Working with a family in a voluntary circumstance is different from a child that has been notified to DOCS.

Ms REBA MEAGHER: Yes, they could be very disadvantageous to a child that is known to the Department of Community Services in their school environment or in their sporting environment.

CHAIR: I think the basis of the question was the difference between the case of a child that has been subject to notification and one where the family is working in an early intervention process.

Dr SHEPHERD: Perhaps I might just clarify that. For some families who have lower level 3 reports we may give them an option at the first report as to whether they want to participate in the Early Intervention Program as a means of getting them out of the child protection system and into effective supports as quickly as possible. That would be the only circumstance where a child had been notified where we would seek to take a voluntary, rather than a statutory, intervention—and that would make sense. The idea of the Early Intervention Program originally was to either prevent children coming into the child protection system in the first place, or to stop them escalating within the child protection system if that were at all possible. That is the whole purpose of that program. You could possibly get some voluntary case that has had a notification but, clearly, they are not notifications that we believe require statutory intervention.

CHAIR: I suppose the question that was asked was: Does the public have a right to know whether DOCS had an involvement, as a matter of principle.

Dr SHEPHERD: I must admit I do not really understand the question. Perhaps you might tease it out for me a little more.

CHAIR: It seems that the media are sometimes have to do a lot of pulling of teeth, so to speak, to get the information as to whether there was a DOCS involvement.

Dr SHEPHERD: If a child's death or serious injury—and I presume these are the cases you are talking about—or high risk is the subject of an ongoing police investigation then we are exceedingly reluctant to provide information that might jeopardise that investigation in any way, shape or form.

The Hon. ROBYN PARKER: What about if the child dies? Is that appropriate public information?

Dr SHEPHERD: A child death will be investigated by the Coroner, by the Ombudsman and probably, if there are any suspicious circumstances, by the police. In the case of a police investigation, whether it is a child death or a child seriously at risk, we would not jeopardise the ongoing investigation of that case. It would be completely wrong for me or for anybody else in the department to provide information that might stop someone who has murdered a child being brought to justice, so we are just very careful around that. All of the information will come out in due course because the Ombudsman will do the child death review, the Coroner will review it and the police will review it, and we do our own internal investigation, a very thorough one, which we provide to the Ombudsman. It is not as if there is not a complete and comprehensive investigation of the circumstances.

Wherever we can provide information about DOCS' involvement with the family, and we believe that it will not jeopardise an ongoing investigation, we do that. You would have seen some

cases over the last six months or so where we have provided as much information as we think we can provide safely. Often, DOCS has done a lot with these families and it would be very much in our interest to put that information on the public record. The fact is we think it is dangerous to do so and that is very unfortunate from our point of view.

The Hon. ROBYN PARKER: With regard to your caseworkers, Minister, could you tell the Committee how many of your DOCS caseworkers have undergone a working with children check? What, in relation to that, is your policy relating to any workers who have not undergone that check?

Ms REBA MEAGHER: The Department of Community Services undertakes pre-employment screening for recommended applicants for permanent, temporary or casual positions. Pre-employment screening is also undertaken for contractors. The screening process includes a New South Wales criminal record check and the working with children check, as well as a check of the department's own records on the department's key information directory system. The working with children check is a national check that includes all police jurisdictions in Australia, a check for relevant completed disciplinary proceedings and a check for relevant apprehended violence orders. It is departmental policy that pre-employment screening is carried out on all recommended applicants before the person starts work in the department. In addition, the staff selection process includes reference checks for all recommended applicants, and conduct and service checks for inter-service recommended applicants.

The Hon. ROBYN PARKER: So that there are no caseworkers currently employed who have not undergone that checks?

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

CHAIR: Thank you.

The Hon. ROBYN PARKER: Will you provide the actual numbers, please.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Why has the department received a dispensation or an extension in time for it to receive accreditation from the Office of the Children's Guardian? For how long has that dispensation or extension been granted?

Ms REBA MEAGHER: Well, it has not.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The department has not had a dispensation?

Ms REBA MEAGHER: DOCS is part of the accreditation process for out-of-home care providers together with I think around 60 other agencies in New South Wales that provide out-of-home care. DOCS is subject to the same accreditation standards as all other out-of-home care agencies. DOCS is participating in the Quality Improvement Program and is moving towards meeting the same standards as every other designated agency providing out-of-home care. Agencies in the Quality Improvement Program are required to report annually to the Children's Guardian on their progress, in terms of meeting their annual requirements. DOCS, like the other agencies in the Quality Improvement Program, has provided the Children's Guardian with its second annual progress report. DOCS has also had its case files audited by the Children's Guardian each year.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is that public? You said some steps were taken towards getting that accreditation.

Ms REBA MEAGHER: That is right. DOCS is part of the Quality Improvement Program with, I think, in excess of 30 others agencies.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: In what areas is the department required to improve its functions in order to receive this accreditation? Did you get a report card that said "Trying but not good enough", or "Bad at looking after kids", or whatever the categories were? What did it have to do? It is a public document?

Ms REBA MEAGHER: The Children's Guardian is present and I think it would be appropriate for her to give you some more detailed information about what is required in that accreditation process.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I want to know about DOCS.

Ms REBA MEAGHER: DOCS is meeting the same standards as everyone else. Perhaps if she outlines them you will have a better picture of what DOCS and other agencies are required to do.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Right. If I were getting a school report I would not just want the criteria of the school report; I would want to know about the child I am interested in. In this case it is DOCS. Do I have parental permission to get from the teacher information as to how the student is doing?

Ms REBA MEAGHER: The Children's Guardian has assessed the second report by the Department Community Services and has also been looking at our files, so that she could give you more detailed information about that.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: And she may?

Ms REBA MEAGHER: She certainly may.

Ms BOLAND: Thank you for the opportunity. Just by way of background, you would be familiar with the fact that in New South Wales there are out-of-home care standards, and there are mandatory requirements under the legislation. Together those mandatory requirements and out-of-home care standards form the basis of accreditation in New South Wales. Those agencies who elected to go into the quality improvement program did so and they have until 14 July 2013 to achieve accreditation. It is my job to ensure that they report annually on progress towards achieving mandatory core critical and significant standards.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Can you tell me again what DOCS is not doing that they ought to do? I have something of a laundry list of things people have told me are wrong with DOCS. Perhaps you might give me some of the things that are preventing them being accredited currently?

Ms BOLAND: I think it is really important to understand the regulation and the way it is administered.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Perhaps you might table all those?

Ms BOLAND: I am happy to table the regulation and the plans.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: And just give it to us in general terms, otherwise we will run out of time for sure.

Ms BOLAND: In the quality improvement program there is a requirement to report annually to the Children's Guardian and there is a timetable set down as to which standards you will achieve over what period of time. We have set down a timetable for DOCS that takes them to 2009-10 achieving major critical and core standards. Then the period after that is the remainder of the standards to be checked. We have targeted those areas which focus on the care of children in the first instance. DOCS has fulfilled the requirements of meeting all the annual reports, and their reports have been satisfactory.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You have managed to get reported information out of DOCS, have you?

Ms BOLAND: Yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The new computerised system that we have waited for for many years is working well and is producing these reports?

Ms BOLAND: Just by way of explanation, there are two requirements in terms of meeting the standard: there is direct evidence, which is case file evidence, and there is indirect evidence. We have focused on the indirect evidence, which is policies and procedures; DOCS has met all those requirements and has adequate policies and procedures in place. We are now going through a process of looking at case management or case files. We already do some of that in relation to case file audits.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do you find a lot of inconsistencies between the different CSCs?

Ms BOLAND: Inconsistencies in—

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: In decision making and procedures and how well children are looked after, in short?

Ms BOLAND: What we have audited up to date is a cross-section of the out-of-home care population. What we are undertaking at this very moment is an across-the-board out-of-home care audit, and that will be the first time I think I will be in a position to answer that question with any clarity.

CHAIR: Ms Boland, can I just confirm that the document that you were quoting from that the Hon. Dr Arthur Chesterfield-Evans asked that you just refer to generally, you are, in fact, going to table?

Ms BOLAND: Yes. New South Wales Out-of-Home Care Standards.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do you think that DOCS has adequate supervision of its staff?

Ms BOLAND: I do not think I am in a position to answer that until I have finished this current audit. It is speculation at this point.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So the reason they have not been accredited yet is because you have not done a sufficient audit because it is such a large task?

Ms BOLAND: No, they are not accredited because they have elected to be in the quality improvement program, which is set out in a regulation that allows them until 2013 to achieve accreditation.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Could they not have quality now and improve themselves generally? Surely being accredited and improving yourself are not mutually exclusive endeavours?

Ms BOLAND: No, and I have explained that annually they report to the Children's Guardian on progress in relation to meeting the core and critical and significant standards. And they have done that on two occasions.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But if there were a small agency that was trying to get a DOCS contract, presumably it would have to be accredited as early as possible in order to get that contract because it would thus have proved it was a competent agency, would it not?

Ms REBA MEAGHER: As I have already pointed out, there are 31 agencies that are part of the quality improvement program. So some of these agencies have been providing out-of-home care services for over 100 years, and it is only appropriate that they are given time to adjust their service delivery model to meet the new regulations. DOCS is embarking on a very ambitious reform of the out-of-home care system, which is involving a massive recruitment of additional caseworkers as well as funding to support that. We are talking large numbers of kids; it has been a very difficult model, but it is one where I think we are making real progress.

I am sure you would be aware I recently announced that we are going to recruit an additional 150 caseworkers for out-of-home care, bringing the number that we will be providing under the reform package to 300. So in terms of lifting our standards, like all good parents do, Dr Chesterfield-Evans, we also have to focus on the good things in our report cards as well as acknowledging that there are things that we are building on to do better. But Dr Shepherd might like to talk particularly about out-of-home care and high needs kids.

Dr SHEPHERD: In 2002 it is fair to say that the out-of-home care system was not operating as it should, that the caseworkers had extraordinarily high caseloads that were well outside international benchmarks and that we had a group of children at the top end of the system—the high needs kids—who were not receiving the sorts of services they required, and the services they did receive were exceedingly expensive. We have talked about that in previous estimates committee hearings. We have about 60 projects of significance running in out-of-home care and the purpose of having those projects running is to make sure that we wind up with a first-class out-of-home care system that provides the best support possible to what used to be termed State wards.

Those projects cover a range of things from foster care improvements, things such as changing the allowances and contingencies, to increasing the number of caseworkers, to putting policies in place around permanency planning, which is a very exciting development; a whole raft of things. I could probably spend half an hour, if you like, talking about the changes to out-of-home care and the difference that that will make. The bottom line is, however, until we have enough case workers in out-of-home care to have adequate supervision of every child in out-of-home care, then we will not do all of the case reviews exactly when we should do them and to the standard that we should do them. Until we do that the organisation ought not be accredited as a long-term out-of-home care provider.

But given where we started from and where we are now, there has been significant improvement in the way we conduct out-of-home care. By the end of 2008—the end of the 2007-08 financial year—we will have the case workers in place; we will be doing all of the case reviews that we are required to do; we will be at the international benchmark standard for case allocation rates for both high needs kids and for general casework; we will have the best foster care arrangements in Australia with the best allowances and the best wraparound services, which are all the other services that children in out-of-home care require, such as education, health, dentistry, speech therapy, and all of those things. All of those things will be there; we will have a comprehensive network of respite carers—people who can take the pressure off the full-time foster carers—and so on.

So I have got no doubt that earlier than 2013 we will meet the standards. However, 2013 is the regulation, so we are in that particular time warp. That does not mean we will not get there quicker than that.

Ms SYLVIA HALE: I understand out-of-home carers will be receiving new allowances. When will they be paid?

Ms REBA MEAGHER: October.

Dr SHEPHERD: They already have received the consumer price index [CPI] increase for last year. The CPI has been paid for this year and then at some time in the near future the Minister will announce the final results of the review of allowances and contingencies and that will be an exceedingly positive outcome. We would anticipate that those increases in allowances would be paid in two parts: in October, because of some issues with the computer system or maybe at the beginning of November—it just depends on how the interface goes between the final allowances and the computer system—and then they will be back paid to 1 July this year, so they will be increased and they will be back paid.

Ms SYLVIA HALE: What percentage of the new budget is allocated to increased carer allowances and what percentage is allocated to administrative or other costs?

Dr SHEPHERD: I cannot give to you by percentage. I can tell you that the increase in new carer allowances will be, I think, about \$17 million, but I will come back to you with the exact figures. Then the rest of the increase in out-of-home care is distributed across caseworkers, across the other

kinds of services. There is not a big administrative overhead in out-of-home care. The bulk of it goes out to either the non-government sector or in direct front-line services or in allowances or contingencies.

Mr RAMSEY: The figures that you require are on page 6-23 of the budget papers and that will give you the exact figures that are paid in allowances, salaries and related expenses.

Ms SYLVIA HALE: I understand that it is a very time-consuming process for a carer to get approval for a case plan involving a child's expenses of more than \$1,000. Can you confirm that a case manager can only approve costs up to \$500, after which it must go to the head manager of client services, who, in turn, can only approve up to \$1,000, and for values over \$1,000, approval can only come from the regional office and this, I understand, can take many months? I have also heard reports of it taking more than six months, during which time the carer may feel obliged to carry the burden of the up-front costs. What happens in those instances where a carer simply cannot afford it, yet there is some urgency, for example, if a child's natural parent has moved interstate or is dying and the child needs to go back and forth on a number of occasions? How are those situations dealt with?

Ms REBA MEAGHER: I will take that on notice. I think that might be best.

Dr SHEPHERD: I cannot provide you with an answer to every part of the question right now. I do not know off the top of my head whether the delegation at caseworker level is \$500 or \$1,000. You would not expect me to know that.

Ms SYLVIA HALE: No.

Dr SHEPHERD: However, there are two things: one is that the new allowances and contingencies package will change the way that allowances and contingencies are structured. It will make it a lot simpler to make those decisions so administratively it will be easier. The other thing is that the finance system and the client information system will be effectively linked—and that is what I was referring to earlier with the computer system issue—so that the delegation and approval system will be a lot easier come November than it is now, so that part of the equation will be solved.

Ms SYLVIA HALE: When you say "easier", do you mean it will be faster?

Dr SHEPHERD: It will be faster. It is only those decisions that are outside policy or on the cusp of policy—and you have got to expect that they will occur—that wind up coming to senior levels in the department. Most other decisions are dealt with quickly and effectively at the regional level. But when somebody wants to buy new house, significantly change a vehicle or substantially modify a house, then some of those decisions do get a little bit difficult, I think, for caseworkers, managers, client services and so on. But we do those things, we do change houses, we do provide capital funding for major changes to support a child in out-of-home care, particularly when there is a long-term foster care arrangement, but those decisions do require a bit of thought.

Ms SYLVIA HALE: In cases where there are allegations of abuse of a child by a foster carer, what support is given to the child during the investigation process?

Dr SHEPHERD: That would depend entirely on the individual circumstances of the case, but the caseworker has a primary responsibility to the child. One of the things that we are doing as we increase the number of staff working in out-of-home care is to increase the number of caseworkers who support foster carers and recruit foster carers. You may, in fact, under a very difficult situation have two caseworkers involved, one of whom might be dealing with the foster care side of the equation and one of whom might be dealing with the child, but it would depend entirely on the individual circumstances. Given the range of possibilities, it is a bit hard to give you anything better than a general answer.

Ms SYLVIA HALE: Given that a significant proportion of the children under care come from abusive backgrounds, one assumes that spurious allegations of abuse are sometimes made against carers. In what proportion of those cases where there have been allegations is the carer cleared of those allegations?

Dr SHEPHERD: I will take that on notice. I am assuming I can get that information.

Ms SYLVIA HALE: Could you also outline what support is given to foster carers during the investigation process?

Dr SHEPHERD: Again it would depend on individual circumstances of the case, but normally the foster carer is supported by the caseworker who has been dealing with the case. The investigation of an allegation against a foster carer may take place in two different ways. It may be done by the centralised Allegations Against Employees Unit, which would deal with those allegations that are believed to be, on their face, serious and likely to be substantiated. Others that appear to be less significant or of the kind that we talked about earlier may well be dealt with under the supervision of the Allegations Against Employees Unit but actually conducted in the region. It is going to depend on what sort of a case we are dealing with as to exactly what support is provided.

Ms SYLVIA HALE: Would you have any idea of how many carers actually withdraw from the system each year and what proportion of those have had allegations made against them?

Dr SHEPHERD: I can take that on notice. I do not know how easy it is to extract that information from the system, but if it is available, we can provide it to you. There is not a huge turnover of foster carers, but we can check that.

Ms SYLVIA HALE: So it is not a significant problem in your view?

Dr SHEPHERD: Obviously there are competing views about how significant an issue has to be before it requires reporting. The legislation requires reporting at a very fine grain level, and some foster carers are concerned about that. However, the majority of foster carers move through that process and continue looking after children. They see the process for exactly what it is: it is there to ensure that those children who have been abused and neglected and who are in out-of-home care are provided with the maximum level of support. Do not forget that these kids are highly vulnerable to what we consider might be normal discipline or normal dealing with children. So it is a fine grain system, but foster carers are not under any illusions when they come into the system about how it operates.

The Hon. CHRISTINE ROBERTSON: I understand that funding for the early intervention program is being delivered through an expression of interest process. Will you outline what the program aims to deliver and how the process operates?

Ms REBA MEAGHER: As honourable members may be aware, the Early Intervention Program is a key element of the Government's five full year \$1.2 billion reform of the Department of Community Services. As part of the reform package, an additional \$260 million will be spent on early intervention to provide 350 additional caseworkers, and \$150 million for integrated child and family services including case management, quality child care, parenting programs and sustained home visiting. The Early Intervention Program seeks to identify families that are vulnerable and support them to stop their problems escalating. The program aims to keep families together and keep children out of the statutory child protection system. The initial focus will be on families with children who are up to eight years old, with priority given to families with children up to three years old. This is because research indicates that the first three years of a child's life are critical, with 60 per cent of brain development occurring during this time.

It is vital that young children have a safe, nurturing environment if they are to achieve milestones in physical, social and educational development. International research shows that for every \$1 invested to help families with young children, \$4 is saved within three years on child protection, health, education and the justice system. By the time the child reaches adulthood, \$7 is saved. Over a lifetime, benefits of up to \$17 per dollar invested can be achieved. Early intervention is, therefore, cost effective in both dollar terms and in terms of the real benefits accruing to families and children who are able to stay together and avoid further contact with the child protection system. Some \$18 million in services were rolled out in the first two years of the reform package, and a two-stage funding process for \$120 million in funding commenced last year.

In stage one applicants were asked to indicate what services they would be interested in providing, guided by detailed analysis of regional service needs and gaps prepared by the Department of Community Services [DOCS]. DOCS also conducted a series of regional forums. More than 300 stage one proposals were received from a mix of small, medium and large organisations, with 67 short listed to proceed to stage two. In stage two applicants were asked to provide detailed information on services to be provided, outcomes expected and associated costs. Stage two applicants were also required to demonstrate their links to local providers to ensure that services integrate successfully with local service networks and meet local needs.

DOCS encouraged short-listed applicants to expand the scope of their proposals to include the expertise and experience of local services and encouraged applicants that were not short listed at stage one to participate in stage two by forming partnerships with short-listed organisations. DOCS assisted applicants throughout the process by running information sessions around the State, distributing comprehensive information packs, running a telephone inquiry helpline, posting frequently asked questions on the DOCS web site, and providing peak bodies, including the Council of Social Service of New South Wales and the Community Childcare Co-Op, with extra funds to provide support to agencies throughout the EOI process. The stage two assessment is now complete, with 35 applications from 14 lead agencies short listed for final negotiation. These applications include more than 300 partner agencies, 80 per cent of which are small or medium sized.

All partnership arrangements include an Aboriginal partner agency or have created links for support from local Aboriginal communities. While some large agencies have been successfully short listed in some areas they will not necessarily receive the greatest amount of funding in these areas. For example, the Benevolent Society, which has been successfully short listed in some areas, has partnered with a large number of local agencies which will all share in the funding provided to the consortia by DOCS. SDN Children's Services, the lead agency for south-east Sydney, also has 36 local agencies as partners which will share the funding provided. I can report that some negotiations have already been completed, with nearly \$37 million in funding finalised: \$7.9 million in the Nepean; \$6.8 million in the Riverina-Murray; \$5.4 million in the Lower Hunter; \$1.6 million in the Upper Hunter; \$11.6 million in the inner west and south-east Sydney, and \$3.6 million for northern Sydney.

The remainder of the negotiations are continuing, and DOCS anticipates that most will be finalised by the end of September 2006. The Department of Community Services has commissioned the highly respected University of New South Wales Social Policy Research Centre to conduct a four year, \$1.5 million independent evaluation of the program. The Social Policy Research Centre Consortium includes the Centre for Health Economics Research and Evaluation at the University of Technology, Sydney; the School of Education and Early Childhood Studies at the University of Western Sydney; and the Gnibi College of Indigenous Australian Peoples at Southern Cross University. The evaluation will continually monitor the effectiveness of the program over four years to ensure that improvements are made where necessary, client outcomes are achieved and services are cost effective.

The Hon. PENNY SHARPE: I understand from the department's 2004-05 annual statistical report that neglect was a key issue in child protection reports. What is being done to raise awareness about neglect amongst departmental staff and to improve practice in this important area?

Ms REBA MEAGHER: Child neglect is the continued failure by a parent or caregiver to provide a child with the basic things needed for his or her proper growth and development, such as food, clothing, shelter, medical and dental care, and adequate supervision. Some of the possible signs of neglect in children include low weight for age and/or failure to thrive and develop; untreated physical problems such as sores, serious nappy rash and urine scalds; extreme anxiety about being abandoned, which is not age appropriate; child not adequately supervised for their age; scavenging or stealing food and focus on basic survival; poor standards of hygiene, that is, child consistently unwashed; extended stays at school, public places or other homes; extreme longing for adult affection; and rocking, sucking, head-banging, and poor or pale complexion and poor hair texture.

Improved recognition and understanding of neglect needs to be part of the key assessment processes that Department of Community Services caseworkers, helpline staff and managers casework use to identify risks and the needs of children. The Department of Community Services is aiming to

put neglect on the agenda of all operational staff by improving knowledge and the quality of assessments. If neglect is recognised as serious, the department can often respond early and effectively to improve the lives of children and families significantly and provide greater safety. At the same time as building knowledge about key risks, the department is backing this up with good policy and practice. A new policy on neglect has been developed and is being supported by practice guidelines and a revised Secondary Assessment Risk of Harm Business Help Procedure. Research to Practice Notes on neglect and a literature review have also been published recently for staff to use.

A range of other strategies support the introduction of the new policy, including a new video to raise awareness of the seriousness of neglect, a learning and development module on the revised Secondary Assessment—Risk of Harm Business Help Procedure, and a case practice review on neglect. This is a significant opportunity for the department to improve the quality and consistency of assessment and practice. A working party has been established to oversee policy, planning and implementation and to ensure that strategies are co-ordinated, integrated and monitored.

The Hon. HENRY TSANG: Minister, would you inform the Committee about the progress of the implementation of \$1.2 billion DOCS reform package announced by the Government in 2002?

Ms REBA MEAGHER: In December 2002 the New South Wales Government demonstrated its commitment to children and young people of this State with the injection of \$1.2 billion over five full years to reform the child protection system. This reform package is not only improving existing services but is also giving us the opportunity to help troubled families before they reach crisis point through early intervention. The introduction of early intervention caseworkers and services represents a significant and very valuable philosophical shift for child protection in New South Wales.

By June 2008, DOCS will have created an additional 1,025 caseworker positions. This will virtually double the department's caseworker workforce and represents 875 caseworkers from the Government's original commitment plus an additional 150 out-of-home-care caseworkers announced in the 2006-07 budget. These caseworkers are being employed across the care spectrum—350 in early intervention; 375 in child protection; and 300 in out-of-home care. By 30 June 2006, 450 caseworker positions had been created and another 300 will be created in 2006-07 including: 100 in early intervention; 100 in child protection; and 100 in out-of-home care. As more reform resources are rolled out, DOCS is being seen as an employer of choice. The department's most recent caseworker recruitment round attracted 1,000 applicants, including 184 people of Aboriginal and Torres Strait Islander descent.

Every report to the Department of Community Services is initially assessed to determine the level of risk to the child and is prioritised accordingly. The higher priority cases are allocated first and I am pleased to say that with the progressive rollout of the enhancement funding the department is now getting to almost all of these cases. Improvements are particularly significant for high priority cases at enhanced service delivery sites that were the first to benefit from additional caseworker resources. Preliminary figures indicate that at enhanced service delivery sites that have received their full complement of additional resources the department is taking action on all reports requiring a 24-hour response. These results stand in stark contrast to the findings of the 2002 Kibble report which found that just over half of all reports requiring a 24-hour response were allocated. We expect to see similar improvements across all community services centres as the recruitment of new caseworkers continues.

The 350 caseworkers in the early intervention program will work in partnership with non-government services to support vulnerable families and keep them out of the child protection system. As part of this program, \$150 million has been dedicated to plan and fund front-line services over five years including home visiting, parenting programs, quality child care and case management. Services worth more than \$18 million were funded in the first two years of the reform and the department is currently finalising a stage-two call.

An estimated 252,000 risk-of-harm reports were received in 2005-06 and around 286,000 are expected in 2006-07. The 2006-07 estimate represents growth of 75 per cent on the number of reports received in 2001-02, the base year on which the \$1.2 billion reform package was calculated. The \$1.2 billion reform includes an additional \$158 million for statutory child protection providing: 375

additional caseworkers; stronger joint investigation response teams—with an additional \$18.7 million—and 35 additional caseworkers; improved professional support, including up to 30 additional psychologists to help caseworkers assess children at risk, and 28 extra legal officers, to help caseworkers with investigations and court work. It also includes an expanded indigenous intensive family based service, to help Aboriginal and Torres Strait Islander families stay together and keep children safe.

To accommodate new caseworkers and other front-line staff, more than 80 community services centres across the State are being relocated, expanded, refitted and reconfigured. Fully resourced enhanced service delivery sites have been rolled out at Bankstown, Blacktown, Epping, Maitland, Tweed Heads, Campbelltown, Gosford, Mt Druitt, Batemans Bay, Broken Hill, Coffs Harbour, Narrabri, Parkes, Central Sydney, Eastern Sydney, Shellharbour, St George, Wagga Wagga, Armidale, Bega, Burwood, Condobolin, Cooma, Coonamble, Dareton, Deniliquin, Fairfield, Hawkesbury, Lakemba, Chatswood, Moree, Nyngan, Queanbeyan, Penrith and Wyong. Another 20 sites will be upgraded this financial year: DOCS will spend more than \$23 million on upgrades this financial year and more than \$89 million in total.

Caseworkers helping vulnerable families and protecting children and young people from abuse and neglect need to be supported by a strong, reliable infrastructure. This is why, in addition to increasing caseworker numbers, we are also recruiting more psychologists, legal officers and clerical workers. We are also improving staff skills. Almost 24,000 training days were delivered across the department in the course of last year. Other initiatives include: improving the way client information is collected, stored and used through better information technology, data collection and analysis and building a better evidence base to improve our understanding of the social and financial costs and benefits of the work we do and fund.

The Hon. PENNY SHARPE: What is DOCS doing to support women experiencing domestic violence following the signing of the Supported Accommodation Assistance Program [SAAP] agreement with the Commonwealth?

Ms REBA MEAGHER: In September 2005 on behalf of the New South Wales Government I signed the fifth multilateral agreement for the Supported Accommodation Assistance Program. The SAAP program provides vital funding to approximately 400 non-government organisations in New South Wales. This funding assists people who are homeless or at risk of homelessness including families in crisis, women and children fleeing domestic violence, and young people unable to live at home. Last year approximately 25,000 people in New South Wales sought our help and got it. SAAP services provide a vital safety net for people who have nowhere else to go. The New South Wales Government is committed to supporting these vulnerable members of our community. That is why we are contributing more than 50 per cent of funding under the SAAP V agreement, even though funding for homeless services has historically been a Federal-State partnership.

Despite sitting on an obscene \$10 billion budget surplus, the Federal Government refused to match our funding offer. We have also acted to further support services and ease the financial pressure by funding the recent social and community services award increase. I was pleased to announce in the May budget an increase in indexation paid to funded services on New South Wales's share of SAAP funding to 3.3 per cent—a decision which was warmly welcomed by the sector and NCOSS. However, again the Federal Government has let the sector down, and has to date refused to increase its own indexation levels, placing further pressure on the budgets of our non-government organisations. The lemma Government will continue to provide support to those people unable to live at home.

We are also committed to tackling the fundamental causes of homelessness. Sadly, domestic violence is one of the most significant causes of homelessness in New South Wales. Domestic violence is a crime which takes a horrible toll on families, children and the community. Currently, the lemma Government is working hard to provide victims of domestic violence with front-line services such as policing, emergency health and the DOCS domestic violence line, an investment of \$285 million. But sadly many women and children are forced to leave their homes in order to escape violence. So in 2006-07 more than \$30 million will be provided to 102 refuges to provide a safe place for victims to go to seek shelter and assistance.

However, sometimes victims are not always able to leave and may just need advice or someone to talk to. That is why the New South Wales Government operates the domestic violence line. The line is open 24 hours a day in order to help victims of domestic violence and takes more than 22,000 calls a year. The Premier recently announced that a priority of the Government is to explore new solutions to help prevent this terrible scourge and its consequences. As a first step in this strategy the Government recently approved changes to the laws governing apprehended violence orders and we expect to announce further new measures in the future.

This means victims will be able to access the legal protection they need as soon as possible. Domestic violence rarely occurs in a vacuum, and the problems families have are often complex. That is why we have developed an integrated case management program which co-ordinates services to victims of domestic violence. The New South Wales Government also recognises the unfair burden placed on victims who have to flee their own homes, often having to uproot their children from their schools and social networks. Therefore we have developed a Staying Home Leaving Violence Program, which aims to give victims of domestic violence the option of remaining safely at home and having the violent partner removed. We are getting on with the job of delivering better services to those in need and providing victims with the tools and support they need to get back on their feet.

CHAIR: Minister, on 27 August you were quoted on ABC radio as saying that nothing beats the watchful eye of a parent in relation to children participating in activities involving volunteers. What actually did you mean?

Ms REBA MEAGHER: I think that is self-evident. I think it is very important that parents take a keen interest in what their children are doing, whether it is at school or in their social and recreational activities, that they invite their children to talk about it, that they talk with other parents and talk with service providers and have a keen interest in the standard of service that is being provided to their children to see that it meets the needs of their children and the family environment.

CHAIR: Are you trying to shift the blame on to parents or make them feel guilty when something goes wrong in relation to volunteers?

Ms REBA MEAGHER: Absolutely not, and I absolutely refute the inference. But it is apparent that nothing replaces the watchful eye of a loving parent. I do not think that there was any parent in New South Wales that day that would have doubted what I said, and I am surprised that you do.

CHAIR: Should all volunteers working with children undergo basic checks in relation to child protection?

Ms REBA MEAGHER: New South Wales has one of the most stringent background checks for people working with children in Australia. In fact it was this Government that introduced the Working With Children Check in 1998, based on recommendations by the Wood Royal commission. Every person who works with children in a paid or volunteer role must sign a declaration that they have not been convicted of a serious offence involving a child. They are banned from working with children if they have been convicted. The check was designed to provide background information on people looking to work with children, helping employers make the right employment decisions. It involves checks on a person's criminal and employment history as well as information on any apprehended violence orders taken against the person. The Working With Children Check was not designed for local volunteer organisations and clubs. That is why I have asked the commissioner to look at providing a system of background checks for volunteer organisations that is workable and does not place unrealistic administrative burdens on small organisations. This follows recommendations made in a recent statutory review of the commission's legislation. The commissioner is currently working to find an appropriate system and is consulting with volunteer organisations across the State.

But we must be cautious in what kind of system we introduce. We do not want a system that overburdens volunteer organisations with regulation or red tape. This would only see volunteer community groups close down. Parents going along to man the sausage sizzle at their kids' weekend soccer match should not be expected to have a Working With Children Check first. We should be mindful that the information provided in a Working With Children Check, in the wrong hands, may be very volatile information for one member of a community to have. Criminal history, employment

history, involvement with the AVOs—it is sensitive and personal information and potentially damaging in a community setting. We need a system that gets the balance right and supports volunteer organisations. The Commissioner for Children and Young People is here this evening. She is currently surveying volunteer organisations and assessing what would be the most appropriate kind of background checks to roll out. Perhaps she would like to give additional evidence of the survey work that she has done.

Ms CALVERT: We have surveyed more than 100 organisations, asking them their views on whether or not it should be introduced and what the impacts on them might be. That is in addition to the previous five years of experience we have in operating the Working With Children Check. So we already have some idea of what some of the issues might be.

CHAIR: The Government announced in 2000 that it was going to deal with this issue. It is 2006. When should we anticipate a decision?

Ms CALVERT: I will provide the advice to the Government and the Government will then make its decision when it sees fit.

CHAIR: Minister, when do you anticipate a decision on this?

Ms REBA MEAGHER: As you would be aware, Madam Chair, the Government has taken very seriously the recommendations of the L'Orange report and that is why we have moved to strengthen the Working With Children Check and recently expanded it to include those in self-employment. The report made recommendations in relation to volunteers, which we also take seriously. But in order to get the balance right I have asked the commissioner to proceed carefully. I anticipate that she will be making a report to me about the best way forward towards the end of the year. We are very keen to ensure that we have the best standard of protection possible for children in volunteer organisations but I think it is important to get the balance right. We do not want a community where one soccer mum is ordering a criminal record check on another soccer mum. We have to get the balance right and take on board the complexity and diversity of the volunteer organisations and hear directly from them about a system that will accommodate their needs as well as meet our requirements for protection.

The Hon. ROBYN PARKER: Minister, when and how did you decide that \$8 million would be sufficient emergency funding for community-based preschools in the 2005-06 financial year?

Ms REBA MEAGHER: The \$85 million preschool investment and reform plan has already provided more than \$8 million in emergency funding for more than 400 preschools known to be under immediate financial pressure. From 2006-07 \$8.8 million a year will be invested to improve the viability of community-based preschools and increase access and affordability for hard-working families. From 2008-09 an extra \$21 million a year will provide subsidised places for another 10,500 children in the community-based sector. This will bring levels of attendance at preschool programs in New South Wales to 95 per cent, in line with other Australian jurisdictions. From 2008-09 children's services expenditure will top \$134 million a year, which represents a 32 per cent increase on the 2005-06 budget. The sum of \$8.3 million in one-off emergency funding was allocated to around 400 preschools known to be under immediate financial pressure at the end of last financial year.

These services were identified through two surveys of DOCS regional staff, drawing on their expert knowledge of the needs of community-based preschools in the area as well as information provided by services in their annual reporting documents. All community-based preschools were advised by letter of the preschool investment and reform plan, including the allocation of emergency funding. Preschools that had not received an allocation in the initial emergency funding round or that were dissatisfied with the amount of emergency funding allocated were able to contact the department by phone, email, letter, the department's web site or through their local MP or peak group. All services that made contact were given the opportunity to have their position considered for the second round of emergency funding. Funding was provided to subsidise fees to help prevent service reduction or fee increase in the current calendar year, or to assist in securing the service's premises or to assist in meeting unfunded liabilities such as staff leave entitlements or help services comply with regulations such as providing soft-fall areas or age-appropriate bathing facilities and support transition to an

expanded or more viable service model. The department has undertaken extensive consultations over the past two years with sector representatives, including Early Childhood Australia, the Community Child Care Co-operative, the Country Children's Services Association and the Mobile Children's Services Association.

The reform plan was developed by a Government task force that was established in March 2005. The task force undertook a detailed analysis of preschool services in New South Wales and recommended this approach as the best way to improve access and affordability. To assess the amount of viability funding required, I asked DOCS in late 2005 to identify preschools facing critical viability issues and the estimated funding required to address those issues. Drawing on the expert knowledge of regional staff about the needs of community-based preschools in their area as well as information provided by the services, it was estimated that \$8.8 million a year would be required to stabilise the current system and to position it to contribute to an expanded preschool system.

During the first two years, viability funding will be directed to improving the sustainability and efficiency of community-based preschools. Funding will be used to assist preschools to improve their management practices, form partnerships or amalgamations or to convert to another service model where this is feasible. When these efficiencies have been realised and an integrated planning system is established, it is estimated that an additional \$21 million a year from 2008-09 will be sufficient to provide another 5,250 preschool places for 10,500 children in the year prior to school.

The Hon. ROBYN PARKER: You stated that you wrote to each of the community-based preschools around the State to advise them of that emergency funding. If that is the case, what is your response to the representatives of many community-based preschools who have publicly stated that they were not advised by the department about the emergency funding and found out about it after your announcement?

Ms DAWSON: A number of steps were taken in the communication process with community-based preschools after the initial allocations of the emergency funding were made. As the Minister has noted, that was done after intensive discussion, collaboration and fieldwork with services. Each and every one of the 800 community-based preschools received correspondence from the department. Material was posted on the web site and an inquiry line—commonly known as a 1800 line—was established to field various responses. It was made clear to services that the initial emergency funding was literally that, initial, and that a number of opportunities would follow for all services to apply for funding through the viability funding phases in 2006-07 and 2007-08, and then the expansion funding that would flow from 2008-09.

The Hon. ROBYN PARKER: That was a massive communication bungle, was it not? Some preschools were notified and others were not. After the event, a 1800 number was set up so people could register their issues. Preschools did not know why they were not accepted to receive emergency funding. You made a mess of it.

Ms REBA MEAGHER: Absolutely not. The department has undertaken a comprehensive communication strategy. The reform has been based on two surveys assessing the needs and viability concerns of preschools around New South Wales. Extensive work has been done with the preschool sector. In fact, we are working to ensure that we are able to deal with the needs of those preschools that were not accepted for the initial round of funding. We have established an implementation group including representatives of the sector so that the sector has some input and can liaise directly with preschool services about how the \$17.6 million in viability funding should be allocated around the State. This has been a fair process, and as much input as possible has been sought from individual preschools and peak organisations.

The Hon. ROBYN PARKER: Why then do you think community-based preschools have been publicly rallying about this issue in recent days?

Ms REBA MEAGHER: I understand that the additional viability funding has been welcomed by the preschool sector. This is the largest investment in preschool funding in more than 20 years and it will make an enormous difference to the viability of individual preschools. For the first time, New South Wales will be able to offer a universal year of preschool. We extend to preschools

that still have concerns an invitation to make known their individual needs so that they can be considered by the implementation group for the second round of funding.

The Hon. ROBYN PARKER: Minister, you spoke earlier about the importance of early intervention services. Why then did you underspend on vital contracted early intervention services by \$5 million in the 2005-06 financial year?

Dr SHEPHERD: We went through a substantial process with the non-government sector about the way that funding would be allocated. A number of significant meetings were held with representatives of the non-government sector. We then embarked on the expressions of interest process with their support. It was decided in those meetings that it would be better to do the process properly—even if that meant some of the funding decisions slipped from one financial year to the next financial year—rather than to rush the process simply to deal with the end of the financial year. The complexity of the expressions of interest process has caused a minor delay in establishing some aspects of the program.

Of course, considerable funding was allocated in 2003-04 and 2004-05. The vast bulk of the money under the early intervention program will go out this financial year. We have concluded the expressions of interest process, and we now have 14 lead agencies, with about 300 services sitting behind those lead agencies. We have concluded many of the contractual negotiations, so many of those services are ready to start. We anticipate that we will conclude the rest of the contractual negotiations by the end of September. Some of the services are starting now, but hopefully they will all be established by March of this financial year. That will set the platform for the full early intervention program.

The Hon. ROBYN PARKER: Can you advise on particular programs or initiatives that have been cut or stalled because of the underspending?

Dr SHEPHERD: Nothing has been cut or stalled. This was a new program that was established by the Government to prevent children coming into the child protection system or to prevent their escalating within it. It had never been done before. That involved a significant negotiation with the non-government sector about how those services would be provided and how they would be provided in parallel with a statutory child protection system. So, part of the system is operated by DOCS, because there are 350 early intervention caseworkers who will be fully in place by the end of 2007-08—they are being rolled out in accordance with the original plan—and part of it involved a significant injection of funds for the non-government sector to provide the other elements of the service program.

The system it is designed to provide five key elements, if you like, for each client in the system. The first is comprehensive case management. Underneath that there are brokerage funds, which are designed to assist the particular family with whatever it is they need at the particular time—a washing machine, nappies, speech therapy or whatever it happens to be. The second thing is that they have access to quality child care because quality child care can substitute for the developmental needs of a child where the parents are, at that stage, unable to provide them to the required level.

Obviously the next thing you want to provide is high-quality parenting education to try to get the parents to the point of being able to assist the development of the child as quickly as possible. The final element is sustained home visiting, either by early childhood nurses or by paraprofessionals, in order to make sure that the family stays together and is starting to function effectively. The whole objective is to get these very young children in this program to come as quickly as possible into the normal stream so that by the time they get school age they are within the normal developmental stream for a child of that age.

That program will roll out in full over the next couple of years. Some elements of it are already in place, but the whole program will roll out over the next few years. Nothing has been cut out of it, nothing has been taken away from it; it is just that the process of negotiation with the non-government sector has taken longer than we might have originally envisaged. That is to the good because we will have a much better program as a result. It is not a program that has been cut.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Why are there fully-accredited agencies that are not being used to provide services for children while the department uses services that are not accredited at all?

Ms REBA MEAGHER: In what?

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: We just had the Children's Guardian telling us that there was an accreditation process, which presumably gives a benchmark of quality, yet you are using agencies that are not accredited and not using agencies that are accredited.

Ms REBA MEAGHER: There are some agencies that are not accredited but are part of the Quality Improvement Program, which would see them being accredited within the designated time frame and some agencies that currently have accreditation, but all of these agencies provide a very valuable service to kids in out-of-home care. The reason there is a Quality Improvement Program is so that we do not have to close down those organisations. It is about getting them to continually improve their standards and meet our requirements without shutting them down. It is hard enough to find foster carers and place children that need to be placed in out-of-home care without unnecessarily imposing a draconian regulation that shuts down the agencies and means that we cannot provide this service.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You are looking at the safety on the downside; I am talking about the upside. If you are really good agency that is offering services, why does it not win the tenders if they have the accreditation?

Dr SHEPHERD: We have not tendered for out-of-home care services at this stage, other than for high-needs kids. I suspect you will find that the agencies you are talking about did not submit tenders for high-needs children, because they do not provide those kinds of services. They do not deal with the really tough end of the out-of-home care spectrum. What they usually provide, at least the ones I know that have being accredited for five years—although Kerryn will correct me if I am wrong—is foster care and equivalent services. Those agencies are used by DOCS, but we have not tendered for those services.

Later this financial year, there is a lot yet to be determined, but we will probably go to an expression of interest process for a broader range of out-of-home care services. At that point I would expect those accredited agencies to submit expressions of interest and to be successful. I would be very surprised if they were not successful. Just remember that if we did not deal with some agencies that did not have five-year accreditation we would close down some of the most reputable out-of-home care providers in New South Wales.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Let us look at it the other way. It must cost a lot of money for an agency to set itself up, get all these complicated policies, recruit and train foster carers and obtain accreditation. I know some that might go broke because they cannot get DOCS to fund their services. Is that or is that not the case? These are fully accredited agencies.

Dr SHEPHERD: Unless you were specific about which ones they were, it is difficult for me to say. There are some services that are only registered with us to provide certain kinds of services, who would like to expand their service range, but, unless we need a particular kind of service—and, remember, out-of-home care comes as a very wide range of services—and unless they are both effective agencies and cost-effective agencies, why would we choose one over another.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Like whistleblowers, people are very reluctant to give their names in competitive tendering situations or even tendering situations. The point is that if someone has spent a large amount of money on staff training and so on they may have a higher costs structure than someone who has not. They may be a few notches further up. When you talk about cost-effectiveness are you really saying that the bottom line is price; that someone who has been better accredited, if they are a bit more expensive, will not get the work?

Dr SHEPHERD: There is a very fine piece of work that has been done by DOCS in conjunction with the non-government sector, which is the costing manual. It has been designed to work out exactly what the range of costs is for both non-government and government providers. We

do not specify individual costs. We have a range of acceptable costs for the various kinds of services. That includes a full assessment of the costing by qualified economists and accountants. That has been done in conjunction with the non-government sector and my understanding is that that manual has been very well-received by the non-government sector. It is not as if we are plucking figures out of the air and it is not as if we have not got something that we can measure costings against.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You are not really a Dutch auction. Is that what you are saying?

Dr SHEPHERD: Absolutely not. In fact, we embarked on the costing manual so that we did not get into that situation. The last thing you want is people cutting each other's throats financially to provide services in out-of-home care when what will inevitably happen is they will either become bankrupt and leave us with a major problem—and, more important, the child with a major problem—or they will start to cut corners in looking after the children. That is the last thing you want, so you produce an open and transparent costing manual that gives everybody a very clear picture of the acceptable range of costs for particular parts of the service. In fact, when we were going through that process, the non-government sector participants found it exceedingly useful because they had an opportunity to benchmark some of their own costs, particularly their overhead costs, against the general run-of-the-mill costings; and we were able to provide them with considerable assistance around that process. It has been very useful for us as well.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Minister, will you provide the Committee with a list of research reports and briefing papers that you have produced?

Dr SHEPHERD: We can provide the research report. I think that was approved for publication the other day and it will take us a few days to get it sorted, but we can do that. There is a comprehensive list of high-quality research work being done by DOCS, particularly in two ways. The first is by doing substantial literature reviews on the policy areas that we are interested in, such as early intervention, out-of-home care and so on, and there are quite a few papers of that kind which are already published after peer review. The second thing we do is we fund researchers in universities and other institutions who are doing particular pieces of work that we want done in order to give us a sound evidence base for the ongoing management of children both in child protection and out-of-home care. The third thing we are about to do is to issue scholarships for PhD students and post-doctoral students to do specific pieces of work that arise from the DOCS research agenda, and the universities are very keen to participate in that process. So there is a range of things.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Could we have a list of those? I do not think we need all of them as a great wad of paper here but certainly a list of them might be a better way of going about it.

CHAIR: Can I just confirm, you are taking that on notice?

Dr SHEPHERD: I am not taking the question on notice, I am prepared to provide a list of the reports.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: And research projects.

Dr SHEPHERD: And research projects, yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Years ago we talked about the domination of the high-needs people taking all the resources and there was a suggestion that things that were not priority one or two simply did not happen. Are you now looking after the lower-needs kids, who presumably, if those needs are not met, will become high need later—so, in other words, a more preventive approach? Has there been more attention to what were priority two, three, four and five in the prioritisation scheme?

Dr SHEPHERD: We will go back to level one, level two and level three, because that is the easiest way to describe it. At the enhanced service delivery sites we are now allocating 98 per cent—and there is a reason why that is not exactly 100; they are looked at but some of them might be in that Queensland situation I talked about before—so 98 per cent of those cases, 85 per cent of the level two

reports and 53 per cent of the level three reports. That is against figures under the Kibble report in 2002 of 55 per cent for level ones, 26 per cent for level twos and 12 per cent for level threes. So that is a substantial increase in dealing not only with level ones but also with the level twos and the level threes. That level three figure does not include the full complement of early intervention caseworkers who will take a significant number of level three cases as well. Because they have come onstream later they are not in those figures to a full extent.

Even at the non-enhanced service delivery sites there has been a significant improvement in dealing with the level twos and the level threes. Currently we are able to deal with 52 per cent of the level twos and 31 per cent of the level threes. If you go back to the earlier figures, that is much better than double without the additional resources. That is because we have improved the systems and we have improved the supports to the caseworkers.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are you closing cases more quickly?

Dr SHEPHERD: No. These are cases that are allocated. The case closure policy is, in fact, considerably more rigorous than it was in 2002. It has special additional priorities over and above level one, two and three, which are designed to make sure that young children or children with multiple reports are looked at very, very carefully before a decision is made to close the case. Once you get to a full roll-out of the caseworker numbers and the full implementation of the early intervention program, you will see that all of the high priority cases will be allocated. But this was always a five-year enterprise and a substantial proportion of the funding comes in years four and five, and we are just starting year four. So it is not all solved yet, but we are a significant way down that path. In the enhanced service delivery sites we are certainly there and even in the non-enhanced sites we have made significant inroads. So we are in a much better position than we were in 2002.

Ms SYLVIA HALE: Minister, I am returning now to the preschool area. With the extra \$8.8 million per year for 2006-07, in the budget papers it says the purpose of that money is "to improve the viability of community-based preschools, boost sector sustainability and increase access to affordable high-quality services for families". Just how will that \$8.8 million contribute to making preschool more affordable?

Ms REBA MEAGHER: There are some preschools around New South Wales that have put their additional funding towards fee relief already. In fact, there was a quote here, I think, from Glen Innes preschool, who said they were ecstatic with their \$30,000 grant because "there will be no fee increase for next year thanks to the new funding". That was reported in the *Glen Innes Examiner* on 15 June. So for those preschools that have determined that fee relief is the most important way they could use their additional funding, it is already happening for parents. Overall, the money, as I have outlined before, was to go towards not only keeping the doors open of some of these preschools but also helping them with governance issues and providing capital injections.

But also, if they choose to transition to an additional long day-care model, then the Department of Community Services is prepared to provide the support to assist them in doing that, and there would be additional benefits for families if that was to occur because then the children accessing a long day-care model of preschool would be able to access the Commonwealth child care rebate. So there is potential there not only to ensure the viability of the preschools but also to make them more affordable.

Ms SYLVIA HALE: It is my understanding there are about 800 community preschools.

Ms REBA MEAGHER: Yes, that is right.

Ms SYLVIA HALE: If you allocated evenly across those 800 there would be about \$1,000 per preschool. But, as you have said with Glen Innes, one preschool centre received \$30,000. How many community-based preschools were given access to that viability funding?

Ms REBA MEAGHER: There were 400 preschools that received immediate one-off funding out of the \$8.3 million.

Ms SYLVIA HALE: What was the average size of that amount that they received?

Ms REBA MEAGHER: It varied considerably. I can think of a preschool that received \$300,000 in support and some received smaller amounts than that. So it really depended on the case that they made according to their need. But, of course, there is now \$17.6 million to go in viability funding and the way that will be allocated will be through those preschools making a submission to the implementation group, which is made up of not only the Department of Community Services but also peak organisations from the sector that can assist us in allocating that money according to the need that is identified by the individual preschools.

Ms SYLVIA HALE: What do you estimate currently to be the average preschool daily fee?

Ms REBA MEAGHER: They vary considerably from preschool to preschool.

Ms SYLVIA HALE: So there is no average at all? Because I have been given, for example, the figure that in the metropolitan area they can go up to, say, \$33 per day. But you have no figures?

Ms REBA MEAGHER: But that would not be a State average. Perhaps Sue would like to expand on that.

Ms DAWSON: There are many different figures cited for the average preschools. Typically the figures vary dramatically depending on whether the preschool is a metropolitan or a rural preschool. I am aware that the most reliable source of information about current fees is the annual survey that is done of preschools by the Department of Community Services. It is a survey that seeks information from the service itself as to what it is charging. What that survey has indicated is that for rural services the current average would be around \$23.60 and for a metropolitan service around \$28 per day.

Ms SYLVIA HALE: I understand that fees in Victoria, at least in the metropolitan area, are about one-quarter of those are actually charged in the metropolitan area of Sydney.

CHAIR: You may want to take that on notice. I am not sure that you would be expected to know the interstate figures.

Ms REBA MEAGHER: And every State varies according to how they have configured the preschool service in that State.

Ms SYLVIA HALE: South Australia, for example, has universal free access to preschools, does it not?

Ms REBA MEAGHER: Maybe so.

Ms SYLVIA HALE: And I understand that in Western Australia approximately 75 per cent of State primary schools have a free preschool attached to the school. Do you know if that is correct?

Ms REBA MEAGHER: I am not going to canvass the service systems in other States.

Ms SYLVIA HALE: If Western Australia, for example, can establish a system whereby there is a free preschool attached to three-quarters of the State primary schools, has New South Wales investigated the possibility of providing such a service itself?

Dr SHEPHERD: Currently I am chairing the early childhood subgroup of the Council of Australian Governments [COAG] looking at precisely this issue. What I can tell you is that the systems across all jurisdictions in Australia vary substantially and often all is not what it seems on the surface because things are defined very differently from jurisdiction to jurisdiction. But COAG will deal with the issue of preschools over the next nine months and a lot of these issues will become much clearer at that point in time. If you just look at the simple published information, it is very difficult to tell exactly what kind of service is being provided, for how long it is being provided, and who is providing it and at what cost. We will have all of that information from COAG over the next six months or so.

Ms SYLVIA HALE: And you will be making that information publicly available. I know there is a lot of heart burning going on in the State at the moment about how high preschool fees are. I understand that a lot of community groups are arranging a protest meeting outside the Channel 7 offices in Martin Place this Friday morning in protest against high fees. Presumably that will attract some considerable publicity. How would you respond to this sense of community upset that fees are so high?

Ms REBA MEAGHER: I think it is fair to say that the investment we are making is the biggest investment that has been made in preschools for over 20 years, since the Coalition froze funding to preschools in 1989. By the time the reform program for community-based preschools is rolled out, it will have represented in excess of a 30 per cent increase in funding for the community-based preschool sector. We will continue to work with the sector by inviting those preschools that have concerns to make application for the second round of viability funding, as I have outlined.

The department will be working with individual preschools on their management practices, ensuring that they are building capacity within those preschools and helping them to explore the option of moving to long day-care centres. That is not going to be appropriate in every setting, but in some settings it will be appropriate and it will help to meet the needs, particularly of working parents. It will also mean that those parents will be able to access the Commonwealth child care rebate which, at present, we maintain is unfairly reserved for those children who are in long day-care service models and parents that send their children to preschools are excluded. We will be answering the sector and those people concerned with that kind of level of support.

CHAIR: We turn now to Government questions. Ms Sharpe?

The Hon. PENNY SHARPE: What will be the impact on the Department of Community Services should the Opposition implement its plan to cut 29,000 jobs from the public sector?

The Hon. ROBYN PARKER: Point of order: My point of order is relevance. It is five past 10 in the evening. We have a number of important questions relating to this portfolio area and budget estimates. This question does not relate to this year's budget. I ask you to rule the question out of order.

The Hon. CHRISTINE ROBERTSON: To the point of order: The question relates to the Minister's portfolio and the requirement for estimates committees is that they must relate to relevance. This question is relevant to the Minister's portfolio and I would argue that the question is in order.

CHAIR: The question may well be relevant to the Minister's portfolio but I am not certain that it is relevant to the budget. However, previously I have allowed other Ministers to answer this question so I shall do so on this occasion. It is Government time to questions.

Ms REBA MEAGHER: The Iemma Government's \$1.2 billion DOCS package will result in the strongest child protection system that New South Wales has ever seen. By the time it is completed in the middle of 2008 we will have almost doubled the number of front-line caseworkers, with an extra 1,025 positions, injected \$150 million into early intervention and seen the opening or refurbishment of more than 80 community service centres. It is the biggest reform of children's services in this State's history.

The Opposition, on the other hand, not only wants to turn back the hands on the clock of our reform, they want to cut the backbone of this agency altogether. There are a number of reasons why this is apparent. First, there is the cruel and heartless pledge to cut 29,000 public sector jobs. You cannot cut 29,000 public servants without cutting front-line services. Every front-line worker needs support staff to make sure they can do their job properly. In DOCS that will mean essential co-workers like training staff, legal officers, psychologists and managers to provide advice and counsel, and country families that will suffer the most. That is because there would be no back office staff.

It defies logic that you can keep offices open when you do not hire new staff, when others leave because of attrition. To suggest otherwise is a complete nonsense. As a result, there will be no-one to license our rural child care centres and no-one to provide supported playgroups for isolated mums. The Opposition's plan could even force our offices in the bush to shut their doors altogether.

The changes could result in the closure of small DOCS offices in more than 10 regional locations across New South Wales. So in places like Dareton, Bourke, Mudgee, Nyngan, Cowra, Deniliquin, Coonabarabran, Cootamundra and Walgett there could be no DOCS office at all, no caseworkers and no early intervention programs.

The people of New South Wales should be concerned about this because of the Opposition's track record. In the lead-up to the last election they planned to cut 675 DOCS caseworkers, cut \$150 million in additional funding for early intervention and family support services, cut \$18.3 million for joint investigation and response teams of police and community workers investigating child sex abuse, cut \$450 million in additional funding for services to support foster children and foster carers, and cut \$20 million for new legal and psychological staff to support front-line caseworkers.

The Opposition wanted to slash some \$700 million from the Department Of Community Services in the lead-up to the last election, and this policy still stands, despite my repeated invitations to both the shadow spokesperson and the Leader of the Opposition to renounce it. Let us not forget that when last in office the Coalition cut more than 1,000 positions and closed almost one-quarter of all DOCS offices. The Coalition Government cut 1,000 positions, including 77 child protection workers, and closed 23 DOCS offices in places like Casino, Wellington, Camden and Young. So not content with destroying DOCS once and trying to do it a second time, the Coalition is putting its hand up to have a third go at cutting this department. The Coalition needs to come clean. We invite it again to inform the people of New South Wales of its intention in relation to the Department of Community Services, and to explain fully what the direct impact will be of the Coalition's pledge to cut 29,000 public sector jobs.

Since 2002 the New South Wales Government has invested \$1.2 billion in reforming child protection, and the Coalition just wants to throw it all away. It wants to go back to the bad old days of closing DOCS offices, cutting programs and sacking staff, and that would leave the most vulnerable people in our community exposed. Children would be at additional risk and families would be left swinging in the breeze. This mob cannot be trusted to support families of New South Wales, and they should come clean on what their intentions are for this department.

The Hon. CHRISTINE ROBERTSON: I note that the Department of Community Services has a disaster recovery section. Will the Minister tell the Committee how the department assists in times of natural disaster?

Ms REBA MEAGHER: Over the years we have come to accept and adapt to the elements. That is why the New South Wales Government is vigilant in its preparations to respond to and manage the threat from disasters. Our emergency services crews do an amazing job of fighting and responding to disasters such as fires, floods and wild storms, saving lives and where possible property. They are out on the front line in the battle against the elements. Storm and bushfire seasons highlight the important role of the Department of Community Services and its community partners in supporting the people of New South Wales when natural disasters occur. Under the New South Wales State disaster plan, the Department of Community Services is responsible for co-ordinating immediate and long-term welfare and recovery services during natural and other disasters.

It is a role not often seen in the drama of a natural disaster but it is a role that is vital to individuals, families and communities that are trying to recover from devastation. The Department of Community Services helps victims to get their lives back in order by providing food, accommodation, clothing, and financial and personal support. To facilitate this, the department establishes and manages evacuation and recovery centres with the support of its community partners, the Seventh Day Adventist Development and Relief Agency, the Red Cross, the Salvation Army, the St Vincent de Paul Society and Anglicare.

Late last year storms and flooding in many areas saw the department and its community partners assisting residents in Casino, Lismore, Ashley, Maclean and Deniliquin. The department also responded to the devastating bushfires on New Year's Day in the Junee and Central Coast areas. On the Central Coast more than 500 people attended three evacuation centres, with a further 200 travellers being assisted in an evacuation centre at Thornleigh when the roads and railway systems were closed due to the bushfires. With five homes totally destroyed in the Junee area and a further three lost on the

Central Coast, two recovery centres were set up locally to meet the ongoing needs of families that lost their homes and personal possessions.

These centres ensured that the Helping Hand grant of \$10,000 provided by the State Government was quickly delivered to those families whose homes had been destroyed to assist them at the time of their greatest need. These recovery centres received a further 44 applications for assistance under the New South Wales disaster relief scheme and continued to support the communities for several weeks. These disasters highlight just how important it is for all governments to have detailed plans in place for responding to natural disasters.

Department of Community Service staff at the DOCS State disaster recovery centre and across New South Wales continue to train and prepare for response to natural disasters that may affect the community. The disaster recovery community partners received funding under the national emergency volunteers support fund to undertake seven training exercises across New South Wales from May to October this year. These exercises are being jointly planned and delivered by the Department of Community Services and its community partners to practice and review the interdependencies among the key recovery agencies.

I take this opportunity to thank the staff of the Department of Community Services who are prepared, at very short notice, to put in many hours of hard work under extreme conditions and on any day of the year to help communities cope with and recover from natural disasters. Together with emergency services staff, DOCS and our community partners work tirelessly to do whatever is necessary to help individuals and communities get back on their feet as soon as possible.

The Hon. PENNY SHARPE: What is DOCS doing to overcome the impact of drug abuse on families?

Ms REBA MEAGHER: DOCS caseworkers use drug testing where drug use by a parent is a significant risk to the welfare of the child. The results of drug testing support decision making and provide evidence for the courts. A new drug testing regime will be trialled at community services centres at Campbelltown, Penrith, east Sydney and central Sydney in the near future. This regime will provide consistent practice in testing and consistent interpretation of results to support timely and well-founded caseworker decisions about the future of children who are at risk because of their parents' drug abuse. The regime will also ensure that parents who have had their children removed because of drug abuse cannot get them back unless they stay clean.

Unless parents are able to demonstrate to the department that they have stopped using drugs in a timely manner, DOCS will use the evidence provided by drug testing to place their children in care permanently. DOCS and New South Wales Health are also finalising a protocol on information sharing in relation to persons participating in opioid treatment. Better information will mean that DOCS caseworkers can make better assessments of a child's safety. The protocol will be implemented from late 2006. Families that are at risk because of drug and alcohol abuse are also targeted by the Early Intervention Program, which includes 350 additional caseworkers and \$150 million in new services.

Early intervention seeks to identify families in trouble and support them to keep their problems from escalating. This statewide program aims to keep families together and to keep children out of the child protection system. Other initiatives include tools and resources to support front-line caseworkers such as the DOCS drug net kit intranet site and the award winning dual diagnosis support kept, improved drug and alcohol training for DOCS and non-government organisations, and practice sessions for DOCS staff, delivered in conjunction with New South Wales Health, on working with alcohol and other drugs.

The Hon. HENRY TSANG: Minister, in the Committee you mentioned that the Department of Community Services was improving its client record database. Would you update the Committee on what has been achieved in relation to this system?

Ms REBA MEAGHER: The Key Information and Directory System [KIDS] replaced a 15-year-old client information system that no longer met the needs of the Department of Community Services. KIDS was introduced in October 2003 and designed prior to the announcement of the

Government's \$1.2 billion reform package. It sought to provide better data collection and reporting, improve the management of child protection reports and improve the management of information about children and young people in out-of-home care. The operation of the system was outsourced to DOCS' previous IT systems provider, CSC Australia Pty Ltd. The system has, in recent times, been operating well in excess of its design capacity. This is a result of the rapid growth in DOCS' resources under the funding package and is also due to design limitations in the computers that run KIDS.

For example, the maximum usage envisaged in the original design of KIDS was for 1,100 concurrent users. By early 2005-06, it was common for more than 1,600 front-line workers to be using the system at one time. As a result, system performance was not optimum. As part of the move which now sees New South Wales Businesslink provide DOCS' corporate services, DOCS' outsourcing contract with CSC Australia ended in 2005-06 and operation of the KIDS system was moved to New South Wales Businesslink. Along with this move, the opportunity was taken to complete a substantial upgrade of the computer platforms that support KIDS. This included increasing the maximum number of users the system is designed to support from the original 1,100 to over 2,000, improving the speed and responsiveness of the system to users, upgrading its disaster recovery capacity and providing tools to support real-time monitoring of system performance.

These new platforms will also provide for further increases in capacity as more front-line staff are employed under the reform package. These upgrades will ensure that the system can cope with additional increases in demand over time at minimal cost. I can inform Committee members that the transition of the system from CSC Australia to Businesslink and the new platforms took place in early July 2006. Members of the Committee may be interested to know that extensive system testing since that time has shown that the new arrangements have improved system performance for the average user by over 100 per cent, even at times of peak demand. That is, the new system is now twice as fast as previously for most functions, even when there are over 2,000 users concurrently online. Future developments in KIDS will now focus on supporting early intervention case management and on improving and standardising operational and financial management processes in DOCS.

The Hon. PENNY SHARPE: Minister, can you outline for the committee initiatives that have been put in place to help assure the safety and protection of school-age children who attend out of school hours care?

Ms REBA MEAGHER: Before I go on to outline the initiatives this Government has implemented and is implementing to protect children attending out of school hour care services, I would like to remind the Committee that quality standards and funding of out of school hours care services are largely the responsibility of the Commonwealth. In recent times, however, the Commonwealth has shifted the onus to States and Territories to regulate out of school hours services. It should also be noted that the New South Wales Government recognises that quality children's services are a critical issue for many families and that New South Wales was the first State in Australia to introduce a voluntary code of practice for out of school hours care services. This code informed the drafting of the national standards.

Under proposed amendments to the Children and Young Persons (Care and Protection) Act, introduced to Parliament in May 2006, the Government intends to strengthen the already high standards of the sector by regulating the provision of out of school hours care across New South Wales. There are 1,500 out of school hours care services in New South Wales, providing care for over 37,000 children who have started school and are up to 12 years of age. The regulatory framework will be developed in full consultation with the sector and implemented in stages to allow services to meet the new standards.

As a first step, services will be required to register with the New South Wales Department of Community Services and provide information on their service. It is envisaged that elements of the regulation are likely to include registration of people providing out of school hours care services; compliance with outcomes-focused minimum standards, probity checks and variation, suspension and revocation of registration. While regulations are being developed and implemented, children in out of school hours care will continue to be protected by a range of existing safeguards that include the quality assurance scheme for out of school hours care services; the working with children check, other

elements of the Children and Young Persons (Care and Protection) Act 1998 and occupational health and safety requirements.

Most importantly for the families of New South Wales, the introduction of regulation that builds on these safeguards is not expected to increase costs for parents but will increase costs borne by the New South Wales Government. While the New South Wales Government welcomes the expansion of out of school hours care places for families provided by the Federal budget and is keen to continue putting in place measures to protect the children of this State, it is essential that the Commonwealth also bears its share of regulatory costs. This is not the case at present, and is an issue I will continue to pursue with the Federal Government.

CHAIR: There are five minutes remaining. I am going to allow in rotation questions from the Opposition, crossbench and government until we reach the end of the time.

The Hon. ROBYN PARKER: Minister, given that it is already September, when will you be launching the youth action plan 2006-10 that was foreshadowed earlier in the year?

Ms REBA MEAGHER: I am sorry, I will have to take that on notice and give you an answer later.

Ms SYLVIA HALE: Minister, you indicated you hope to have 95 per cent of children attending preschool. What are the inhibitions to the other 5 per cent attending?

Ms REBA MEAGHER: Ninety-five per cent is considered universal access. The 5 per cent accounts generally for those parents who choose not to send their children to preschool and is consistent with percentages in other States.

The Hon. ROBYN PARKER: Minister, do you think it is appropriate that many foster parents are not given key medical and background information on children in their care? How do you justify that being the case?

Ms REBA MEAGHER: Dr Shepherd will expand further, but where information is available and it is appropriate to give it to foster carers, that information is made available. But the history of children in care is not always complete and not always known to the department. That includes their family histories and sometimes their medical histories. Sometimes, because these children move from place to place and because record-keeping has been inadequate in the past, those records have not been maintained. Dr Shepherd might like to expand further?

Dr SHEPHERD: Clearly, in the reforms to the out of home care process we are working to improve the services that we provide to foster carers. That is one of the key planks to the out of home care reforms. One of the things will be to improve the quality of the information that we provide. As the Minister said, we do not have it all, all of the time, but we are running a trial at the moment of intensive health investigations of children coming into out of home care at a couple of CSCs and in conjunction with the Children's Hospital at Randwick. We propose to expand that because it looks fairly successful. We have now run more than 100 children coming into out of home care through an intensive paediatric assessment. Clearly, they are the sorts of things we would want to do under the reforms to the out of home care program so that both the department and the foster carers have the best information available.

In a couple of regions now we are providing a much more comprehensive joint assessment of children coming into out-of-home care between DOCS and DADHC, where there may be a disability involved, Education and Health. We want the best possible background we can have on these children and we want to assess their needs accurately. Then we can place them in the appropriate placement. Not only will we place the children properly; the foster carer will have all that information as well. Health is in the final processes, as I understand it, of finalising better access to some of the health records that it provides to most children in New South Wales. By the end of this year it is hoped that we will have full access to that information and be able to provide it to foster carers as well.

CHAIR: With a bit of Chairman's licence, I would like to follow that up. That answer focused on the foster parents but what about young people who have spent most of their life in foster

care, with different parents, different schools, different doctors? Where are you with record keeping for them when they turn 18. Most people would have school records and medical records.

Dr SHEPHERD: The answer is complex. As you would be aware, in the 1980s there was a substantial destruction of the records of people who were State wards in earlier times. I presume that was a bipartisan exercise: governments of both persuasions would have carried that out. That means that for a substantial number of adults who were State wards there are no records, or very limited records. However, right now we are doing a substantial investigation into all of the possible sources of records for those people. Our freedom of information unit, off its own bat, is assessing and indexing all of those old records. So even though the central files might have been destroyed there are often some collateral pieces of information that we can gather about those children. As the work is done we will be able to provide more and more information to former State wards. In terms of going forward, obviously our record keeping is much more comprehensive than it was. It is now electronic and is continually being improved. So it will be possible to provide children going forward with comprehensive records of what has happened to them whilst they have been in care. We are also doing some really good work in getting after-care plans, leaving care plans in place for these children so that at the time they leave care all of this information is provided to them.

(The witnesses withdrew.)

The Committee proceeded to deliberate.