GENERAL PURPOSE STANDING COMMITTEE No. 2

Tuesday 7 November 2006

Examination of proposed expenditure for the portfolio areas

COMMUNITY SERVICES, YOUTH

The Committee met at 3.15 p.m.

MEMBERS

The Hon. R. M. Parker (Chair)

The Hon. A. Chesterfield-Evans
The Hon. C. E. Cusack
Ms S. P. Hale
The Hon. C. M. Robertson
The Hon. H. S. Tsang

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PRESENT

Department of Community Services
Dr N. C. Shepherd, *Director General*
Ms A. D. Gallard, *Deputy Director General, Operations*
Mr A. N. Ramsey, *Executive Director, Corporate Services*
Ms D. T. Rygate, *Executive Director, Strategy, Communication and Governance*

Office for Children
Ms G. Calvert, *Commissioner for Children and Young People*
Ms K. A. Boland, *Children's Guardian*

CHAIR: I declare this meeting open to the public and welcome witnesses. Pursuant to Legislative Council guidelines the broadcasting of proceedings may include only Committee members and witnesses; people in the public gallery should not be the primary focus of filming or photos. In reporting proceedings whoever reports the proceedings is to take responsibility for what he or she publishes or what interpretation is placed on anything that is said before the Committee. Copies of the guidelines for broadcasting are available on the table by the door. Messages can be passed directly to and from witnesses and support staff. Other messages to Committee members need to go directly through Legislative Council staff.

Earlier today the Committee resolved to request that answers to questions on notice be provided by 5.00 p.m. on 22 November 2006. The Committee needs to table its report on 23 November 2006. Given that time frame, we ask witnesses to answer as many questions as possible today, rather than take them on notice. Dr Shepherd, Ms Rygate, Mr Ramsey and Ms Boland appear on former oath or affirmation. Do you anticipate any difficulty returning any answers to questions taken on notice within that time frame?

Dr SHEPHERD: It depends entirely on the question. We will do our best.

ANNETTE DALE GALLARD, Deputy Director General, Operations, Department of Community Services, sworn and examined:

CHAIR: I declare the proposed expenditure for the portfolio of Community Services and Youth open for examination. Do any witnesses wish to make an opening statement? As there are no opening statements, the Government members may begin questions.

The Hon. CHRISTINE ROBERTSON: My question is directed to the director general. Recently the media reported that the New South Wales Foster Care Association held concerns that under proposed changes to the legislation the names, and addresses and telephone numbers of carers could be released to parents. What is the situation in relation to the disclosure of that information?

Dr SHEPHERD: There is a long history to that issue in New South Wales. In the 1998 Act, which was prepared as a result of extensive consultation with the community and stakeholders, led by Professor Patrick Parkinson, section 148 was inserted into the 1998 Act. That section was not proclaimed with the rest of the legislation. It remained unproclaimed in 2002. The reason for that was that the section 148 that was already in the Act did not provide adequate protection to foster carers from release of information about their address and their family details.

In 2003 we started consultation on a revised proposal for release of information. It is considered very important by experts in out-of-home care, that children who are in out-of-home care are able to have ongoing contact with their parents and that the parents should have a reasonable amount of detail about the children so that the consultation, or the interaction, with the parents is conducted in as free a manner as can possibly occur. It also recognise that as kids get older, these days they generally have access to mobile phones, so they can provide most of this information directly to their birth parents, should they wish to in any event.

In 2003 we did start consultation with foster carers and other interested parties on a proposal for revision of section 148. We conducted that consultation, firstly by surveying a large number of foster carers. We surveyed them from the Department of Community Services [DOCS] and also the Association for Children's Welfare Agencies [ACWA] and the Aboriginal State Secretariat [AbSec] also conducted surveys of foster carers. At the end of that time, which was early 2004, we put together some revised proposals around a new section 148.

The Minister of the day asked the ministerial advisory committee for further advice on possible amendments, having regard to the feedback from foster carers in the 2003 consultations. The ministerial advisory committee put forward a couple of options and there were ongoing discussions between the Minister and the ministerial advisory committee for a short time. We finally came up with a proposition that would provide a general presumption for release of information other than information relating to the carer's name, address and telephone number and for that we would need to

consult with the carers before we could provide that release. It was also provided that there would be a capacity for the carer to seek review in the Administrative Decisions Tribunal. That draft proposal went to the board of the Foster Care Association for comment in mid-2004. There were further reviews of that which were consulted on between the department and the Foster Care Association and AbSec, the Aboriginal State Secretariat and ACWA. The ministerial advisory committee then proposed another set of amendments that we might put forward. There were further discussions at the end of 2004 with the Foster Care Association and the other major stakeholders.

Finally, there was a proposition that we were confident in from a DOCS point of view that we put to the Foster Care Association and the other stakeholders in early 2005. They responded formally to us with a series of things they thought could be added to the proposition. We added those things and went back to them. The proposition went off for drafting. During the drafting we ran up against considerable challenges and the reason for that was because I thought it was not reasonable for foster carers to bear the cost of starting proceedings in the Administrative Decisions Tribunal. That created a situation in which the department would be seeking a review, essentially, of its own decision in the Administrative Decisions Tribunal [ADT], which caused some difficulty as to how it could be done.

So it took a while for that to be drafted. Eventually there has been agreement that DOCS can be the agency to initiate the ADT review on behalf of the foster carer. If the foster carer wants to be separately represented in that process, we will pay for that legal representation of the foster carer. The whole idea is to allow for information that is of a general nature relating to school performance and things of that kind to be made available where it is isdentifying information, and the foster carer has a concern, for the foster carer to be able to raise this at no cost to them in the ADT, and for the department to have to prove that it is in the child's best interest that that information be released. Clearly we have sought to put in place the maximum level of protection for foster carers in that set of circumstances. What we have put forward is a considerably stronger protection than this Parliament agreed to in 1998, which did not provide adequate protection of foster carers.

The Hon. CHRISTINE ROBERTSON: Occupational health and safety is an important issue for all agencies, and the Department of Community Services is no exception. How has the department addressed that important issue?

Mr RAMSEY: The development and implementation of an organisation-wide occupational health and safety system for the Department of Community Services was one of the key outcomes of the Government's funding reform package in 2002-03. That package provided $1 million per year for three years, up to and including 2005-06, to help the department undertake this review and upgrading of the occupational health and safety system. The major components of the DOCS occupational health and safety system have now been put in place. An enhanced occupational health and safety unit is responsible for implementing a range of strategies identified in an occupational health and safety strategic plan which covers the period 2004 to 2008.

Specific departmental policies in regard to occupational health and safety and risk management have been introduced, and organisation-wide communication processes are continuing to develop an improved understanding of the importance of occupational health and safety responsibilities amongst managers and staff. DOCS has incorporated occupational health and safety accountabilities into performance agreements for all its executives, managers and staff, and this provides a mechanism to improve the understanding of occupational health and safety responsibilities for all levels of staff. To support these policies, a range of occupational health and safety training and development activities have been undertaken, including occupational health and safety awareness training for all managers and staff, and training in risk management. The latter involves a series of steps to be taken in each work area to identify, assess and minimise or control workplace hazards—all important steps in improving the department's overall occupational health and safety and workers compensation performance.

One key area of concern in the project has been the prevention of occupational violence. Training in this area is being delivered for front-line staff, together with a comprehensive review and upgrade of the department's security arrangements. DOCS has implemented a corporate-wide occupational health and safety consultation framework to facilitate improved communication and consultation on occupational health and safety matters. The framework provides for occupational

health and safety work group representatives throughout all DOCS geographical regions and also includes a State level occupational health and safety consultation group. To computerise the process, a computerised human resource management and information system called SAPHR has been introduced, which enables managers and staff to report hazards, incidents and accidents online.

This risk management data will provide up-to-date management reporting on issues and trends in workers compensation and workplace hazards and related risk control measures across the department. We expect to make further progress in the area of workers compensation savings as a result of improved claims management and injury management practices, together with an increased focus on occupational health and safety awareness, risk management and injury prevention in the department. Finally, I can inform the Committee that as a result of these initiatives DOCS has already experienced a reduction in the average cost of its workers compensation insurance, and of course any savings achieved through these means will be spent on core business activities.

The Hon. HENRY TSANG: I understand that Aboriginal and Torres Strait Islander families are an important part of the department's work. Can the Director General outline the initiatives in place to support Aboriginal and Torres Strait Islander staff and clients?

Dr SHEPHERD: Clearly, with 27 per cent of the children in out-of-home care being Aboriginal and about 19 per cent of the child protection reports being concerned with Aboriginal children, and them only being 3 per cent of the New South Wales population, Aboriginal and Torres Strait Islander families and their difficulties are of great interest to DOCS. Probably the answer would best focus on the operational side of what we are now doing. I have talked about support for Aboriginal families in previous sessions so I will ask Ms Gallard to outline those for you.

Ms GALLARD: DOCS has a specialist Aboriginal services branch which is developing targeted initiatives to increase the department's ability to provide culturally appropriate services to the people it employs. This work is supported by the department's Aboriginal strategic commitment. The commitment has been finalised and will be implemented in the coming financial year. It will outline how the department will work as an organisation to provide better services for Aboriginal people over the next five years and help set clearer areas for action.

Specific areas for focus are: working collaboratively across all tiers of government and with Aboriginal communities to better achieve results for Aboriginal people through participation in relevant whole-of-government initiatives; improving the responsiveness of the child protection and out-of-home care systems to the needs of Aboriginal children and young people, families and communities; to deliver a suitable level of cultural support for Aboriginal children and young people in the child protection and out-of-home care systems; the support, development and retention of Aboriginal staff; improving the collection of Aboriginal-specific performance data to assess the impact and results of policies, programs and services; ensuring the department's practices are consistent, reflect an Aboriginal perspective and are responsive to the needs of Aboriginal children and young people, families and communities; and developing a cultural awareness training package for all non-Aboriginal staff to help them work with Aboriginal children and young people, families and communities more effectively.

The Department of Community Services actively recruits indigenous employees, particularly caseworkers. As at 30 June 2005 approximately 5 per cent of all DOCS staff were Aboriginal or Torres Strait Islander, well exceeding the established target of 2 per cent. Further, the department's most recent caseworker recruitment round attracted 1,000 applicants, 184 of whom were of Aboriginal and Torres Strait Islander descent. In 2006-07 the department will be introducing a number of immediate Aboriginal staff support initiatives, including the introduction of a Diploma of Community Services Protective Intervention for existing Aboriginal caseworkers who do not have a university degree; implementation of a cultural awareness through practical solutions program to increase awareness of Aboriginal issues throughout the organisation and examine ways of improving service delivery to Aboriginal children, young people, families and communities; and enhancing the Aboriginal content in the department's caseworker development course to help new caseworkers develop awareness of Aboriginal issues and practical ways to improve services for Aboriginal clients.

Additional supports will also be provided for newly recruited Aboriginal caseworkers. Early intervention is an important part of the department's work with Aboriginal families. Early intervention

seeks to help troubled families to keep children out of the child protection system. It includes the recruitment of 350 caseworkers and the provision of $150 million in new services over five full years. Organisations funded under the program are required to co-ordinate across the non-government sector to support Aboriginal families to achieve a better quality of life for their children, be flexible and focused on meeting their identified needs, support and develop Aboriginal staff working in their organisation and provide specific training to staff working in and with Aboriginal communities.

Developing strategies for Aboriginal families was a specific focus of the recent expression of interest process for early intervention. All lead agencies were required to provide details concerning how they would work with Aboriginal partners in their network of early intervention services, develop governance and/or consultative mechanisms to include representatives from Aboriginal communities and agencies; and detail strategies for supporting Aboriginal families. DOCS is negotiating with two Aboriginal services and they have become lead agencies in the early intervention program: Tharawal in Bankstown, Liverpool, Fairfield and Macarthur; and Gwandalan in the Newcastle-Lake Macquarie area. In the December 2005 quarter 15 per cent of child protection reports where race was identified concerned Aboriginal children.

Aboriginal intensive family-based services work intensively with high-risk families for a three-month period to keep children out of the out-of-home care system. Under the reform package, $3.4 million has been allocated to enhance existing services in Casino and Redfern and establish new services in Bourke and Dapto. Another service is close to establishment in Campbelltown, and two more services will be established at Blacktown and in the Hunter. It is most disconcerting that, as the Director General said, almost 27 per cent of children and young people in out-of-home care are Aboriginal. Under the reform package, the out-of-home care budget will be boosted by more than $600 million over five years. This includes the recruitment of an additional 300 caseworkers. Aboriginal specific services are also being provided.

The Children and Young Persons (Care and Protection) Act 1998 states that "Aboriginal children should, wherever possible, be placed in accordance with the Aboriginal placement principle". This means that they should be placed with a member of their family or their local Aboriginal or Torres Strait Islander community or a suitable person approved after consultation with their family or with an appropriate Aboriginal welfare organisation. According to the Productivity Commission's report on government services 2006, New South Wales had the highest proportion of children—57.3 per cent—placed with relatives or kin. This compares with 19.9 per cent in South Australia. To meet this obligation, we need more Aboriginal foster carers. About $3.5 million has been invested so far to increase out-of-home care services and provide additional foster care places for Aboriginal children. It is also recognised that Aboriginal carers have specific training needs. The Aboriginal foster care resources project—

CHAIR: Do you have a lot more to say on that answer? If there is a lot more perhaps the balance could be tabled.

Ms GALLARD: About four paragraphs.

CHAIR: Can you summarise them?

Ms GALLARD: We have a number of initiatives to help Aboriginal foster carers, including training packages and special assessment tools, and we are working to review and update existing training packages.

The Hon. CATHERINE CUSACK: Dr Shepherd, during the estimates hearings you indicated that you could not say what statistics were available regarding home visits made by your officers to follow up child protection notifications. The answer we received states, "In relation to individual notifications which received a follow-up home visit, this information is currently held in individual client files and it would be a significant diversion of front-line caseworker resources to access each file and compile it by region." Does that mean that you do not know how many home visits are made by your department each year?

Dr SHEPHERD: If you are talking about whether we publish an aggregate statistic that shows how many home visits were conducted, no, we do not. And we do not do that for a very good

reason: because home visits are one of the things that you may do when you are investigating a case. Indeed, a home visit may be the worst thing you could possibly do and place a child's life in danger. If you just turn up at the house in response to a report and you knock on the door and say, "We are from DOCS " and the perpetrator is in the house—

The Hon. CHRISTINE ROBERTSON: They did it in the 1950s and 1960s.

Dr SHEPHERD: Maybe they did.

The Hon. CATHERINE CUSACK: With respect, Dr Shepherd, you might have misunderstood. My question is: Do you know how many home visits are made by your department?

Dr SHEPHERD: We will know how many home visits are made if we interrogate every single file, because this information is held on the individual client files. If it made sense to get that information for some reason, we would be able to get it. If it made sense to have it in an aggregate form, we would have it recorded on the computerised information system as one of the things that we would want to have recorded for every report that was made. Because we do not think that home visits fit that description, and we do not think that home visits are the appropriate response in every case, we do not keep that sort of information in an aggregated form. But it will be on the individual client files.

The Hon. CATHERINE CUSACK: So you do not know from the perspective of children, but do you know from the perspective of staff how many home visits they are making each year? Do they report the number of home visits?

Dr SHEPHERD: You do not know that from anything that they would normally record on a data sheet or something, but you would know who made the home visit from examining the client files.

The Hon. CATHERINE CUSACK: I was thinking more of monitoring the staff activities and establishing trends in how they are responding. But how they are responding, whether it is a home visit, is not regarded as a significant matter for the department to monitor?

Dr SHEPHERD: We monitor those things that are of critical importance in the management of child protection cases, and we also monitor the activity of staff around those things. If we are interested in trends, or if we are interested in characteristics of the client base, or if we are interested in things that might affect our day-to-day management of the organisation, then we collect those statistics, and they sit within the various databases that we have within the organisation, and we can extract information about those. Because home visits is only one of the things that you might do in relation to the investigation of a case, you do not keep that as a primary statistic. It is of no relevance as a primary statistic, from my perspective in managing the organisation; nor is it of primary relevance in the management of child protection cases.

It is all of the things that you do to ensure the safety of the child that matter. In some cases, home visits are entirely appropriate; in some cases you would perhaps, if you were going to visit the child, visit the child at school, not at home. It depends entirely on the nature of the case as to what you do. And all of that information will be sitting on the client files, and the aggregated information will be sitting on the computerised files. If it is not relevant to running the organisation, or to the general trends, then it will not be sitting on the computerised information system, and that is why, when you asked me can I provide you with that statistic I say, no, I cannot; but, if I had to get it, I could get it. But—

The Hon. CATHERINE CUSACK: You do not consider it relevant?

Dr SHEPHERD: It is not a relevant statistic for us to keep.

The Hon. CATHERINE CUSACK: What is your response to the serious issue raised by the Ombudsman in his annual report when he says, "We are concerned by evidence that children continue to be reported to DOCS as being at risk of harm and the Department has not acted to determine their safety"? That is at page 67 of this year's annual report by the Ombudsman.

Dr SHEPHERD: The Government, in 2002, recognised that the child protection system was not functioning as it ought function, and it injected $1.2 billion, over a period of five years, in order to improve the performance of the child protection system. When I say child protection system, I am talking broadly across early intervention, the statutory child protection system and out of home care. That five-year package involved a ramping up of funding, so that the bulk of the funding, half of it, comes in the last two years.

By the end of the five-year reform package we will have recruited over a thousand additional case workers and all of their management staff and the quality assurance staff that go with that, and the support legal officers and the psychologists and all the rest of it. When all of those people are in place, we will have enough resources to deal with all the cases that the Ombudsman would consider to be of high priority. It is—

The Hon. CATHERINE CUSACK: So at this point there are insufficient resources to deal with high priority cases?

Dr SHEPHERD: It is an acknowledged fact that some community service centres, the ones that have not received their full allocation of new caseworkers, will not be performing at the level at which anyone in this room would want them to perform. And they cannot. You cannot do things if you have not got the people to do them. But social workers do not grow on trees, and training them takes time. So it was always a five-year package, and it was always going to take that period of time to get in place the case workers who could do that work. All the highest priority cases are now allocated. They were not allocated in 2002. If you go back to 2002, the statistics were that DOCS was only able to get to 55 per cent of its level 1 cases, about 26 per cent of its level 2 cases, and 12 per cent of its level 3 cases.

If you look at the sites where the caseworkers have been rolled out, they are now dealing with 98 per cent of the level 1 cases—and there is a reason for the other 2 per cent, which we can talk about if you like—87 per cent of the level 2 cases, and over 50 per cent of the level 3 cases. The performance of places that have not yet got their allocation of caseworkers has still improved considerably, and they are now getting to 93 per cent of the high priority cases, 52 per cent of the middle priority cases and 31 per cent of the level 3 cases. So there has been a substantial improvement even in those places that have not received their full allocation of caseworkers. Those figures will improve further when the full roll-out of the early intervention caseworkers takes place, because there are 350 early intervention caseworkers to come on top of the child protection caseworkers that I have been talking about.

The Hon. CATHERINE CUSACK: The annual statistics report 2004-05 refers to 121,368 cases being referred to regions for further assessment. At page 29 of that report it is stated that in 47.1 per cent of those cases no secondary assessment outcome is recorded. How does that fit with the figures that you have just given?

Dr SHEPHERD: The way the statistics are recorded in that statistical report is different from what I have just said to you about allocation of cases. The reason for that is that the statistical report relies on a formal piece of information in the computerised system, and that is the completion of the secondary risk of harm report. There are a whole lot of other things that go on before a secondary risk of harm report is completed. A case may have been allocated, and a whole lot of stuff will have been done, and a decision will then be made as to whether a secondary risk of harm report is competed or not completed—because you might decide that the child is perfectly safe before you get to that point. And then it requires the caseworker to have entered into the system the results of that. What you have got is what is formally on the system. What I was giving you earlier is the activity level prior to the finalisation of the entry onto the system. So they are quite compatible; they are just different.

The Hon. CATHERINE CUSACK: So where are you getting your information from if it is pre-entry to the system?

Dr SHEPHERD: There are different points in the computerised system at which you can get information as to the level of activity going on with a case. So there are other steps in the system. What is published is a particular point in that process, which is at the end, and that is what is in the

statistical report. We have also done surveys of community service centres. So, in addition to whatever is on the computerised system, we have also done surveys of community service centres to see what the level of activity is between the case being referred to the community service centre and the final entry onto the system. We repeatedly check information and activity by survey from the statistics branch, just to make sure that the information that is recorded on the system is the complete information.

I will give you an example that might help. When you look at drug and alcohol incidence in cases, if you look at the system, the system will tell you that it is about, I don't know, 20 per cent or thereabouts of cases that involve drugs and alcohol. That is because there are only three fields that people can record, and drug and alcohol usage of the carers may not be the most important thing in relation to the reporting of the incident. It will be sitting there in the background, and it may in fact be the cause of whatever the incident is, but it does not get recorded in those three fields.

When we pull the fields apart—say we take a sample of 200 of those cases and look at them—you find that drugs and alcohol are seriously involved in just on 50 per cent of the cases. So you have always got to be careful with what bit of information you are dealing with when we talk about these things. What you have got there comes from one source, and what I am talking about comes from another source.

The Hon. CATHERINE CUSACK: By the way, is that 50 per cent statistic approximately correct, as opposed to a hypothetical statistic?

Dr SHEPHERD: Yes. It is between 46 and 50 per cent that involve drugs and/or alcohol, and that is of parents or carers, as a significant issue. It is just not recorded in those top three fields. But, when you look at the narrative, which is also in the computerised system—and you have got to do that by sampling, because you cannot just pull up narrative of 200,000 reports—and you do a proper piece of research on it, you will find that it sits at about that number.

The Hon. CATHERINE CUSACK: The computer system has been a very expensive investment by the Government, has it not?

Dr SHEPHERD: Yes.

The Hon. CATHERINE CUSACK: What has been the cost of the system?

Dr SHEPHERD: Alan could probably tell you that off the top of his head. But it is a good system. It is now capable of telling us one hell of a lot about the clients that we have and about their history. It is improving even further with the introduction of what we call the corporate information warehouse, which is a massive system that is designed to pull all the databases together, not only the client information system but the finance system and eventually the human resources system, and so on, so that you can really start to ask some serious questions about the child protection system and how it operates.

Mr RAMSEY: The original investment, from memory—and we will confirm if it is different—was $8 million to set up what is called the KIDS system, the key information directory system. There were further funds spent on training staff, but the funding for the system itself was about $8 million. Since that time we have spent further funds, which I do not have to hand, refining it and polishing it. You would appreciate that this was a new, probably leading edge management system for this sort of case. There were things we did not do right the first time, or did not do as well as we could have done the first time, and therefore as we developed experience with the system we have had to polish and improve parts of it.

The Hon. CATHERINE CUSACK: Would you now take that question on notice?

Mr RAMSEY: Absolutely.

The Hon. CATHERINE CUSACK: Finally, does that 47.1 per cent figure alarm you—no secondary assessment outcome reported?

Dr SHEPHERD: What you will find is that as the data quality improves, that statistic will come down very quickly, not because of any change in activity in the field but simply because the recording of the data will improve. It is a data recording issue.

The Hon. CATHERINE CUSACK: The concern is how we know whether the assessments are being conducted. Do you know what percentage of assessments referred to CSCs or JRTs are being completed? This states that half of them are not and you are saying that is not a reflection of what is happening. What is the figure?

Dr SHEPHERD: I am saying that is not a reflection of what is happening. I cannot give a precise off-the-top-of-my-head figure to answer the question, because a question sits behind that for me; that is, what you mean by "completed".

The Hon. CATHERINE CUSACK: There is a point at which it is recorded as having been done on your system and a point where it has not been done. It is that point. As I understand it, this is a report, it is not as though the whole case has been finalised. This is just a secondary assessment report.

Dr SHEPHERD: There are a number of stages in the investigation of a child protection report, one of which is the completion of a secondary risk of harm assessment, if that is where the investigation takes us. However, the investigation can stop much earlier than that if it is considered the child is no longer at risk of harm.

The Hon. CATHERINE CUSACK: With respect, the figures are: Secondary assessment concluded and outcome recorded, 39.8 per cent; ongoing secondary assessment investigation, 13.1 per cent—they are the ones you are referring to; and no secondary assessment outcome recorded, 47.1 per cent.

Dr SHEPHERD: That is a combination of two things: Things that did not get to secondary risk of harm assessment and those things where secondary risk of harm might have been completed but not yet entered. That is the issue. It is a data entry issue as much as a completion issue.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The Child Death Review Committee report stated there was a high childhood death rate in the Nowra region. Do you have any explanation for that?

Dr SHEPHERD: No. I will get the chair of the Child Death Review Committee to talk about it. Remember that child deaths are a very small proportion of the matters that come to DOCS, and one would expect from time to time to see variation in where those deaths occur.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I gathered from the executive summary that there has been a pattern there, and that is the reason for the concern.

Ms CALVERT: Yes. For the past four years Nowra-Bomaderry has had the highest rate of deaths of any statistical subdivision in New South Wales. We conducted a review of those deaths and we were unable to come up with any explanation as to why it would have a higher rate of death than any of the other similar areas. Even though we are talking about high rates of death, in fact, we are talking about small numbers. There were a total of 23 deaths over that four-year period. Most of those deaths were of infants, which again is consistent with the overall, statewide pattern of deaths of infants.

Because we were unable to find an explanation following a review by members of the Child Death Review Team, we have referred it to the chief health officer for her to investigate and to report back to the team to see whether she is able to find an explanation. She may not be able to find an explanation either, but we have referred it to her because she has a wider range and a greater diversity of resources to call on as the chief health officer.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So you do not believe it is anything to do with DOCS?

Ms CALVERT: We were unable to find that DOCS had a greater or lesser relationship with these children than any other children.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So the children who died were not more involved with DOCS than children in other areas?

Ms CALVERT: Some of them would have been involved with DOCS, but some of the children in other areas would have been involved with DOCS as well. There was no pattern. It was not as if DOCS had a higher rate of involvement in those children's lives in the Nowra-Bomaderry area than they did in other areas. There was no distinguishing feature about these children, which is why we referred it to the chief health officer.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: There has been a call by a Mr Ruddock for national uniform child protection laws. Do you think that is a good idea or a bad idea? How would that impact on you?

Dr SHEPHERD: I think that is a matter of government policy, not something that I can comment on, except to say that child protection is clearly the constitutional responsibility of the States, not the Commonwealth. It would only be if the States and the Commonwealth were prepared to come together to work on this jointly that we could get any national child protection laws. Given the intersection between the child protection laws and all of the other laws of this State, because there is an intricate web of activities that protect children in New South Wales, there would be a great deal of difficulty drafting a national set of laws that would be easily applicable in all jurisdictions. It would take years to do that.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Corporations complain if there are inconsistencies in laws that affect them. It is hard to think of a way in which child protection laws being inconsistent would cause a problem between States in most cases. Can you think of any reason there is a problem with lack of uniform child protection laws?

Dr SHEPHERD: I cannot see what benefit would arise from national uniform child protection laws. There are adequate provisions in most jurisdictions for the sharing of information between jurisdictions and for the transfer of cases. They are the only things that would really require any sort of interstate exchange. It is not as if we have a significant overseas component to child protection. That is not an issue for us. The interstate transfer of cases is also not a huge issue. It does happen and we liaise effectively with all the jurisdictions that might require interaction.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Foster carers have had a lot of problems with you lately. You had a question from the Government about the foster care parents being worried about information being divulged. Why do you think these people are upset? I note you said in your answer that part of the law from 1998 had not been proclaimed. I am never wild about unproclaimed legislation, I must confess. If the Government does not want to proclaim its legislation it should bring it back to the Parliament rather than arbitrarily work it out with the Minister not to proclaim it. Why are the foster carers upset now when there are new rules and they have not been proclaimed since 1998?

Dr SHEPHERD: There is certainly a divided view from different parts of the foster carer network on this issue. Some groups are strongly supporting the new provisions proposed. There is one group opposing the current provisions. Even though they were heavily involved in the earlier consultations, they made some representations back 2004, which were taken into account fully in early 2005 when the provisions were redrafted, and there has been ongoing consultation with them during 2005. The provisions as they are currently drafted are designed to provide the maximum protection to foster carers at zero cost to foster carers if they are not comfortable about information being released. Remember what I said earlier, we have to split the information into two parts. There is general information about the child that ought to be available and there is information about where the child is located that the foster carer may wish to object to.

In the vast majority of cases, foster carers will not object to the sharing of that information, because the birth parents of these children are not violent, they are just bad parents and that does not mean they are likely to come crashing through the door of a foster carer's home seeking to cause

trouble. In the vast majority of cases foster carers will agree to the release of this information without any problems. We sought to maximise the protection for those foster carers who do not want that information released because they fear the birth parents are violent or may cause some other trouble.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is this at DOCS' discretion?

Dr SHEPHERD: No, it is not at DOCS' discretion. The designated agency—and that could be either DOCS or one of the other non-government agencies—

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But it is at their discretion, not the foster carer's discretion.

Dr SHEPHERD: No. The designated agency seeks to have the information provided in line with guidelines put out by the Office of the Children's Guardian. In order to release the information about the location of the child, they must consult with the foster carer. The foster carers have 28 days to object. If the foster carer objects and the designated agency still wants to pursue the matter because it believes it would be in the best interests of the child, it goes to the Administrative Decisions Tribunal [ADT] for a decision. At least in DOCS' case, and I presume the same is true for other agencies—although I can check that—we have agreed that we will both formally initiate the matter in the ADT and, if the foster carer wants, provide legal representation. We have also made a policy decision in DOCS that we will not be legally represented in the ADT for those cases; that is, we are not automatically upping the ante. The policy decision is that we will not be represented.

Ms SYLVIA HALE: It has become very clear to certain members of the cross-bench that a lot of angst has been created in various sections of the community that interact with DOCS, particularly in relation to legislation before the Parliament. For example, members of the indigenous community have said that they do not trust DOCS. Clearly, the Foster Carers Association is also up in arms at the moment—although that could be a result of misinformation. Part of it seems to be that the consultations were held in 2003 and 2004 and there is a perception that they have been left out of the loop since then and suddenly at the very end of 2006 and we have the legislation. What will DOCS be doing to overcome those perceptions or to mend those bridges?

Dr SHEPHERD: I will deal with the foster care issue first. Consultation on this issue went right up towards the end of 2005; it did not stop in 2003 or 2004. In the meantime, the legislation has been in the drafting stage. As I said earlier, we are trying to get a provision that would allow us to take the matter into the ADT on behalf of the foster carer. Because that is unusual the lawyers—at both the ADT and the Attorneys General Department—had some difficulty with the proposition, so it took a while to draft. As late as August 2005, the Foster Carers Association was advised that we would not be able to do any more until we had the bill. So, it is not as if we have dropped off the radar on this. It is simply that it has taken that long to draft the bill, and it is up to the Government to introduce the bill.

In terms of the other piece of legislation, apparently consultations on the adoptions reviews were held way back. Obviously with the benefit of hindsight it would have been better for us to have reconvened and to have reaffirmed what we were doing because clearly the membership of both organisations has changed over time. The way we looked at the provisions, the provisions did not create the problem that eventually became the subject of the concerns from the Aboriginal community. We did not see those provisions as creating that problem.

We do have very extensive consultation processes with the non-government sector. We have numerous partners reference groups. We have twice yearly stakeholders forums, which involve the Minister, me and other senior staff. We have constant interaction with NCOSS, ACWA, the Foster Carers Association, the Foster Carers Network and all those organisations. Some of this is just people wanting for whatever reason to disagree with a particular position that is sitting in the legislation before the House. It is not that there has not been discussion on it over time. We will continue to liaise with those groups. I will meet, I think sometime this week although I have not seen my diary for the last day, I think it is Friday, with the foster carers associations, the couple of them, and go through these things once more if that is worthwhile. It is not as if I am going to be able to tell them anything different to what has been on the table previously.

Ms SYLVIA HALE: Certainly organisations such as Link Up say there is strong evidence from the work it undertakes of a desire to reunite Aboriginal children with their birth families or other relatives and they feel they are being sidelined to some extent in that they were not appropriately made aware of this legislation. There was also a perception that there were relatively few Aboriginal families who were fostering children but this was because insufficient assistance was given to those families or to families who might be interested. My question is, of that $600 million that you are proposing to spend over the next five years, will any of that be in the form of additional assistance to Aboriginal families keen to foster children?

Dr SHEPHERD: The short answer to that is yes. A set of significant activities is going on within DOCS to try to strengthen the capacity of Aboriginal auspiced organisations to assist Aboriginal foster carers. So, we are assisting them with business planning, we are assisting them with governance arrangements and we are providing funding as they have the capacity to utilise that funding. When I first went to DOCS and became aware of the magnitude of the problem we face with Aboriginal children in out-of-home care, I approached the leading auspiced organisations and said I am prepared to put whatever money it takes into this as you develop the capacity to use it wisely. We know that Aboriginal organisations fail at about 10 times the rate of non-Aboriginal organisations. So, we need to assist them in multiple ways to build their capacity to do this work, and that is what we have been doing over the past several years. As that capacity builds, we will continue to fund it.

Ms SYLVIA HALE: In the past 12 months how many young people of Aboriginal and Torres Strait Islander descent were involved in programs that diverted them from the juvenile justice system into community-based programs?

Dr SHEPHERD: I cannot answer that. You would have to ask the director general of Juvenile Justice because it runs that program.

Ms SYLVIA HALE: That is a community-based program?

Dr SHEPHERD: Yes. It has the diversionary program. Juvenile Justice has both its custodial arm and its community services arm.

Ms SYLVIA HALE: And DOCS does not have any involvement with that community services arm?

Dr SHEPHERD: We may work with them on some joint case work, and we are working at the moment with it and with the Department of Ageing, Disability and Home Care, and also we will be working with Health on a joint process, to try to integrate case management around some of these more complex kids who come into the court system via the criminal jurisdiction and clearly would benefit by a better level of integrated assessment, and then some assistance to the court about what the options might be for the management of that child or young person going forward. So, we do interact with it on some of these things but basically that program is theirs and I would not have the statistical detail you are asking for.

Ms SYLVIA HALE: This may be the responsibility of a department other than yours, but are you aware of the closure of any police and citizens youth clubs [PCYC] services in the past 12 months throughout the State? I imagine if those services close that would lead to an increased demand for services provided by your department?

Dr SHEPHERD: I think it is a matter for another department. I will take it on notice just in case we have some information that would be relevant.

Ms SYLVIA HALE: So, if the PCYC were proposing to close a centre, for example, I understand there is a suggestion at the moment that the Lakemba centre be closed and there would be an amalgamation with Burwood—although it is difficult to see how kids from Lakemba would get to Burwood, but that is a separate point—they would not necessarily inform your department or enter into discussions about how such services would be provided?

Dr SHEPHERD: I am not on safe ground here. I will take that on notice. I have a sneaking suspicion that the answer is yes, there would be some discussion but I need to double check.

The Hon. CHRISTINE ROBERTSON: Director General, I understand the Department of Community Services has recently undertaken a research project looking at community knowledge, attitudes and behaviours in relation to child protection and wellbeing. Apparently it is called Spotlight on Safety. Would you be able to let us know the results of some of those findings please?

Dr SHEPHERD: It was an exciting piece of research. It will assist us going forward and probably assist all child protection systems in Australia going forward with understanding what the community really thinks about child protection and the key issues sitting behind it. But Donna Rygate was the executive director responsible for that program and I might get her to outline the details you seek.

Ms RYGATE: National Child Protection Week was held in September this year. It is a key event for raising awareness of child abuse and neglect. At that time the Minister launched a new research report about community attitudes towards child protection, foster care and parenting. This is, as the director general said, a key piece of new research that will significantly change the way the department works with communities. Child protection reports continue to increase at a disturbing rate, both in Australia and overseas. The total number of reports received by DOCS has more than doubled over the past five years to more than 240,000 last year. The statistical probability of a child born today being reported to DOCS before they reach 18 years of age is now one in five. In other words, at least 20 per cent of the children in this State will be reported for child protection concerns before they reach adulthood.

This is data that is all too familiar to us but we know the facts; they are facts that many people find shocking. The research report shows that only 5 per cent of the community can correctly estimate anywhere near the total number of reports. It prompts many questions about community awareness of child abuse and neglect and should be a cause for reflection for all of us. There is very little robust information about community perceptions regarding the safety and wellbeing of children and the role the broader community plays in child protection. The Spotlight on Safety report was commissioned by the Department of Community Services to understand what the community thinks about these kinds of issues and the skills and knowledge it has to protect and nurture our children. It is groundbreaking research in this State and internationally, providing robust, statistically sound information about community views on child protection. It is an important component of the reform agenda to better protect children in this State.

Spotlight on Safety confirms that the community places a high value on the safety of children. We are now in the fourth year of the $1.2 billion reform of the child protection system. That is why resources are being boosted while introducing innovative ways to support children, young people and families in New South Wales, and it is a reason for the philosophical shift in child protection where we are making a massive investment in early intervention services to help families before their problems escalate. DOCS is committed to this reform because it is committed to families in New South Wales. By adding this further piece of the jigsaw, this insight into community perceptions, knowledge and actions, we are building a strong child protection system for New South Wales.

While the key reforms being rolled out provide clear evidence to the community that child protection is a priority and an important issue, the launch of the research report clearly throws the spotlight back on the community and the role personal responsibility has to play in child protection. The research shows clear evidence of knowledge gaps and we need to work with the community to tackle those issues. While people in New South Wales place a high value on the safety of children there is basic community awareness of the importance of child protection and a general willingness to be involved at some level. However, research also suggests there may be a large gap between what people say and what they do.

Taking just one example, many people are concerned about making a report when they suspect abuse because they prefer that someone else takes responsibility; they are uncertain about the abuse; they lack confidence that things will change; they do not know who to report it to or they fear reprisals. If we really want to protect children these concerns need to be addressed. Research also highlights the need for a better understanding of child abuse and neglect. That is why we will be using this research to plan education programs. We will be using the research to inform policy development

and to plan better services for parents. We will also be using the data to help us recruit more foster carers and we will be looking at ways to make real interventions that shift people's knowledge and behaviour.

In doing this, we are entering uncharted waters in child protection. While health promotion, environmental education and road safety initiatives have long driven social change, these efforts have been limited in the field of child protection. With this research we have real scope to help protect children by helping individuals to make a real difference in exactly the same way as changing people's individual action and personal behaviour has seen increased recycling or reductions in drink-driving. It is landmark research, the first of its kind in Australia and internationally.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Dr Shepherd, I know there are some changes to the Adoption Amendment Act that reverse the onus of proof such that if one child is damaged the assumption is the second one in that family would be removed, rather than the other way around. Is that right?

Dr SHEPHERD: That is not in the adoption legislation. I thought that is what I heard you say. It is in the child protection legislation. There were court decisions a few years ago that determined that we could not rely on previous removals of children in taking the next child before the court. What happened in those cases was that you might have had six children removed because of the risk of harm. The seventh child comes along, as happens in these cases, and we would seek to have that child removed, relying on the evidence of the previous six in order to prevent any risk of harm to the young child, to the infant. The court determined that we could not do that.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Does that mean that you cannot lay that evidence?

Dr SHEPHERD: That evidence was not relevant. We had to prove for the seventh child that the seventh child was actually at risk of harm without relying on the previous evidence. What this amendment is about is the capacity to introduce similar fact evidence, as it is called, as a primary piece of evidence into the court. The court must consider it under the new proposals. The court does not have to just go with that evidence; the court makes its own decision, but at least it must consider it under the new proposals. Reversing the onus of proof was designed to get the person who was the birth parent of a child to demonstrate that the circumstances had changed. If they wanted to challenge the decision to remove, based on the similar fact evidence, then they would need to be able to show that circumstances had changed. So it is really just to protect children early in life when there is a series of similar circumstances in the history of the family.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Have there been any cases where the court did not take that into account and bad came out of that?

Dr SHEPHERD: It was as a result of court decisions that we were unable to take that evidence into account. This piece of legislation seeks to address the issue that was raised in the appeal court.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: They are two separate things. The court has to take something else into account. It is like when someone has committed three rapes. They do not have to prove the fourth one without the judge knowing about the previous three. Presumably if the judge knows about the previous three, you do not then have to reverse the onus of proof, which is one step further.

Dr SHEPHERD: The reason the legislation is in there is because the judges said they would not consider the evidence of the previous three. If you are working in the best interests of the child, the issue surely is that, it if there is substantial evidence from the previous, say, 3, 4, 5 or whatever number you want, then it ought to be up to the carer to show that the circumstances that led to the removal of those previous children had changed.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You are saying the court had got it wrong. I am a little concerned in that I understand that sometimes the Department of Community Services [DOCS] does not get the decision it wants, and I understand that that is sometimes because

DOCS has not prepared its case adequately and the Children's Court at times is frustrated by the preparation of cases by DOCS. I am therefore worried that you wish to empower DOCS rather than empower the court. Surely if the court has sufficient information, the onus is on you to prove that the court is getting it wrong before asking the Parliament to fix it.

Dr SHEPHERD: No. The way this works is that an appeal court determined that the similar fact evidence could not be taken into account. That binds at the Children's Court, even if the Children's Court wanted to take it into account, which previously the Children's Court had wanted to do. Previously we used to roll up with the evidence of the previous half dozen children or whatever and the Children's Court would say, "Yes, this child is clearly at risk of harm." Someone appealed that decision and the appeal court said, "No, you cannot take that into account." It is still the court that will make the decision, not DOCS. All this does is allow the court to take that evidence into account. It reverses the appeal court decision and so it is a positive step in the protection of children.

The Hon. CATHERINE CUSACK: Is it possible to cite the case? Has it been published?

Dr SHEPHERD: Yes. I can get the case, but I do not have it off the top of my head, and I will get the citation right.

Ms SYLVIA HALE: On that same issue, last Friday I received a telephone call from be chair of the relevant young person's committee within the Law Society, expressing great concern about the reversal of the onus of proof and suggesting that in the case of very disadvantaged families it was an unfair burden to place upon them. Did you consult in any way with the Law Society or other relevant groups before proceeding with the legislation?

Dr SHEPHERD: I will take that question on notice because if that consultation occurred it would have occurred from the legal staff to the Law Society. I will take that question on notice so that I am accurate. Remember that the reversal of the onus of proof does not require the parent to prove beyond reasonable doubt that the circumstances have changed; all they have to do in a reverse onus of proof situation is raise sufficient doubt that the circumstances are still the same for DOCS to have to prove its case. It is not that they carry the whole burden of proof; they just have to raise sufficient doubt that the circumstances are the same as they were in the removal of the previous children. Remember that what we are trying to do here is to protect vulnerable children. That is the primary purpose of this. It is not a contest between the parents and DOCS. This is about what is in the best interests of the child and making sure that the evidence can go before the court.

Ms SYLVIA HALE: Still, it is a big ask, is it not for a family that may have had very many adverse interactions with the legal system and may not have the nous, the understanding or the wherewithal to receive proper legal representation?

Dr SHEPHERD: Almost all of these families are legally aided. It would be very unusual for legal aid not to be provided for a parent or carer in those circumstances. I can come back to you on that, but I would be very surprised if it is not 100 per cent.

Dr ARTHUR CHESTERFIELD-EVANS: I asked you before about accreditation from the Office of the Children's Guardian and you said there was progressive accreditation of varying agencies. I asked you about agencies that had gone to the trouble to get accredited, being disadvantaged in the tender process. Has there been any progress on that front?

Dr SHEPHERD: There is no disadvantage to agencies that have been accredited in any of the tender processes.

Dr ARTHUR CHESTERFIELD-EVANS: Except that it would put their costs, presumably?

Dr SHEPHERD: It should not put their costs significantly above than those agencies that are going through the quality improvement part of the process. The Children's Guardian is here and she would be able to tell you categorically whether it should make a difference in costs, but I would be very surprised if it did. DOCS is expending significant resources in getting itself through the quality improvement program in an accelerated fashion.

The Hon. CATHERINE CUSACK: In relation to the DOCS Research Report Program, I think there is a report by Michael Tarren-Sweeney, "Children in Care Study". Would it be possible for the Committee to obtain a copy of that study and presentation?

Dr SHEPHERD: If it is available, yes. Certainly. It is no secret. I just do not know whether it is in written form.

The Hon. CATHERINE CUSACK: Are these reports generally available?

Dr SHEPHERD: The ones that have been published will be. The research report itself is available; it is on the Internet. I think we provided a full list of the research report details when we sent in our material from the last round of questions on notice. If it is published, you can have it. If it is not published and he is prepared to make it available, then we will make available.

The Hon. CATHERINE CUSACK: Does he fund the research or does DOCS fund that research?

Dr SHEPHERD: It would be almost certainly a mixture. We will fund a substantial part of it and he will be putting some in-kind in. My recollection is that he was sponsored by the University of Newcastle and undoubtedly that University will have a share as well.

The Hon. CATHERINE CUSACK: There is a general expectation that publicly funded research will be available.

Dr SHEPHERD: That is our principle as well, once it is published.

The Hon. CATHERINE CUSACK: I have a question for Jillian Calvert concerning child deaths in cross-border regions. We have had the reviewable deaths in cross-border regions. Is it fair to say that where the death certificate is issued in an interstate hospital, such as Brisbane, Adelaide or Melbourne, that those matters are not notified and subject to the reviewable deaths report?

Ms CALVERT: The legislation governing the Child Death Review Team requires us to review or look at the trends and analysis of deaths registered in New South Wales. Deaths that are registered in other States are not included in the study that we undertake. We called a National Child Death Review or an Australian and New Zealand Child Death Review Team meeting at the end of last year and there was agreement that we should try to explore ways in which we can overcome that. It requires changes to legislation if it is to be done nationally. Some States are at this stage less than keen to change their legislation for a variety of reasons so we are now trying in New South Wales to enter into some bilateral agreements between the States that border us, particularly the Australian Capital Territory and Victoria, to see whether we can get an agreement for them to release that information to us.

The Hon. CATHERINE CUSACK: Are you monitoring through the ABS process how many child deaths are involved?

Ms CALVERT: Yes, we do look at the deaths of children through the ABS process.

The Hon. CATHERINE CUSACK: Would it be possible to get a report on that?

Ms CALVERT: Yes.

The Hon. CATHERINE CUSACK: What you estimate the number of deaths to be that are not being picked up in this process?

Ms CALVERT: I will check. I think we may have reported on that in this latest Child Death Review Report Team but I will go back and provide the figures if we have not.

The Hon. CATHERINE CUSACK: Is it possible to provide a little more detail about what reform needs to occur in order to allow the authorities in Queensland, for example, to release

information to your committee so that the death of child who lived in New South Wales and had been transferred to hospital in Brisbane where the death certificate was issued can be included?

Ms CALVERT: The issue with Queensland is not just legislation; it has also to do with sensitivities in the police force and the release of that information.

The Hon. CATHERINE CUSACK: I understand that. It is not as if the entire file is in Queensland. We just need to pick up the information, the fact that the child has died, and then revert back to the New South Wales information. It just seems extraordinary to me.

Ms CALVERT: Even if we got the information, unless we get the file and the information about the death and the details surrounding the death, we cannot include it in an analysis because we have different levels of information. It is problematic unless we can get the information.

The Hon. CATHERINE CUSACK: But a child known to DOCS who is living in Broken Hill or in the Tweed or even further down in Lismore who has sustained a serious injury, is taken to Brisbane or Adelaide where he or she dies and where the death certificate is issued, will not be included in these reviewable deaths?

Ms CALVERT: They will not be included in the Child Death Review Team deaths. I would have to check whether the Ombudsman include them in the reviewable deaths. We do not deal with reviewable deaths in that definition of reviewable deaths known to DOCS. It is the Ombudsman who does that, so you would need to check with him.

CHAIR: I have a question regarding preschools. In relation to the emergency $8.8 million funding to preschools in 2005-06, the Minister stated at the estimates committee on 4 September that each of those 840 community-based preschools had been written to and advised of their ability to apply. Later she corrected herself in Parliament and said that 400 preschools to receive funding were determined by two surveys conducted by the department. When were the surveys conducted and who participated in those surveys? Who determined which preschools received funding?

Dr SHEPHERD: That is a fairly detailed question. I will take it on notice.

CHAIR: Thank you. Why did the department close the community service centre office in Manly when reports to the department from the northern beaches area have increased?

Dr SHEPHERD: When we first looked at the distribution of community service centres we looked at where the reports were and the need for location of the community service centres. So all we did was combine the two community service centres—Manly and St Leonards—in order to provide a more comprehensive service to the whole of that area. We try to get these community service centres to a minimum size so that you get economy of scale. You have got the backup staff and you can have the psychologists and the legal staff to support them. This combination was considered to be the best way of dealing with the northern beaches and St Leonards. So that is what we did. There has been no reduction in service to those areas. In fact, there has been an increase in the number of caseworkers.

CHAIR: Where will the outpost in Manly be, given that the honourable member for Manly advised that you would be providing one?

Dr SHEPHERD: I will have to take that question on notice. I am not clear on that question, I have to say.

CHAIR: The honourable member for Manly thinks there will be something called an "outpost" in Manly. We are wondering where that will be. I do not know what it is either.

Dr SHEPHERD: I will have to take that question on notice because off the top of my head, first, I do not know what an "outpost" is in DOCS language; and, secondly, I am not sure about a location in Manly.

CHAIR: Are you aware of the provision of any sort of service in Manly?

Dr SHEPHERD: There will be provision of service in Manly. If you are talking about a physical office location in Manly, I am not aware of that at this stage but I will take the question on notice and double check.

CHAIR: Thank you. In the Minister's press release on 6 June it was stated that $52.2 million was allocated in the 2005-06 year for out-of-home programs. Could you provide a breakdown of where this money was, or will be, spent?

Dr SHEPHERD: If you want a detailed breakdown I will have to take the question on notice. Alan may be able to provide more information.

Mr RAMSEY: Did you say, Chair, that the figure was $52 million?

CHAIR: It was $52.2 million. That was stated in the Minister's press release and it was for the 2005-06 year. We want to know where that was spent—a breakdown—on out-of-home programs.

Mr RAMSEY: The total departmental expenditure on out-of-home care in 2005-06 was $223 million. The figure of $52 million is probably the expenditure on purchased services from non-government type providers. If that is the case—and to know where that was spent we would have to interrogate the system in some detail to find out which service providers had provided it and where they were—we could do that on notice.

CHAIR: Thank you. The annual report for 2005-06 in relation to supported accommodation assistance [SAAP] programs states that 38 per cent of SAAP resources were for services for unaccompanied people under 25. Where was the balance of SAAP funding allocated and what changes to these arrangements do you envisage for 2006-07?

Dr SHEPHERD: If you are looking for detail it is probably best to take the question on notice. If you want a general overview of where SAAP expenditure goes, then I can give you that. But I suspect that is not what you want.

CHAIR: Detail would be good, if you can take the question on notice.

The Hon. CATHERINE CUSACK: Dr Shepherd, can you provide a list of the department's officers with staff entitlement and the staff establishment for each office and the actual number of positions that are filled?

Dr SHEPHERD: That obviously changes on a pretty frequent basis. We can look and see what we can provide that looks like that. The reason it changes, obviously, is because we are recruiting all the time; people leave and so on. We know what the notional establishment of those officers is, but the vacancy rate on any particular day will be a matter of what happens on that day.

The Hon. CATHERINE CUSACK: Sure. But in the format of a report, I would ordinarily expect your managers to receive a report at some point as to what the establishment is and how many of those positions are filled.

Dr SHEPHERD: We can look and see whether we can get it for you.

The Hon. CATHERINE CUSACK: In relation to offices such as the Wilcannia office, I understand that the practice is to fill the positions in Wilcannia and have the staff located in another place, such as Dubbo. Is that practice still used in relation to difficult-to-staff positions?

Dr SHEPHERD: The intention with the difficult-to-staff positions is to try to staff them, and there are a number of recruitment strategies that we have put in place to try to do that. We have had targeted recruitment in those areas. We know across all government agencies that it is difficult to staff all those places.

The Hon. CATHERINE CUSACK: I understand.

Dr SHEPHERD: What we have to do is, if we cannot get staff there, we will try to service them from the nearest location.

The Hon. CATHERINE CUSACK: Is it possible to have that transparent in the response that you give me in relation to the number of positions that are staffed?

Dr SHEPHERD: We can see what we can do. You have put a very short time frame on responses and these sorts of things take a bit of time to extract.

The Hon. CATHERINE CUSACK: How long do you think will be necessary?

Dr SHEPHERD: I am not the human resources director. I will have to go into the system and ask what can or cannot be provided within that time frame. Obviously if we can give you an answer that makes sense, we will give you an answer.

The Hon. CATHERINE CUSACK: How many children who are in care are also clients of the Department of Juvenile Justice?

Dr SHEPHERD: That will change on a pretty regular basis. We can probably get an approximate figure—at maybe a year end or something of that kind. If you are prepared to take an approximate figure, then we can get one. But the daily figure is going to be vary substantially.

The Hon. CATHERINE CUSACK: I am seeking only an informative answer; I am not directing how the answer should be given.

Dr SHEPHERD: Okay. But the question then is: Are you talking about children in out-of-home care or are you talking about children about whom a report has been made? Out-of-home care we can probably get reasonably easily.

The Hon. CATHERINE CUSACK: Not children notified by the department. I am talking about children either in out-of-home care or whatever is the term for ward of the State.

Dr SHEPHERD: Okay. We will try to get that for you.

The Hon. CATHERINE CUSACK: What type of support is offered by way of assistance to young offenders who are the equivalent of State wards when they are in court, in detention or undertaking community-type orders?

Dr SHEPHERD: I will get Annette to fill in the details, but normally they would receive the same level of support from the caseworker as they would expect to receive from their family if they were not a State ward. So the reality is if a child who is a State ward is in court, obviously the caseworker needs to be engaged in the process, and also to deal with them in providing support thereafter. If they are not in out-of-home care, clearly we do not provide support. It is Juvenile Justice that provides support for the child.

The Hon. CATHERINE CUSACK: In the Ombudsman's annual report, he says, "Although we have not finalised this report, our preliminary findings show a disturbing set of statistics about care and protection matters in the Children's Court. It appears that nobody is collecting or analysing the relevant information—for example, there is no data about how many orders for long- or short-term removal of children or how many result in restoration of children to their families. Because of this absence of data, there is a significant gap in knowledge about the Children's Court, which is a key part of the care and protection system in New South Wales." I appreciate that relates to care matters, but my understanding of the juvenile justice system is that that certainly applies to juvenile justice matters as well—a lack of information and a lack of follow through when the matters are in court.

Dr SHEPHERD: In terms of children in out-of-home care, we are compiling now comprehensive information about what happens to the out-of-home care population of children. There are research programs commencing in order to do longitudinal studies of children in out-of-home care, and we are collecting a lot more information than has ever been collected before in New South Wales about that child population with the clear objective of being able to say exactly how many of these

children came in, what sorts of orders they are on, what happened to them and how we improve their outcomes. There will be an evaluation of the out-of-home care reforms on the same scale as the research into the Early Intervention Program that has been put in place by the Social Policy Research Centre at the University of New South Wales. We provided them with just under $2 million in order to do a proper research evaluation of the Early Intervention Program. We will do exactly the same with the out-of-home care rollout when it starts to occur in this financial year and the next financial year. If you remember how the $1.2 billion package was structured, most of the out-of-home care reform money came in the last two years of the package. So it is starting this year and next year.

The Hon. CATHERINE CUSACK: In relation to the Ombudsman's report of reviewable deaths in 2004, case study 24 involves a decision by DOCS to place a child in out-of-home care with a family. But no criminal record check was conducted on that family or that household, and a five-month-old Aboriginal boy died as a result of domestic violence injuries that appeared to be sustained between the carers. The Ombudsman reports that there was, subsequent to that, an audit of criminal record checks undertaken on carers throughout the department. Can you tell us the results of that audit?

Dr SHEPHERD: Because you are obviously after details, I will take a question on notice. We did do the audit. We put in place very firm policies and procedures around first checks—reinforcing the existing policy and procedure, I guess. Whether it was 5 percent, 3 per cent, or whatever, I will need to go back and check the numbers.

The Hon. CATHERINE CUSACK: Could you provide a copy of the audit, as long as it has no identifying information? Anything you provide would need to have any identification blacked out.

Dr SHEPHERD: If there is a document that enables that to happen, okay. I am not sure if there is an audit report of the kind you have described. I will need to go and look.

CHAIR: Time for questions has expired, although we started five minutes late.

The Hon. CHRISTINE ROBERTSON: The five minutes remaining belongs to the crossbench.

Ms SYLVIA HALE: I am prepared to forgo the five minutes, and put my questions on notice.

CHAIR: Questions on notice will be tabled and must be responded to by 22 November 2006.

(The witnesses withdrew)

The Committee proceeded to deliberate.