

**REPORT OF PROCEEDINGS BEFORE**

**STANDING COMMITTEE ON SOCIAL ISSUES**

**INQUIRY INTO CHILD PROTECTION SERVICES**

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**At Sydney on Monday 19 August 2002**

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**The Committee met at 9.30 a.m.**

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**PRESENT**

The Hon. Jan Burnswoods (Chair)

The Hon. Dr Arthur Chesterfield-Evans

The Hon. Amanda Fazio

The Hon. James Samios

The Hon. Ian West

**NEIL CRAIG SHEPHERD**, Director-General, Department of Community Services, Queen Street, Ashfield, and

**RHONDA GAIL STIEN**, Executive Director, Department of Community Services, Queen Street, Ashfield, affirmed and examined:

**CHAIR:** As a member of the Legislative Council, there is no need for the Minister to take either the oath or affirmation.

**Dr SHEPHERD:** I have received a summons, and I am conversant with the terms of reference for this inquiry. I wish the submission to be included as part of the sworn evidence.

**CHAIR:** I understand that both you and the Minister wish to make an opening statement before taking questions.

**Dr SHEPHERD:** I will make a short statement.

**Dr STIEN:** I have received a summons and am conversant with the terms of reference for this inquiry.

**Motion by the Hon. James Samios agreed to:**

That the submission of the Department of Community Services be made publicly available.

**CHAIR:** Minister, would you like to commence?

**The Hon. CARMEL TEBBUTT:** I thank the Committee for providing the opportunity for me to appear this morning. One of the things I wish to convey by my appearance before the Committee this morning is that I welcome the opportunity to hear from so many people who have expertise, experience and knowledge in the child protection area. I welcome the process of this Committee. I think one of the things we can all agree upon is that the job of the Department of Community Services is neither easy nor straightforward. The reality is that the department is dealing daily with the impact of drug and alcohol addiction, domestic violence, families under stress, mental illness, and custody disputes. As I said, it is not easy work; the answers are never straightforward nor simple.

In this environment, I think the department can and must improve its performance, and we can be assisted in that process by the work of this Committee. So I look forward to the constructive recommendations to come out of this Committee that can help us do that work more effectively. I wish to make some brief opening comments. Essentially they are in three parts: firstly, to address the Government's approach to social policy, to look at the Department of Community Service's relationship with its partners that it must work with, and also to briefly look at how the department does its work. The director-general will then supplement those comments.

At the outset may I say that the Government does agree with the view expressed by so many in evidence to this Committee that the Department of Community Services needs to be seen as part of a system of child and family services. As members would be aware, the Government's approach to social policy in New South Wales is underpinned by the social justice directions statement. I do not wish to go into detail regarding that statement, but I wish to point out two things. Firstly, the statement clearly indicates the Government's commitment to supporting vulnerable people and a continuing focus on early intervention and prevention. A fundamental priority is to ensure that all children get a sound start in life, particularly in their first three years.

Without adequate opportunities to live and learn within a secure and supportive family and community environment, children are unlikely to reach their full potential and enjoy rewarding lives, and there is now any amount of research to back up that position. I do except that we have some way to go before we achieve that goal. The Children and Young Persons (Care and Protection) Act does provide a sound foundation for a system of child and family services in New South Wales. But if that summarises our goal, the practical machinery must be made to work to support that goal. One of the things we have seen over the last few years particularly is a significant shift in both a recognition of

the importance of early intervention and also the provision of services that are able to respond to the need to intervene much earlier.

If I may point to three programs as an illustrative example: Firstly, Families First, which is a \$117 million program over four years funded by the Government and provides the opportunity to provide support services to families with children from the age of zero to eight years; secondly, the Community Solutions Fund, which is a \$50 million program over four years and provides the opportunity to intervene in communities that are suffering particular stress; thirdly, the Drug Summit Plan of Action, which is a \$176 million program over four years. These are only three examples, but I point to them to illustrate that there is a new approach and it is about being evidence-based, it is about being multi-agency, and it is premised on early intervention as a fundamental principle.

There are many other government initiatives, but I do not want to take up the time of the Committee with those as there will be plenty of opportunity to follow them up. The point I am making is that the early intervention landscape is far more sophisticated and developed than it was seven years ago, and at the same time there has been significant investment in the child protection end of the system, where funding has more than doubled. We do need to continue to improve the planning and co-ordination of services between levels of government, and between the government and non-government sectors, so that a more continuous level of support occurs. However, the difference is that, unlike seven years ago, the programs and organisations, in large part, do exist.

The Department of Community Services obviously has a very important role both in early intervention and also in child protection and out-of-home care. The effectiveness of the Department of Community Services is critical to the delivery of an effective system to protect children and support families. I would now like to speak about how the department undertakes its work. The Department of Community Services certainly cannot do its work unless the agency has credibility with the community and also with other service delivery agencies, both government and non-government. I think I am stating the obvious to say that over the last few years the department has experienced significant change.

It has been a period of enormous change with the introduction of the Children and Young Persons (Care and Protection) Act and the various policy and administrative changes to support that. The credibility and integrity of the organisation and its staff have been questioned. A number of reports have been critical of the Department of Community Services and its performance, and the new legislation has taken much longer to bed down than any of us in government would have wanted. As I have said before, and I want to emphasise to this Committee again, being open and transparent in the way we do our work, and improving the department's relationship with its various partners, is vital to establishing and retaining that credibility. Particularly in an area such as child protection, there can be no other approach. I want to touch briefly on my approach to that.

Firstly, our relationship with oversight bodies has to be robust. I value highly the role of the Ombudsman, the Community Services Commission, the Children's Guardian and the other oversight bodies that exist. They provide a means to drive reform and to continuously improve practice, and it is a role that I welcome. The submission that the department has presented goes into some detail about how we intend to strengthen those relationships and assist the oversight bodies in their work, but I am confident that we can achieve that.

The Public Service Association is also a vital partner in the process of reform. In an agency that depends almost totally upon its staff for the quality of service, a constructive relationship with the organisation that represents those staff is critical. In the context of announcing an additional 100 caseworker positions plus clerical support, we have reached agreement with the PSA to review work practices within the Department of Community Services.

I have already mentioned the importance of the non-government sector in the system of child and family services in New South Wales. Their input is essential, and I will establish an appropriate ministerial forum to consult with non-government organisations on a regular basis to ensure that the views of all Department of Community Services partners are taken into account in our reforms. In this climate of concern and criticism it is important that we do not lose sight of the difficulties that face DOCS caseworkers every day. An enormous amount of good work occurs in that department and in that sector. Over the past four weeks I have spent significant time in my role as Minister visiting

CSCs, talking with front-line workers. I have been enormously impressed with their dedication, their professionalism and their commitment to this very difficult job. They make decisions on a daily basis that most of us would never have to face. Most children are rescued from dangerous situations and placed safely. Parents are supported and many improve sufficiently to once again undertake care of their children.

Understanding the context in which those decisions are made is important and we need to face up to the unpalatable fact that there are rising levels of family dysfunction. The third area I wanted to mention was how the Department of Community Services undertakes its day-to-day work. The policy framework and the standing of DOCS are both important, but as important are the systems, the resources, and the capacity that DOCS can draw upon to do its job. I turn first to resources. The Committee is well aware of the increase in child protection reports. At the beginning of the 1990s they were about 20,000 child protection reports annually. By 2001 that figure had risen to nearly 141,000. A steady increase was followed by an explosion after the introduction of the Helpline and mandatory reporting in December 2000.

Since 1995 the Government has more than doubled the child protection budget. In the past 18 months alone 330 additional positions were created. In addition there was the recent announcement of 100 extra caseworkers. Despite that, DOCS has clearly struggled to keep up with the increasing volume of work, and there is no point in denying that. I am committed to a planned and systematic approach to addressing that. The Government has already implemented the interim recommendations of the Kibble committee for additional caseworker positions. That committee has been requested to develop an accurate measure of the workload amount and what resources are needed to deal with that. When that work is complete, we can make accurate decisions about what resources are needed and where.

Of course, additional resourcing is not the whole story. We also have to get the maximum benefit out of our current resources. I mention now things that either will occur or are occurring. First, as I have already mentioned, in consultation with the PSA a review of work practices. The department will develop a recruitment and training strategy and, as a matter of priority, will fill all vacant positions. I will work closely with the senior Children's Court magistrate, the Family Court and other appropriate partners to address any legislative issues. The department will continue to make improvements to the Helpline so that it operates efficiently and the transmission of information from the Helpline to CSCs is as seamless and as productive as possible.

We will closely examine how technology can help us deliver improved outcomes, particularly through the human service delivery project. Meaningful data derived from the Helpline will be made available publicly on a quarterly basis. The department will develop a new CIS with effective links to the records system. The department will provide clear guidance to front-line staff on policy and practice and ensure appropriate supervisory support for front-line caseworkers. The department will use workload data along with other relevant information as a planning tool to assist resource allocation.

In conclusion, it is certainly my aim to see the best possible system for protecting children and young people and supporting families in New South Wales. The Department of Community Services must have a lead role in a broad network of services to provide early support to families at risk. It must fulfil its child protection role with effectiveness and integrity, and in keeping with the paramount principle of the needs of the child for young person. The department also must support the children and young people who are not able to live with their families, and make sure that they have an opportunity to have happy and rewarding lives. The director-general will make some opening comments.

**Dr SHEPHERD:** I do not intend to go over the same ground as the Minister. I will focus briefly on the issues in part three of the submission. Part three is a series of responses to specific issues that have been raised by critics and commentators. Many have been raised in the context of this inquiry. I will pull those issues into an outline framework for moving forward. The most common questions that I get at the moment are: Why did you take this on? Is it as bad as you thought it was? Is it fixable? The only one that matters here is whether it is fixable. After five weeks in this position I have no doubts that it is fixable.

It needs more than just a service check, it needs more like a major service with some parts reconditioned. But the wrecking yard should not even be a gleam in the eye of DOCS opponents. It would be a very stupid course to follow, anyway. You would have to build an equivalent and the resulting chaos would take several years to sort out and in that time children will be placed at greater risk. It is far better to build on what we have. The focus for the way forward needs to be on four main strategies.

First, to get the supporting platform right so that the field services can operate with maximum efficiency and effectiveness. That involves improving the systems, the client information system, the records management system, et cetera, putting in place structures with very clear accountability, getting the financial management system to work properly, improving the training of staff and the supervision of front-line staff, improving the processes and procedures, developing sound working relationships with the non-government organisations, and developing sound working relationships with the watchdogs such as the Ombudsman, the Community Services Commission, the Child Death Review Team, and so forth. Many of these things are planned or already under way. Most are covered to a reasonable extent in the submission. The first thing we need is to do is to get the supporting platform right so that the field services can operate with maximum efficiency.

The second thing we need to do is research the business. We need to understand the components of demand and the drivers. It is very clear that DOCS at the moment is demand driven. We need to research and understand the other cost drivers, both external and internal. For example, certain types of court orders such as those requiring supervised access can have massive resource implications for DOCS. We need to probe these external and internal cost drivers to see where there are possibilities for change and the likely yield of any such changes in terms of efficiency and effectiveness.

The third thing we need to do is to get a capacity to develop and analyse proposals for change in our core functions. The core functions are, of course, early intervention and prevention, child protection and out-of-home care. We need to seek out world's best practice in these areas. We need to screen rigorously those proposals and the world's best practice for their match with the New South Wales context, their costs versus their benefits, their implementability in the field and their resource implications.

If we can get support with resources and skills to do the first three of these, we can build the equivalent of a DOCS Rolls Royce; a very fine government department working at maximum efficiency. However, there is a fundamental problem: Even if we improve DOCS efficiency by 30 per cent in two years, which I suggest even our strongest critics would think was not a bad outcome, it will barely keep us ahead of the increase in demand at current rates. Given that we cannot sustain a genuine 15 per cent improvement in efficiency for a long time, something is going to happen to our shiny new Rolls Royce unless we do something different.

There are a couple of options. We can let our shiny new Rolls Royce collapse under the weight of the tonnes of new demand, we can provide a never-ending increase in resources coupled with some minor refinements, or we can try to get off the treadmill by finding some completely different ways of dealing with the demand.

The first option, letting it collapse, is clearly unacceptable. The second option, providing the never-ending increase in resources, is problematic; no government would agree to an uncapped funding arrangement that is linked directly to demand. Historically governments have at times seriously reduced the resources available to DOCS.

So it is the third area that we need to focus on. And that brings me to the fourth element of the strategy. We need a major project with a small dedicated team of strategic thinkers—social workers and economists. They need to be quarantined from the day-to-day work of DOCS and their objective is to provide some way to shift the arrow back from out-of-home care, and beyond that in fact, towards early intervention and prevention.

The continuum of our work starts at the early intervention and prevention stage. If we fail for it moves to child protection. And if we fail there it moves to out-of-home care. The economic and

social cost of that movement increase dramatically at every stage. It is crucial that we have a major attempt to shift that arrow from out-of-home care towards early intervention and prevention.

To recap, there are four strategic elements: first, get the supporting platform right; second, research the business and understand the drivers and levers associated with the business; third, get some capacity to develop and analyse proposals and test their costs properly and whether they can be implemented in the field; and, fourth, develop a major project to focus on new ways to deal with what appears to be an ever-increasing demand.

**CHAIR:** As you are aware, the Committee has prepared an outline of a number of issues to raise with Dr Shepherd. The first one is headed "Overview" and the Minister and Dr Shepherd have mentioned every one of the dot points except the proclamation of the 1998 Act. The Committee would very much like to hear more about that Act, although we accept, as Dr Shepherd said, that it is at the end of the continuum in terms of focus of out-of-home care. This issue has been raised by most of the witnesses.

**The Hon. CARMEL TEBBUTT:** I am, of course, aware how significant the issue of the proclamation with regard to the role of the Children's Guardian is for all who work in that area. I say at the outset that I have not determined a timetable for proclamation as such, but I am clearly committed—I have put that on the public record on any number of occasions—to ensure that appropriate case plans are developed for every child and young person placed in out-of-home care, to ensure that there is appropriate oversight and monitoring of those plans, and to ensure that proper standards exist for service providers. I have already met with the Children's Guardian. I have also met with the Ombudsman and the Community Services Commissioner. They all have particular views about the role of the Children's Guardian and the proclamation of sections 8 and 10 of the Act.

I am keen to ensure that the full implication of proclamation is understood by everyone. I am concerned to ensure that what follows proclamation is clearly understood by both the government and the non-government sector. It is certainly the case that there are significant resource implications concerning proclamation, both for the Department of Community Services and also for the non-government sector. One of the things that I am very conscious of is that there has been a history in this area of change occurring, with perhaps not as much planning and careful thought given to the resource implications before that change is introduced. So I have asked the department to undertake some more work in regard to the resource impact. As I have said, there are equally major implications for the non-government sector. I am not convinced that the capacity is there at the moment within that sector to manage the full requirements of the new legislation.

The commitment I will give is to consult closely, of course, with the Children's Guardian but with other partners as well who have an interest in and a commitment to this area so that we can move forward in relation to proclamation. I want to undertake those further consultations before making any further announcements in this area. It goes without saying—and the Children's Guardian has already made the point—that agencies can work voluntarily within the Children's Guardian requirements. I know that the Children's Guardian has been talking to both the Department of Community Services and to non-government agencies about the role that they could undertake. I am aware of the pressing need to move forward on this issue. I am aware of the level of concern that the lack of proclamation has caused. But, as I said, I believe that for me to move forward without being sure that there is proper planning, that the resource implications are fully understood and that we are able to manage the impact of proclamation would, at this stage, not be the wisest course of action.

**CHAIR:** Has any thought been given to any kind of staged process in regard to proclamation? Is it an either/or option, or are there steps that can be taken to stage proclamation and the implications of resources as well?

**The Hon. CARMEL TEBBUTT:** There have been some initial discussions with the Children's Guardian about whether that is possible. I think the Children's Guardian has some views about that. It seems to me that there is some scope for a staged proclamation. For example, the accreditation process is something that will occur in a staged way anyway over three years. Agencies are aware that is coming and they are preparing themselves for it now. Again, with the provision of case plans, there is monitoring and review of those case plans every year. The area where I think there is some concern is the question of the ability of the Children's Guardian to exercise the parental

responsibility of the Minister and then to be able to delegate that to other designated agencies. I think there are some real issues around that part of the Children's Guardian's role. But yes, I think there is some scope for staged proclamation. That is certainly one of the things that I have asked the department to have a look at.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** The Kibble report praises the department for being very open in discussing the problems that it has. I have tried to discuss things with Department of Community Services workers. They are absolutely terrified that their careers will suffer if they tell stories of what is happening in the Department of Community Services. Can you guarantee that this Committee will have an entirely open process? Can you guarantee that anybody coming forward to talk about the problems, in a co-operative and genuine way, will not be discriminated against in any way?

**The Hon. CARMEL TEBBUTT:** Absolutely. My approach has been to say that the department must operate with openness and with transparency. Staff must feel that they can come forward, whether it be to this Committee or to other bodies. The director-general and staff must be able to come forward, have their say and put their views forward. So I certainly guarantee that I am absolutely committed to this Committee having that opportunity. I also state that that is something that the director-general made very clear to staff in bulletin No. 2 or 3—I am sure that the director-general could indicate which bulletin it was—that they should not feel that they are being constrained in any way in being open and honest about their views of the organisation and what needs to be changed in the organisation. I also made a clear and strong effort to get out and meet with as many front-line staff as possible over the last four weeks.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** The Kibble report stated that 79 per cent of the reports that are received are mandatory reports—in other words, PCRs I think you called them—which are reports of trouble. The Kibble report stated that 79 per cent were mandatory reports. It also stated that simply throwing more resources at the existing system will not work, which is refreshingly honest. If that is so, is there a case for lessening mandatory reporting?

**The Hon. CARMEL TEBBUTT:** I want to make it very clear that mandatory reporting is here to stay. The Government will not move away from mandatory reporting. Having said that, the Kibble inquiry does identify some issues around the way in which mandatory reporting works—for example, multiple reports either about the same child by different mandatory reporters or by the same reporter but over a number of weeks. So those sorts of issues must be looked at more closely. The majority of our mandatory reports come from the police. The police clearly have a critical role in mandatory reporting. We must work closely with the police service to ensure that police fully understand their role as mandatory reporters. There are things that we must do to ensure that mandatory reporting operates in as effective a way as possible. But mandatory reporting will stay.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** From my understanding of management principles, the best way to have good management is not to put people in the system who do not need to there and to make decisions at the lowest level possible in the organisational structure. If people could use their own initiative rather than mandatorily report, you would cut the load immensely. You cannot increase the supply of case workers by a large number. If you decrease the load by telling people at the bottom that they do not need to report certain things, surely that would make an immense difference to the way in which the department works?

**The Hon. CARMEL TEBBUTT:** There are some issues around mandatory reporters understanding exactly what they should and should not report. That was particularly the case early on after the introduction of mandatory reporting. After talking with front-line staff that appears to be less of an issue now, but I think that it is still an issue. That is what I am referring to when I say that what we need to do is work with mandatory reporters—with those who are responsible for mandatory reporting—to ensure that they properly understand their role. We really need a better understanding of multiple reporting. That is something at which the Kibble inquiry is looking closely. The director-general might want to make some further comments with regard to that issue.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** The Helpline has received 140,000 calls. Some frightened people have told me that only 7 per cent of level ones actually get a knock on the door. So surely you will have to cut your report rate to some extent?

**The Hon. CARMEL TEBBUTT:** We have to make sure that what needs to be reported is reported. The Department of Community Services is not able to respond to child abuse that it does not know about. So, of course, we have to make sure that what needs to be reported is reported. But we also need to make sure, as you have correctly identified, that we are not jamming the system with a lot of reports that could be dealt with in other ways. There have been some changes at the Helpline, and there will continue to be some changes, to address this very issue, including the ability of the Helpline to refer reports when they come in to other support agencies.

So when they make an assessment that further investigation is not required but what is needed is perhaps family support, some additional counselling or whatever, the Helpline must be able to make that direct link to a support organisation. But yes, I think that you are quite right. One of the things that the Kibble review is looking at is how to better unpack those figures to ensure that what is coming into the Helpline is information that needs to be reported to the Department of Community Services so that the department can more effectively focus on its core responsibilities.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Will Helpline staff be able to identify people who have been reported already so that they do not take all the data from a multiple report?

**The Hon. CARMEL TEBBUTT:** It is my understanding—and I will check this information with the director-general—that a new system was introduced at the Helpline, or the information technology system was upgraded in July. It is my understanding that that now allows that to occur more effectively.

**Dr SHEPHERD:** The intention with the new client information system is to ensure that a full history that is relevant to a case can be pulled up by a caseworker at the Helpline. We have a very old client information system—there probably will be questions about that later—which is now getting to the end of its shelf life. We put a patch over the top of that, which is the thing referred to as client information system 4.2, in order to bring it into line with the legislation as the legislation currently exists. We let the contract for the new client information system about a week ago and it will be developed between now and the end of 2003. So it will be fully operational by then. We will then have a very good system that will enable us to pull down all of the relevant pieces of information far faster than we can at the moment.

I might just take you back briefly to your previous question and to the figure of 7 per cent that you quoted. We are in the process of doing an audit of responses to level ones. That is not completed yet, but preliminary figures indicated that it is about eight times higher than the figure you quoted in relation to face-to-face contact with people who have been reported as a level one inquiry.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** So you are saying that it is 56 per cent and not 7 per cent?

**Dr SHEPHERD:** Yes. That is my preliminary view of the data that I have seen. That audit is yet to be fully completed and written up, but it is much higher than your 7 per cent. That is just the face-to-face stuff. It is much higher again for full assessment and investigation.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** If somebody rings up for a mandatory report—and assuming your client information system works and it comes up on the screen—will the caseworker then reassure the mandatory reporter that that case is in hand, if you like? How much information will be divulged to that concerned mandatory reporter who is trying to do the right thing? How much will you co-operate with the people who are trying to help you?

**CHAIR:** We will be asking a series of questions of this kind later—questions which I guess are more for Dr Shepherd. I would like the Hon. James Samios to be able to question the Minister before she goes. We will take that question on notice for a little while—a question which I think comes within the purview of the director-general.

**The Hon. JAMES SAMIOS:** In essence, Minister, you have given us quite a synopsis of issues, but do you think that the Department of Community Services is in crisis?



**The Hon. CARMEL TEBBUTT:** No, I do not believe that is the case. As both the director-general and I have indicated, the Department of Community Services does a very difficult job and must make decisions that are never straightforward and involve very complex matters. It does that in an environment of rising problems facing families, including drug and alcohol abuse, mental illness, domestic violence and custody matters. I have acknowledged that the Department of Community Services can do its job better than it does currently and I have acknowledged that this Committee can assist the department in meeting that goal.

Both the director-general and I have clearly indicated that we see the improvement in the Department of Community Services' performance revolving around improving our relationship with our community and oversight partners, making sure that the systems and resources better support the department's work in the most effective way possible and that changes are made when needed—of course the work of the Kibble review is critical to that process—and, finally, ensuring that there is greater community understanding about the role of the Department of Community Services and the important part it plays in an overall system of child and family support.

**The Hon. JAMES SAMIOS:** What credence do you give to the exposés on *60 Minutes* and *Four Corners* as well as allegations by the unions involved at the front line that nine out of 10 reported cases of abuse and neglect are not being investigated?

**The Hon. CARMEL TEBBUTT:** I think the director-general has already responded to that issue. I responded comprehensively after the *Four Corners* report. There are clearly issues of workload demand; I made that very clear in my opening comments and the director-general has also made that very clear. But we also have a plan to address those issues. Significant additional resources have already been put into the child protection area, including the recent announcement of 100 additional caseworkers. Of course it revolves not just around resources but around how work is done—I have already spent significant time talking to that—and the Kibble review process will now closely examine demand data to make sure that decisions around resources can be made in the context of the most useful and up-to-date information possible. We all acknowledge that there has been a significant increase in the number of reports coming to the Department of Community Services and that the department has found responding to them very difficult. So resourcing is an issue but it must be dealt with in a planned and systematic way—and I have outlined to the Committee how we intend to approach that issue.

**The Hon. JAMES SAMIOS:** So if resourcing is an issue would you give some credence to Carmel Niland's comment, I think during budget estimates, that "There are more staff acting in DOCS than at the Academy Awards"? If oversupply presumably can be a problem, do you see it as a problem and what action are you taking to address it?

**The Hon. CARMEL TEBBUTT:** I am not sure that I completely understand the question. Are you referring to the issue of resources?

**The Hon. JAMES SAMIOS:** I return to the quote by Carmel Niland during budget estimates that there were more staff acting in DOCS than at the Academy Awards. Do you see that as a problem and what action are you taking to address it?

**The Hon. CARMEL TEBBUTT:** I make it clear that at this point in time we are about looking to the future. It is about looking forward. Both the director-general and I have come to this Committee with our views, formed after a period of time—a fairly short period—in our new roles, about how we will move forward. That is my commitment. I have said very clearly that the Department of Community Services needs to operate in an open and transparent way and I have made some real commitments around that. However, for that to be really effective in terms of there being a greater understanding of the job of the department, I think there is also a need for bipartisanship about some of these issues. If we are talking particularly about recruitment, I have already indicated that the department will develop a recruitment and training strategy. But, as I have said, rather than referring to comments that have been made previously, I really want to move forward.

**CHAIR:** We are past the time that you indicated you could appear before the Committee. Thank you very much for appearing this morning. You have taken an unusual step—it is certainly a first for the Standing Committee on Social Issues. However, given the short time that both you and the

director-general have been in your positions, it has been a good opportunity for us to hear about your vision for the future and to ask you at least some questions. We have probably got slightly out of order if there is a logical way of doing things, but I am sure that there is interconnection between all the areas covered by the inquiry.

**The Hon. CARMEL TEBBUTT:** Thank you, Madam Chair. I thank the Committee both for this opportunity to appear before you and also for the enormous effort that I know you are putting into this area in order to come up with your recommendations.

**CHAIR:** Dr Shepherd, as I said earlier when I asked a question about proclamation, you and the Minister addressed between you—at least very briefly—the issues that we put under the overview heading. Therefore, it might be sensible to move to the points that you have made about the new structure, which I gather is already beginning to be implemented. I ask in particular about the rationale for the new structure that you have described in the submission and how you see it improving effectiveness. We are particularly interested in a point that has not been spelled out: how it will operate at a regional and CSC level and how you will balance the quarantining of resources that you talk about in the new structure with the need for crisis responses. That is a good, broad opening question.

**Dr SHEPHERD:** The rationale is laid out I think reasonably clearly in the submission at 3.1. Basically, the idea of having an operations division is to integrate the functions that are associated with the delivery of field services. To vertically integrate operations policy, the operations of the Helpline and the functions of the eight areas and then the 84 CSCs, and also to provide very clear accountability through that system for the performance of the tasks that are allocated to DOCS front-line workers. At the moment that accountability is very unclear so it is very difficult to work out who exactly is responsible for what. The approach to an operations division will fix that.

The second thing we need to do is aggregate all the corporate services functions into one place. At the moment they are split in terms of how they report. It will clarify considerably the role of corporate services to be put in one place.

The policy directorates, of early intervention and prevention, child protection and then out-of-home care have been split basically in line with the recommendations of the community services commissioner because it makes sense to split them that way and to ensure that there is a strong focus on those policy areas. At the same time we must recognise very much that the interfaces between them are managed. I will return to that point in a moment.

The strategic issues are also now aggregated in one place—strategic policy and the corporate planning function. That gives you clear accountability for those functions. Then the governance functions, of which there are many in DOCS, also need to be similarly aggregated—complaints, performance reporting and so on. I will deal first with the accountability aspects and then return to how you would cascade this through the regional system. The idea of improving accountability is to have one executive director responsible for each function or area of activity. You then cascade that down through the system in order to ensure that the accountability is there. This enables you to cascade down effective financial management accountability through the system as well. Until recently that has not been possible.

It is all very well to have very clear accountability but you must remember that these things are not completely separate strands. There are very strong interfaces between them so you must watch the interfaces. You need formal mechanisms to do that in the form of structured meetings between the various groupings, you need executive protocols that require formal consultation before a proposal can be brought to the executive and sign-off by the relevant divisions so that you cannot get an isolated approach to the major issues facing the organisation.

You need to get communications flowing effectively through the organisation. You do that, first, by running a communications audit over the organisation to see what formal and informal channels exist now and what ones should exist in the future. One of the simple things you do is ensure that the executive minutes are distributed to all managers in the organisation so that they understand across the board what the executive is dealing with and what the decisions are. For major issues you must put together project teams from across the various parts of the organisation. The major issues

facing the organisation will not necessarily fall neatly into the highly accountable divisions so for some things you must put project teams together.

You will maybe need to have lead divisions on some issues when it is arguable whether something could go into one division, such as child protection, or back into early intervention and prevention. You will need to have a lead division that works across the interfaces. So accountability is really important but you need formal mechanisms to manage the interfaces. You also need informal mechanisms to manage those interfaces. The first thing you need to do is outlaw territoriality. People who behave in a territorial fashion within a silo-type structure need to be persecuted vigorously otherwise there will be serious breakdowns in how an organisation functions. You must understand the informal channels for communication and make sure that they are dealt with.

The other thing you cannot lose sight of is the link between the operations division and the policy divisions. Having managed organisations with that kind of split, I know that given half the chance the operations division will run off and do exactly what it wants without much reference back to the policy divisions. It is an area that you must manage actively and, because all the positions on the executive line report directly to me, I intend to manage it very actively.

The other informal aspect is the director-general's bulletins that go to all staff and that provide communication about the major issues—both organisational and policy—that might impact on the organisation at any particular time. It is a useful way of getting a very direct message to the staff. I write those bulletins—I obviously have them checked by various people to make sure that I have not gone outside the normal bounds—and they are my communication to the staff.

In terms of the regional issues and how you deal with them in a structure of the kind that we have put forward, the first thing you do in order to make sure that the various elements are separated is to put strong financial controls in each strand: you have a budget for out-of-home care, a budget for child protection and a budget for early intervention and prevention. You make sure that people cannot transfer funds from one to the other without the approval of either the executive as a whole or the director-general. If they cannot access funds except for the appropriate purpose, it makes it very hard for them just to turn it into another big pool and focus entirely on child protection. The second point is that we are in the process of quarantining some out-of-home care staff. The objective is to have 40 per cent of the caseworkers allocated to out-of-home care and we are getting pretty close to that mark in most regions at the moment.

There is still a whole raft of issues that I need to look at to determine the best ways of organising the regional supervision and professional mentoring arrangements within the regions. Clearly it needs a look at. I do not think it is the number one priority for me right now, but I intend to look at each during the next six months to see whether there is not a better way to make sure that the supervision arrangements are efficient and to make sure that there is a much better capacity for professional mentoring of the staff. I think probably I can leave the answer at that point, unless you have further issues.

**CHAIR:** I add one question. Some of the Department of Community Services [DOCS] staff we have spoken to have seemed not terribly impressed with the way they, say in the CSC, relate to an area level or a regional level, and perhaps that is a comment on the adequacy of the people at those levels or perhaps their empathy with the people at the front line, so to speak. Do you have any plans in relation to those multiple levels through the department?

**Dr SHEPHERD:** Obviously I need to look at the multiple layering in my operations division as a whole. I have appointed a very experienced executive, who has a social work background but a lot of operational experience, to head up that division. She is currently on secondment from the Department of Housing for three weeks. That whole three weeks she is spending in the field, visiting CSCs in the northern, western and southern areas. She will then go away and think about that for four or five weeks and will start officially on 1 October with DOCS. I will have discussions with her between now and when she starts about her impressions of the things that are easily fixed in the CSC environment and how we might start to look at the structures. As I said, I do not think that that will be the most profitable area to focus on in the very short term. It is certainly an area that needs addressing, but you can open up too many fronts in a campaign to reform an organisation.

**CHAIR:** They are probably the major questions we had specifically but what you have said in part 3 of your submission about structure. It might be sensible at this point to clarify two things that were not totally clear to us. One is just to get total clarification on the additional resources that have been allocated. We suggested since the inquiry commenced—because I guess it gives us a starting date with the inquiry commencing in April—the previous Minister mentioned the recent announcement of the 100 extra caseworkers. I gather that with them goes some ancillary staff—we are not quite sure what the numbers are there—and much earlier on there were announced in the budget other additions as well. Can you quantify those figures for us?

**Dr SHEPHERD:** If I may, I will take that on notice because I do not have the precise figures yet. I can certainly get them.

**CHAIR:** The other thing that we are still not absolutely clear on is the exact sort of work that the Kibble working party is going to do following that official report. I guess there is a subsidiary investigation being done by Mick Reid as well. In particular we are anxious to just get straight what to expect the Kibble working party to do from now on, and when its work will be finalised.

**Dr SHEPHERD:** The Kibble working group has reconvened. It met last week and we are in the process of finalising a changed set of terms of reference for the Kibble group. In its simplest terms, if you look at figure 2 in the submission which is on page 10, basically what the Kibble group is doing is looking at all of that process associated with the helpline and the CSCs, at least as far as the decision goes to split off into out-of-home care or not. There is a whole series of projects in there. There is the demand sampling project, the demand modelling project, the process mapping of exactly how DOCS deals with issues within the CSCs, a review of priority one which needs to be in there and obviously all the helpline processes and the rules.

Then you also need to incorporate the referrals for advice and assistance that need to occur from the helpline rather than from the CSCs, as is currently occurring. There is a whole range of things that are essentially concerned with the way DOCS deals with its intake and looking for the best way to deal with the intake at each step in the process. We anticipate that many of those projects will be completed by December this year so we should be in a good position to start making changes in the first quarter of next year.

**CHAIR:** This might be a good time to go onto the section that we have headed "Helpline and CSCs". In some of the questions we are asking—for example the clarity about respective functions and responsibilities in the helpline and CSCs themselves—do we understand you to be saying that some of those issues will be put on hold until after the Kibble working party reports at the end of the year, or will work go on within the department in the meantime?

**Dr SHEPHERD:** Work will certainly go on within the department the whole time on improving the performance of the helpline. I guess that in terms of clarity around the respective functions of CSCs and the helpline, there is the Kibble committee work that I have just mentioned because the better you refine what happens at the helpline, the better you will be able to service the CSCs. You need this series of projects aimed at getting the helpline working at maximum efficiency and you need to get to that point before you can identify the real gaps and problems in terms of the service that has been provided to the CSCs and also the service that has been provided to the family support groups by referrals out to them.

Obviously we need to recruit and there are a remaining 54 or 50-plus whatever caseworkers to make up the 130 that are required in the full establishment of the helpline. My understanding is that we intend to offer 30 or that we will make 30 offers of positions against those 54. Either we have already done it, or we are about to do it. Then we need to go through a second round in order to get the remaining 24. Once you get the full establishment of 130, you then are in a position to bring the wait times down to a point where the mandatory reporters will find it convenient to talk to a caseworker rather than send faxes or leave messages.

The other thing that the additional 50 caseworkers will do will enable you to improve the quality of the reports that are given to the CSCs. They can ask more questions. They can get more relevant information. When we are working on the business rules, which we are working on at the moment, we need to do that in conjunction with the CSCs. There is no point in just doing it in

isolation because if you just build a helpline and there is not very good understanding that you are building that helpline, or refining that helpline if you like in terms of what is actually required at the CSCs, you are not likely to produce the best outcome. There is a bit of work to be done there. It is pretty clear to me from having visited a number of CSCs in the last couple of weeks that there are some significant issues in the CSCs in the way that information comes to them and the quality of that information. It is crucial to fix that.

The next thing that we have is a major project on is how you can get the helpline, once it is fully staffed, to start sending referrals to the family support services from the helpline. They are currently working on five different model options for how you would do that and then we will need to have discussions with the family support services in order to make sure that those two things mesh properly. That should take a significant burden away from CSCs. It should also improve the quality of the overall service because we will be dealing much more with early intervention than we are doing at the moment. The other area that needs significant improvement and on which we are working at the moment is the faxes that come into the helpline. There is a committee at deputy director-general level involving the police, health, education and DOCS, and that is working on how we get a better outcome from the faxes that we currently get.

**CHAIR:** I will take up one of the points you made about the proposal for people on the helpline to work on ways of referring things to family support services and so on. One of the comments that we have consistently heard, particularly from people in the field, is the suggestion that since the inauguration of the helpline, there has been a decline in the level of interagency co-operation between the CSCs and support services of various kinds, partly because the people in the various other services are saying that the CSCs are overloaded by dealing with reports back from helpline. How do you propose to balance those two sorts of needs?

**Dr SHEPHERD:** It is a very complex issue. Basically it is the tension between a centralised intake through a helpline system versus a localised intake that changes the nature of the relationship with the local mandatory reporters. The second thing that is putting pressure on there is that many of the CSCs are operating constantly at the highest priority end of the spectrum of cases coming forward and therefore they have very high workloads and do not have time to engage in the networking that you would ideally see happening with mandatory reporting groups around them. There are lots of pros and cons associated with a centralised intake system. At the end of the day we will have to make an assessment once we have the helpline working like a Rolls-Royce, if we get to that point—and we will get to that point. Once we get it working like a Rolls-Royce we can start to look at the pros and cons and see what changes we need to make in order to make it possible for improved networking with the mandatory reporters. It comes back to the question that the Hon. Dr Arthur Chesterfield-Evans asked earlier.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** It was about confidentiality and mandatory reporters who had already had it reported?

**Dr SHEPHERD:** That is right. It is the same issue, that once you can get enough capacity at the helpline end, then you may be able to provide much better information to the mandatory reporters at the helpline end and you also need to think about what kind of information you can provide to mandatory reporters in the local context, bearing in mind that there are some very strong confidentiality requirements in the legislation concerning what you can and cannot put back to people who are providing you with advice, but in is a clear area that we need to work on.

I guess in terms of the localised contact issue, we also need to try to identify the real importance of the localised contact to the outcome of better child protection: Is it a real impact or is it something you would do if you had the time available to do it? I do not think we know the answer to that yet and there is a lot of work still do to around centralised intake versus localised intake.

**CHAIR:** The one area that we have not covered yet in relation to the helpline is the Kibble argument that DOCS, at the moment, is dealing with reports that are not within the jurisdiction of DOCS but within the jurisdiction of, perhaps, the Health Department. What is your comment on that and if it is correct, how should that be addressed?

**Dr SHEPHERD:** I do not know the exact percentage that would be allocated to those sorts of reports that we would think are maybe outside the jurisdiction. It really goes to better training of the mandatory reporters so that there is even better understanding by the mandatory reporters about the sort of information that they need to put together and the sorts of assessments they need to make before they make a report and, secondly, with the increased capacity of the helpline, a better opportunity to sift that information and to refer it appropriately when it first comes in, so that is just not transmitted down to the CSCs in order to be dealt with there.

**CHAIR:** The Minister very early on said that mandatory reporting is here to stay, because that issue had been raised with us. In your submission and in your opening remarks you flag here and there the suggestion we may need some legislative change with regard to the detail of mandatory reporting. Could you enlarge on that?

**Dr SHEPHERD:** Obviously, as we go through the Kibble committee process and work out what is the most effective way to deal with the intake that we get, we will need to then match the most efficient way of dealing with the intake with the existing legislative base and my guess is that when we do that we will want to make some minor adjustments to the mandatory reporting requirements. One that has been specifically flagged with us is the issue for schools, particularly by the Catholic Education Commission, of duplicate reporting and the responsibility within a school for making the report. I think there was prior agreement before the current Minister and I have come into our respective roles to address that issue specifically, but it would require legislative change to do that. The level of these duplicate reports, though, is in fact quite low. My recollection is it is around 3 per cent, so whilst they may be a very significant issue for the schools themselves and for the internal management of schools in terms of what actually comes into the helpline, they are not a very high number.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** The main thing that seemed to come out of the Kibble report is how poor the information system was and how unreliable the data is, in consequence. The CIS seems to be in Word, which is not really a database. The database has been a controversial issue for some years, with questions about information from DOCS. I noticed you mentioned a new system, 4.2, introduced in June or July?

**Dr SHEPHERD:** July.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** And you are expecting a new one by 2003.

**Dr SHEPHERD:** Yes.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Could it be that the lack of multiple reporting of kids at risk is because you cannot identify them in real time?

**Dr SHEPHERD:** Duplicate reporting and multiple reporting are two different things. Duplicate reporting is where you get a report about an incident that relates to a child and within a very short period of time you get a second report that basically covers the same ground. That can happen if you have a teacher at a school, the deputy principal and the principal all becoming aware of the same information in about the same time frame and they all need to report because they are all separate mandatory reporters. Multiple reports are different and they are important because multiple reports are not necessarily about the same incident and extend back over time. If you start getting multiple reports, then you know that there is probably a very significant issue there and they ought to be given great weight. So they are, in fact, different things.

In terms of the client information system, which was the second part of your question, as I understand it, it is an old Dos-based system. It is pre-Word in terms of its development and so it does not interface very well with any of the current computer technology that we have. Yes, there are problems with DOCS databases. We have been going through a very substantial process of auditing and remediating a whole lot of the case records in order to get the data into a manageable form. That has been an expensive and extensive process.

We will, as part of getting the new client information system into place and replacing the records management system, be very conscious of the client data that we want for management purposes and that the community wants for monitoring purposes and we will make sure that the system can produce reports that give both the community and DOCS the information that they want.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** This is all great management stuff, but what are you going to do differently? Workers are now telling us that they spend 70 per cent of their time in front of computers and the Kibble report says there seems to be no useful data. It seems to me extraordinary that for years people have been asking where the data is and every time we ask questions the next lot of managers say, "We're working on the data system and we should have something within a year." They have been saying this for years now. What are you going to do that is different? Have you started again with a program in Access or Oracle? Obviously, you have to get some of the data usable out of your paper systems and other systems but there seems to be a total lack of management in putting this together. It reminds me of the Wood royal commission, which talked about endless development of plans and changes in structure which appear sensible on paper but in the end achieve nothing.

**Dr SHEPHERD:** Okay. I will deal first with the data and then come back to the structure. Undoubtedly there has been a history of problems with data collection and the recording systems for that data. We have problems, as the Ombudsman has pointed out, with our records management system and we have problems with the client information system. It is, in fact, a 1980s system that is groaning under the changes in technology and under the changes in the legislation that we are currently dealing with. What I can say to you is that the contract has been let for a new client information system. It will be developed under the supervision of the Executive Director, Operations, in order to meet the operational needs of the department and I will ensure that it also will meet the reporting needs of the community.

I have done this in the other agencies I have led. The Environment Protection Authority has an excellent data recording and reporting system and it reports its information publicly. In fact, for air pollution, for example, it reports it online. If you want access to air pollution data you can get it online. My intention is to get to a point where we have a system that will report accurately and quickly on the things that are of interest. Now, that is crucial anyway because I cannot get any efficiencies in caseworker time unless I give them an operating platform that enables them to get all the information they need quickly and comprehensively.

I cannot do any better for you than to say we have let the contract. I have already approached Treasury on the records management system and they have agreed to allow us to bring forward the business case for implementation in this year rather than the next financial year, so the client information system and the records management system will be developed at the same time. We will have the funding to do that work and we will ensure that the quality of the systems are to a satisfactory standard. The client information system that we have let the contract for is in use in New Zealand for exactly the same purpose as we intend to use it in New South Wales. It has a good reputation in New Zealand. It is fully supported. We can make the modifications to it that we need to make here and it will work.

You can challenge me continuously on the idea that "new broom coming in and nothing is going to be different", but I think on track record I can show you that things are going to be different and I can show you in terms of what has already been agreed in the last few weeks in terms of the records management system and the client information system that things will be different. They cannot be different this side of the end of 2003 because it takes that long to develop a system of that complexity. In the mean time I am going to have to struggle with the systems that I have and we will put some interim things in place, as we have done with 4.2 on the client information system, and we will put some interim arrangements in place in relation to the records management system that will improve the quality of practice with the current systems.

**The Hon. JAMES SAMIOS:** The contract has been let for the information system. To whom and how much is it for and for how long?

**Dr SHEPHERD:** I cannot tell you to whom it is; I can tell you what it is. I have a blank spot there at the moment. Someone can give me that information or I can get back to you with that.

**The Hon. JAMES SAMIOS:** We will take that on notice. How much is it for?

**Dr SHEPHERD:** The total cost is \$12.5 million, including a certain substantial component of about \$4.5 million associated with implementation and training. I will have to get back to you with the exact figures but my recollection is it is about \$6 million or \$6.5 million for the system itself.

**The Hon. JAMES SAMIOS:** And that is on an annual basis?

**Dr SHEPHERD:** That is the total cost of the system to purchase, modify and install and then the annual cost is about—I will get back to you with the exact figure—just under \$400,000 per annum.

**CHAIR:** The Committee has heard quite a lot of evidence that suggests an excessive amount of paperwork has been developing, particularly for people in the CSCs. People have indicated, for instance, the notification intake summary and case plan report forms. There is that general issue as to the extent to which caseworkers are spending their time on paperwork. It has been specifically raised as to whether caseworkers need more administrative support and that, perhaps, the decision years ago to reduce the amount of administrative support should be reconsidered.

**Dr SHEPHERD:** Each time you change the legislation and introduce additional requirements for planning, documentation and so on, hopefully you improve the quality of the work because that is the purpose of doing it. But the cost can be the time available for a caseworker to deal with a case. The unit time associated with each case becomes longer. We need to go back over those requirements to make sure that we are doing only those things that have a positive outcome for the children who are assessed in the process. We need to ensure that the work requirements are linked very closely to improve outcomes. I do not know whether that is the case, but it is an area I intend to examine. In terms of additional clerical support, we will review whether, if we provide additional clerical support, we could take away some of the workload from the professionals to enable them to deal more efficiently with more child protection reports. I do not know the answer to that.

But what I do know is that one of the purposes in sending Annette Gallard, the appointee to the Executive Director, Operations, on this three-week tour of CSCs with no line responsibility was to examine these kinds of issues. She is spending pretty much a day with each CSC to get a good understanding of these operating issues so that we can sit down and work out which ones we can fix simply and at low cost, which ones with a bit more effort, a change in systems and so on would make a significant difference, and then the really hard ones that require either legislative change or major changes in work practice. That will take a little longer, but we must address them all.

**CHAIR:** We need to move on to early intervention and prevention. Can you tell us whether the client information system, when it is all up and running, will have a facility to deal with prevention and early intervention, or will it essentially remain a child protection, or crisis-driven system?

**Dr SHEPHERD:** I will ask Rhonda Stien to answer that question because she knows more of the detail than I do.

**Ms STIEN:** With the 4.2 upgrade of the current system we are now in a position to properly assess those calls that come in that are not necessarily reports that require the active involvement of DOCS to assess risk of harm. At the moment, because pre 4.2 everything was reported in the annual report as a contact report, it was not able to differentiate between those things that were for referral out. The upgrade of the current system will do that for us. Obviously, that is something that we will develop further with the new client system. We will be able to differentiate quite clearly where there is a request for assistance rather than a report of risk of harm.

**CHAIR:** Do we have any sense of the statistics? Are we able to break down the percentage of the calls to the helpline that represent requests for assistance?

**Ms STIEN:** Some audit work has been done at the Helpline. Unfortunately, I do not have those statistics with me. But I can say that when the Helpline started it was anticipated that the overwhelming number of contacts with Helpline would be requests for assistance. It was not



necessarily set up to be a child abuse reporting line. But the overwhelming number is reports of children at risk of harm. It has been the reverse of what DOCS anticipated.

**CHAIR:** Both the Minister and Dr Shepherd have said quite a bit about how we need this greater focus. The Minister referred briefly to Families First in that context. Could you tell us specifically whether you think that Families First could play a greater role, or how it could play a greater role in reducing the level of child neglect and abuse that ultimately requires the response we have been talking about?

**Dr SHEPHERD:** Families First is a great program, and that is not simply because I was responsible for it in The Cabinet Office for a couple of years. It is one of the exciting approaches to improving the way agencies co-operate across dealing with the early intervention issues. It provides us with a way to access households in the very early stages of a child's development in that naught to three-year bracket, and perhaps start to make a significant difference to what happens by providing access to services and providing information about those services to the parents. It also improves the way agencies work. Can we do more with it? Yes, I think we can. There are two issues. The first is that we need to do some more work to ensure that Families First is sustainable in the long term. It needs to be introduced as a mainstream program within the participating agencies rather than sitting off to one side as a budget enhancement in the long term. You have to mainstream it, then make it sustainable so that this way of operating becomes the normal way of government departments operating in this area.

The second thing you need to do is harness the information from early assessments of the early childhood nurses to identify families at risk. Then you can look at whether you can supply intensive support to those families at risk in the naught to three-year bracket, so that you prevent them in the longer term from becoming either financial or social casualties as they get to the eight to 18-year bracket. Research demonstrates clearly that there is a significant cost benefit advantage in early intervention versus the late intervention in at-risk families. But you cannot put all of it into Families First because for the foreseeable future a large number of children will come through the system who have not have been involved in the Families First programs and they will need the other kinds of support that DOCS currently provides.

**CHAIR:** You referred to the need to mainstream the services that have so far developed in the relevant agencies. A number of our businesses and submissions have addressed whether Families First should be transferred to DOCS, as it was announced sometime ago as the longer-term proposal. Now that you have changed hats, added hats, or whatever you have done could you comment on that?

**Dr SHEPHERD:** It is a matter of Government policy, which, I guess, means that there is some risk in my answering. Eventually it ought to be transferred to DOCS because I think that is the logical home for it. But there are a couple of caveats to that. The more you mainstream it the less it needs to be held by any one agency. The second thing is that my view is that DOCS is nowhere near ready to take over the holding of this program. It is far better that it remains with the central agency. At the moment it is with the Cabinet Office. There are other possible locations. Those agencies provide the force of co-ordination and credibility that DOCS would find it difficult to sustain at this time. The other thing is that there are enough things on DOCS plate right now without adding anything else. That program is too important to risk.

**The Hon. JAMES SAMIOS:** What evaluation, if any, has been conducted into Families First? How do you know if it has worked? Would you make the research available?

**Dr SHEPHERD:** A major evaluation project associated with Families First commenced towards the end of last year or early this year. It is being conducted, in part, by people within the Cabinet Office but also in conjunction with the Social Policy Research Centre at the University of New South Wales. It is designed to do both short-term and long-term evaluations of the benefits of the Families First program. My understanding is that there is every intention of making the evaluations available as they become available, bearing in mind that some of it is short term and some of it is very long term. For a child who is zero in age now the real benefits of these programs is when a child is eight to 18 years of age.

**The Hon. JAMES SAMIOS:** That sounds very positive. Could you give us some idea of when the first interim report will be available?

**Dr SHEPHERD:** No, I cannot. You would have to ask the people in The Cabinet Office. The reason I cannot answer is that the evaluation is in a series of projects that are specific. I am not sure of the intent of the Cabinet Office as to when these will become available but the intention is to make them public.

**CHAIR:** We can follow that up with the Cabinet Office.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** I am very interested in demand management. Reading the Kibble report and hearing you talk about information systems, it all sounds as though you are running an intensive care unit. Although you make noises about prevention and going to other agencies, there is no real integrated strategy. The Minister said that she did not want to reduce mandatory reporting, although it is 79 per cent of helpline calls. Perhaps she might change the definition of reporting, which could considerably reduce the number. The other problems are the increase in drug and alcohol abuse in mothers that results in increased child abuse, lack of support at the welfare level so that it is the third generation, which I understand was changed when welfare eligibility for supporting mothers was increased—there was less support and it became a financial package—or education, which this Committee has done some work on.

That is three possibilities, drug and alcohol abuse, support for people on welfare and changes to educational availability in child-care areas. These changes to the definition of mandatory reporting might change demand management and might make your task a whole lot easier. If you surveyed the calls you might be able to reduce your demand rather than increase your information system and try to put in more case workers. This does not seem to have been discussed in the Kibble report, and it has not been part of anything you have said today. Would you care to comment on some other strategies beyond DOCS in a whole-of-government approach to try to produce a real preventive approach?

**Dr SHEPHERD:** In my opening remarks I think I did the deal with the issue of how do you change the nature of the business, if you want to call it that. I indicated that even if you turn DOCS into a first-class organisation, the efficiencies you would gain in doing that would be used up by the increase in demand in a very short space of time, that what we needed was a major project to look at alternative ways to deal with demand, and that my intention was to put a senior level major projects unit together, with the right people in it, to start looking at the alternative ways. As I understand it, around the world there is a problem for all child protection agencies in dealing with the current increasing levels of demand for their services.

You need to do that piece of work in DOCS, but, you are right, you need to do it across government as well. The human services chief executives will be looking at these issues in the coming year. They have a number of projects running at the moment to look at various aspects of this. We also need to look at it in terms of the ongoing work of the Kibble Committee. One of its key tasks is to look at an integrated demand management strategy for DOCS as a result of all the demand modelling and the other bits and pieces.

So there are three levels of looking at it. You look at it in the Kibble Committee context, which is how do you more efficiently manage the demand that is coming to you. You then need a major project of the kind I described earlier, to look at what are the outside-the-square solutions that you might start to bring to bear on managing this demand. Thirdly, you need to look across the human services agencies, a particular housing, health, disabilities, probably juvenile justice, and DOCS, in order to see whether there are major shifts in the service provision that would make a significant difference to the way we handle demand.

Clearly, you need to get to the front end of this if you are going to have any long-term chance of improving the outcomes for the next generation of children. As I said at the beginning, you need to shift that arrow from out-of-home care back to early intervention. That is easy to say, and it is not particularly easy to do, otherwise everyone would have done it. But we need to focus very much on that, because if we do not, we will be swamped by demand in the longer term.

**The Hon. IAN WEST:** Looking at preventative intervention measures as part of the budget, and bearing in mind what you said earlier with regard to the interaction between prevention, child protection and out-of-home care, I am trying to come to grips with the budget formulation you spoke about, that is, that each section needed to be quarantined, and the difficulty you have with trying to assess the preventative aspect in terms of an outcome that is not easily measured. I am trying to understand how you allocate your budget in terms of prevention, but budgeting intensive crisis. Has Family's First only been budgeted on the basis of outcomes, and what is the definition of an outcomes basis?

**Dr SHEPHERD:** Outcomes-based is the intention to focus on what the outcomes for the cohort of children that are coming through the system will be in terms of improved educational opportunities, improved learning, improved economic positioning, avoidance of criminal behaviour—all those things that you can measure over time. They are the outcomes that you are aimed at. The problem is that a lot of factors influence those outcomes apart from a program such as Family's First. However, what we know is that from the research that has been done, a program like Family's First is very likely to result in the kinds of outcomes that you are seeking to attain. You then measure the outputs from the Families First program to see whether it is doing what it said it would do.

For example, you measure the number of visits by early childhood nurses to new mothers; you measure the number of children in the supported playgroups; you look at the number of schools that are functioning as community centres. In doing those things, you can measure those quite easily. However, for the outcomes you have to rely on the much longer-term evaluation and research. Families First is committed to doing all of that, so I do not think there is a problem in terms of dealing with those elements.

On the issue of quarantining the budgets, a lot of commentators have said that child protection, because of its crisis nature, is simply sucking all the resources into one of the streams rather than the other streams. So what you say at the beginning is: The only way we can manage this is to say that this money is for early intervention and nothing else, this money is for statutory child protection and nothing else, and this money is for out-of-home care and nothing else.

What you are trying to do is to manage the available resources in terms of the priorities. We cannot avoid dealing with the high-needs, high-priority cases, so we cannot put all our resources into early intervention. If you had a clean slate, a greenfield, no-one in Australia, and you were able to start again, you would obviously put the bulk of your money into early intervention because that is where you would get the gains, but we are not in that position, we have a current problem.

**The Hon. IAN WEST:** Perhaps you could take the question on notice and provide further information at a later date.

**CHAIR:** We had originally asked your predecessor to come back on this date because we had not dealt with out-of-home care on her first appearance. The Minister dealt with the proclamation of the remaining sections of the Children and Young Persons (Care and Protection) Act. Would you comment on the report produced by the Community Services Commission some time ago and the blueprint it put up for an out-of-home care system, and how you are developing a strategic policy framework in relation to out-of-home care?

**Dr SHEPHERD:** I might provide some overview remarks; Rhonda Stien is far more expert in out-of-home care than I am, at this stage of my tenure in DOCS. In terms of the commission's report in relation to the substitute care inquiry, there is substantial agreement between DOCS and the commission on many of the elements that came forward in the substitute care inquiry. The two issues that are sitting off to one side are the suggestion that the non-government sector should take over all long-term out-of-home care placements, and the one concerning bringing children with disabilities into that same system.

I think you would find that for the rest of it there is substantial agreement. The intention was that after the publication of the substitute care inquiry report, DOCS would take its examination of that report and its own work and try to marry the two together and come forward with a significant out-of-home care reform agenda. There are a whole lot of issues in out-of-home care, and it is not an easy area to deal with. My reading of the briefing material that happens to be around in the

department, but not prepared for this inquiry, indicated that there had been some 13 inquiries into out-of-home care in a decade. So, clearly, it is not an easy issue to deal with, or it would have been dealt with by now.

With regard to the sorts of issues that we need to deal with, the relationship between DOCS and the non-government organisations, clearly there have been some problems and we need to find a way forward—not just another round of consultation, but finding a significant way forward—recognising that there are disagreements over data and the quality of data, recognising that there are disagreements over costings and the accuracy of costings, and that there are probably issues around caseloads between the non-government sector and DOCS.

We need to look at foster carers. There are some very significant barriers to increasing the number of foster carers in New South Wales. It is difficult to attract women from the work force into foster care activities. We are seeing far more children with complex needs than we saw previously, and people are not keen to take on adolescents with serious behavioural issues in foster care arrangements. Clearly, there are some weaknesses in the recruitment processes that have been in place and the strategies for recruiting additional foster carers. Issues have been raised about allowances, (recognising that New South Wales has one of the highest allowances for foster care in Australia and those adjustments were made in 2000) and I think there are significant weaknesses in the support system for foster carers in New South Wales.

The other area that is important to look at is adolescent high-needs kids. Last year they cost the State \$21 million, and that is for dealing with the top group out of a group of 200. Some of those children are currently costing in excess of half a million dollars per annum in order to maintain. They are not generally suited to foster care. The Government has moved out of residential care, and the non-government sector does not have the capacity to deal with children with these very high and complex needs. Basically the for-profit providers have moved into that gap so we have some significant issues around how we deal with these very high-needs adolescents from improving outcomes for them, or getting the outcomes for them to the best possible standard that we can, while recognising that there are some very high costs attached.

**CHAIR:** Your submission states "there are significant challenges facing non-government and DOCS service providers in developing a shared vision for out-of-home care". Would you or Rhonda like to expand on that? You have mentioned in general terms the problem of the relationship between the two but you have not said how you see the future role of the two systems, or of the for-profit sector.

**Dr SHEPHERD:** We need to work with the non-government sector in order to work out for each of the kinds of issues that I have raised how to move from where we are now, which is clearly unsatisfactory all round, to a system that will provide the best outcomes for the children. That includes costing. We need the best outcomes that the Government's dollars will provide for out-of-home care. To that extent we need agreement on the mix of services. Clearly we need a bigger mix of services than we have at the moment. If we can get agreement as to the mix of services and how they will be funded with the non-government organisations we will be a long way towards removing some of the tensions.

There has to be a single support system in which the non-government organisations play a role, and DOCS plays a role, and maybe the for-profit providers also play a role. We need to clearly understand what those roles are. It is too early in my time in DOCS to be in a position to state categorically what I think the splits ought to be. I am gathering the data in order to look at that. I need to start a series of discussions with non-government organisations, which I will do, then we need to identify the areas in which we agree on the ones in which we do not. And we need to work our way through those.

By December I will know as much as I can usefully know about out-of-home care and the issues facing New South Wales as opposed to other States on out-of-home care. I would hope by that stage that we will be in a very good position to come back to Government and say, "Okay, here are the contentious issues. These are the propositions for dealing with those." Rhonda may wish to comment further. I cannot be more concrete because every time I get information it looks less concrete and the

data are not as good as they might be. The areas in dispute are pretty substantial. Until they are resolved we cannot come to any concluded view about what is the best way forward.

**CHAIR:** On the other hand the Committee has heard quite striking evidence that DOCS finds it harder to recruit foster carers than does the non-government sector. That has implications for the support services that DOCS provides.

**Dr SHEPHERD:** Yes. On the other hand from the sorts of figures I have seen, and I cannot vouch for their veracity, DOCS makes 90 per cent of placements into out-of-home care in New South Wales. DOCS' role is very significant in this process.

**CHAIR:** That is in making placements rather than being a provider?

**Dr SHEPHERD:** Yes. We need to look at that. If we are going to shift roles and responsibilities there will have to be some serious capacity building in the non-government sector, if we are shifting in that direction. We know there needs to be significant capacity building in the DOCS sector as well.

**CHAIR:** Rhonda, would you like to add anything more specific?

**Ms STIEN:** The first specific is that DOCS is the only statewide provider of out of home care. That is particularly significant when we refer to areas outside Sydney. In some areas within DOCS it may well be the only provider of out-of-home care, because there would be very limited non-government sector infrastructure in some of the more remote locations. Certainly Sydney is far better serviced by some of the larger and more well-established non-government organisations. It is true that the relationship with the non-government sector has been strained. It has been strained by a series of attempts to reform, as Neil indicated, that have not been fully progressed. We need to build bridges there and that will not necessarily be easy.

We need to get together and communicate about where the last lot of work got up to, because significant work has been done. In relation to foster care and recruiting foster carers, we mentioned in our report that out-of-home care, because of the crisis in demand for child protection, has somewhat subsidised the child protection system over the last period. Workers have been diverted into managing that demand. Therefore, DOCS has probably not been as actively involved in recruiting and assessing and training foster carers as some of the non-government agencies have been. That has meant that we have been in a much more reactive rather than proactive mode for out-of-home care. Obviously we would welcome some of the structural changes that will lead to DOCS being in a more proactive planning phase on out-of-home care services.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** With residential care and out-of-home services for children with high needs, Dr Shepherd said that the Government has moved out of residential care, the NGOs lack experience, the for-profit provider has moved in, and this is a high-cost area. Obviously that is pretty worrying if the Government is simply going to contract it out to the for-profit area. These high-needs kids are very difficult to manage. I am a little worried about managers who say they cannot manage the kids but say they can manage someone who manages the kids. That sounds a bit at arm's length and political.

These kids, who obviously are very difficult and quite damaged, need to break the link between truancy, Juvenile Justice and adult gaols—that seems to be a progression which did happen. When the Committee asked for numbers about that everyone went into privacy mode and said that records are not kept. It is worrying that this seems to be pushing things to the for-profit sector in what is known to be a high-cost area already without data on the long-term results. Obviously the kids need a lot of help in the short term. What are you going to do for them? It is very worrying to hear that the Government has moved out of residential care by closing Ormond and Minali. There must be a lot of kids with demands that are not being met. What is to be done for them?

**Dr SHEPHERD:** Our submission gives the figures for those children. In the top group there are 200 children, with 30 of them at the very peak of the intensive needs category. They are the ones who individually cost a large amount to maintain. We are most anxious from a whole-of-government perspective to get a much better method of managing the high-cost children. When I was Deputy

Director-General of the Cabinet Office I started to call in the senior executives of Health, DADAHC and DOCS to deal with individual cases, because my view was that they were not being managed as cohesively across the agencies as they might need to be. I intend to continue the process from DOCS, and we need to get a much better working arrangement particularly for the high-end children between the mental health people, the disability providers and ourselves.

We will need to do that at the chief executive level for a while. Believe me, we will be very focused on these kids and what we need to do to improve the service provision for them over next 12 months. We will come forward with some integrated solutions for managing them, not just childminding, but structured case plans to try to improve their outcomes and get them out of this high-intensity support needs and back into something less intensive.

**The Hon. JAMES SAMIOS:** Dr Shepherd, how many of the 200 children have had parents who had been in care themselves? What about grandparents? Do you collect that data? Would you be kind enough to supply it if you do?

**Dr SHEPHERD:** I do not know whether that information is available in all cases, it may be there on individual cases. Given the state of the records, I do not know whether it is available on a full sample basis. All I can undertake to do is to go back, have a look, and if we can, extract the information. If so I will provide it to the Committee. My additional point is if people have been abused in the past they are more likely to be involved in abuse. If they have been involved in domestic violence, they are more likely to be involved in domestic violence. There is quite a stream of research coming through that suggests that the pattern they experience as a child is likely to be the pattern they express as an adult. There are some very serious issues sitting there for us.

**The Hon. JAMES SAMIOS:** What is your view about the failure to proclaim the powers of the Children's Guardian?

**Dr SHEPHERD:** The Minister dealt with that extensively. I do not have anything to add to her specific comments.

**The Hon. JAMES SAMIOS:** As the new director-general of DOCS do you think it is reasonable that the purported reason that the powers had not been proclaimed was because the department is in such difficulties it cannot properly attend to children?

**Dr SHEPHERD:** No, I do not think those two things go together. The Minister's answer clearly identified that she wanted the opportunity to review the likely resource impacts and to review whether it was possible to bring it forward in a phased approach. Until that work is done, and I am in the process of doing that at the moment in conjunction with the Children's Guardian, I will not be able to provide her with the comprehensive advice that she needs about how she should approach that.

**The Hon. JAMES SAMIOS:** How many claims have been brought against DOCS by children in care, or formally in care, in the past five years? How much money has been paid out by the Government to settle these claims to satisfy court awards?

**Dr SHEPHERD:** I would have to take that question on notice. It involves going back through the records over a five-year period.

**The Hon. JAMES SAMIOS:** *Four Corners* disclosed that your Priority One policy, as it is called, is really a priority none policy, whereby files of children reported at risk are closed without any investigation which staff cannot get to. If a baby is not dead within a month your department just closes the file and it is alleged, unfortunately, that your department does nothing. Do you think that that is an acceptable policy? Where is the review up to?

**Dr SHEPHERD:** I think you have to understand that the Priority One policy, well-named, or badly named as it is, is purely a workload management tool. It is nothing more and nothing less. It is designed to prevent caseworkers from having huge numbers of files on their desks that they cannot get to, and which they would have to be constantly trying to reprioritise on a daily or a weekly basis. That would be highly stressful for individual caseworkers and would, in fact, prevent them from getting to the cases that they can deal with if they are properly allocated. Attacking the policy seems to me to be

missing the mark. The issue is really about the dramatic increases in demand and the ability of the Department of Community Services to service those massive increases in demand. The Department of Community Services does not create the demand.

No casework manager likes closing level two and level three matters without casework and no caseworker likes working just at the high priority end of the more serious cases. They do not see it as being what they came to the Department of Community Services to do. It is not what you would call the best social work practice.

We need to understand also that these cases are not closed without assessment. The Priority One policy involves the case coming into the CSC and being assessed at that time to see whether its assessment at the Helpline was an accurate assessment of its level of importance. It is then given to a casework manager who determines, on the basis of the workload already in that team and the priority of other matters coming in, whether the case needs to be allocated to a caseworker at that time.

The casework manager keeps that constantly under review. At the end of 28 days a further assessment is done by the casework manager to determine whether the file should remain open or whether the file should be closed. So we have two assessments so far on the case. Before the file can be closed, the casework manager's recommendation must be examined by the Manager, Client Services, and the Manager, Client Services, then makes the decision to close the file, if that is the appropriate decision. So it is not a matter of no assessment; there is significant assessment. In some CSCs there is even a second review by another casework manager before the thing goes to the Client Services manager.

**The Hon. JAMES SAMIOS:** In the two years since Carmel Niland implemented the Priority One policy Zane Silver died while his file sat, with no action, because of this so-called Priority One policy. Can you tell the Committee how many other children have died in the last two years after their files were closed under Priority One? Is your review looking into that?

**Dr SHEPHERD:** We are reviewing the Priority One policy to see whether it is still the most appropriate way of dealing with the workload issue that faces individual CSCs. The Priority One policy will be reviewed in the context of the Kibble committee's work. The reason for that is that it is part of the way you manage the intake right through the system. At the end of that review we will decide whether we keep it, reject it or modify it. Bearing in mind that it is just a workload management tool, it is likely that we will keep it or modify it rather than reject it. If you reject it you have no way of managing the relationship between demand and the work sitting on the caseworker's desk. You must have some mechanism for prioritising within a CSC and managing the work that is allocated to caseworkers.

**CHAIR:** There are two major areas that we have not addressed. You might be able to take some of these questions on notice. One relates to the court system—both the Family Court and the Children's Court. The Minister made the comment earlier that, for example, supervised access has big resource implications—perhaps unpredictable ones—for the Department of Community Services. Patrick Parkinson, who will be talking to us this afternoon, has expressed concern about the lack of co-ordination that he sees between the family law system and the Department of Community Services. At this stage can you make any preliminary comments about areas where the co-ordination and working relationship between the Department of Community Services and the family law court and State court system can be improved?

**Dr SHEPHERD:** I met with the chief executive of the Family Court last week. I can give you an answer in much more detail, but what we are proposing to do there is to continue work on the protocol that has been developed over the last 1½ years between the Family Court and the Department of Community Services and also to look at how we might bring the Magellan project, which is a project of the Family Court, into New South Wales with minimum impact on resourcing implications. We will do both those things before the end of this year in co-operation with the Family Court.

The Minister has already met with the Chief Magistrate of the Children's Court—I intend to do likewise—to discuss a range of issues relating to the interface between the Department of Community Services and the court. Just going back to the Family Court for a moment, the chief executive felt that it would be possible to organise a forum between the judges and Department of

Community Services executive—the New South Wales judges of the Family Court—in order to discuss the implications of different kinds of orders, to try to get a better working relationship, if you like, between the kinds of orders and the activities that the Department of Community Services might undertake in supporting the court, and also to implement the court's decisions.

**CHAIR:** We would be grateful if we could get some more detail from you, on notice, if that is possible. After talking to people in regional areas we are given to understand that the problems caused by delay, less frequent availability of magistrates and so on in regional and rural areas can mean an enormous amount of paperwork and frustration. A case might not be quite ready, the magistrate turns up on the day, nothing happens and the case is postponed for another month. So I assume that these are the kinds of issues that are subject to talks with the Chief Magistrate. If you can provide any further detail on those kinds of issues the Committee would be grateful for that information.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** What stage has been reached in relation to the SACS award? I gather that there is disagreement between the Commonwealth and State governments as to who should pay what. A number of non-government organisations are having a lot of trouble continuing to operate and carers are very anxious.

**Dr SHEPHERD:** Treasury, DADHC and the Department of Community Services were in discussions pretty much all last week on this issue. I think the Ministers will be meeting in the near future on the issue as well. New South Wales will then announce its position. The issue, from a New South Wales perspective, is clearly that the Commonwealth has not funded those parts of the SACS award that it should fund. New South Wales is looking to see what it can do to assist the non-government sector to deal with the issue.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** This issue is not new. The Commonwealth-State disagreement has been going on for weeks, or even months. What stage has been reached by the Commonwealth and State governments? Has the Commonwealth Government finally said, "No, you can fund it yourself"? Is that the stage that we have reached? Surely the purpose of the exercise is to get money out of the Commonwealth?

**Dr SHEPHERD:** Considerable pressure has been brought to bear on the Commonwealth to try to resolve this issue. As far as I am aware, those negotiations are ongoing. Bear in mind that, whilst the Department of Community Services is involved, the primary carriers of this are DADHC and Treasury. We are certainly involved in the discussions, but I am not the person to ask exactly where the Treasurer and the Minister are in their negotiations at this point in time.

**CHAIR:** We are grateful that you have agreed to take certain questions on notice. If other questions arise out of your evidence we would be grateful if you answered those as well. We have another three or four days of hearings scheduled for mid-September. We will have to think about how we handle our interim report, which is due in late September. We might also need to take up with you certain issues that are referred to in evidence that we will receive in the next couple of days.

**(The witnesses withdrew)**



**ROBERT WILLIAM FITZGERALD**, Commissioner for Community Services, Community Services Commission, 128 Chalmers Street, Surry Hills, sworn and examined:

**CHRISTINE JOY CURTIS FLYNN**, Acting Senior Project Officer, Community Services Commission, 128 Chalmers Street, Surry Hills, affirmed and examined:

**CHAIR:** Have you each received a summons issued under my hand?

**Mr FITZGERALD:** Yes.

**Ms FLYNN:** Yes.

**CHAIR:** I note that you were present this morning to hear Dr Shepherd's evidence. That is excellent from the Committee's point of view as it means that you can comment with great immediacy on the remarks of the director-general, and indeed of the Minister, not least about your inquiries and reports. You have appeared previously before the Committee but at that time we did not discuss out-of-home care. Therefore, our opening question, which will also serve as your opening statement, is about the evidence that you heard this morning from DOCS—you have had the chance to look at its submission—the findings of the Kibble report, the suggestion you made in May about the Audit Office and anything else that happened in May. At some stage we might turn to other aspects of the inquiry about which you might like to comment further, but we will start with out-of-home care, what you have heard this morning and what has happened since you were last before the Committee.

**Mr FITZGERALD:** They say that one week is a long time in politics but I must say that one month it is a lifetime in the community services area—particularly the past month. I was pleased to sit through this morning the presentations of both the Minister and the director-general. I will make some comments but I will be happy to be interrupted by questions before we turn to out-of-home care. First, I welcome the fresh approach from the director-general and the Minister. It is true to say that the issues raised by the department, particularly in the written submission, are not new. But what is new is the willingness of the department and the Minister to lay those issues clearly on the table, to articulate in the written document the areas that require further work and to highlight areas that have been the subject of sustained criticism for many years in relation to the department.

To that extent, it is a welcome and significant change in approach by the department. It is also true that we very much welcome this restructure that was announced by the director-general today to the extent that it goes—I will return to this issue later. The restructure takes on board a number of the recommendations made by the commission, particularly in relation to the streaming of the three business areas: prevention and early intervention, child protection and out-of-home care. But naturally that is incomplete business and the work that will take place in the next year or so will be critical as there have been many restructures in the department before.

We also very much welcome the announcement by the Government—and the confirmation of that announcement today—of the 100 additional caseworkers. It is true that over the past seven or eight years there have been many announcements of increases in the number of caseworkers for the department. Each and every one of those is welcome, each and every one of them does in some way ease the burden of current casework, and each and every one of them is insufficient in and of itself to achieve significant change in the way in which the department operates. The submission by the department today acknowledges that and acknowledges that the core agenda—which we have constantly spoken to this Committee about—is the building of capacity across the entire system.

The point we make—we have made it before—is that this is not about the restructuring of DOCS; it is about the complete refounding, re-engineering and redevelopment of an entire family and child care protection system. While it is true, as the director-general indicated this morning, that we would not be talking about the obliteration of the department, we are talking about the most significant re-engineering of a child protection system in Australia. Nothing less than that will achieve the outcomes that are required nor the principles and objects that this Parliament passed as part of the care and protection legislation of 1998.

I have one other general comment before I deal with some of the specifics. The document says that DOCS is criticised if it does certain things or if it does not. That is true. But it will be less criticised, and the veracity of those criticisms will be reduced, if due and proper processes are put in place; if reviews, appeals and complaints are handled transparently and effectively; and if there is a genuine culture of evidence-based decision making. All of these are articulated goals of the department and are captured in the submission. If they can become a reality, the criticisms will be reduced and certainly their veracity will be diminished.

I must make some specific comments in relation to the DOCS submission and the presentation by the Minister and the director-general this morning. The first relates to the Helpline. The jury is very much out as to whether the Helpline is a cost-effective means of intake for the department. The director-general indicated this morning that it is subject to considerable review, and we welcome that. The Kibble review is tasked with trying to analyse its effectiveness, and indeed its cost-effectiveness, as an intake point. However, one of the most concerning aspects of the submission this morning is a mystery group of more than 70,000—in fact, 80,000—calls to the Helpline.

In the document there are at least 30,000 contacts that are not referred to, and we presume that they would be referred to as receiving only advice, information or referral. After initial risk assessment there is another 80,000 people or calls that are referred for information, advice or referral. The Committee raised questions this morning about the level of referral to other agencies. This group of people is a mystery. The data to date has been unable to capture with any accuracy what has happened to them, what advice has been provided, what information has been given or where they have been referred. It is not satisfactory for a system to not be able to explain readily and comprehensively what has happened to more than 80,000 calls. The director-general indicated this morning that the new systems will pick up some of that, and we welcome that.

What is greatly concerning to us—it was acknowledged this morning—is that within that group is an unknown number of people for whom we know that assistance by family support agencies or early intervention agencies has the potential to moderate the level of harm to children and young people. It is an urgent priority and one that the department indicated in its submission that it is examining. However, I must state that in 1998 the Government and Parliament placed the highest priority in the new legislation on the ability of people to ask for assistance and for early intervention. It was the cornerstone of reshaping child protection in this State. It remains unfinished business but, more importantly, it remains unknown business. That must be addressed in the coming years. I welcome the commitments in the DOCS submission about that.

The second specific issue is in relation to Priority One. Again, I welcome the director-general's indication in the submission that this will be thoroughly reviewed. I do not accept the position that Priority One is misunderstood. We understand very clearly that Priority One is a work management tool but it is an unacceptable tool that entrenches bad practice and normalises it as good practice. It is overwhelmingly clear from all reports that Priority One has led to a situation where the vast majority of cases that get to the CSC are closed without further active involvement. That is now clear. What is more concerning is that at first we thought they would be only level four or level three cases; it now appears overwhelmingly that a number of level two cases, which are meant to be dealt with in a very prompt way, are also not being followed up adequately.

It is not to say that any of us have come up with a better scheme. It is hoped that this evaluation will be completed, that there will be an opportunity for input from various stakeholders and that we can design an effective priority system that works to the benefit of staff and, more importantly, of vulnerable families, children and young people. It is an overwhelming task given the current demands, but I think an effective evaluation is most important. In my first presentation to the Committee I indicated that that evaluation by the department had commenced but never concluded. We are pleased with the commitments made this morning that that evaluation will now proceed. It is critical that that happens.

My third specific point is in relation to the out-of-home care. I very much welcome a number of figures provided by the department in its written submission in relation to children with high needs. The director-general indicated this morning that 200 children fall within that category, 30 of whom require intensive therapeutic support. It is a tragedy that this particular group has effectively not been well served for many years. The Government has been considering the plight of these children for

many years. The closure of the residential centres that took place more than five or six years ago was premised on the basis that there would be adequate support for these high-risk, high support needs children. I welcome the submission this morning that acknowledges these children, identifies the numbers more accurately than in the past and identifies the issues surrounding them. But I can think of no more urgent action required of government and society than to address these issues for these kids.

I am concerned about the failure to proclaim the legislation, and while I fully appreciate that the Minister and the director-general need time to understand the impact of the new legislation and that we should not hastily proclaim, it is concerning that that work should have been done over the past four years. The Act is not new. It was passed in 1998 and implications of it had been discussed for three years prior to that date. Nevertheless, I fully appreciate that where we are today requires careful examination. Why is a proclamation important? It is extremely important because it entrenches three or four aspects of good practice. One is the compulsory accreditation of out-of-home care agencies.

We have had voluntary accreditation in New South Wales for some years. It is the compulsory nature of that that matters. That can only be achieved with legislation. The second is the compulsory requirement for the Department of Community Services and non-government agencies to undertake at least annual reviews of the care circumstances of children in care. That can only occur if there is a legislative requirement. The third is that there is a need for effective monitoring and reviewing of care plans and those reviews. It has to be noted that in the 1987 legislation there were to be boards of reviews. Those boards of reviews, or the statutory powers to enact them, were never proclaimed.

The 1998 Act came up with a new concept of a Children's Guardian. That same concept, however, has been there right from the beginning, that is, the ability to independently monitor and review those cases. There are a number of other features. Proclamation is important, not because the Act sits there, but because of some of the safeguards in practice that it will provide for children and young people. Again I urge the Government to proclaim the Act as expeditiously as it can. My final comments are in relation to the way forward. I am very supportive of many of the structural changes that have been announced by the director-general this morning. I have indicated those, particularly in relation to the streaming of the activities, which is consistent with the commission's own recommendations.

I am extremely pleased to see a government directorate established within the Department of Community Services which will be critical in changing the culture that hitherto has existed over the past few years. Without that changing culture, the structural changes will have little impact. The unfinished part of that structure is the regional structure. One of the issues that will need to be worked through by the director-general—and I hope in consultation with other stakeholders—is how the structural separation can occur at regional level. It is extremely welcome that the central office changes have been announced, and they are the first priority. But, as indicated by the director-general, a priority within the next six months is the regional structure because, without some structural separation of that point, there will be difficulties.

Another point we would make is in relation to resourcing. Again I stress that our position is to welcome the Government's announcements about additional staff and to really encourage the Government to understand that this is about building sustainable capacity across the whole system. The submission highlights a number of areas where that is of specific concern, particularly in relation to Aboriginal agencies, but building capacity in the non-government sector, including family support services and out-of-home care agencies, will be absolutely critical. I understand the submission to be made by the Council of Social Service of New South Wales highlights that there have been significant increases in the budgets to DOCS, but what has not correlated with that increase in funding has been an increase in capacity.

In other words, much of the increased funding has gone to additional staff costs. We could not say that we have built sustainable capacity within the child care and protection system over recent times, notwithstanding that considerable increase in funding. So where has it gone? What is it funding, precisely? How do we actually build capacity into the whole system? I think the latter is really the critical issue. My last comment in relation to the way forward would be on recognising that the culture needs to change. In the document presented this morning by the director-general there is a

considerable outline of new relationships, not only with watchdog bodies but also with stakeholders. There is a clear recognition that the criticisms of the past need to be addressed—the secrecy, lack of transparency and so on. We very much welcome the outlined initiatives that have been indicated by the director-general in that submission. We think that they will go some considerable way to re-establish some level of trust and confidence, particularly by key stakeholders, with the department.

My very last comment is in relation to the overarching structure. I started with the comment that it is very important that this is not seen to be about an inquiry into DOCS. DOCS is a critical and pivotal player, but it is but one player in the whole system. The tragedy of the many reforms in the past is that they have been navel-gazing exercises which have concentrated on restructuring and realignment with the department rather than trying to well articulate what the system should look like and then define what the roles of DOCS and non-government agencies are in that. We will come to that in the out-of-home care matters in a more significant way. They are just some of the quick responses to the director-general's comments this morning. Naturally we will have a look at the written submission in some detail during the coming week. I want to finish where I started by saying that we welcome the fresh approach. It is, and was, essential to have that approach if we were really going to make advances both through this inquiry and more generally.

**CHAIR:** I will move on to out-of-home care. As I said, this was an area that we did not hear from you about when you came before us in May. We have suggested that we start with going back to the Community Services Commission's substitute care inquiry and the blueprint that you provided in that report. We suggested I guess putting on the record the major findings, but I suppose, more importantly at this stage, how you think those recommendations will improve outcomes for children and young people. Then perhaps you could mention things that may have changed since; in other words, do you still regard it as the blueprint for what the new Minister and the director-general should be doing now?

**Mr FITZGERALD:** Madam Chair, I will recirculate the summary of the inquiry just for the purpose of this hearing. It was provided previously. There are a couple of charts inside it. Overall I believe that the inquiry's findings and the blueprint that it articulated are in fact more relevant today than when we made the recommendations. The central findings of that inquiry remain as valid today as they were, both in identifying the weaknesses that existed within the out-of-home care system and the responses that were required. In short, what that inquiry sought to do was to put forward the blueprint that did two or three things.

Firstly, indeed what has now been acknowledged, and that is that it tried to get structural separation between prevention, child protection and substitute care. There seems to be general agreement that that needs to occur and it needs to also occur at regional and local levels. I make that comment very strongly. The second was to try to identify very clearly the differing roles between the Department of Community Services and non-government agencies. If that question cannot be answered—and it has not been answered for the last six or seven years—then we have very little hope of reforming the out-of-home care system.

It is critical to understand the business that we expect both parts of that sector to be in during the next few years. To that end, if you just look at the very first sheet titled "Supported Care System: Service Delivery Framework" which was contained in our inquiry report, we took the brave step of actually trying to say, "What would the agencies be involved in?" I do not want to go through that in detail because it will overwhelm everybody, including me. The three streams were that we had agencies, both government and non-government, that would be involved in early intervention, general family support or general youth support, and they sit on the side. The role of DOCS clearly continues to be in child protection. We see the need for child protection teams.

We also recognise that in New South Wales DOCS has a responsibility to what we have called supported care. I will come back to that term in a moment but basically it is about out-of-home care. We said that DOCS' role was about emergency placement and what we call intake and bridging placement. That is where a child comes into the system for a short period. Bear in mind that there are 5,000 children who entered the out-of-home care system each year. They constitute 8,000 episodes of out-of-home care, which is a different concept, but only a portion of those actually stay in long-term care. We saw that there is a role for DOCS through the structurally separated support care teams to be involved in what we call intake and bridging care.

We also saw that DOCS has a role in intensive youth support programs and that is largely around those young people who require intensive support that the director-general referred to. We also see that DOCS has a role in after care programs, given that it has been the primary provider for decades now. There are very many young people and not-so-young people who require after care. On the third side we then termed—and you can ignore the name if you like—designated lead agencies which are non-government agencies that would provide a full range of programs, including: intensive family support where children are at risk of entering the out-of-home care system; again, intake and bridging care programs where the children are in the early stages of placement and there is the likelihood of restoration; long-term care programs where there has been a final care order made by the courts; and intensive youth support and after care programs.

We also pointed out that there is a place for specialist providers which included disability providers and so on, and that is clearly articulated in our inquiry. What is inherent in that and in our report is that we identify the programs within the out-of-home care area, we identify who is best capable of delivering them, and on the second sheet, which I will not go through at length, we then said, "How would that actually operate at an area level?" It is the area level that actually matters most. In short, you can enter the out-of-home care system through a whole range of different ways but fundamentally there are two: one is through the child protection scheme when you have been notified of being at risk, which is on the left-hand side, or there is a voluntary placement.

A number of children are placed voluntarily into the out-of-home care system by families who are unable to cope. At the end of the day there is a role for DOCS and there is a role for non-government agencies providing different programs, and there is a role for specialist support services. We went well beyond simply identifying the problems. We went to identifying a pathway forward. I accept that this is difficult but I actually do not accept that it is as hard as we have made it. It is true that right at this moment today we do not have the capacity within the non-government sector. Our report puts forward a three-year program for the development of capacity in the non-government sector to be able to deal with that. This is not overnight stuff.

The difficulty is that if you do not make the decision today, then you in fact postpone for much longer the ability to build up capacity so you actually never get to a point where you can do it. You actually have to say that within three years we wish to be at this point and we have to have a program of building capacity in the government and non-government sector, and that is the critical issue. We would have hoped that that decision would have been made within the past two years. I hope as a consequence of this inquiry that that decision will be much closer. Without it, there is no capacity to really strengthen our out-of-home care system. I will make one other comment. This is not an ideological debate about government provider versus non-government providers.

It is based on the notion that long-term out-of-home care is a relationship-based model whereas short-term care arrangements are in fact episodic. They are entirely different ways of entering the lives of children and providing the sort of responses that are required. We are expecting workers, particularly in DOCS, to be everything—forensic in their child protection approach, episodic and reactive in the short-term interventions, and then to have formed relationships for longer-term placements. That is not a model that can currently work in New South Wales, even if it were desirable. This is not based on ideology. It is based on something much more concrete than that. In short, we would say that the vast majority of the recommendations made in the inquiry just on two years ago remain valid, if not more so today. I believe that the director-general's restructure facilitates a way forward to achieve that.

**CHAIR:** After asking you broadly to go over the recommendations and where you think they stand now, we developed a series of more detailed questions about particular concerns you have about DOCS case management of children and young people and questions about what the Foster Carers Association has submitted. Shall we continue going through those areas?

**Mr FITZGERALD:** Yes.

**CHAIR:** If Committee members have other questions they can ask them. Case management is important for us to address?

**Mr FITZGERALD:** Yes. I indicate very clearly that the case management in relation to out-of-home care is appalling. Let me not mince words: that the case management of children and young people in out-of-home care in New South Wales falls well below any satisfactory standard, and has for many years. That was clearly articulated in this inquiry and every inquiry that has been in place. The reasons for that are numerous and varied but, nevertheless, that is the bottom line. I want to give an illustration of that. In the last 12 months the commission has been undertaking a review of children under five who entered the system in the last 18 months, under the new Act, and have had final care orders made.

In many of the cases the child protection casework—bearing in mind these are children who have actually gone to court and they do not have the problem of being in the priority one system, they are in—has been quite good. The attempts by the department to seek restoration and the ultimate decision to move children into out-of-home care has been found in the vast majority of cases. Out of 13 children so far, eight children have no caseworkers allocated at all; two children were unallocated any caseworker for seven months and three kids have one placement, but basically we have seen a situation which defies belief, that is, having done good casework in the child protection area, having got the court to grant long-term orders, we then say to foster carers and to the child, "There will be no caseworker allocated at all."

These children were randomly chosen, under five years of age, under the current legislation recently. It is incomprehensible that you would have a child entering the care system under the age of five with no caseworker attached to the child or the foster family. In one particular case a foster care family who had never foster-cared was given two children from the same family, a brother and sister. They had never foster-cared before. On entering into the system the department indicated to them that they would be granted no caseworker. If they had a query they could telephone the department. The department offered them a third child within six months from a different family and again indicated to them that no caseworker would be allocated.

There is no surer recipe that we will turn potentially good foster carers into failed foster carers. There is nothing surer that the chances of those placements surviving are remote. That is today, as we talk. It is undoubtedly a resource issue, but I have to say we have an Act that is designed to prevent that occurring. All of the work done by members of Parliament in putting that Act together never contemplated that this would be the position we are in today. I say that out of 13 randomly selected, with no history and no difficulties in why they came to the commission, eight have no placements today—no caseworkers at all.

So when you talk about case management, if there are no caseworkers then you cannot expect good case management. But I want to say it again: the casework leading to the long-term orders was good. We then completely muck it up at that point. The difficulty here is that that supports the findings that we made in a number of our inquiries. Previously we have issued reports called "Voices of Children in Foster Care". We again indicated that older children in care value three relationships: one with their birth family, including siblings, one with the current carer and the third they value very importantly was caseworkers. In the DOCS system overwhelmingly the children reported that they had no relationships with the caseworkers. In the NGO system they overwhelmingly reported they had a reasonable relationship with their caseworkers.

This is not saying that the DOCS workers are poorer than the NGO workers but just saying that the system fails children who have to rely on the DOCS system. I do not think it is just about resourcing, although I think that is a critical issue. It is, in fact, a culture that now starts to say, "These kids actually don't need full-time caseworkers. It is okay to have minimal intervention." What I think we are starting to see is the normalising of bad practice and calling it good practice, and that is the danger in an underresourced system.

I think the case management of children and young people in out-of-home care is highly problematic and there is a vast difference between children in the government and the non-government system. It is not saying that the workers are by nature better or worse. I want to make that very clear. It is saying that the system is inequitable in the treatment of children, depending on where you come into that system. What we want is a system that, whether you get service by the government or non-government you get treated equally and importantly for this inquiry is that we must proceed to

a common case load formula. We must proceed to a situation where there are common case load formulas that apply for government and non-government agencies.

Without that this problem will not be addressed. I understand the Government's reluctance to agree to a case load formula because they may see it as uncapped; in other words, you agree to a formula and the number of children who enter the system keeps growing and there is an uncapped liability. I understand that. On the other hand, without an agreed case load formula all you will do is every time the system comes under pressure is provide less and less casework support to the kids.

Going back, the unproclaimed parts of the out-of-home care legislation were designed that at least annually there would be a review done by the agency, which would then go to the Children's Guardian. Why is that important? It is to ensure that even if you do not have casework during the whole year, at least once a year there will be an intervention, the most minimal that you would require—not desirable because you want it right through the year but that is what it was about. Without that you simply do not know where these children are. You do not know today the general wellbeing of 9,100 children in out-of-home care, many of whom are in relative care where there is definitely no caseworker assigned. We are only talking about foster care, and that is 3,000, and we cannot get it there. Casework is a significant issue in the out-of-home care area that needs to be addressed.

**CHAIR:** Are you saying that of the 13 children you looked at intensively in this project, that eight had no individual caseworker or that there was no supervision caseworker at all. For instance, was there a mix of people in DOCS?

**Mr FITZGERALD:** No.

**CHAIR:** Are you saying they received no—

**Mr FITZGERALD:** —no allocated caseworker, therefore, the only way it occurs is when a foster family gets into difficulty they will ring up and talk to somebody. We know that particularly early placement and non-experienced foster carers need intensive support through those periods of time, even if they are very good, but they require that. All the evidence from foster carers themselves says that. The highest priority is not about money, although that is an issue and the Government has made some rectification of that, it is actually about support and you do need a caseworker.

The point I make is that with long term—and these children are all in long-term care, not short term; there is no restoration likely with these children—it is a relationship-based model of care. The three fundamental relationships are with the family, including siblings, the carer and the caseworker. They are the three ingredients that you need. Now over time as that placement goes on the level of casework will drop. There is no question about that. These are all children who have entered the system in the last 12 months.

**Question?:** DOCS workers involved in out-of-home care suggested that their caseload is markedly higher than comparable people in the non-government sector. Would you agree with that?

**Mr FITZGERALD:** I think it is unquestionably so that the caseloads in the department are considerably higher than non-governments, and have been for many years. What is contestable is the actual make-up of those caseloads themselves. In other words, it is very hard to discern the level of case involvement that is required or that actually takes place, but undoubtedly, if you just look at the raw numbers our inquiry found two years ago—and this was well before then and remains so today—the caseloads are very different. The Care 2000, which became Care 2001 reference group, which was the negotiated process between NGOs and the department, almost reached agreement on the case load formulas.

The department then ceased this process before the agreements could be entered into, I suspect largely because of the financial implications of reaching an agreement, that is, if you reach an agreement I think there is little doubt then there would be seen to be an uncapped liability occur for government. In other words, you have to keep funding to that formula. Unpacking that, I think we are capable of reaching a formula. I do not know what that is, but I think the NGOs and the Government could reach it. I think the second question is whether or not the Government would be prepared to

fund that on an ongoing basis and I do accept that is a major decision. My third point would be that if you do not have a case load formula, then I do not know on what basis you resource this area.

What is the basis you use for budget enhancements? Let me give another example. In many States they use case mix for hospitals. For example, an appendix operation is allocated a nominative value of \$5,000 and everyone agrees that if an appendix operation is provided then \$5,000 is given to the hospital. In a sense, that is an uncapped liability. If the number of appendix operations increased dramatically, you would have to fund it. Whilst case mix funding is not the model I am proposing, let me be very clear: There has to be some way by which you resource this area and I would have thought that a case load formula is an effective way of moving forward.

**CHAIR:** The formula would take account of intensive support when the child is in the early stages of placement, would it?

**Mr FITZGERALD:** Yes. There are many care placements that effectively self-manage over time. If you have been in care for a very long time with the same carer then the level of intensive casework is going to be reduced, not nil but reduced. Equally, they can explode and become intensive areas that you have to put effort into, so they are not static but it can average.

**Ms FLYNN:** We were not members of the Care 2001 committee, although we were part of Care 2000 so I am not up on all the details of the proposed formulas but I would say that they involve not only case numbers but case weightings based on complexities, so there was a weighting of a simple case versus a very complex case, as you have just referred to. There was a recognition that out-of-home care is not just placement or beds; it was about casework associated with those children and young people and it might be quite a different amount of casework involved in a case compared to a foster care payment that might be needed. A child with a disability might cost quite a lot to look after and have various associated costs, leading to a high foster care payment but it might be a long-term stable placement that does not have a very high casework cost.

There was a recognition of that difference. The committee also along the way intended that the formulas agreed to would apply to both DOCS and NGOs so that ultimately they would see a reduction in the number of case load numbers carried by DOCS workers, but it is obviously a difficult thing to get down from 60 to 12 or 15 and would take some time. They thought about there being a two or three-year period, by which time rationalisation would occur and changes to up the funding of some underfunded agencies, with funding moving probably from DOCS to NGOs. Obviously, that is where a political difficulty came not only in terms of the total numbers of kids in out-of-home care, which was increasing; they had the same pool of funds to try and divvy up and therefore they could not come to a mutually agreed position. I just wanted to say that on the Care 2001 process but you might want to ask DOCS for more details about the formulas that were almost agreed to on that basis.

**CHAIR:** Let us move on to the evidence provided by the Foster Carers Association, which partly relates to what you just said, that some carers are unwilling to foster through DOCS because they do not like the current system and some will only foster through a non-government agency. This related to people who have had experience of both systems.

**Mr FITZGERALD:** I would have said that three or four years ago that statement would not have been so. My experience at that time, talking to large number of foster carers, would have been that they were supportive of the department. I would say to you that there has been a significant shift in the last three to four years. I met with a group of foster carers in a particular regional area the other day. When our inquiry report came out and recommended that longer term foster care predominantly go to non-government, I think that that group would have been very mixed about that recommendation.

In meeting with that group only a couple of weeks ago, they were universally of the view that they would prefer longer-term foster care to being in the non-government area. We have indicated in our inquiry report, and again today, that we see a role for the department in, what we call, intake and bridging foster care. That is a huge area. It involves several thousand children at any one time that may require short-term or bridging care. We have indicated that the department and NGOs have a role in short-term care. All we could say is that it will be imperative that the department is able to provide greater support to foster carers because we see them having a long-term role with them. Equally, we



see that the NGOs have to be given the capacity to improve their relationships with carers, both short and long term.

The statement by the Foster Care Association is increasingly the case with carers. There is a loss of trust and confidence by carers in the government provider, and that has increased and intensified over the past few years. We all need to acknowledge that this Government has significantly increased the level of foster care allowances, and now rates as one of the highest in Australia. Having said that, there is a contestability about what it is meant to cover, which they can talk to you about separately. But that statement now reflects more accurately the view of foster carers. Is it redeemable? My view is that it is, but only in the context we have indicated: a clarity between short-term care and long-term care, and that serious decisions be made about where that care will be provided. If you do not, you will not get foster carers.

**CHAIR:** There has been some suggestion that perhaps these abuses or experiences vary in different parts of the State. There may also be variations in relation to indigenous children as compared to non-indigenous children. Do you suggest that is a wide view?

**Mr FITZGERALD:** If you look at the numbers, tonight about 3,000 are in foster care, the vast majority of whom are supported by DOCS. In those relationships we would desperately hope that there are many good relationships. We would certainly believe that there would be variations, depending on the CSCs you deal with or the regions you are in. But as a system-wide approach, there is increasing disillusionment with the government provider in the out-of-home care area. I do not think there is any question about that. But, of course, it would vary. The group I am talking about was non-indigenous carers who had been supportive of the department and had been with the department as carers for a very long time. As I said, most of those would have supported the department only a few years ago, but would not support the department today.

**The Hon. IAN WEST:** Does that mix or division relate also to training?

**Mr FITZGERALD:** Training has improved in relation to foster carers because of a program called Shared Stories Shared Lives, which the department funded and which was developed by ACWA. It has been a significant training tool. There has been a significant move by the department to improve the quality of training and assessment of carers generally. But there have been numerous examples where, because of demand, without full evaluation and assessment, and without any training foster carers have been given children. We would think they are in the vast minority, but the commission was forwarded de-identified information from DOCS workers as part of the PSA campaign, which clearly indicated that some children were placed with carers who has not been fully assessed and who had not been trained. We would think that is a tiny group. Nevertheless, I am sure the current director-general will ensure that is a priority so that it does not happen.

Remembering that we are talking about only foster carers, in relation to relative and kinship carers, which now represents more than 3,000 children, they do not receive any training and there is no formal accreditation of those carers, even though there is some assessment. That is an unknown group. All the evidence indicates and the director-general's submission this morning reveals some international expertise on this that relative or kinship care is likely to produce better outcomes. But that presumes you know what is happening in the care arrangements. In New South Wales we do not know what is happening in that relative and kinship arrangement. That is the concern. Certainly, no training is provided for the majority of those carers.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** I come back to your point about the difference between DOCS-supervised and NGO-supervised placements. Surely, that is because the NGOs would not take on supervising kids except on that caseload basis. Effectively you find that ratio and then you have DOCS uncapped caseload per worker, and you have the situation where each individual case gets less attention.

**Mr FITZGERALD:** There is no doubt that many of the non-government agencies basically draw a line in the sand and say that they would take only up to X number of children, and this is part of the ongoing tension. Some in the department would call that creaming whereas others say it is being selective. The NGOs would say it is about sustainability and viability. At the end of the day we have a mismatch between the case loads in government and non-government. We have a whole lot of

children who are at risk of multiple and ongoing changes in placement, and somehow or another we have to stabilise that system. But you are right, the NGOs basically say to government, "We are not going to take any more than X children", and that X varies. That would be resolved if you had proper case load formulas in place for government and non-government providers over time.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** If you had a case load formula in which the Government had to put a certain case load on for each one it was receiving, there would be even more pressure for the Government to do more preventive management. But at the moment there does not seem to be the pressure.

**Mr FITZGERALD:** There is a pressure, but the pressure is having adverse consequences. At the moment the danger is that the pressure on the workers is not to take the children out of the family. In DOCS there is a statement that indicates that the number of children entering out-of-home care has reduced each year for the last three years. There is a perverseness in that. Why would that be so, given that we have had a huge increase in the number of contacts with DOCS? What may be happening is that caseworkers say that they will leave the child in the home longer because there is no alternative placement. The theory is that if you cannot offer a better alternative then it is better to leave the child where it is.

The danger with that is that the child will re-enter the system later, but more damaged. You have already heard the director-general this morning talk about multiple notifications where they appear in level three and they do not get attended to; they then re-enter the system at level two and they may or may not get attended to; and eventually, they come back in at level one. During that period the damage has increased each and every month that has gone by. The danger with the current system is that the first result is that we are leaving children in damaging environments longer than is necessary. That is the current danger.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** That is what DOCS workers have told me. They also say that some of the level ones are not been looked at; that only 7 per cent of the level ones have been looked at. They say that 7 per cent of level ones had a knock on the door. Obviously, the worst 7 per cent have been handed out.

**Mr FITZGERALD:** Hopefully, the Kibble committee can deal with this, but there is an argument to say that the reason we have not seen more children coming into care is not because of better practice but because there is no capacity to take those children. I cannot verify that, but I would have to say that it is completely counterintuitive to have a massive rise in the number of at-risk notifications, not just contacts, an increase in multiple notification rates, the acknowledgement that we do not visit level fours, threes and most of level twos and still have a decline in the number of children coming into care. That seems perverse. You would have expected a significant increase in the number of children coming into care. The contrary view is that we are getting it right. That is counterintuitive to the evidence of the director-general's submission where we talk about increased drug abuse, increased substance abuse, increased domestic violence and increased factors in low socioeconomic circumstances. It is counterintuitive to have a decrease in the number of kids coming into care at the same time that all that is happening.

**CHAIR:** The director-general strongly contested that 7 per cent estimate.

**Mr FITZGERALD:** We do not know whether that is right or wrong.

**CHAIR:** Another point that has been put to us about the relative level of resources for non-government organisations has been that, particularly in dealing with children and young people with more complex needs some DOCS workers have argued that package are worked out that create relatively advantageous resources for some non-government providers and that that is another part of the problem with DOCS trying to get together the resources to properly care for children.

**Mr FITZGERALD:** In relation to children with high support needs, a really difficult situation has emerged. This morning you heard that what is happening with the high intensive support needs children is that they are increasingly accessing for-profit providers, which are a phenomenon that did not exist five years ago in New South Wales. It is referred to as experimental in the director-general's submission. I would have to say that it is extraordinarily experimental because it was

completely unplanned. We really do not know the consequences. Shortly, the Commission will issue an issues paper in relation to what we call individual contracts, which are contracts between the department, individual non-government agencies and for-profit providers in relation to children with very high support needs.

We hope that that paper and some discussion following will help unpack some of these issues. It is true that some of the packages currently entered into between the department and non-government and for-profit operators are extraordinary in their amount. This morning the director-general indicated in the order of \$500,000 per year for an individual child. Indeed, some are higher than that. This is an area of profound concern. We need to intensely analyse that group. We can name the children. The difference is that the names of the children change each year. They will always be at this level. Earlier I made the comment that this is a group we really have to put a lot of effort into. Our view is that we will need to have a jointly sponsored, multidisciplinary service provision for those children.

In other words, all of the relevant departments—Health, Education, DOCS and DADHC—will need to co-own in some way, shape or form some intensive services so that the funding and the style of those services are agreed, rather than what is happening at the moment where there is individual brokerage when the child goes into crisis. At the point of crisis DOCS seeks to leverage out of Health and Education and others the services that are necessary. That is extraordinarily problematic and extremely expensive. For that very small number of kids we think a different service model is required. But I am pleased to see that the director-general regards that as a priority. I also understand that the Cabinet Office is examining that issue.

**CHAIR:** What you say is valuable, but some of the evidence we have heard would be a group of children, not at the extreme level of need that you have just mentioned, who are further back. Ms Flynn has been trying to say something for some time.

**Ms FLYNN:** There are plenty of things to comment on, but I will not comment on all of them, only the most recent topic of the individual funding arrangements. One of the issues I would take with the DOCS submission is that the director-general says that the non-government sector does not have the capacity to take on the more difficult children and young people, particularly troubled adolescents. That is not necessarily true. Basically, they are full to capacity in their normal programs. If their foster care program has 50 carers and all those carers are taken up and they do not have any new carers, then they cannot accommodate another child no matter the needs of that child.

When the director-general said that DOCS makes 90 per cent of the new placements that might be true in recent times, but probably not only because the capacity is full but not because the NGOs do not wish that they could take on more kids. There has not been new funding into the program-funded non-government, out-of-home care program for many years in any significant way, only CPI increases and the like. The individual contracts, which number around the 150 to 200 children per year have been created. Some of them are placements with non-government agencies and some of them are paying money at a higher level than their funded program would be per child, but they are probably more intensive children who have specific additional needs, and they negotiate that.

I understand that one of the agencies, for example, uses the structure that Care 2001 proposed, and that is the structure they put into their individual contracts. The fee-for-service agencies—there are now about 10 or 12, or maybe more, of them, and they have developed over the last few years—have varying cost structures, so there is no standard cost-structure approach. We have heard that the cheapest runs from about \$65,000 a year—which is probably less than some of the non-government organisations' funded programs—through to about \$500,000 plus.

But there is certainly an issue as to how those placements are made, what sort of gatekeeping there is, and how the quality of those individual agencies is assessed as to whether they can do the job or not. That is where some of our concerns have come from. We think that, by virtue of necessity, contracts have been made with agencies without necessarily having a monitoring or supervisory capability over them.

**The Hon. JAMES SAMIOS:** Mr Fitzgerald, do you think the definition of "out-of-home care" should include "kinship care", that is, placement with relatives? Why do you think the Government has not proclaimed that part of the legislation?

**Mr FITZGERALD:** Our position is very clear. We supported the amendments that were made by the Opposition and the Independent members to the permanency planning legislation, which expanded the definition of out of home care to include relative and kinship placements where those placements had been subject to a court order and more formal interventions. At this stage the Government has chosen not to proclaim that part of the legislation, and it would have to answer that question.

We believe that children, even where they have been placed with a relative or in a kinship group that has come through the formal care system, that is, a formal care order, should be included in the out of home care definition, and that has been the position we have pushed. We appreciate that there are resource implications for that, and we acknowledge the arguments that have been put that perhaps you should simply deal with the foster care situation first and deal with those latterly. The difficulty is that latterly never comes. That is, unless you deal with them now, the chances are that that group will not be picked up, even in the long term, because they keep increasing. If you have resource problems today, you will certainly have resource problems next year.

Our view is clear that the amendments to the legislation should be proclaimed. It does not include all relative and kinship placements, only those where formal care orders have been put in place. Again, we encourage the Government to proclaim that Act, acknowledging some of the difficulties associated with that increased group. But it is also caught up in the whole issue about proclaiming the rest of the child care and protection legislation, and that has been the subject of some discussion already.

**CHAIR:** Does the commission have a firm view on residential out-of-home-care placement? You have said a little about the private sector. I would like to add a new group of professional foster carers. I guess those three developments are coming back again.

**Mr FITZGERALD:** There are couple of matters in relation to residential care. Firstly, New South Wales has effectively got to the point of having a very small number of children in residential care, but without any policy framework to guide that. We have constantly urged the Government to be very careful about a situation where you end up with no residential care, and without a policy construct, and only then discover that it was beneficial and have to re-establish it. That was the experience in the United Kingdom. The commission has always maintained that there is a valid role for some residential care of in the system, albeit very small, both small in number—relative to the 9100 (you are only talking about several hundred) not several thousand are small in size. We cannot return to the large care models that we had previously, which are closed. The commission has always said that there is a valid role for some form of residential care.

If we look at the Victorian system, they have a very large number of children and young people in residential care. My view has been that we should look at that, examine what works and what does not, and come up with a very clear residential policy in New South Wales. I do not have a fixed view about the quantum, nor do I have a fixed view about exactly what it would look like. I have a very fixed view that we should not get to ground zero, only to discover that we have to go back into it. I think that is where we are at the moment. Secondly, the evidence is overwhelming that there is a need for what I would call high-support need carers. These are carers who are paid considerably more than normal foster carers are paid to support children and young people with intensive support needs. They are variously called names, including professional carers.

I think that model does have real merit. The expectation with that model is that the carer will almost be full-time in the care of the child or young person, which is not the case with normal foster care. The other expectation is that the carer will not receive, in return, the necessary love and support of the child. It is a very different style of relationship: The expectations of the carer and of the children are different. I think that model—it is being used in all States—does have a real validity, but it needs to be properly evaluated, particularly as we now have a few years of history with it.

**CHAIR:** Would you limit that professional carer to one child at a time, or is there room for a mix?

**Mr FITZGERALD:** There is room for a mix, but I think that is a casework decision with which I would have some difficulty. More often than not, the professional carer or high-support need carer is allocated one child or a very small sibling group, and it is an intensive relationship which virtually makes it almost a full-time carer responsibility. My point is that it is one of many options. There is residential, which is called one-on-one, and there are many other models, including lead tenancy models, where a child or young person is placed in rented accommodation with an attendant who is sort of a carer but not quite a carer. There are lots of models. The difficulty in our system is that it is reacting, rather than planning. Instead of sitting back and saying what would be the mix of services we want, we seem to create them on the run, and I think there is a better way to do that. But there is a full range of options, including some residential.

**The Hon. JAMES SAMIOS:** How many children in substitute care are homeless or in juvenile detention facilities? Could they be better served by being in residential units?

**Mr FITZGERALD:** I am not able to answer that. On the Government's own figures in the last annual report, 1.5 per cent of the 9,100 children were in supported accommodation. Supported accommodation is homeless persons services. Additionally, 3.4 per cent of the 9,100 had no allocation; they were in the "other" or "no fixed place" categories, and we do not know where they are. We are unable to ascertain from the report where they are. The department may well know where they are, but they are categorised as "other" or "no fixed place". I cannot be any more precise than that. Of that 3.4 per cent, I am sure some are not homeless, but I cannot tell you where they are.

**CHAIR:** The Hon. Ian West asked a question relating to training, so to some extent you have dealt with our question about improving the quality of care. We also spoke about better training and support for foster carers and measures to reduce multiple placements as key areas to improve quality. Would you like to say anything further in relation to that?

**Mr FITZGERALD:** The first is improved training and assessment. Secondly, I think we need to move to an accreditation of carers. I understand that the national Foster Care Association will shortly be releasing a paper which will support the accreditation of carers, both foster carers and some relative carers. Thirdly, it is most important that we separate short-term carers from longer-term carers. All the evidence is now starting to show that carers who wish to take children short term have different needs and expectations and require different training from carers who wish to take longer-term children. That is not universally so, but that seems to be the emerging issue, that we better target those relationships.

The fourth one that is absolutely essential is that we have ongoing reviews of children in care. Whether or not they go to the Children's Guardian, the issue is that non-government agencies and the department must be required to undertake regular reviews of the care circumstance of children, into which the carers, the natural parents, the children and the workers can have input. That would hugely increase its effectiveness. The reason for that is that many carers seem to be unaware of the expectations of the department or the non-government agencies in terms of that care placement. They are doing their best, but what are the actual benchmarks they are striving for? A care plan followed by sequential reviews would help better inform the carer, and therefore they would be able to do their job better. Some would resent that; they would see it as intrusive. We would see it as simply a good practice that would aid the carer in the care of the children. I think there are a number of other issues that the Foster Carers Association would have raised with you.

**CHAIR:** We might take up some of those issues with you later. For example, the kinship care area is relevant to what you just said but perhaps it is more difficult in terms of training and benchmarking.

**Mr FITZGERALD:** The kinship area is a mystery. ACWA has recently done a study, funded in part by DOCS, in relation to kinship care. I am not aware of the study, but Chris might be able to give you some information on that.

**Ms FLYNN:** It is still in the draft report stage, and they will be speaking to that at the ACWA conference in a couple of weeks time, so I am sure that ACWA will release that in the very near future. So I cannot comment on the details but they have certainly looked at the assessment process around a number of people having children placed with them, what assessment took place, the decision-making processes, and the support needs of those kinship families, who are mainly relatives rather than in extended kin relationships, and found them to be wanting. That is consistent with the report that the Commission did on a Question of Safeguards which involved Aboriginal children in a range of different placements, some of which were kinship placements.

I would say that in a number of DOCS areas, to their credit, and with a number of non-government organisations, they make their training, as it is, available to relative carers who are on their books. Sometimes there are relative and kinship carers who come along to the information or training sessions that are held. I think it is important for all carers, both relatives and unrelated foster carers, to understand the issues concerning ongoing training, the appropriateness of training that is offered, and whether child care can be provided. Often they have young children and they say, "You are expecting us to come to training but you are not providing child care. How can we do this? We are caring for these kids on your behalf." I think there are some practical issues around training and content, and there certainly needs to be incentives for carers to attend training. I think they simply say, "We are struggling to do the job of foster caring and relative caring, so we cannot necessarily get along to the training session that you have scheduled at an inconvenient time and said we must come to."

**CHAIR:** How do you make a case to Treasury for additional resources in human services? In particular, how do you make a case for early intervention and prevention, as distinct from child protection and out of home care?

**Mr FITZGERALD:** Firstly in relation to out of home care, we have to convince Treasury that it is a predictable system. The truth of the matter is that out of home care is highly predictable. The rate of increase in the number of children in care has been roughly the same for the last four years. We also understand the life cycle of children who come into care. The intensity of their difficulties varies, and over time they have got much worse, but it is a predictable system of care. We have to convince Treasury that the predictability does allow us to move to caseload formulas, and that there needs to be guaranteed funding based on that. That is the first point.

The other critical point is that it has to be quarantined from child protection, which you have heard many times. I am pleased with the restructure by the department. In relation to preventative and early intervention, there is now overwhelming evidence that the founder of our society to invest heavily in that area in previous times has led us to where we are today. In New South Wales we are paying a much greater price today for our failure to actively fund early intervention and preventative activities. They are seen in the increase in the number of people reporting to DOCS and in the out-of-home care area.

We have to keep pushing that message; prevention and early intervention is a cost, an investment in the future. I know that is a cliché and I hate myself for saying it, but it is an investment in the future. A failure to invest today will lead us to an even worse problem in five or six years time for which society will pay a much higher price. We have to continue to promote that. My last point is that the child protection area is the more difficult of all. Because of the rapid rise in demand we have serious issues around that. The funding for child protection needs to be unpacked considerably. We have to understand what is happening: Can the demand be moderated in the short to medium term? If so, what would be the effects on the budget? Frankly, the most problematic area is child protection, in terms of trying to understand the amount of resources necessary. The other two are difficult to present to Treasury but I think they can both be put well and could be adopted.

**(The witnesses withdrew)**

**(Luncheon adjournment)**

**GABRIELLE KIBBLE**, Company Director and Consultant, affirmed and examined:

**CHAIR:** In what capacity do you appear before the Committee today?

**Mrs KIBBLE:** As the Chair of the Public Service Association and the Department of Community Services Joint Working Party of the New South Wales Department of Community Services.

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

**Mrs KIBBLE:** Yes.

**CHAIR:** Have you received a summons to appear before this Committee?

**Mrs KIBBLE:** Yes.

**CHAIR:** Have you prepared a submission for the Committee?

**Mrs KIBBLE:** No.

**CHAIR:** Dr Neil Shepherd, Mr Richard Fitzgerald and the Minister gave comments and answered questions about the role of your working party. The Committee has received a report and is interested in the newer role of the ongoing work that will continue until December this year. How was the review set up, under what process, and how were the various members selected?

**Mrs KIBBLE:** I can give only a partial answer to that question, from my perspective. I was asked whether I was available to chair a working party to look at some of the demand and statistical material. At the time the working party was established there was a fairly large measure of disagreement about what was happening about the numbers. After saying that I was available I was commissioned by the Premier's Department to chair the working party. I was to be an independent chair, not being involved in any of those issues. The party was to have on it representatives of the Department of Community Services, the Premier's Department, the Cabinet Office, Treasury and the Public Service Association.

Its major aim was to clarify the actual levels of demand by looking at the process of allocation, to attempt to verify the demand data and look at the rigour of the information systems and the report counting rules. To reiterate, it was to have in the room and in the working party those parties which had been disagreeing both publicly and non-publicly on those issues.

**CHAIR:** To whom do you report?

**Mrs KIBBLE:** At that time I reported to the Minister. My remit was to report to Minister Lo Po' within fairly tight timeframes, but that is now different.

**CHAIR:** Can you explain the second stage?

**Mrs KIBBLE:** The second stage has different terms of reference.

**CHAIR:** We will come to those later. Can you give a brief overview of the process of inquiry that the working party adopted?

**Mrs KIBBLE:** Yes, I am happy to. We had a very tight timeframe, because the final report had to be with the Minister by the middle of June, which gave us only six weeks. We had been asked to give an interim report midway through that time. At the outset we took over, that is the best way of putting it, the work which the Department of Community Services had already commissioned Pricewaterhouse to do. I suggested to the department at the outset that in order to ensure the highest level of credibility for the Pricewaterhouse work, it would be desirable to transfer that to the party. That is what was done.

At the outset the Committee would be well aware that there was a great deal of lobbying—I suppose that is the right word—from the Public Service Association for additional staff to be put in there immediately. We decided to prepare a working party within the working party to have a look at some of the detailed data. Very close to the beginning of the working party there had been substantial disagreement between the union and DOCS about the figures. DOCS were working on the basis of previous annual report figures; the union had collected its own set of data out of some of the community service centres, but not all. There was a fair level of discrepancy between the data. We did Treasury, Cabinet Office, the union, and DOCS. Premier's did some detailed work at DOCS with the consultants to come to some level of agreement as quickly as they could on the figures.

It turned out that the newest figures that the Department of Community Services had were actually very close to the figures that the union had been collecting. But at that time they had not been released by DOCS. Midway through the working party's work I gave a verbal report to the Minister about where it had got to with the data. I recommended to the Minister that the latest DOCS' data be released. So we could be talking about publicly available data. That data was released. So we had got out of the conundrum, if you like, of talking about the union and DOCS talking about quite different data.

That happened probably towards the end of May. I have not got the precise date, but it was released at that point. The work then went on by the consultants. To meet the date for the final report, the final report was finished, which reiterated the need in the first recommendation for additional staff at DOCS and it dealt with a number of other aspects. I do not know whether I can say much more. I am happy to answer questions about it, but that was the way it worked.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** The second half of the question was: Could you explain how the review came about? Some cynics have suggested that it was to get in before we did.

**Mrs KIBBLE:** I cannot answer that question. I do not know.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** You do not know?

**Mrs KIBBLE:** I do not know. I can say no more than what I have said. I was approached and asked whether I was available.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** To do this?

**Mrs KIBBLE:** To do this. I said I was.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Who approached you?

**Mrs KIBBLE:** I was approached first through DOCS and then by the Premier's Department, but there was no discussion about it.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Who was on your working party and to whom do you report?

**CHAIR:** That question has been asked and it has been answered.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** No, it has not. Mrs Kibble gave an answer, but she was clarifying—

**CHAIR:** We have already been told that there were representatives from Cabinet, Treasury, the PSA, et cetera. In answer to the question, "To whom do you report", Mrs Kibble said, "To the Minister", who was then Ms Lo Po'. We then moved to the second question. Do you need to tell us any more about the material you accessed? You have told us who you consulted and about the way in which that major discrepancy between PSA and DOCS figures was addressed.

**Mrs KIBBLE:** I cannot say a great deal more. However, PricewaterhouseCoopers was doing a detailed examination of the data. The working party relied on the PricewaterhouseCoopers



evaluation and PricewaterhouseCoopers advice on the question of the data. We did not do any additional work because PricewaterhouseCoopers was reporting to the working party.

**CHAIR:** Those areas about demand and so on are now clarified?

**Mrs KIBBLE:** They are clarified to the extent that they can be clarified at this point. There is still a lot of further work to be done. But the question of whether or not the demand had expanded considerably was addressed. Quite clearly, it had. As I said before, there was a much closer paralleling of the data that DOCS finally released with the work that the union had put on the table from its informal counts.

**CHAIR:** We will turn now to the major findings. We have identified six areas in the major findings of your study on which we are particularly interested in hearing your comments. Briefly, they are as follows: the adequacy of the current classification system, which deals in particular with levels one to four; the reasons for the large increase in the proportion of cases that are closed without investigation and assessment under Priority One; the time taken to process each report; the question of whether the counting of reports is an inadequate measure of demand; work force requirements and conditions of employment; and the need for additional resources and structural changes in DOCS. That is a way of telling you what we want you to comment on arising out of the major findings of your study. That is a series of headings.

**Mrs KIBBLE:** Do you want me to work through them?

**CHAIR:** Yes, please.

**Mrs KIBBLE:** So far as the current classification system is concerned, we did not look at that in any detail in the first part of the work. It probably does need to be looked at, but I cannot shed any more light on that. I cannot shed any more light on the second question also, which is the reason for the large increase in the proportion of cases that are closed without investigation and assessment under the Priority One policy. I can only say that there had been—and the working party's work verified this—a major increase in the number of reports coming in. So I can do no more than that.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Patrick Parkinson made some comments in his submission—I do not know whether you have read them—about the fact that, prior to the Helpline being in existence, if a CSC answered a query but did not make a notation of it, it was not recorded as an approach to the department. As such, there may have been a large number of unquantified reports. Do you have any comment about that? I recognise that in your report you say there is not much data.

**Mrs KIBBLE:** I cannot make any comment on that.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** You have, in a sense, made a comment in that you have said that there has been a huge increase in the number of reports. Patrick Parkinson had some alternative figures which showed a rise from 33,223 to 40,000, which is a rise of one-third, between 1998-99 and 2000-01. The figure in your report is 140,000. That is a very big discrepancy.

**Mrs KIBBLE:** I cannot comment on it. I think it needs to be clear to the committee that I am not an expert in DOCS and its accounting procedures, going back over time. I have merely dealt with this set of circumstances now.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** But a reading of your report reveals that there is a big problem in the data systems.

**Mrs KIBBLE:** Yes.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** You would not dispute that. You have said that the Helpline deals with 140,000 PCRs. However, Patrick Parkinson, using the Australian Institute of Health and Welfare criteria, says that it has gone up by about one-third. Your figure, as I understand it, was greater than that?

**Mrs KIBBLE:** I can only say that the figure the working party produced is the figure that came out of the detailed work done by PricewaterhouseCoopers for the working party, and that was the figure at the present time. I cannot comment on what had happened before.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** If you say that there has been a huge increase you are, in a sense, commenting on what happened before. You have gone from a base figure to a Helpline figure.

**Mrs KIBBLE:** We were talking about the figure that had been cited previously from DOCS annual reports. That was the figure in debate between parties that were disagreeing about it.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** You mean the dispute was between the PSA and DOCS management?

**Mrs KIBBLE:** There had been a dispute between the PSA and DOCS management about what the figure was. DOCS figures, when finally released, were much greater than the figures they had been talking about before.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Yes.

**CHAIR:** Specifically, in relation to the large increase in the proportion of cases closed without investigation, you are not in a position to comment on that because that was not within the terms of the working party?

**Mrs KIBBLE:** We did not look at that.

**CHAIR:** What about the next issue—the time taken to process each report?

**Mrs KIBBLE:** I can make no comment on that either.

**CHAIR:** Can you comment on the counting of reports as an inadequate measure of demand and the need for consideration of time required compared with time available to do the work?

**Mrs KIBBLE:** That is a comment that comes out of the PricewaterhouseCoopers analysis. There is a potential for discrepancy between reports which are quite simple and which may be able to be dealt with quite simply, and things which require a lot longer to deal with. If you are to move to make a more sophisticated assessment of staffing needs, you have to try to get a better understanding about the proportion of the cases that require a great deal of attention. So, in a sense, PricewaterhouseCoopers was seeking to say, "It is not just a matter of numbers; it is a matter of numbers plus the degree of difficulty of the case."

**CHAIR:** Plus, presumably, the expertise of the workers who staff the Helpline?

**Mrs KIBBLE:** Yes.

**CHAIR:** So in this matter we are talking about the time taken typically on the phone for the Helpline worker to go through the pro forma or obtain the information?

**Mrs KIBBLE:** Yes and also the staff down in the community service centres who get the reports have a great deal of variation in how much time they will need to devote to deal with a case.

**CHAIR:** Therefore we need to look at some sort of way of measuring the time required to deal with cases?

**Mrs KIBBLE:** The degree, yes.

**CHAIR:** Perhaps they should be broken up?

**Mrs KIBBLE:** We have not dealt with that, but it is one of the things that will be looked at.

**CHAIR:** In the second part of the working party's work?

**Mrs KIBBLE:** Yes.

**The Hon. JAMES SAMIOS:** Why have you not formally published your report?

**Mrs KIBBLE:** The report, as I understand it, was to be tabled and I understood that it had been tabled. It is, therefore, publicly available.

**The Hon. JAMES SAMIOS:** Who have you given it to?

**Mrs KIBBLE:** I gave it to the Minister, which was where my responsibilities lay. I understood that it was to be tabled, and I understood that the Committee has it.

**CHAIR:** We certainly have it, yes.

**The Hon. JAMES SAMIOS:** Did you discuss it with the Minister, or Cabinet Office?

**Mrs KIBBLE:** I discussed it with the Minister.

**The Hon. JAMES SAMIOS:** Did you discuss it with the Premier?

**Mrs KIBBLE:** No. I understood—and I can only say I understood this—that in the evidence that Carmel Niland gave you at one of your earlier hearings, she stated that the report would be tabled. I did raise the issue the other day about whether it had been tabled, and I was told that it had. So I cannot say any more than that.

**CHAIR:** There is probably a variation in terms. We, as members of Parliament, usually take tabling to mean tabling it in the Parliament or through various procedures out of session. But we certainly have a copy of your report.

**The Hon. JAMES SAMIOS:** Earlier, you omitted to mention the names of the members of the committee. You mentioned that the members of the committee comprised representatives from Treasury, the PSA and DOCS?

**Mrs KIBBLE:** Yes.

**The Hon. JAMES SAMIOS:** I do not think you mentioned the names?

**Mrs KIBBLE:** No, I did not. Do you want me to go through the names?

**The Hon. JAMES SAMIOS:** If you can remember them.

**Mrs KIBBLE:** There was a little bit of variation but I will do my best. I will start with Treasury. Treasury was represented by Phil Blunden, who is director of the human services branch. The Premier's Department was represented by Robyn Kruk for most but not all of the time. Peter Donohue was there for the whole time and Peter Loxton took over from Robyn Kruk. The Cabinet Office was represented by Neil Shepherd for some of the meetings but Mark Degotardi attended all of them. Greg O'Donohue represented the PSA and Maurie O'Sullivan attended a number of the meetings, but I cannot tell you offhand how many.

**CHAIR:** And the other one was DOCS.

**Mrs KIBBLE:** Yes. DOCS was represented by Kerry Boland most consistently because it began operations when Carmel Niland was away, but she attended. Tony Milne is the statistical person from DOCS.

**CHAIR:** The next point that we want your comments on is work force requirements and the appropriate terms and conditions of employment.

**Mrs KIBBLE:** I cannot comment on that. In the course of the working party the decision was taken that the working party would not be involved in industrial relations issues, so we did not get into that.

**CHAIR:** Even in relation to, for instance, time required as distinct from time available, skills bases and training?

**Mrs KIBBLE:** We certainly made comments about those things but we did not get into the industrial relations side of the divide.

**CHAIR:** Finally, do you feel the need for additional resources and structural changes in DOCS?

**Mrs KIBBLE:** We certainly said that, after interrogating the data, it was our belief that there was a clear need for additional resources but that at this point we could not quantify them. As to structural changes, the working party took the view that if one were to improve the interface between the Helpline and the officers in the field one would have to bring them into alignment with the way they were supervised. The existing structure of DOCS did not do that. Some officers reported to some senior managers; one senior manager ran the Helpline and a couple of the areas. If you were to try to develop a much more consistently applied set of policies and procedures you would have to align the business so that there was much more consistent senior management. That is a reference to structural changes.

**CHAIR:** Did that apply to the relationship between the Helpline and the CSCs as well as to the structural arrangement of the Helpline?

**Mrs KIBBLE:** Yes, although I understand that the senior officer responsible for the Helpline was also responsible for some of the areas but not the complete range of them.

**CHAIR:** Moving on, we quote you as saying that there is a significant lack of alignment between the Act objectives, business rules and practice and the CIS—client information system—and that there is no clear view about the respective functions and responsibilities of the Helpline and the CSCs. Can you tell us a bit more about what you mean by those findings?

**Mrs KIBBLE:** I do not know that I can go very much further than the comments made in the working party's report and the comments that are made in the attachment to that report. I think DOCS has had considerable difficulties that stemmed partly from the inadequacy of its computing system, which is being addressed but is taking some time, and the alignment of the new legislation with procedures that emanated from the old legislation. The working party felt at a pretty preliminary level that there was a need to make sure that the present Act, the business rules that are established and the practice and information systems are aligned much more closely as one goes forward. I suppose one might say that it has a patched up system.

**CHAIR:** I think Dr Shepherd used the same expression; I think he referred this morning to "patching" the CIS.

**Mrs KIBBLE:** I was not quoting him, but the advice I have received is that it is a pretty patched up system and needs to be brought into better alignment with the Act.

**CHAIR:** In that context, I think Dr Shepherd said that the new system probably will not be up and running until late next year. He said that in the meantime perforce we are working on a patched up system. Do you have any comments to make about the difficulty of proceeding in the next year or 18 months with a necessarily patched up system?

**Mrs KIBBLE:** I do not think I can say any more about it except that according to the advice I have received it is a difficult system to operate and they badly need a new system. They are doing their best to issue new versions of the current system to make it easier, but that in itself presents difficulties for people who are working pretty hard and who have to cope with new variations to the system. But for the moment they do not have any alternative.

**The Hon. JAMES SAMIOS:** You mentioned earlier that there is a clear need for additional resources but you could not quantify those resources. Presumably you must have some idea of the areas at least, if not the specifics.

**Mrs KIBBLE:** I am not quite sure what you mean.

**The Hon. JAMES SAMIOS:** Apparently you had an overview that more resources were needed. Where are they needed in general?

**Mrs KIBBLE:** Additional resources are needed both in the Helpline and in the community services centres. However, with six weeks worth of work—in fact, less than that—we could not come to any conclusions. The union would have liked us to come to some conclusions about how many and where, but we were not able to do so.

**The Hon. JAMES SAMIOS:** It relates presumably to the question of additional staff. Is that what you are indicating?

**Mrs KIBBLE:** We could not put a number on it.

**CHAIR:** Our next question asks whether you are able to comment on the new structure and the additional resources that have already been announced. That follows on from the Hon. James Samios' question.

**Mrs KIBBLE:** As I understand it, I believe the new structure meets the sorts of criteria that we thought needed to be put in place. So the structure is now fairly closely aligned with what we thought needed to be done. As far as the additional resources, I cannot say now what I could not say then: I do not know whether there are enough resources. We will have to go on considering that issue.

**CHAIR:** Returning to the question about the respective functions of the Helpline and the CSC, most of the additional resources announced so far are going to the Helpline but some are going to CSCs as caseworkers. Did the working party get any sense of the balance of resources needed between the centralised end and the local end?

**Mrs KIBBLE:** I do not believe we considered that.

**The Hon. JAMES SAMIOS:** Your figures were greater than the figures published by DOCS. Do you have in mind some reason why the figures varied?

**Mrs KIBBLE:** I think the figures are much closer to the figures published later by DOCS. The previous figures were based on previous years before the legislation came into force. It seems very clear that the legislation coming into force has led to an escalation in the figures. It did not have a lot of time with the legislation in force for there to be figures to compare over time.

**CHAIR:** You have said that the working party stayed away from industrial relations issues and so on. Referring to the quotation that I read out about the lack of alignment between the Act, its objectives and the business rules and so on being adopted by DOCS, do you have a view about whether the 1998 Act is being interpreted correctly and whether the definitions in that Act are sufficient to let everyone be clear about when the report should be made? We have heard evidence and Dr Shepherd has commented that perhaps changes of a fine-tuning nature need to be made to the legislation regarding mandatory reporting. Was your working party aware of a lack of clarity between what is in the Act, the Helpline and how mandatory reporting occurs?

**Mrs KIBBLE:** Not with any specificity. However, the view was expressed that the Act and the business rules should be looked at closely in order to see whether they were aligned and whether there was an argument for any fine-tuning. There was a proposition not that the Act should be amended but that someone should look fairly carefully at the business rules and definitions in order to try to reach a conclusion as to whether some fine-tuning needed to be done either to the business rules or to the Act.

**CHAIR:** Would it be fair to say that the group felt that there was a lack of consistency?

**Mrs KIBBLE:** Some people felt there was.

**CHAIR:** The Kibble committee will continue to work to address the issues of demand, resource needs and so on. Can you tell us about the work that you are doing now or are about to do and whether it will involve the same group of people from those departments, PriceWaterhouse and so on?

**Mrs KIBBLE:** The working party had its first meeting on 1 August to discuss and agree the terms of reference for the second stage of work. That has happened.

**CHAIR:** Did that involve the same government agencies?

**Mrs KIBBLE:** Yes, but there are some changes of personality. Obviously the Cabinet Office is now represented differently and so is DOCS, but the same agencies and the union are still involved in the second stage.

**CHAIR:** So you are deciding your own terms of reference, really, in effect?

**Mrs KIBBLE:** No, not in a vacuum. The director-general, Dr Shepherd, put to the working party a draft paper on what he thought the terms of reference should be for the second stage. We have substantially agreed with what he put and the working party is now going to report to the director-general.

**CHAIR:** Rather than to the Minister, as in the first manifestation?

**Mrs KIBBLE:** I am sorry. I have made a mistake in what I have said, which I need to correct.

**CHAIR:** Yes, by all means.

**Mrs KIBBLE:** Throughout the life of the working party the Minister's office was represented on the working party. I omitted that from the list, but not deliberately. The Minister's chief of staff was on the working party for the first stage, and the Minister's office will be represented at the second stage.

**The Hon. JAMES SAMIOS:** Who was the chief of staff?

**Mrs KIBBLE:** Amanda Graham.

**The Hon. JAMES SAMIOS:** You mentioned earlier that in stage two there was a variation because Cabinet and DOCS had changed membership. Who were the new representatives coming on board?

**Mrs KIBBLE:** From the Cabinet Office, we actually had an apology from the senior person, but I understand it was to be Sue Dawson and Mark Degotardi in attendance. Obviously Neil Shepherd attended, Kerry Boland attended from DOCS, and Tony Milne. So there has been consistency in membership, but some changes.

**CHAIR:** The committee will now report, you said, to the director-general?

**Mrs KIBBLE:** Yes. I have a set of what are the agreed terms of reference. If someone can make a photocopy of them, I can provide them to the Committee.

**Motion by the Hon. Ian West agreed to:**

That the documents be accepted by the Committee.

**CHAIR:** Are they confidential?

**Mrs KIBBLE:** No. They are not public, but I do not know that they are confidential, so I do not know how you treat documents like that.

**CHAIR:** We can check that. Will your committee work and report on an ongoing basis?

**Mrs KIBBLE:** Yes.

**CHAIR:** I think that Dr Shepherd said that you will be in being until December.

**Mrs KIBBLE:** Yes, and we have set a date for another meeting to deal with some of the demand sampling issues which are currently being undertaken, and that is to be in October.

**CHAIR:** Do you see the new terms of reference taking you in directions beyond that focus on demand?

**Mrs KIBBLE:** No.

**The Hon. JAMES SAMIOS:** So, in essence—

**Mrs KIBBLE:** Well, they certainly lead one to a demand strategy coming out of the more detailed work, which is what the working party recommended.

**CHAIR:** Is PriceWaterhouse involved again?

**Mrs KIBBLE:** Yes, PriceWaterhouse is continuing the demand sampling work at the present time. That has actually started.

**CHAIR:** Is it still focusing mostly on the health line?

**Mrs KIBBLE:** No, I do not believe so.

**CHAIR:** There will be sampling in CSCs?

**Mrs KIBBLE:** Yes, and certainly looking in detail about how things are categorised. The report makes some comment on the use of the word "backlog". We feel that there has to be a look at what is categorised as a backlog because some of it is probably almost certainly a backlog, but some of it is actually ongoing work. There needs to be a much clearer view about what is a backlog that has not been addressed at all and what is ongoing work that an officer is monitoring and continuing to deal with. There are some detailed things like that that have to be addressed.

**CHAIR:** Does that involve a look at the vexed issue of priority one?

**Mrs KIBBLE:** Yes.

**CHAIR:** And the levels—identification of different levels?

**Mrs KIBBLE:** I do not think we have been asked to look at the levels particularly, but we may do so.

**The Hon. JAMES SAMIOS:** The date within which you have to report, is that provided?

**Mrs KIBBLE:** We have not got a date to report in the same way as the first stage, which was regarded as having some considerable urgency in it. We will probably work on for the remainder of the year as the PriceWaterhouse work continues and we look at some of this in accounting and assessing.

**The Hon. JAMES SAMIOS:** In essence, the terms of reference have now been settled?

**Mrs KIBBLE:** Yes.

**The Hon. JAMES SAMIOS:** And you are proceeding ahead with the program?

**Mrs KIBBLE:** Yes, and I am tabling that for you.

**CHAIR:** Are you expecting this time round to make specific recommendations about changes to the system that DOCS should make—for instance, possibly a legislative change or anything that you would like?

**Mrs KIBBLE:** We may do.

**CHAIR:** But that is something that you cannot be definite about at this point?

**Mrs KIBBLE:** No, not at this point.

**CHAIR:** But within your terms of reference, you are free to make recommendations?

**Mrs KIBBLE:** I believe so.

**CHAIR:** Will this report and your ongoing work be made public?

**Mrs KIBBLE:** I cannot answer that, but I can say no more than that I would hope it would be.

**CHAIR:** We can follow that up, too. This is more a question drawing on your experience in all kinds of government agencies. I guess it is agreed that human services departments often have difficulty in quantifying the level of needs and perhaps therefore have difficulty in trying to persuade Treasury to be generous. Do you have any comments, given the range of your experience in government agencies, about strategies that DOCS might adopt to make its case to get longer-term funding, particularly for those three broad areas of early intervention and prevention, child protection and out-of-home care?

**Mrs KIBBLE:** Yes. I am happy to make a comment on that. I think that if one is to deal with these issues with Treasury in the human services area—and perhaps Health is another place where it emerges, too—you have to have a level of dialogue with them and you also, I think, have to have something which the working party was able to achieve, and that is having Treasury inside the tent, as it were, so that in reaching the agreements that we reached along the way, the Treasury where part of that agreement. That did not necessarily in and of itself produce the money, but it did produce a base at which there was not disagreement about the demand and the escalation of demand. I think the degree to which you can achieve that will perhaps take you to first base in dealing with the sort of issues which come up between Treasury and all agencies. I do not want to belabour the point but I think that the degree to which you can sit in the same tent and say, "We agree about a variety of the things", is very helpful in getting to agreements rather than having one-off negotiations between Treasury and the agency, which is the more traditional way of doing it.

**CHAIR:** Some people have suggested that, even granted the difficulties of human services agencies in doing that, it might be a lot easier to get Treasury to understand a crisis area such as child protection or even maybe a more readily measurable area like out-of-home care which, as Robert Fitzgerald was saying earlier, up to a point is predictable. It must be most difficult to get Treasury on board with the harder-to-measure area of prevention because it is long term. If you succeed, you cannot measure it because it does not happen. Do you have any advice in that respect?

**Mrs KIBBLE:** No, I cannot say that I do. It is the same sort of issue. I can draw an analogy with Health, too. It is in the preventive areas where it is much more difficult to quantify it, but I do think it has been helpful that, if the working party achieved anything, it achieved an agreement between the union on one hand and the government agencies on the other at the simplest level about the escalation in demand. That took out of the equation the ongoing wrangling about what that was. In that sense I think it was a useful forum and perhaps model for some of the other areas where that is difficult.



**CHAIR:** Does that mean that it is a notable achievement, that the working party is going to continue up until the end of the year involving those same players?

**Mrs KIBBLE:** I guess someone must think that it is a valuable enough to continue it on and keep those players in the room.

**CHAIR:** Do you have any comments about long-term research or consultation that is required in the areas we are talking about, or is that theme beyond your brief?

**Mrs KIBBLE:** No, I do not.

**CHAIR:** One way or another, we ask everyone this: What would you like to see come out of this inquiry?

**Mrs KIBBLE:** I suppose I would like to see the same sorts of things come out of the inquiry as perhaps came out of our tiny little working party—that is, provide a springboard for more consensus and agreement about some of the issues which are crucial to our children and to our society. To the extent you can do that, I think, would be a very valuable outcome.

**CHAIR:** We think so, too. We just hope that we can do something to achieve it.

**The Hon. JAMES SAMIOS:** Madam Chair, you mentioned the report coming out at the end of the year. Was that just an aberration?

**CHAIR:** Dr Shepherd this morning said essentially, as I remember it, that the Kibble committee will be in being until the end of the year or December.

**The Hon. JAMES SAMIOS:** That is the second stage?

**CHAIR:** Yes, that is the second stage. It was not a report date or anything as specific as that, but he was talking about the committee continuing for the rest of the year.

**The Hon. JAMES SAMIOS:** And that is as you understand it?

**Mrs KIBBLE:** That is as I understand it.

**CHAIR:** We need to check that the status of the DOCS draft recommendations is that they are to be within the Committee members only.

**Mrs KIBBLE:** They are called draft, but they were agreed. In the form that they are in there, they were certainly agreed.

**CHAIR:** We can check that.

**Mrs KIBBLE:** I have the minutes of the working party, but they are agreed.

**(The witness withdrew)**

**PATRICK NEWPORT PARKINSON**, Professor of Law, University of Sydney, New South Wales, 2006, affirmed and examined.

**Professor PARKINSON:** I appear before the Committee in a personal capacity. I have received a summons.

**CHAIR:** Of course you are conversant with the terms of reference for this inquiry: you made a submission, so you must be.

**Professor PARKINSON:** Indeed.

**CHAIR:** The Committee sent you some questions we thought might be useful. The first question asked for your overview as Chair of the review of the 1987 Act. Is that sufficient as an opening statement or would you like to address other matters?

**Professor PARKINSON:** I would like to address some other issues, partly by way of update as a lot has happened since I made my submission. I have just come back from a month overseas and apart from the jet lag it was very useful to reflect on the problems that we are dealing with together here. I had a discussion in England with the head of children's services for a major child protection authority, the Wiltshire County Council, and she was astonished and horrified at the idea that we pick and choose which cases we are going to follow up on and which cases we are not. Any report she received which indicated a child might be at risk of significant harm they would investigate and follow up. She could not believe the situation I described in New South Wales.

I went to an international conference in Scandinavia and there talked to a colleague from the United States. In Florida there has been a big case involving a child who has disappeared from the foster care system. The foster care workers continued to receive the payments and workers continued to sign off that they had visited the child, but they had not and the child had disappeared. This is a national scandal in America, and I reflected on our own situation and how easily it could happen. At least in Florida there was a system by which these workers were meant to visit the child but in New South Wales we do not have, and have not had for many years, any system by which we follow up on the welfare of kids in care. Some kids do not have an allocated worker, particularly those in kinship care.

I say that by way of introduction because I think we have become used to the problems in the department and there can be a sense that it is in the too-hard basket and we can never do anything to change it or that every welfare system has the same problems. All welfare systems in the developed world do have significant problems. Workload is a problem in every jurisdiction I know of but the problems in this State are worse than anywhere else and I believe they are the worst in Australia. I say that because I do not believe that we would tolerate this level of dysfunction in any other government department. If the train, health or hospital systems or the water board were in that state we would long ago have fixed it. We have an opportunity here to try to bring about lasting change and that will require bipartisan support and enormous government commitment to deal with problems which I believe go back 15 years.

**CHAIR:** You said there were similar problems, such as workload problems and so on, in the places you visited. Has there been the same general increase in notifications or in cases of neglect and abuse? Is the pattern we have seen here of the huge recent growth in notifications or in the apparent real growth of abuse and neglect common in the systems you are talking about?

**Professor PARKINSON:** Yes, it appears to be. Obviously, the changes here have been very dramatic and there are all sorts of issues about those statistics. Around the country we have seen growth in reporting of abuse and neglect over a number of years. I believe the best indication of the scale of the problem is to look at the figures of out-of-home care where all across the country we are seeing quite significant rises in the number of children who are removed from their parents' care. I do not think the legislation has changed much and social practice has changed much in terms of the efforts being made to keep children at home. Those figures of kids in out-of-home care are an alarming indication of real rises in very serious abuse and neglect within our community and my information would suggest that is replicated in other parts of the world as well.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** You take quite a strong stand in your submission by saying that the rise was one-third in the last two years whereas other figures suggest it is much higher than that. You suggest it has gone from 31,000 to 40,000 roughly whereas the figure from the helpline is 140,000. Clearly, you talk about demand management as well but if it is 40,000 rather than 140,000, that would suggest the problems are not growing as fast as the department figures had suggested and the Kibble report, which you presumably have read?

**Professor PARKINSON:** Yes.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** You have taken the figures 31,000 to 40,000 from the Australian Institute Health and Welfare figures?

**Professor PARKINSON:** Yes.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** I asked Gabrielle Kibble about the figures and the striking thing about her submission is that she said the figures were all awful. That is the message I got, yet she still defended the fact that they were valid figures. Certainly the field workers have said that they believe the reports are valid reports.

**Professor PARKINSON:** Yes.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** That people are not ringing the helpline with frivolous complaints. That is what the community field workers believe. What do you think is the magnitude of the increase in demand?

**Professor PARKINSON:** Obviously, since I wrote my submission the Kibble report has been submitted and it is a much more rigorous assessment that I could possibly have made. I was basing my work on the Institute figures. The point I was making is that as of three months ago we had no idea what those figures from the department meant and I think we have a much better idea now.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** So you would defer to the Kibble figures?

**Professor PARKINSON:** I would defer to the Kibble figures. If I could make a few comments about the level of demand, Madam Chair?

**CHAIR:** Our second question picks up the issue of definition and your contention that the definitions in the Act were intended to narrow the scope of reporting, so some of that is relevant to the question about the difference in the figures. If you wish to take that up now, fine, because it relates to your role in the preparation of the 1998 Act.

**Professor PARKINSON:** I will deal first of all with the definition and I will make some observations on where I think the growth is coming from and what we can do about it. A number of people have said that the Act broadens the definitions of abuse, and this is what your question is directed towards. That is not actually the case, at least it is not the intention. The 1987 definitions were some of the broadest in the world of any legislation that I have come across in terms of child abuse and neglect, and I refer particularly to the definition of neglect in the 1987 Act, which was that adequate provision has not been made for the child's care. That is extraordinarily broad. One of the things we were trying to do was to be much more precise about the grounds for reporting and, therefore, the grounds for response. Instead of saying "adequate provision has not been made for the child's care" section 23 talks about the basic provision, the basic necessities of life. We narrowed the ground for what we broadly call neglect very considerably.

We also focused the definition on current concerns. This was very important and goes to the issue of what is happening out in the field because we were hearing of situations where schools would notify about a child in a situation where they had dealt with a problem. They felt they had to notify but because of their intervention there were no current concerns. We wanted to be clear that there is no need to report and no need for the department to respond unless now there is a need for

intervention. And then, as you saw in the definitions, we introduced the word "serious" at certain points. Largely we narrowed the grounds.

There is one area where we may appear to have widened them considerably, and that is in the area of domestic violence. Domestic violence was introduced as a ground for reporting for the first time but the background to this is that it was already a ground for reporting in practice as a form of emotional abuse. By the mid 1990s it had come to be understood that domestic violence did have a profound effect on children and that it was a form of emotional abuse of children to expose them to violence. Before the new Act was passed there was already a great deal of reporting of domestic violence by the police. The police were required by their instructions to report. So, in focusing it on the serious psychological harm resulting from domestic violence again we were trying to create a filter by which only the more serious and significant cases were reported to the department.

I do not believe that the definitions themselves broaden the scope for reporting at all. I think they were intended to narrow them. Whether they have done so in practice is a question about implementation of the Act. The other thing which has been widely reported in the media is that we extended mandatory reporting. Again this is not actually the case. We did extend considerably the legislative requirement for mandatory reporting. Before 1998 really only doctors were required to report all forms of abuse and teachers were required to report sexual abuse. That was essentially it. School counsellors were required as well. Particularly after the royal commission into the Police Service, but long before that it had become accepted in government that mandatory reporting was a good idea so that every government department that is now listed in the Act as a reporter required its staff to report before 1998. So we saw mandatory reporting, section 27, as really a codification of existing practice, not an extension of the mandatory reporting provisions.

It did extend to two categories: First of all private school teachers. Before 1998, the new Act, public school teachers were required by the Department of Education to report all forms of abuse and neglect, whatever the Act might have said, but private school teachers were not, so there was a very clear extension to private school teachers of the requirement to report beyond sexual abuse. There was also a requirement extended to child care workers practice, most of those workers were already reporting. It had become widely accepted that child care services had an important role to play in child protection but it became a legislative ground for the first time. I do not believe that we did extend mandatory reporting significantly and the media reports on these are regularly wrong. They say that the Act introduced mandatory reporting; it did nothing of the sort. It codified largely what was already the case.

So why has there been this massive demand? I believe we have to look at a number of things: first of all, training. Whenever you train in child protection you see a massive rise in reports. It happened in 1987 and again last year and the Kibble report, I think, confirms that. They saw the beginnings of the spike in August 2000 when training first began for the new Act. When people become aware of child abuse, they spot things they would not otherwise have seen. Secondly, there has been a quite disastrous rise in police reporting. I say "disastrous" in the sense that I think the police are overreporting and this is a major area that we need to address. You recall that I said that section 23 domestic violence was intended to focus attention on cases where there was serious psychological harm or the risk of it. My understanding is that police are reporting all situations where children are present at an incident to which they are called.

I say this is disastrous because I think it means that the department has been flooded by reports of children who are exposed to domestic violence, and they cannot distinguish between the serious cases and those that are not serious. Again, talking to the head of children's services in Wiltshire County Council in England—she happens to be my sister, which is why I am so familiar with Wiltshire—they dealt with the same problem. They gave operational instructions that if the police were called to domestic violence incidents and they believed that child to be seriously affected by the incident then they should report. If it were obvious to them that the child needed help then they should report. Otherwise they should report after three incidents of their being called to the home. In other words, the test is whether there is a serious incident and you believe the child has been affected, or there is a recurring problem of domestic violence in the family that is not being addressed and there are children present. I am not suggesting that we should use that filter, I am suggesting that it is the sort of operational filter we need to ensure that police report only those cases of domestic violence that affected children where there is likely to be a risk of significant psychological harm.

**CHAIR:** The phenomenon you are talking about of police overreporting of domestic violence, can we test that against reports coming in from refugees or schools? How do we really know that it is overreporting?

**Professor PARKINSON:** That is a good question. I would imagine that you have evidence on this, but my understanding is that the police instructions are to report all cases where they go to an incident and children are present. We know from our knowledge of domestic violence that it is, like anything else, a spectrum. There are the most serious cases of patriarchal terrorism, as somebody has called it, of continual, repeated violence of the most serious kind against women. There are incidents at the other end of the scale where the violence is mutual between husband and wife, it gets out of control, the police are called, and so on and so forth. If the police report every incident where children are present at home where there is domestic violence then one would think it is likely that there would be overreporting because everything is treated as being of the same level of seriousness, whereas the Act requires that only the serious cases be reported. I cannot give you evidence, but that is the reason why I say it is overreporting.

**CHAIR:** Are there other occupation groups that you feel may be doing the same thing, or would you single out police?

**Professor PARKINSON:** I single out police because we know what their operating instructions are. The other point I was going to make is that there is a danger of teachers overreporting.

**CHAIR:** We have heard evidence of duplicate reporting from schools where a teacher, a counsellor, the deputy principal or whatever will report the same, single incident.

**Professor PARKINSON:** And that creates a workload at Helpline. Of course, it need not go beyond Helpline. There is also an issue, as I said in my submission, about the relationship between the Ombudsman's legislation and the 1998 Care and Protection Act. I say that because the definitions were meant to be focused on significant harm in the child protection legislation, but in the Ombudsman's Act a very broad definition has been given of what is reportable to the Ombudsman. The point I am making is that teachers are being told if there is an incident in the school where a complaint has been made against a teacher, even if it is trivial, they have a duty to report to the Ombudsman and various measures follow in terms of investigation. This Act focuses attention on the serious cases. The two messages are very confusing. The Ombudsman has, I believe, taken a very extreme interpretation of his legislation, one that really suggests that everything must be reported whether or not there is demonstrable harm to a child. We need to look at the interrelationship between these two in terms of the culture of the education profession, in terms of what they understand they need to report. One would think they would get very confused.

**CHAIR:** It is probably very useful that the Teachers Federation our next group of witnesses this afternoon. I am sure they would have something to say about the feeling among workers that, if they do not report, they perhaps run a risk themselves.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** I think you are advocating that if the definition of mandatory were changed it would reduce the number of reports that do not really require action but that clog up the system. If the number is 140,000 and that is 30 or 40,000 then that would make a huge difference to the workload on DOCS.

**Professor PARKINSON:** I am not saying that there is any need for legislative change whatsoever, except we could look at one or two minor changes. I am saying that the implementation of that by the police is what needs to be looked at. We need to have a filter by which only situations where, as the Act requires, there is a risk of serious psychological harm need to be reported to the department.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** A regulation change or, perhaps, an operating change to standard police operations might suffice to cut that dramatically. Perhaps if a working group were to look at those definitions the number of mandatory reporting calls to Helpline might fall dramatically and that might improve the lot of the rest.

**Professor PARKINSON:** It may well be that this is already happening, but I would suggest that there should be some further dialogue between DOCS and the police to try to find operating instructions to ensure that only the most serious cases along the lines I have suggested are reported, such as the third time someone is called to a house, evidence of impact on the child or some other such criteria as the experts in the department accept.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Do you have any evidence that the definition has resulted in the reporting of cases that should not have been reported, or are you merely taking it from a semantic and procedural look at what is happening?

**Professor PARKINSON:** I am looking at the outcome, that is the department cannot possibly cope with the work it is receiving. All of us know that. The increase in police reports is a very substantial part of that overload. It achieves nothing. Reporting every case supposes that every one of those cases is one in which children would benefit from the service if the department could visit them to see how the children are faring in that situation. In an ideal world, no doubt most of the children in those cases might benefit from a constructive, carefully targeted service. But the reality is that there are so many we do not know which children most need that service.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Sure, but if we are cutting our demand to meet our resources—in a sense that was referred to this morning as institutionalising bad practice because you get used to it more or less or you do not have an option—what about the number of DOCS workers per thousand population in the Scandinavian countries, or even in the United Kingdom or America where you were saying that practices are much better? Do they have more workers per thousand? You talk about the number of doctors and midwives per thousand, but what about DOCS workers per thousand? Do you have any figures that suggest we are doing poorly or well to deliver the service? It is a question of how much demand and supply there is. Are we deficient in supply, or are we really overdefining compared to other jurisdictions? Which side of the equation is out of whack?

**Professor PARKINSON:** I cannot answer the question as to numbers per thousand. I am a professor of law, not logistics. Let me deal with domestic violence, if I may. We already have services in place to deal with domestic violence. The problem is enormous. We all know that. The police respond to about 90,000 reports a year. The point is that services are already in place to respond to the adult victims of that violence. There are excellent women's refuges and women's support services. No doubt, we could double that number and still not meet the demand. But the service is there. What we have missed over the past many years is the impact of domestic violence on children. For children who are in the most dangerous and violent homes, the impact is severe.

The point of treating domestic violence as a child protection issue is the recognition that those children need help. In the past very often what has happened is that they have been secondary considerations in the focus on the primary victims of violence, the adult women. I am not saying, and I do not think anybody in the child protection sector is saying, that every child who experiences domestic violence is in need of child protection services. But we are saying that some children are. No, I do not think that I am urging a redefinition to bring demand down to the supply of our resources. The wording of the Act is about right, it is its implementation that is problematic.

**CHAIR:** On the other side of the coin, evidence we have had from the women's refuge movement in general and also from some people on the ground is that they believe coping with the overload produces a tendency within DOCS and particularly the local CSCs to say: This child is connected to a domestic violence incident or series of incidents. We know the refuge is on the case, so to speak, and therefore that child is a lower priority than some other child. Although the service may, as you say, focus on the adult woman at least there is a service. There is a bit of a tendency, they believe, not to focus on the child because at least some service is being provided.

**Professor PARKINSON:** I have no doubt that is happening, and it is inevitable when there are so many calls that are assigned, as I suspect they are, to levels three and four in terms of the urgency rating.

**CHAIR:** Even when the cases are assigned a higher level they would say there is still a feeling that some service is dealing with this and, therefore, DOCS can concentrate on some other case.

**Professor PARKINSON:** I have no doubt that is happening. It is a very rational response for the department to take. It is not what I would support, but it is one that one could understand. This really is a vital issue for the system to address. It may be that we need to rethink whether the police should be mandated reporters. It may be that the best way to respond to domestic violence is to let the refuge workers and the other workers in touch with these families report those cases where they think child protection intervention is most needed, and totally take the police out of the equation. These children need services. The question is whether, at the moment, the Police department is the best vehicle to provide that and the best gatekeeper to those services.

**The Hon. JAMES SAMIOS:** Although I acknowledge that, arguably, mandatory reporting was not greatly broadened, what role do the introduction of increased fines have in contributing to mandatory reporting?

**Professor PARKINSON:** We did not recommend that the fine be increased to \$22,000; that happened in the drafting of the bill. It is likely to have some impact in terms of defensive reporting. I suspect that the major reason for the increase across the board was training. There was a video in every school that took people through the requirements. When you train you increase reporting.

**The Hon. JAMES SAMIOS:** Why did Great Britain reject fines to enforce mandatory reporting and rely only on the teachers, police et cetera to carry out their usual, professional responsibilities with no threat of fines?

**Professor PARKINSON:** Around the world there is debate about mandatory reporting. Britain has not formally got, allegedly, a requirement for mandatory reporting. But most government departments involved in services to children are required by their departmental operations to report, in much the same way as was the case before 1998 in this State. Although there appear to be differences, in practice there are not. If one is required by one's police commissioner or by one's head of education to report then the penalties in terms of career are the same for wilful failure and, of course, people can be sued for negligence as well. I do not think that in the current climate there is a huge difference between mandatory reporting jurisdictions and non-mandatory reporting jurisdictions where there are governmental mandates to report.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** You said in your report that, basically, there is a bit too much political interference, if I can put it that way. You talk in terms of: If you want a policing function you should not have the police as a provider in terms of DOCS supervising when they are also providing. You cited the fact that the Community Services Commission and the Children's Guardian were set up as evidence that you have to have the regulator or the advocacy bodies separate from the Department. I think you have also noted that in Britain the DOCS function has devolved down to the local council level.

**Professor PARKINSON:** Yes.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Are you suggesting that DOCS ought to be dismantled and the matter taken to a local council level?

**Professor PARKINSON:** No, I am not. I am making a point of the utmost seriousness, and that is that over the 12 or so years I have been actively involved in these issues, that is, working at senior levels with the Child Protection Council and so on, I have seen dreadful harm resulting from the politicisation of that department. I drew the analogy with Britain just to indicate one of the jurisdictions where there is a clear differentiation between the provider of services and the regulator of services. As it happens in Britain, the history was that these services, like education as well, were provided by the councils.

What I am suggesting is that we have to have a regulator-provider split of some kind in this State, and I have in mind the creation of DOCS workers as an independent statutory agency which would then be regulated by the government department—rather like we have with the attempt with

ageing and disability. Ageing and disability was created to regulate and fund the service provision to people with disabilities, and the department was one of the major providers of that service. It was an attempt within the current structures to create that sort of regulator-provider split. We have to have some split of that kind.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** In terms of keeping people out of home care, I gather that Britain has reduced children in care by almost half in the last few years, is that right?

**Professor PARKINSON:** I have no knowledge of that. I cannot answer that.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** That was about putting family support in, rather than taking parents away, which involved a greater level of family support.

**Professor PARKINSON:** If I can make a general answer to that. Everything we know about child protection practice is that if you have effective early intervention and good family support, you can keep children with families. This is basic and fundamental. So the better the system—and I think the system in Britain is light years ahead of the system in this State—the more likely it is that you will avoid removal of children.

**CHAIR:** When you speak about the system in Britain, are you also including things like Sure Start and so on, or are you simply speaking about the child protection system?

**Professor PARKINSON:** I am talking about the whole system dealing with vulnerable children and families. It is much better resourced, it is much more professional, and it has fewer of the structural problems that we are experiencing here.

**CHAIR:** With regard to the structure of DOCS, this morning we heard evidence from Dr Shepherd, and the submission, which I think you have seen, spells out the new structure, where it does not go at all down the path that you are talking about, of a separate agency, but it has been strongly argued by Dr Fitzgerald and others that the division of DOCS into three distinct areas, prevention, child protection and out of home care, plus the division into an operations area, a governance area and so on. Given that they have not gone down the path of the regulator-provider split model, what are your comments on the structural change?

**Professor PARKINSON:** I have not seen Dr Shepherd's submission because I have been overseas until very recently. But all of those things are obviously very good. I note the recommendations of the Kibble inquiry about making sure that those lines of responsibility are clear. What I am saying is not at all inconsistent with those changes that have already taken place. The idea I am floating is a brand new one, so I would not expect anyone to be responding immediately.

If I may, I take you to the *Four Corners* report, which came out since I wrote my submission. I think that documented very well what I have seen for 10 or 15 years. It does not matter which Minister we are talking about or which government is in power. The higher one rises in DOCS, the more there is a culture of secrecy and protection of the Minister. It seems to be ingrained. As I said in my submission, I think there is no other government department where the political head seems to be treated as responsible for the operations of junior workers in a way that is so in the Department of Community Services.

The higher one rises, the more the pressure is on—it is not necessarily from the Minister—to protect the Minister, to make sure that things do not come out, to make sure the media do not find out about things, to spin-doctor to manage the media. This is a toxic environment in which to try to protect children. The only way we can do that is to work within our political structure to make sure that the child protection agency is accountable to the Minister as the regulator and the watchdog, rather than accountability being by the Minister to the *Daily Telegraph*, the *Sydney Morning Herald*, *A Current Affair*, and so on.

**The Hon. JAMES SAMIOS:** I understand that in the United Kingdom, Wales, Scotland and British Columbia there were royal commissions that brought about a series of recommendations and change. What do you think about the need for a royal commission here?



**Professor PARKINSON:** I think that the royal commission which we had into sexual abuse and paedophilia did a great deal of good in bringing to the community's attention the severity of the problems. The truth of the matter is that we have had inquiry after inquiry, as other people have told this Committee, and our failure is to act upon the reports which we have already received. We do not lack information; we lack political will. I think we need to look at what has already been recommended and put in place, and see if we can make it work.

**The Hon. JAMES SAMIOS:** With regard to your observation about the secrecy at senior level in DOCS, over what period have you formed that opinion?

**Professor PARKINSON:** I formed that opinion since around 1990. I was first appointed to the Child Protection Council, which advised the Minister on child protection in around 1992. Before that I was involved in subcommittees. I have seen it again and again. As I said in my submission, I am not making criticism of individuals here; I think it is a systemic problem. I remember that when Ron Dyer first became Minister I had a meeting with him and members of the Child Protection Council. The first thing I said to him was, "Minister, you have to do something about the culture of denial." That was in 1995. And he did. He was a very fine Minister, very willing to try to bring about change. But the system itself ultimately forces secrecy because the bottom line is that Ministers do not want to be humiliated on the front pages of the papers, and that creates its own pressures.

**CHAIR:** Some people would say that any government agency where there is growing demand and growing pressure and inadequate resources to deal with it, is likely to develop the type of culture you are speaking about, that it is not inherent in the Department of Community Services as such but more a reaction to pressures and strains.

**Professor PARKINSON:** Clearly, it is a reaction to pressures and strains. The problems that were kept secret were the problems where demand exceeded supply, but that has been the case for 10 to 12 years. I remember when the Child Protection Council in the early 1990s said in its annual report that there was a crisis in child protection, which there was. We were ostracised by the government of the day for saying so. This is how long this goes back. But yes, it is in part because of the rising demand which has been gradual; it is also because of the deprofessionalisation of the department in the late 1980s which has caused long-term effects, and these are the problems from which we still have not recovered.

**CHAIR:** Does the Children's Guardian, particularly in relation to out-of-home care, fulfil some of the needs that you see, and in that context do you have comment on the reasons for the delay in the proclamation of those sections of the Act?

**Professor PARKINSON:** Yes. The Children's Guardian is probably the most important reform of the 1998 Act; it is absolutely crucial. It now has two functions, not just one. One function is to ensure that there is a system in place to make sure that we are looking after children in care. At the moment we have no idea whether all the children in care are sleeping safely in their beds. We simply do not know because we have no system in place to review them. That is a very important aspect of this: accreditation of agencies and ensuring that the systems are there to find out if there are problems with individual children in care.

But the second crucial role of the Children's Guardian, which has not been well understood, was to avoid double handling. Under our present system, if a child is in non-government care, a lot of the time there must be referrals backwards and forwards to the department, which carries the parental responsibility for that child. The Minister has parental responsibility. The service provision is by Burnside, Barnardo's, or some other non-government agency. For the purpose of making key decisions, the parent, the one who has parental responsibility, must be involved. When you have to devolve the care to a non-government agency, often the statutory agency has almost no knowledge of the welfare of that child, so you create double handling, you have two workers rather than one who are involved with this, you have poor decision making because the department is not in touch with the child, and you create gross inefficiencies.

The Children's Guardian system was a way of ensuring that all the agencies were basically in the same position, receiving delegations from the Guardian to avoid a wastage of resources and double

handling. Why has not the Children's Guardian been allowed to operate? I think there are two reasons for that. Firstly, I think there is a concern that the current holder of that office may have too bureaucratic an approach to her functions. I cannot comment on whether that is so or not, but I can understand there is concern that there would be a lot of form-filling, which may not promote better outcomes for children but may simply detract from an already overloaded work force.

The other major thing is that I think everyone knows that the state of the department's work with these children is diabolical—not across the board, but in certain places any systematic review of these poor children will tell us that there has been appalling and negligent casework. I think everyone is afraid of what will happen when somebody goes looking at those files, dusts them off, retrieves them from the store room, and finds out where these children are and what is happening to them.

**CHAIR:** When you say "not across the board but in certain places", do you mean some regions or some categories of children?

**Professor PARKINSON:** Yes. There are excellent workers in the department. There are people who have devoted their lives to a very difficult job. I am not one who ever knocks the Department of Community Services in terms of the professionalism of its staff. But because we have not ever had a system in place which is rigorous and which carefully assesses the needs of every child in care, there are bound to be some children who have fallen through the cracks, and we know that there are.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Is it not the case that we have a grossly overloaded system? If we simply find the cases, we will simply confirm that we have a grossly overloaded system. The Minister said that before proclaiming the legislation she would have to look at the resource issues. It would seem that there are not sufficient resources to meet the demand. Perhaps that is because we are putting too much at the acute end and not enough at the preventive end, but to get back from that situation is the difficult part. You would still advocate that it be proclaimed, however?

**Professor PARKINSON:** I understand entirely the problems involved in proclaiming it. I have always thought, and continue to think, that the best way to implement a major reform of this kind is slowly, so that one begins with very basic standards and over time increases those standards. In my view, it is not a choice between proclaiming and not proclaiming; it is a question of how we manage the very real issues which are there in the department, where there would be a shock to the system of having to follow the sorts of procedures that we are talking about. The point is that these children are always at the end of the queue.

**CHAIR:** What about some sort of staged proclamation, which was a question we asked the Minister this morning?

**Professor PARKINSON:** I am very much in favour of a staged implementation. Whether we do it by staged proclamation or staged implementation of the system, that is a matter of detail. My point is that we may, if we begin to introduce basic systems, discover that there are, say, 50 children about whom there are the gravest concerns. One of the functions of the Children's Guardian is to be able to provide expert resourcing to try to help those children. When it was introduced, I said that I thought that 90 per cent of the Children's Guardian's time would be spent on 10 per cent of the children in care. If we find 50 children for whom we can make a difference on a basic review of the files, that would be 50 children who could get service through the guardian, which would not otherwise occur. That is worth doing, I believe.

**CHAIR:** Given that you are a professor of law, how do you see the Family Law Court and its system and the Children's Court and the sorts of problems they create, as well as the extra workload for imponderables in being able to find a solution for children, in relation to DOCS?

**Professor PARKINSON:** I commented in my submission only on the Family Court issues. We have a major problem of a split between State and Federal responsibilities. I am a member of the Family Law Council which is looking at these issues. The problem is simply that the Family Court and the Federal Magistrates Service are private law courts, that is there is a mother and father, a husband and wife, who are in dispute about the future of their children and there is no public authority

which provides evidence to the court about the future of those children. Yet the Family Court is a major player in child protection because so many child abuse cases are dealt with by the Family Court.

The court is required to report to the Department of Community Services, and its equivalent in other States, that it is a Family Law issue. Often children are caught in a catch-22 in which the department is not much involved because it is seen as a Family Law issue. But the Family Court does not have evidence available to protect the children. I flagged this because no review of the system can be complete without referring to the Federal dimension. I believe that the Federal Government must take responsibility for its share of the child protection workload. That workload is coming through cases brought under the Family Law Act. If it does, and if there can be a good State-Federal compact on this, it will relieve pressure on the department.

**CHAIR:** What sort of responsibility do you mean? Would it involve specialised staff or a lot more attention to co-ordination? What specifically would you call on the Federal Government to do?

**Professor PARKINSON:** Recommendations have been made to the Commonwealth Attorney-General. I am sure you would understand that I am not at liberty to reveal the recommendations. In the next few months, when our report is made public, this significant issue will be addressed. There is nothing that New South Wales can do at this stage, until the Family Law Council report has been released. All I can say is that this is an important part of the jigsaw, and the recommendations we will make are of the greatest importance for children in this State.

**CHAIR:** The Committee has been told by quite a few people that there are major problems with people in the CSCs preparing a case for the Children's Court, for instance problems with timing and co-ordination. A case may not be finalised and children may not be protected, but that maybe because of that inability to get the work of the caseworker in DOCS and the court to gel together.

**Professor PARKINSON:** Yes, there are a lot of operational problems in this area at the moment. To some extent it is about the experience of child protection workers in preparing a case for court. There may be a need for some specialist resources for workers who are preparing a case for court. The new Act does impose requirements on them to prepare a care plan and a restoration plan. All my sounding in the first year or 18 months of operation of the Act were that there was a very slow uptake in the understanding of those requirements. There is no question that those requirements were right. Under the old system very often a care application would be filed without any information beyond the initial filing as to the issues, what the department wanted to do about it. Cases lumbered along in a very haphazard fashion. The new Act requires much more preparation in the early stages of a case before it is filed, which will promote better outcomes for children.

**CHAIR:** The Committee has been given the message that there is considerable frustration on the part of individual DOCS workers. In some cases they do all that, but the court does not understand.

**Professor PARKINSON:** They are not alone in those frustrations. There is a major issue about the quality, training and expertise of people appointed to the Children's Court. One issue is that it combines both Juvenile Justice functions and care and protection functions. I am sure the Committee would understand that I do not want to make any aspersions on any individuals?

**CHAIR:** Of course.

**Professor PARKINSON:** My impression is that over a number of years there has been an enormous variation in the quality, expertise and experience of Children's Court magistrates. Frankly, some should not have been appointed to such a difficult and sensitive area. The Children's Registrars seem to have been an unqualified success, and great improvement to the system. However, in the longer term we need to entice to the bench people who have training and experience in this very difficult and sensitive area. There should be specialist child protection magistrates. I do not think those concerns are unfounded. The court is often frustrated with DOCS and DOCS is frustrated with the court; there is truth in both areas.

**The Hon. JAMES SAMIOS:** Professor, do you think it satisfactory that four years after the guardian legislation was passed that the guardian has no idea from where she will get her powers? Is four years not rather a long period in which to provide the resources to protect children?

**Professor PARKINSON:** It is a complete disgrace. The Children's Guardian's work has not been allowed to take place. These children are at the end of the queue and I understand the resource issues and the difficulties, but to have no system in place in as rich a country as this is just unbelievable. In 1987, legislation was enacted which had a system of boards of review, but it was never proclaimed. We all need to hang our heads in shame that we have not put a system in place for these kids. If a short term allocation from Treasury is needed to overcome the hurdles, then so be it. This was, and is, the most crucial reform in the entire 1998 Act.

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

**Professor PARKINSON:** Thank you for the time given to me to address you. As I said before, there have been a lot of inquiries and this is just another one. It will fail if it is simply another report—I think we all know that. Representatives from all the major political parties are here and we need to say, together, that this is a priority to fix this problem. It does not need to be a political issue. We can have bipartisan and multipartisan support. The Community Services Commissioner wrote an excellent report on substitute care, which, because of the politics and politicisation of the department, was simply ignored. We need to implement what has been recommended and make the 1998 Act work. We need to finetune it in a way that I am sure the Committee will recommend. But what I would like to see from this inquiry is action by the Government to treat this as a top priority in the coming years.

**(The witness withdrew)**

**JENNIFER GAY LEETE**, Deputy President, New South Wales Teachers Federation, 23-33 Mary Street, Surry Hills, and

**KATHRYN ANNE DEACON**, Vice President, New South Wales Teachers Federation, 23-33 Mary Street, Surry Hills, affirmed and examined:

**CHAIR:** Have you each received a summons to appear before the Committee today?

**Ms LEETE:** Yes.

**Ms DEACON:** Yes.

**CHAIR:** You are both familiar with the terms of reference of this inquiry and you wish your submission to be included as part of your evidence. Do you wish to make an opening statement?

**Ms LEETE:** I am happy to go straight into questions.

**CHAIR:** Jennifer, did you previously give evidence in the early intervention inquiry?

**Ms LEETE:** No, you had Wendy Currie, one of our research officers.

**CHAIR:** Do you wish to make an opening statement?

**Ms LEETE:** The federation represents about 58,000 teachers in schools, including school principals. It has been the case for sometime that teachers, along with a number of other groups in the community, have been mandatory notifiers of allegations of child abuse. In that context the federation has played the role of attempting to inform our members and ensure that our members are fully aware of the various legislation that covers those responsibilities. Very much associated with that has been our work with the Department of Education and Training to try to ensure that our members, particularly principals, are adequately trained and provided with resources to ensure that they meet those responsibilities. It would be fair to say that that is an ongoing concern for us. Our submission highlights a number of issues including what we see as fairly cursory training for principals and other members of staff about their responsibilities. We would argue that some of the issues that arise subsequently can be explained through a lack of appropriate training.

**Ms DEACON:** All staff are aware that they have to attend certain training. There is mandated training to attend. There is the teaching of lessons on child protection in kindergarten through to year 6. Parents can exclude their children from those lessons, but generally most children will attend those lessons. Six through to 10 of those lessons may be delivered throughout a year usually they are specifically taught about appropriate touch, inappropriate touch, strategies for dealing with situations where they may feel uncomfortable, identifying parts of the body, et cetera. At school, if a child is identified at risk of harm we are generally responsible for implementing strategies to try to support that child. If there is neglect it may be basically providing breakfast or lunch—food—a school uniform, et cetera. So it gets down to some of the basic strategies for protecting and supporting students.

**CHAIR:** I turn to the issue of notifications. As I said earlier, this issue came up briefly when we obtained evidence from Professor Parkinson. Who is actually responsible for making notifications? It is fundamentally the principal, but do other teachers, school counsellors and so on get involved? I presume it varies depending on the size of the school and the nature of the case as well?

**Ms LEETE:** Essentially, it is everybody's responsibility because of the legislative requirements and the policies of the Department of Education and Training. In practical terms, it is almost always the case that the principal is involved in relation to the notifications. It would most commonly be the principal who gets on the telephone to the Department of Community Services Helpline. It certainly is now increasingly the practice—and the Department of Education and Training encourages this—that teachers who may be directly involved with a student, perhaps the classroom teacher to whom a child may have disclosed, would very much be involved as well.

It would not be uncommon at all for the principal and the teacher to be there sitting at the telephone. The teacher might often have specific information that perhaps would need to be relayed to the Department of Community Services officer at the other end of the phone and, in that context, it is a collaborative process. But it would be fairly unusual for there to be a notification in a school that did not involve the school principal or the person who at any point in time was acting as the school principal.

**CHAIR:** So they may well sit in the room together and jointly talk to the person on the Helpline?

**Ms LEETE:** That is correct. That is probably most likely the case.

**The Hon. JAMES SAMIOS:** When you referred earlier to the teacher were you referring to the teacher acting as principal or the teacher who was charged with interfering with the child?

**Ms LEETE:** When I referred to the teacher I was referring to the classroom teacher who might be the person to whom the child has disclosed. It may be the classroom teacher because that classroom teacher is best able to provide advice about the appropriate support that needs to be provided to the child, or who is more aware of the context. That teacher, for example, might have daily interaction with the child's parents, whereas in a large school, for example, it would be unusual for a principal to be in that situation. So because they have that knowledge of the broader context it is very common for them to be involved.

**CHAIR:** You mentioned training earlier when responding to our third question about how adequate and effective training for school staff has been. You are you suggesting that it has been fairly perfunctory.

**Ms LEETE:** There is a reference to this on page 2 of our submission, where we describe the kind of training that has been put in place. Training in this area in relation to requirements for notification, indicators of abuse and those sorts of things, is generally provided by way of a resource kit that is produced centrally by the Department of Education and Training. Then it is implemented by what we refer to as the train the trainer model. It would be common for principals, or their nominees for example, to go to a district office and to receive a couple of hours—perhaps half a day—briefing on those procedures.

They would then be required to go back to the school and provide—and most commonly it would be—a 90-minute session taking teachers through these centrally produced materials, overhead transparencies, booklets and those sorts of things. A 90-minute session is provided to staff. One issue is finding the time to do this. Most commonly it would be done in what is referred to as a pupil-free day—the two staff development days that are available to teachers. It is reported to us regularly by our members that they do not feel confident as a result of that training. When you look at things like the indicators of abuse, social neglect and emotional abuse in particular, they do not feel confident that they are able to make appropriate judgments.

**CHAIR:** Given that nearly four years have gone by since the current Act was introduced, presumably there was training early on and there has been more training. There is probably, therefore, a different issue for beginning teachers than there is for teachers who have been in the system, say, since 1998. What preparation does a beginning teacher get?

**Ms LEETE:** It would vary dramatically. I would go so far as to say that it is fairly ad hoc. There certainly would be the provision of documents, booklets and a package to each beginning teacher. It would vary according to whether that beginning teacher was a casual teacher or a permanent teacher. Quite a number of teachers begin their career working casually. Certainly it is our experience that the provision of information, let alone training, to those people is fairly ad hoc. In relation to permanent teachers, the practice that has been put in place is that there are now annual updates for training and responsibilities. It could even be the case that for someone who is a beginning teacher their first actual training in this is an annual update—the same annual update that is provided to all permanent teachers who have received earlier training.

**Ms DEACON:** To be effective in notifying to DOCS and feeling assured that you will get some action in support of a child at risk of harm, you need to be able to provide appropriate contextual information. That may mean being able to ask children questions without contaminating evidence, so that you are supporting the child. That is where the training has let us down considerably—knowing what questions are appropriate and what questions are not and also how much contextual information is required to get through the DOCS system so that some action is taken.

**CHAIR:** In your submission you have expressed concern about the possibilities of both underreporting and overreporting. Why do you suggest that a lack of training or a lack of clarity in the legislation, or both, can produce two contradictory effects?

**Ms LEETE:** Remembering that we are talking about 2,200 schools, obviously hundreds of thousands of students and, as I said earlier, round about 58,000 staff, two scenarios are reported to us as a result of members' experience. One is that there has most certainly been established within the Department of Education and Training a culture which seeks to impress upon people the huge burden and responsibility that they have to report and the potential penalties that they would face in the event that they did not report or that they failed to report a matter. That is something that is promulgated through the line management culture in the Department of Education and Training.

I think it is fair to say that for many of our principals in particular the outcome has been that, if in doubt, you report because the issues connected to making your own professional judgment about risk of harm to a child in the context of feeling that the training that you have been provided and that your own capacity to make judgments around that issue is difficult—questions I suppose of individual survival; dare I say backside covering—come into play. People often make the judgment, "I am not sure so therefore I am going to report." On the other hand, at the top of page 3 of our submission we refer, for example, to indicators of neglect.

It might be possible for a teacher to run through a list of indicators of neglect in a departmental policy document, and perhaps ascribe each of those, or a number of them, to every student in the class that sits in front of the teacher. Often that, sadly, is part of the school context. It is part of a whole range of issues that confront the community that the school serves. In that context decisions might be made not to report matters on the basis that they might be part of that broader context. The effect of that could be underreporting.

**CHAIR:** Our next question relates to the fact that the department has developed its own notification procedures. I think there was some uncertainty about what we were getting at there. What we have in mind is that you are dealing with procedures where the department wants to be notified as well as the mandatory reporting to Helpline. If you are also dealing with training materials prepared by the department teachers have a responsibility to carry those out. In relation to what you have just been saying we are trying to work out whether you believe that teachers have ended up with workable or unworkable procedures in relation to notification. In particular, how does the responsibility for a double notification affect teachers when there is an obligation to tell the department as well as to tell the Helpline?

**Ms LEETE:** Just to clarify what you are intending by that question and what you are referring to, I am assuming that you are referring to departmental policies which require principals to notify when there is an allegation against a staff member in relation to an allegation of improper conduct of a sexual nature, or emotional or physical abuse of students. Am I correct? Is what you are referring to?

**CHAIR:** Probably, but as I said the question is not clear. I guess there are two sides to it. Are principals obliged to let the department know when they have notified broad cases to the Helpline? Then there is the separate issue of allegations made about particular teachers within the school. There are two totally separate issues for teachers, are there not?

**Ms DEACON:** When notification is made to the Helpline paperwork must be filled out and a copy of it faxed confidentially to the district superintendent. That is what must occur. If an allegation of any type is made against a teacher you must notify the child protection investigation directorate directly. The child protection investigation directorate is responsible to the Ombudsman and then to the children's commissioner.

**CHAIR:** Do you have to tell the department about a notification of a child protection issue when the allegation, for instance, is that the parents are responsible?

**Ms DEACON:** Yes, through the district superintendent.

**CHAIR:** In other words, the superintendent is in a position to say that a particular principal or teacher has done his or her duty and complied.

**Ms DEACON:** That is correct.

**CHAIR:** What does the district superintendent do with them?

**Ms DEACON:** I cannot tell you.

**CHAIR:** It is a way of checking whether teachers have complied with the Act but it is not spelt out clearly. Jennifer, you mentioned a concern among teachers that the department is putting pressure on teachers and principals to report with some unspecified sanction if they either over report or under report.

**Ms LEETE:** That is correct. Usually the sanction is specified: the person will face charges under the teaching services Act, and there have been a number of cases of that type. Principals, in particular, tend to find out about such cases very quickly. In terms of the role of district superintendents, we do not know what they do with the reports other than presumably keep them in a file to check in the event that there is a subsequent issue about whether the school had notified. I am not sure whether that is its purpose or whether there is some additional expectation that the district superintendent might play some other role—for example, bring some resources to bear at the district officer level to support the child. I am not aware of that.

**The Hon. JAMES SAMIOS:** Has the federation written to the Minister about this important issue?

**Ms LEETE:** The Teachers Federation by way of the Labour Council fairly recently sought a meeting with the Premier to discuss not just this issue but the whole gamut of legislation and policy that impacts on teachers in terms of both the reporting of allegations against teachers, notifications, the operation of the Ombudsman's office and the role it plays and also the role of the Commission for Children and Young People, particularly in terms of the employment screening procedures. It is fair to say that the Teachers Federation is very concerned about this whole collection of legislation. In particular, we see issues to do with teachers really understanding their responsibilities and ensuring that we have a system in place that is about protecting children—which we obviously absolutely support—but also ensuring that that system treats fairly and properly our members who might be the subject of allegations.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** You generally make notifications by fax. We received a submission this morning to do away with faxes presumably because they contain the words of the person who wrote the fax and do not fit well with the computer system that the Helpline uses when it interrogates the reporter.

**CHAIR:** I think Dr Shepherd suggested that faxes often did not provide the necessary information because it is not a two-way process—the fax is a fallback position because of waiting times.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** You give an example in your submission of an instance when a principal faxed fairly horrendous material and received no confirmation for more than a week. The principal was obviously very concerned about this. Is it your experience that the feedback you receive after you have sent the fax is poor?

**Ms LEETE:** Yes. Madam Chair is correct that the faxing process was put in place sometime after the Helpline commenced operation in response to reports—from our perspective there were many reports—of extensive delays in making telephone contact with the Helpline. It was put in place



in that context and it remains the case that a principal can wait on the telephone and hear a recorded message indicating that he or she has the option of sending a fax. We hear reports that when sending a fax it is difficult to convey information about the nature of the risk of harm to a student, remembering that much of that information has to do with context. They report a feeling that perhaps the information is going into the ether. They do not necessarily receive any kind of acknowledgement that the fax has been received let alone an assurance that some action will occur in response to it. Kathy may want to add to that.

**Ms DEACON:** My experience is that if I am able to speak to a person at the DOCS Helpline I almost invariably provide more information than I gathered in the work that I prepared for the call because that person knows what questions to ask. It is much better to speak to someone who can obtain the most appropriate information.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Jennifer commented before about the culture of reporting to cover your backside—I think that is what you dared to say in the end. Do you think if teachers were allowed to use their judgment in terms of which cases to report and which cases not to report there would be fewer reports and the resources involved in chasing up reports would be better deployed?

**Ms LEETE:** I think teachers and principals would find real difficulties associated with the exercise of that judgment. They feel in a sense that they have no alternative because of the nature of the legislation, and they report in that context. In many cases they would find it difficult if they were to attempt to use their judgment regarding risk of harm to a child. In that context they often assume that they must report. Teachers are not telling us that they feel they are reporting things they should not; they tell us that they feel they are obliged to report matters in full knowledge that DOCS will do little or nothing about them. Yet they feel they have no alternative in terms of meeting the responsibilities that the legislation and the department's policy place upon them.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Are you saying that they think mandatory reporting is justified and they are not reporting needlessly?

**Ms LEETE:** A number have said to us that they feel that what they are doing is relatively useless or unhelpful for the child.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Is that a reflection of the fact that they are making a useless report because they could not use their judgment or is it a reflection of the fact that they believe DOCS will not act on their report?

**Ms LEETE:** It is a reflection of the fact that they believe DOCS will not act on the report.

**CHAIR:** An issue raised with us relates to the lack of feedback that is given to mandatory reporters. I guess that is relevant to your present comments and is also connected with the next point about undermining local interagency relationships—which is one alleged effect of the Helpline. People simply do not know what is happening with reports, particularly those at the level one end. Do you have any idea whether teachers are aware that their reports are not disappearing into the ether but being input with other information and fed back to CSCs to produce local action that may take the form of assistance or support rather than crisis intervention?

**Ms LEETE:** Kathryn may wish to add to my answer, but I think there is a general sense that it is fairly ad hoc. I cannot say that our members tell us that they are confident that appropriate systems have been put in place. A common comment in relation to the local DOCS offices—principals in regional centres in New South Wales have said this to me; it is not necessarily the union's position—is that principals would prefer to make notifications and follow up with the local DOCS office because the officers there know the community and the context. Therefore, they would feel more confident that follow-up would occur.

**CHAIR:** Some of those we have talked to have suggested that that is happening, particularly in regional areas. People are contacting the Helpline by telephone or fax and also, perhaps unofficially, making sure that they have a word to the local DOCS office or family support service to ensure that the information percolates both ways. That is still rather ad hoc.

**Ms LEETE:** I have heard that as well, particularly when someone—a principal for example—has been at the school for some time and developed a professional relationship with those officers. However, it is ad hoc.

**CHAIR:** Kathy, I want to return to a comment you made earlier. When talking about waiting times, fax procedures and so on you said that you are conscious that if you can talk to an operator you will make a more effective report because it is a two-way process, you can answer questions and so on. Two questions arise from that comment. First, we gather from people at the Helpline that as teachers constitute the largest single group of reporters there are huge blips at lunchtime, immediately after school and so on. At the times teachers are most likely to be making reports, the waiting times are actually worse just because of the number of teachers who are trying to do it. I would be interested in whether either of you have had any experience of that. Secondly, your remark also suggested that the pro forma and so on that the helpline operators work from actually does make a reasonably effective recording mechanism that is much superior to the fax, for instance?

**Ms DEACON:** The reporting form used, the form A, to make an adequate report, it is necessary to add an appendix to that. The Department of Education, in the last training module that came to schools, developed one that can be used by schools. It allows you to give contextual information, background information and just a whole series of further pieces of information. The form A is not an adequate form.

**CHAIR:** Does the helpline accept appendix A as part of the whole thing?

**Ms DEACON:** Yes. They will accept any appendix that you send through and that generally should be what is occurring. I do not know how widely spread is the practice of people sending through attachments, but definitely to make an adequate report you need to be working not only from form A but by sending through an attachment.

**CHAIR:** I was referring to what we have been told about waiting times—that they are in fact worse at recess, lunch and immediately after school, which are the times when teachers are reporting. I was asking whether you had that experience and, secondly, whether it is possible to make reports at other times and perhaps find a shorter waiting time on the phone?

**Ms DEACON:** My experience has been that the waiting time has been unacceptable at any time of the day.

**CHAIR:** What sort of time are you talking about?

**Ms DEACON:** Teachers who make a report of a child at risk of harm will generally somehow get to you at any time. They will not wait until recess. Usually they understand how serious it is and they understand how long it can take to write an adequate report. I have reported at different times throughout the day, say, from 10 o'clock through to any time, even after school, after 3.20, and I have found that I have had to wait extended periods of time. Most of the time I have had to wait 19-20 minutes and then leave the message for them and then fax through a report.

**CHAIR:** Have you found that that time has reduced? We have been given evidence that with increased caseworkers and/or with better training systems at the helpline that the average waiting time has reduced in more recent months.

**Ms DEACON:** Being able to leave a message with the name of the child and your own name and contact number makes it appear that the time is less. You do not have to wait on the line until you can actually do anything. You are given that option 15-20 minutes into the phone call. In my opinion, I have still found it difficult to get through to the actual helpline. I have no statistics, however, at hand.

**The Hon. JAMES SAMIOS:** So in relation to the helpline, the situation is problematic. I presume that is what you are saying?

**Ms DEACON:** Yes, it is problematic.

**The Hon. JAMES SAMIOS:** And that length of time can vary, depending on when you are ringing, too, I would imagine—say, at lunchtime as opposed to the afternoon?

**Ms DEACON:** As I said before, I found consistently throughout the day that it has been difficult to get through. I cannot say to you that there is an optimum time to ring the helpline.

**The Hon. JAMES SAMIOS:** Okay, and then you have to report to the district inspector?

**CHAIR:** The superintendent.

**Ms DEACON:** The fax is sent through to the fax of the district superintendent due to the potential nature of such matters.

**The Hon. JAMES SAMIOS:** If you had to hazard a guess as to the amount of time that is wasted, as it were, in the delay, how long would be—an hour, or half an hour?

**Ms DEACON:** Delay in assisting a student?

**The Hon. JAMES SAMIOS:** This is in relation to the helpline?

**Ms DEACON:** Just for the helpline, you can ring the helpline, wait the 19-20 minutes to leave the message, leave the message, send the fax through to the helpline and not receive any word back from the helpline in a matter of days. That can occur.

**CHAIR:** Do you mean that you did get a response after that, or you just never get a response?

**Ms DEACON:** No, a response will come in the form of a phone call or a fax.

**CHAIR:** A confirmation?

**Ms DEACON:** A confirmation fax.

**The Hon. JAMES SAMIOS:** Can I ask about the federation? Do you think that the federation would be more comfortable if it had a stronger dialogue in relation to this issue, say, with the medical fraternity and the police fraternity, that is to say, if there were talks so that they are more comfortable in knowing who is handling things at the other end? They are all very relevant groups, I imagine—the medical, nursing and police personnel. Frankly, even if we had to invite the former Minister in on the matter, would that strengthen the dialogue?

**Ms LEETE:** I think there are two issues: one is the incredible despair that some of our members report to us in terms of feeling that they have formed a view that a student is at risk of harm—and this is particularly the case where we are talking about, for example, physical assault of students and there clearly being an indication that the child has been hit because there are marks on the child's body, whatever. In that context a judgment has been made that there needs to be a report. As I described earlier, there is a sense that it is unlikely that DOCS is going to take any particular action. It is unlikely that that will be a particular priority for DOCS and there is a sense of despair that that is the case. By the same token there is also a concern that teachers have—that they are teachers; they are not nurses, they are not social workers, they are not counsellors, and they are not health personnel. There is a broad range of services that need to be brought to bear, in particular in relation to supporting students and supporting families which are currently not being brought to bear.

Certainly teachers do not see the provision of those sorts of services as being their role, yet they also recognise that the school could potentially be very well placed—knows the family, knows the community—as a point of providing those other services. One of the concepts that has been promulgated in a number of school communities is the concept of the full service school when you can use a school as a kind of a focal point for providing broader services to the community, but those kinds of strategies can be very useful as a preventive measure in terms of supporting families that are under pressure in a way that ensures the safety of children.

**CHAIR:** Would that work along the lines of schools as community centres, for instance? I think there are approximately eight or more across the State which are now being picked up by Families First and they have operated for some considerable time.

**Ms LEETE:** That is the concept, yes. I must say that there is probably not a view that that is being done very successfully because there is also a sense that wherever you are bringing a range of government departments together, there are real issues in terms of the interface between those different services. But certainly there is a view, particularly in those schools, or those communities that serve socioeconomically disadvantaged communities which for various reasons are under extreme pressure, that far more could be done in that respect and that the school, not the teachers, in terms of its geography and location within the community and the fact that there is regular interaction between the families and the school, would be an appropriate focal point for the provision of those sorts of services. Yes, there is a small experience of that in this State. We take a view that that should be broadened.

**CHAIR:** But then, as you said, it also raises the problem of turning schools into things other than schools.

**Ms LEETE:** That is correct. I drew a distinction between schools and teachers. I am not advocating that teachers should be taking on the role of social workers and counsellors, but I am saying that the school is a very important interface with the community and would be an appropriate point of delivery of services.

**CHAIR:** We have been talking to some people, particularly those outside Sydney I guess, who have tried to establish whether a large percentage of the children who would be reported are in a sense already known to the schools, the Health people and the DOCS people, and whether or not we are dealing with a group of people in particular who are already known and discussed, and in some cases supported by that mix of services that exist in the community—in particular, education, health and DOCS. Do you know whether teachers in general would think that that is the case—that there should be more communication at the local level? How can we build that kind of communication into the helpline and the mandatory reporting system?

**Ms DEACON:** I would think that members would be reporting that they may have made notifications about children a number of times and have had no action. That is the comment that comes from what you have said there, and I am unable to comment any further.

**CHAIR:** So you do not really know? You are a principal, are you not? You do not know whether, in a sense, other people in the same geographical area are already in a variety of ways reporting and perhaps hopefully are dealing with the needs of the child?

**Ms DEACON:** In response to allegations of a sexual nature, there is often an investigation or questioning of the child which may occur at school by police and DOCS and, if the child has agreed to it, a member of the school community. Apart from that, there is not a lot of communication between different interagency services about what sort of support is occurring. Through the district level, there can be support for students who are in care. We are aware of children as sub-care students but otherwise I do not think there is a lot of communication. We are not really aware.

**CHAIR:** We have probably finished the questions specifically about the school system. I suppose that some of what you are saying suggests that older children are not as much a priority. I think we skipped over that a little bit, but it is probably implicit in much of what you have been saying anyway. Do your members have a view on how successful the broader support services for children at risk of harm are? Do you have a comment to make on other aspects of this inquiry? Ms Deacon said something about out-of-home care, but I would be interested in your comments on out-of-home care, early intervention and prevention. Are there any comments you want to make more broadly about the child protection system?

**Ms LEETE:** I just want to make one point which in a sense follows on from the point that Ms Deacon has just made, that is, a number of school principals report to us that in a sense they feel they are shooting in the dark and are not seeing or are not aware of actually what is brought to bear to support the child and the family, particularly after a notification has been made. In answer to your

question: how adequate do they believe support services for children at risk are, I think the majority would have to say they do not know.

**CHAIR:** And that, in itself, is a problem?

**Ms LEETE:** Yes. I did not have anything to add in terms of out-of-home care and early intervention and prevention except my reference earlier to the concept of the full service school.

**CHAIR:** It is frequently said that one of the major ways in which children in out-of-home care miss out is their education and that their educational outcomes tend to be very poor compared to other children. There are obviously a variety of reasons for that. Should the department or should schools have child protection specialists or should districts have people who are more expert and more trained in this area, or would that fit into your view that it is not really up to schools to be the lead agency in addressing these problems?

**Ms LEETE:** I think the greatest priority has to be in ensuring that people at the chalk-face, so to speak, who have the daily interactions with students, who are best placed to know those students and also to know those families, that those professionals—and they are educators—accept that part of their responsibility as educators in terms of their broad responsibility for the care, protection and welfare of children in their care, the children they are teaching, the priority really needs to be that those people have got access to the best possible training and the best possible information base on which to make judgments. Again, I am not suggesting that we are turning these people into social workers, that we are seeking to turn them into psychologists. They are not. They are qualified, professional educators but in our schools we teach the whole child, we do not just teach or deliver a curriculum, so teachers accept that responsibility as fundamental to teaching and, yes, I think the priority has got to be to ensure that those people are well trained and well supported in making these sorts of judgments.

**Ms DEACON:** It is the position of the federation that school counsellor numbers need to increase and the allocation to schools needs to increase and it is due to issues such as the one before this inquiry. When a student is under such stress from what may have caused them to be notified about, it does, as you noted, impact on their learning significantly and teachers do need support in supporting those students, and there needs to be some direct support for those students at the school level. School counsellors could be well placed to provide direct support for the student and if we could improve interagency interaction, school counsellors would be very well placed to liaise between the school and other agencies.

**CHAIR:** If Committee members have any further questions they would like to ask, we will contact you.

**Ms LEETE:** Thank you for the opportunity to speak.

**(The witnesses withdrew)**

**(The Committee adjourned at 4.49 p.m.)**