

BUDGET ESTIMATES 2021

**Questions taken on notice
Portfolio Committee No. 5 – Legal Affairs**

Families, Communities and Disability Services

Hearing: Friday 26 February 2021

Answers due: 5pm Wednesday 24 March 2021

Child Deaths

Transcript page 2

The Hon. PENNY SHARPE: If you want to argue that it was just because of the risk of harm issue then I think we are going to have a problem. Minister, four of those children had been reported 25 times. What was happening with the four children who had been reported 25 times?

Mr GARETH WARD: I will ask the secretary to answer that.

Mr COUTTS-TROTTER: I would have to take that on notice. But, again, I say that if you express this as a rate among every 100,000 children, and I wish the rate was zero—but the rate of children who die by suicide or in suspicious circumstances who are known to our department is fewer than one in every 100,000 children.

Answer

I am advised that four children (of the 97 children who died in 2019) had been reported at risk of significant harm (ROSH) more than 25 times across their lives. Two of the children had not been reported at ROSH for 18 and 24 months respectively before their deaths. The other two children were reported at ROSH in the same month as their deaths and both of these children died from pre-existing health conditions.

Child Deaths

Transcript page 3

The Hon. PENNY SHARPE: So are you just saying that it is only the suspicious circumstances that we should be concerned about even though these children have previously been in contact with the department?

Mr COUTTS-TROTTER: No.

The Hon. PENNY SHARPE: Well, that is what it sounds like.

Mr COUTTS-TROTTER: But the report makes clear that the cause of death for most children is complex medical issues. Certainly, within the detail of a child's life who has experienced neglect and abuse, there could be cases where the child's medical needs were not met by their carers—which is why we got involved—but the cause of death is not abuse, the cause of death is a medical condition that the child experiences.

The Hon. PENNY SHARPE: But they are dying—I am not going to argue with you about this, Mr Coutts-Trotter. My issue is that we know that of the 97 children who died, 63 of them had been reported three years earlier to the department and another 53 have been reported in the past 12 months. Are you able to provide the Committee information around what the active involvement of the department was in relation to these children?

Mr COUTTS-TROTTER: We would, but we would need to take that on notice.

Answer

I am advised that of the 53 children who were reported at risk of significant harm in the 12 months before their death 14 were allocated to a caseworker at the time of their death.

Child Deaths

Transcript page 4

The Hon. PENNY SHARPE: I am sure we will come back to that this afternoon.

Minister, of the 97 children who died, the report says that there was a safety assessment of 39 siblings from those families. Can you tell the Committee how many were found to be unsafe and what action was taken as a result of that?

Mr GARETH WARD: I will have to take that on notice.

Answer

I am advised three of the children who died had siblings who were found to be unsafe following a sibling safety assessment and were taken into care.

Child Deaths

Transcript page 4

The Hon. PENNY SHARPE: Minister, there were 17 who have been actively looked at and clearly there has been a problem assessed. There was an open report for 13 of them. Again, an open report says that they have been reported and they have been assessed as at risk of serious harm but there had been no intervention. There are another six children who had open reports but were not allocated a caseworker. Yes, I understand that the children are dying from a complex range of reasons, but they are also being reported as at risk of serious harm with the department nowhere near them.

Mr COUTTS-TROTTER: We would need to have a look at the cases of individual children because there are occasions where we keep a report open but we have referred a family and they have engaged with an intensive family support service. It could well be that that accounts for what you are identifying, but we would need to go to the details of each individual child and come back to the Committee.

Answer

I am advised that this question appears to relate to information provided in Chapter 3 of the Child Deaths 2019 Annual Report. The chapter presented a cohort analysis of 59 infants who died in circumstances related to their premature births, across a five year period (2015 to 2019). It is important to note, that all of these children died from either extreme prematurity, medical complications or other illnesses associated with their premature births. Most infants (36) died within 24 hours of their births, nine infants within the first week, six within the first month and remaining eight within the first six months.

The question was answered at page 51 of the Child Deaths 2019 Annual Report. In summary, the Department of Communities and Justice (DCJ) was working with the families of 17 of the 59 infants in the cohort. This includes casework provided to the infant's siblings who were in out of home care; as well as prenatal casework support. A further six families had open reports. For four of these families, the decision about allocation had not been made at the time of the infant's death. Two families were awaiting an assessment at the time of the infant's death; sadly, both infants were born prematurely and died before an assessment could occur.

Child Deaths

Transcript page 4

The Hon. PENNY SHARPE: Yes, I would appreciate that because the next point that I wanted to make is that there are 33 families who had previous intervention but their cases had been subsequently closed. I would expect that the situation that you have just described is what those 33 are likely to be. It is the ones who have been assessed as at serious risk. This is not just someone saying this. There has been a report; the helpline and others have assessed them as at serious risk of harm. But we do not know what intervention is happening with those kids. If you can come back to us that would be most appreciated. Two of the children were subject to a high risk birth alert from NSW Health. One had been reported as an issue of domestic violence in the family and the other was alcohol/drug use and mental health. But they had not been allocated any caseworkers. The other disturbing part of these cases is that they both had siblings who were living in out-of-home care. So there had already been an assessment with the parents of these children that it was not safe for the other children to be living at home. What was the delay in relation to high risk birth alerts? I would have thought they are at the top of the tree in relation to getting action. Can someone explain to me what happens with that?

Mr GARETH WARD: Chapter 3 of the review deals with those matters, but I would have to take those specific ones on notice.

Answer

I am advised that DCJ had previously completed an assessment for 33 families of infants in the cohort.

At the time of the infants' death, DCJ completed sibling safety assessments for 12 families. For one family, the report was closed after the assessment because no risk issues were identified; two families were referred to services; and nine families remained open for ongoing casework. For these nine families, following further work five cases were later closed; two cases were referred to support services; and the siblings of two infants entered out of home care.

For the 21 families for which a sibling safety assessment did not occur, this was for the following reasons: there were no siblings in the household at the time of the infant's death (two families); no risk issues identified in the report about the infant's death (16 families); DCJ was not notified of the infants' death until sometime later (two families where the child death was due to prematurity); and one family was not able to be located.

Child Deaths and pre-birth alerts

Transcript page 5

The Hon. PENNY SHARPE: There is a very long and, again, very welcome discussion about what is happening in that pre-birth time and working with families and mothers. My question is, how is it possible that health workers have made a high risk birth alert—I assume it does not get any higher than that—for clearly issues of domestic violence and drug and alcohol use—these families already have children who are not allowed to live of domestic violence and drug and alcohol use—these families already have children who are not allowed to live with them because it is deemed to be unsafe—how is it possible there were no caseworkers allocated to those children who then subsequently died?

Mr COUTTS-TROTTER: We would have to take that on notice to understand the individual circumstances. As I say, they could be connected with other support services either provided through Health or funded by us.

Answer

I am advised that a High Risk Birth Alert (HRBA) is a notice issued by the Department of Communities and Justice (DCJ) to NSW Health and other prescribed bodies. A HRBA provides information about an unborn child who has been the subject of a prenatal report. The HRBA requests NSW Health make a report to the Child Protection Helpline if the known risk issues remain unaddressed when the baby is born.

DCJ made two HRBAs for two (then unborn) infants in the cohort, the ROSH reports remained open at the time of their premature birth and death. Sadly, neither infants left hospital and died before an assessment could occur.

Child Deaths

Transcript page 5

The Hon. PENNY SHARPE: I will come back to that. Minister, a 35-year-old woman has been charged with the murder of her eight-week-old baby in February this year. She is in western Sydney. Are you aware whether that child had been reported to the department?

Mr GARETH WARD: I think, Ms Sharpe, you would know well and truly by now that I do not like to comment on individual matters and it is entirely inappropriate that I do so.

The Hon. PENNY SHARPE: I am being very careful in the way that I ask this, Minister. I am not asking you to name the child; I am not asking you to go into any detail. It is a very simple question. Was this child known to the department under the definitions that we have just been going through under the child death review? Of course, these have happened in 2020 and 2021. We will not know publicly about this until at least the end of the year, if not the end of next year. I want to know whether these people were known to the department.

Mr GARETH WARD: Given the obvious sensitivities I will take it on notice.

Answer

I am advised that it is not appropriate for me or the department to comment on individual matters reported in the media and subject to current criminal proceedings.

Child Deaths

Transcript page 5

The Hon. PENNY SHARPE: Minister, a 34-year-old man from Aberdeen has been charged with a range of offences as a result of the suspicious death of a seven-month-old boy in around May 2020. Do you know whether this child, this seven-month-old baby, was known to the department?

Mr GARETH WARD: Again, I will take that on notice given the obvious sensitivities.

Answer

I am advised that it is not appropriate for me or the department to comment on individual matters reported in the media and subject to current criminal proceedings.

Child Deaths

Transcript page 5

The Hon. PENNY SHARPE: Minister, on 16 December a 24-year-old man from Maitland was charged with the murder and rape of a three-month-old baby in August last year. Do you know whether this child was known to the department?

Mr GARETH WARD: Ms Sharpe, I am happy to take all of these on notice. I do know that you and I frequently discuss matters outside of rooms like this and you have always got the opportunity to raise those matters with me privately. If there are other issues like this that you would like me to respond to, I am happy to take them on notice. But I cannot possibly be in every police station and in every lounge room of every home where there may have been an issue, as serious as they are. I am happy to take these on notice.

Answer

I am advised that it is not appropriate for me or the department to comment on individual matters reported in the media and subject to current criminal proceedings.

Critical Events Mandate

Transcript page 6

The Hon. PENNY SHARPE: Yes, correct. When a child who is known to the department dies, are you informed of that?

Mr GARETH WARD: I am, by way of a briefing note.

The Hon. PENNY SHARPE: What is the time frame for that?

Mr GARETH WARD: Given the fact I do not prepare those notes, I will ask—

The Hon. PENNY SHARPE: I know sometimes it might take—

Mr COUTTS-TROTTER: It is as quickly as we can ascertain the basic facts of the matter. For example, critical incidents will include the death or serious injury of a child or young person known or reported to the department; the death or serious injury of a carer supported by DCJ; exposure of a child or young person to a confirmed and/or suspected person on the child protection register; and children or young people who may be missing from out-of-home care. We are reviewing, at the Minister's request, the mechanisms for identifying and...

Answer

I am advised that the Department of Communities and Justice (DCJ) provides timely advice about relevant critical events, including child deaths.

Under the protocol, the Minister is provided with critical event advice about the deaths of children who are in out of home care, and children (who were known to the department) whose deaths are considered suspicious or non-accidental. The department also advises the Minister of other child death cases, outside of these two criterion if the department has an open case with the family at the time of the child's death.

This advice may be provided via a telephone call initially, with formal written advice as soon as practicable after further information is known. A decision is made based on the urgency of the situation.

The Minister also receives advice about all child deaths across the previous calendar year when the office is briefed prior to the tabling of the Child Deaths Annual Report in Parliament in November each year.

Critical Events Mandate

Transcript page 7

Ms CZECH: Ms Sharpe, if I could just add, it is usually a two-stage process. When we become aware of a child death that is known to the department, we will alert the Minister's office that it has happened. Then, as Michael said, as we collect detail, a more fulsome briefing note will come. We try and do that as quickly as we are able to.

Mr GARETH WARD: Just to be clear, that is children that are in my care.

The Hon. PENNY SHARPE: So that is only for children that are in out-of-home care?

Mr COUTTS-TROTTER: No.

Ms CZECH: No. Sorry. Both.

The Hon. PENNY SHARPE: Is it for everyone who—if there have been reports of the child—

Mr COUTTS-TROTTER: It is any child that is known to the agency, which is the—

The Hon. PENNY SHARPE: Yes, that definition. On that basis, there were only seven kids in out-of-home care in the child deaths. That would not mean that you would only know about seven.

Mr COUTTS-TROTTER: No, no.

Ms CZECH: No.

The Hon. PENNY SHARPE: I thought it was broader than that.

Mr COUTTS-TROTTER: If a child has been reported at risk of significant harm or is the sibling of a child who has been reported at risk of significant harm in the previous three years—

The Hon. PENNY SHARPE: They are captured.

Mr COUTTS-TROTTER: —they are captured, yes.

The Hon. PENNY SHARPE: Minister, based on that, then clearly you have been informed in relation to those cases. I would appreciate it if you take it on notice and provide the Committee with an appropriate response to that.

Answer

I am advised that the Department of Communities and Justice DCJ provides timely advice about relevant critical events, including child deaths.

Under the protocol, the Minister is provided with critical event advice about the deaths of children who are in out of home care; and children (who were known to the department) whose deaths are considered suspicious or non-accidental. The department also advises the Minister of other child death cases, outside of these two criterion if the department has an open case with the family at the time of the child's death.

This advice may be provided via a telephone call initially, with formal written advice as soon as practicable after further information is known. A decision is made based on the urgency of the situation.

The Minister also receives advice about all child deaths across the previous calendar year when the office is briefed prior to the tabling of the Child Deaths Annual Report in Parliament in November each year.

Regional actions plans

Transcript page 9

Mr DAVID SHOEBRIDGE: Minister and all, thank you for coming. Minister, would you table those regional action plans with the Committee?

Mr COUTTS-TROTTER: We can, yes.

Mr DAVID SHOEBRIDGE: Excellent.

Mr COUTTS-TROTTER: We can provide copies of the regional plans. Contained within them are the top three or four things we think will make a difference.

Mr DAVID SHOEBRIDGE: Ideally, could we get them throughout the course of today so we can have them in front of us for the afternoon session?

Mr GARETH WARD: We will endeavour to do that, Mr Shoebridge.

Answer

I am advised that the district action plans implement the following three strategies to low re-reporting for children at risk of significant harm.

Strategy	Actions
Improve assessment of Risk of Significant Harm reports	<p>Re-reports are increasing due to the increasing number of reports per child across all cohorts. Some of these reports are screened in as ROSH because eReports contain incomplete information provided by the reporter and the Helpline then screen it as ROSH.</p> <p>The eReport interface will be enhanced to include more mandatory questions and clearer descriptions, to capture better information that allows ROSH to be more accurately determined.</p> <p>A trial of 'advanced screening' at Helpline, that has been successful in improving the quality of information received as well as lowering re-reports in Northern NSW, will be expanded to other districts. With this process, Helpline will make outbound calls and ask additional questions to more accurately determine whether a child is at ROSH before finalising the report.</p>
Focus casework interventions on key areas	<p>DCJ will improve the service provided to vulnerable children and their families, so that they are less likely to be reported again.</p> <p>Case reviews of more than 200 children that were re-reported revealed casework that influences re-reports including aspects of practice quality, timeliness and the use of appropriate tools.</p> <p>Training is being provided to caseworkers and managers to address practice associated with re-reports in locations with the greatest need.</p> <p>We will also enhance the skills of practitioners with programs that provide recognition, mentoring, coaching and buddies to support new caseworkers.</p>
Greater assurance on decisions to close cases	<p>Ensure that cases are closed appropriately so that children with the highest, most complex needs are supported by an informed network beyond their exit from statutory child protection and the right children enter the measurement group for this Priority.</p>

Communication with mandatory reports will be enhanced at local levels, to provide channels where they can seek support and guidance from local caseworkers. This will help to ensure that child protection issues are dealt with quickly and effectively, and reported to Helpline when a statutory intervention is necessary.

Dashboard – children reported at ROSH and children seen

Transcript page 10

Mr DAVID SHOEBRIDGE: Thanks, Minister. The dashboard has the children seen in a rolling year up to 30 June 2020. This is children who have been identified as at risk of serious harm—107,353 children identified at risk of serious harm, 30,923 of those children seen, 29 per cent as at 30 June 2020. What is your most current set of figures? Do you have figures after that?

Mr GARETH WARD: Yes, we were just talking about them earlier. I think it is 112,000.

Mr COUTTS-TROTTER: We are on track to see 40,000 children this year. How that relates to the number of children reported at ROSH I am not quite sure. I do not have the data.

Mr DAVID SHOEBRIDGE: I think the Minister mentioned 112,000.

Mr GARETH WARD: I thought the latest figures was 112,000.

Mr COUTTS-TROTTER: Okay, but based on the extraordinary performance of our frontline team so far this year we think we will see somewhere around 40,000 children this year.

Mr DAVID SHOEBRIDGE: In the most current figures that you have, how many children have been reported at risk of serious harm in the most current 12-month period?

Mr GARETH WARD: It is around 112,000, Mr Shoebridge. I will take it on notice as at today to get you the correct number, but it is about 112,000.

Answer

I am advised that in the rolling 12 months to September 2020, there were 115,709 children reported at ROSH. This figure will be released in the December 2020 quarter caseworker dashboard.

I am advised that the caseworker dashboard is available on the DCJ statistics website: <https://www.facs.nsw.gov.au/resources/statistics/caseworker-statistics/dashboard>.

Dashboard - children reported

Transcript page 10

Mr DAVID SHOEBRIDGE: Minister, he gave the number of children reported. Was it 112,517?

Mr GARETH WARD: Yes.

Mr DAVID SHOEBRIDGE: As at when?

Mr GARETH WARD: It was for 2019-20, so that will be financial year to financial year.

Mr DAVID SHOEBRIDGE: That is the same as the dashboard and then 35,241 seen across the State. That is only as at the end of last financial year. You will get a more up-to-date set of figures?

Mr GARETH WARD: Yes.

Mr COUTTS-TROTTER: Yes. And to your question, Mr Shoebridge, we will have to take that on notice.

Answer

I am advised that in the rolling 12 months to September 2020, there were 115,709 children reported at ROSH. Of these 115,709 children, 36,005 were seen by a DCJ caseworker. These figures will be released in the December 2020 quarter caseworker dashboard.

I am advised that the caseworker dashboard is available on the DCJ statistics website: <https://www.facs.nsw.gov.au/resources/statistics/caseworker-statistics/dashboard>

Children not seen due to competing demands

Transcript page 10

Mr DAVID SHOEBRIDGE: The very concept that a child has been reported at risk of serious harm and the case is closed not because of an assessment of the harm that the child is exposed to but because there is just other stuff to do—the fact that that has routinely been used to close cases—must unsettle you, Minister.

Mr GARETH WARD: It is a huge challenge to try to see every child, for whatever reason. It is impossible to balance all of the priorities that we have as an agency. We do the very best that we can, Mr Shoebridge, but any child that is not seen would unsettle me, you and everyone in this room.

Mr DAVID SHOEBRIDGE: One of the reasons that I am pressing for some answers now is because the Hon. Penny Sharpe asked about this in questions on notice and got stonewalled by the department and just referred to the dashboard. It seems to me a very reasonable request to be asking: How many children were not seen, although they had been reported at risk of serious harm, because there just were competing priorities and they just were not important enough? I think the people of New South Wales deserve an answer to that, and not just the brush-off that was given to the Hon. Penny Sharpe when she asked this question on notice last year.

Mr GARETH WARD: What I will endeavour to do is get a more comprehensive answer to you— perhaps even something from the senior practitioner?

Mr COUTTS-TROTTER: Yes, sure.

Mr GARETH WARD: We might even ask our senior practitioner to provide a more comprehensive answer in relation to that.

Answer

I am advised that cases are reviewed prior to closure, and there are a number of reasons why cases are closed. This includes where the assessment of risk indicates that no further intervention is required, where assistance has been provided, or where a case is referred to an external agency for case management to provide an agreed response to reduce risk for a child. For example, an estimated 16,000 children were provided with interventions from Intensive Family Support Services at any point during 2019-20.

The Department of Communities and Justice (DCJ) publishes extensive and detailed data on its website in various dashboards. Information which is publicly released undergoes extensive quality assurance and validation before it is released. As the dashboards can include disaggregation by demography or location, if the data is deemed to be incomplete or not fit for reporting it would not be released.

Information on children at ROSH by highest level of assessment received is available for 2016-17 and earlier years in the 2017-18 Annual Statistical Report (ASR). Children who received an office based assessment but did not go on to receive a subsequent face to face assessment would be regarded as falling under the category of “competing priorities”. These children are shown as “SAS1 completed –closed in the ASR dashboard. For example in 2016-17, 41% of children at ROSH received an office based assessment and did not go on to receive a subsequent face-to-face assessment.

Information for 2017-18 and 2018-19 was not published due to data quality issues as a by-product of the implementation of ChildStory, and changes to policy and business processes that made this data not comparable to earlier years and unfit for public reporting. These issues will also preclude release of 2019-20 data.

Case closures due to competing demands

Transcript page 11

The Hon. PENNY SHARPE: Could you tell the Committee how many cases that have been referred have been closed due to current competing priorities in 2019-20?

Mr GARETH WARD: I will take that on notice.

Answer

I am advised that the Department of Communities and Justice (DCJ) publishes extensive and detailed data on its website in various dashboards. Information which is publicly released undergoes extensive quality assurance and validation before it is released. As the dashboards can include disaggregation by demography or location, if the data is deemed to be incomplete or not fit for reporting it would not be released.

Information for 2017-18 and 2018-19 was not published due to data quality issues as a by-product of the implementation of ChildStory, and changes to policy and business processes that made this data not comparable to earlier years and unfit for public reporting. These issues will also preclude release of 2019-20 data.

Permanency Support Program providers

Transcript page 11

Mr DAVID SHOEBRIDGE: I will probably come back to this in more detail this afternoon. Minister, were you aware of the communication that was sent to the 46 Permanency Support Program [PSP] providers earlier this week, effectively asking for money back from many of them for the work they did in 2018-19?

Mr GARETH WARD: That would be an operational issue.

Mr COUTTS-TROTTER: I am happy to take it on notice, but we have contractual arrangements that aim to provide incentives for our permanency support providers to follow the permanency hierarchy: to safely preserve children at home; to successfully restore them to families. We know that with successful restorations, half of them take place within 12 months. In other words, there needs to be urgency to achieve it. We have moved from a world in which we paid foster care agencies to provide long-term, stable foster care to a world in which we try to provide an incentive for organisations to restore children safely.

Answer

I am advised the 2018/19 PSP Financial Reconciliation was delayed due to data quality issues that have been resolved as a result of the PSP Data Remediation Project and training for NGOs, throughout 2020. Data quality and necessary remediation will continue to be tracked and monitored.

The 2018-19 PSP Reconciliation has been completed for 46 PSP providers.

19 providers (41%) are owed funds from DCJ for services delivered in 2018-19. Most of these (12) are owed less than 2% of their contract income. Five providers are owed between 2%-5% of their contract funding, with a further 2 providers owed more than 5% of their contract funding.

27 providers (59%) owe funds to DCJ. Most of these (14) owe less than 2% of their contract funding, 6 owe between 2%-5% and 7 owe over 5%. The reconciliation variances are subject to change following discussions with providers.

Permanency Support Program Providers

Transcript page 13

Mr DAVID SHOEBRIDGE: —and a funding adjustment. But the problem is that is not entered into the database. It is put in years later in reconciliation. So you are not tracking the change in the case plan, which would trigger the change in funding. It is not being tracked in ChildStory. That has created this historic problem and these debts.

Ms WALKER: There may be cases where there is a later recognition of the change in the case plan. I think the idea of long periods of time going by without kids' case plan goals being recognised on the system is not what we want and is problematic. That is part of the reconciliation as well.

Mr DAVID SHOEBRIDGE: Will you provide on notice the debts and/or credits to each of the 46 PSPs? Obviously you know them because they were sent out in the email of 24 February.

Mr GARETH WARD: I am just worried about commercial in confidence there.

Ms WALKER: I am conscious that there is a lot of information about providers who would not necessarily expect all of their information about their financial circumstances to be shared broadly.

Mr DAVID SHOEBRIDGE: I am not asking all of their information, I am asking about the relevant credit or debit that the reconciliation shows? Or do we have to Standing Order 52 it? Happy to do that.

Mr GARETH WARD: Mr Shoebridge, can I give you this undertaking, I am happy to have this discussion with you outside of this room. I just do not want to prejudice any commercial in confidence that may exist. If that is not an issue and on advice, then we will seek to take it on notice. If that is not the case, I am happy to have a conversation with you and share as much as I can.

Mr DAVID SHOEBRIDGE: So you will take it on notice, is that where we got to?

Mr GARETH WARD: I will take it on notice. I am sure you are aware that there will be some legal limitations on what I can provide in the context of an ongoing contract underfoot with the department in relation to the payment of monies or otherwise.

Mr DAVID SHOEBRIDGE: If there are legal limitations on you telling us the debt or the credit owed to the people who are receiving something in the order of \$600 million in public money, there is a major problem. There is a more significant problem than we are having here anyhow.

Mr GARETH WARD: I will seek to give you as much as I can. I am not trying to obfuscate. I will try to give you as much as I can.

Mr COUTTS-TROTTER: Perhaps we could seek the consent or otherwise of the providers to provide that information. Would that be acceptable?

Mr DAVID SHOEBRIDGE: I will leave it to you.

Answer

Five providers are owed between 2%-5% of their contract funding, with a further 2 providers owed more than 5% of their contract funding.

27 providers (59%) owe funds to DCJ. Most of these (14) owe less than 2% of their contract funding, 6 owe between 2%-5% and 7 owe over 5%.

The reconciliation variances are subject to change following discussions with providers.

Building at 414 Moppett Street, Hay – and CASE

Transcript page 13

The CHAIR: Minister, has the Government approved the use of the New South Wales Government building at 414 Moppett Street, Hay, to be used by the Community Action for Suicide Elimination [CASE] organisation to create a much-needed safe house in Hay for people fleeing domestic violence?

Mr GARETH WARD: I am aware of the representations from the local member there who came to see me with some representatives. I think there was going to be some correspondence between her and the department. Unless officials at the table have any comment on that, I will take that on notice. I acknowledge the local member's very significant representations.

The CHAIR: Do you have something to contribute, Mr Coutts-Trotter?

Mr COUTTS-TROTTER: No, I am sorry. I am looking to see if my colleagues have awareness of it.

The CHAIR: No?

Mr COUTTS-TROTTER: No, I do not think so.

The CHAIR: The member for Murray tells me that she has been making representations to the Minister for over 18 months and has not been getting anywhere.

Mr GARETH WARD: I remember seeing her—I do not know if it was 18 months ago. I have seen her and I will certainly take that on notice. I am happy to have a conversation with her later today as well. I will follow it up.

Answer

I am advised that the building at 414 Moppett Street, Hay is not a property managed by the Department of Communities and Justice.

In September 2019, I referred this request to the Hon. Melinda Pavey MP, Minister for Water, Property and Housing as this falls within her portfolio of responsibilities. Additional representations that I received in January 2020 in relation to the use of 414 Moppett Street, Hay were also referred to Minister Pavey for further response.

Building at 414 Moppet Street, Hay – and CASE

Transcript page 13-14

The CHAIR: She is saying, "What is the delay? When can Hay CASE expect to receive an approval? If you live in Hay, do you know that the closest safe house you can go to when fleeing domestic violence is....."

The CHAIR: Why has the Government not addressed it up to now?

Mr GARETH WARD: I am not aware. That is why I have said I will follow it up.

Answer

I am advised that the building at 414 Moppett Street, Hay is not a property managed by the Department of Communities and Justice.

In September 2019, I referred this request to the Hon. Melinda Pavey MP, Minister for Water, Property and Housing as this falls within her portfolio of responsibilities. Additional representations that I received in January 2020 in relation to the use of 414 Moppett Street, Hay were also referred to Minister Pavey for further response.

Building at 414 Moppet Street, Hay – and CASE

Transcript page 14

The CHAIR: Also, has your department secured minor funding requested by the Hay CASE group to assist with refurbishing 414 Moppett Street to make it fit for purpose should you approve the use of that building?

Mr GARETH WARD: I will take that on notice as well.

Answer

I am advised that the building at 414 Moppett Street, Hay is not a property managed by the Department of Communities and Justice.

In September 2019, I referred this request to the Hon. Melinda Pavey MP, Minister for Water, Property and Housing as this falls within her portfolio of responsibilities. Additional representations that I received in January 2020 in relation to the use of 414 Moppett Street, Hay were also referred to Minister Pavey for further response.

Building at 414 Moppett Street, Hay – and CASE

Transcript page 14

The CHAIR: If not, what steps is your department taking to assist the Hay CASE for funding opportunities?

Mr GARETH WARD: I will take that on notice, and again thank the member for Murray for her representations.

The CHAIR: You said you will talk to her today?

Mr GARETH WARD: I will do my very best. I will try to get the answers to that question and either get back to her today or over the weekend.

The CHAIR: Thank you very much.

Answer

I am advised that the Department of Communities and Justice (DCJ) funds Specialist Homelessness Services (SHS) and Domestic Violence Response Enhancement (DVRE) through provider Linking Communities Network (LCN) that covers the Hay area through outreach from Griffith.

Reporting threshold

Transcript page 15-16

The Hon. PENNY SHARPE: Minister, are you considering changing the threshold for mandatory reporting from serious risk of harm to imminent risk of serious harm?

Mr GARETH WARD: I will take that on notice.

The Hon. PENNY SHARPE: This is a policy question. Is it something that you have considered?

Mr GARETH WARD: I will take it on notice.

Hon. PENNY SHARPE: Can you guarantee that you will not raise the threshold in relation to reporting on this matter?

Mr GARETH WARD: I am always open to making sure we have a transparent and accountable child protection system. I am not aware of any of the things you have just said. I have said I will take it on notice.

Answer

I am advised that the department is not currently considering changing the threshold for mandatory reporting.

ACA

Transcript page 16

The Hon. PENNY SHARPE: Minister, I am not sure that actually sending people out into the field with less qualifications and less experience is good, but I will leave you with that. I have got other things to ask you about. Minister, I appreciate that you have provided me with information about alternative care arrangements.

There are 85, which is significantly down. We notice that the long stay of a young person in motels was around 190 days. Are you able to provide the Committee with a month-by-month breakdown, given that it jumps around so much? You can take that on notice.

Mr GARETH WARD: Yes, but can I just say in response, I want to thank the Committee because this came up as an issue when I first entered this role. I wanted to thank you and Mr David Shoebridge for your advocacy on these issues because what I have done is met with our executive district directors every month.

Answer

I am advised:

Month	Number of children in ACA
September 2019	173
October 2019	159
November 2019	140
December 2019	131
January 2020	132
February 2020	133
March 2020	133
April 2020	114
May 2020	106
June 2020	106
July 2020	94
August 2020	98
September 2020	86
October 2020	77
November 2020	70
December 2020	59

Final ACA data is reported by DCJ quarterly, accordingly the final January and February 2021 counts of children and young people in ACA are not available. As reported at the Estimates hearing, operational data which is subject to change after further data quality processes indicates that at 16 February 2021, there were approximately 85 children and young people in an ACA (55 case managed by DCJ, and 30 case managed by a non-government organisation).

Aboriginal identified and targeted roles

Transcript page 17

The Hon. PENNY SHARPE: Of the 815 positions currently in that area that you have identified, I notice there are Aboriginal roles and targeted roles. Are you able to tell us how many of the 815 there are of those?

Mr COUTTS-TROTTER: I will take that on notice.

Answer

I am advised that of the 815 roles, 29 are Aboriginal identified or targeted roles.

Aboriginal identified and targeted roles

Transcript page 17

The Hon. PENNY SHARPE: That is fine.

Mr COUTTS-TROTTER: They are excluded from the restructure.

The Hon. PENNY SHARPE: How many Aboriginal people are in non-identified or non-targeted roles?

Mr COUTTS-TROTTER: I will take that on notice.

Answer

I am advised that as at the end of December 2020, there were 56 staff who self-identified as Aboriginal employed in roles that are not identified as Targeted Aboriginal positions.

Carers

Transcript page 20

The Hon. PENNY SHARPE: Minister, are you aware that the number of people actually applying to be authorised carers has dropped massively? I think in the last five years there has been a 25 per cent drop. In June 2016—and I know it is a moment in time—there were around 3½ thousand people applying to be carers. As at June last year, which are the last figures that we have got, that was down to around just over 2½ thousand. Minister, there is something going wrong with the system when we are (a) losing carers and (b) not attracting carers to the system. Do you agree?

Answer

I am advised that the department continues to work with non-governmental organisations (NGOs) and to develop care pools and has funded My Forever Family to support NGOs in the recruitment of carers to meet the needs of children entering care.

Mr GARETH WARD: I will take that on notice. But I would say that I think Renée Carter and My Forever Family are doing an absolutely tremendous job supporting carers in their role. They played a really difficult role during COVID. I took part in many of the online lounge rooms with carers and fielded questions directly; I think I am doing one in the very near future. I try and do that as frequently as I can. Prior to COVID I was meeting with carers in open forums. I have continued to do that in an online way. I think all of us can certainly do more to support carers but My Forever Family—

Answer

I am advised this information is available on the Office of the Children's Guardian website:

https://www.kidsguardian.nsw.gov.au/ArticleDocuments/774/CarersRegister_keystats.pdf.aspx?Embed=Y

Number of authorised carers as at:

30 June 2016 (18,300)

30 June 2017 (19,974)

30 June 2018 (20,137)

30 June 2019 (18,871)

30 June 2020 (18,832)

Number of carer applicants

30 June 2016 (3,559)

30 June 2017 (3,001)

30 June 2018 (3,234)

30 June 2019 (2,618)

30 June 2020 (2,667)

Carers/PSP providers

Transcript page 21

The Hon. PENNY SHARPE: Minister, how much extra money in the budget was provided for the recruitment of foster carers?

Mr COUTTS-TROTTER: We would need to take that on notice because it also includes an element in the funding packages for PSP providers.

Answer

I am advised that in 2021 PSP Service Providers received funding of \$872.7 million. This included a component for recruitment of carers.

In addition the NSW Government has provided more than \$7.3M over three years to June 2021 (excl. GST) to My Forever Family NSW to recruit, support, advocate for and train carers.

ACA/School attendance

Transcript page 22

Mr DAVID SHOEBRIDGE: Minister, you say that these children are not missing education. Do you have the rate at which these children actually attend school?

Mr GARETH WARD: I will ask Ms Czech.

Mr DAVID SHOEBRIDGE: And I say this because there has been report after report after report that say the great majority of these kids miss weeks and months—months and months—of school. But Ms Czech?

Ms CZECH: No, that is not true. I monitor, as does the Minister, children in alternative care arrangements on a weekly basis. One of the things we look at is education and how that is being delivered to the child or young person. There are two scenarios that play out. Many children in ACAs do attend their school often with one of their support workers that are working with them in the accommodation setting. There are some children for various reasons that have been excluded from school: either they are suspended or there is an odd occasion where they have been expelled from school, typically because of their behaviour. In those circumstances we, in effect, homeschool them using the curriculum of the education department.

Mr DAVID SHOEBRIDGE: Perhaps we can get some data.

Ms CZECH: Absolutely, yes—happy to provide that to the Committee.

Mr GARETH WARD: I will take that on notice.

Answer

I am advised that as reported at the Budget Estimates hearing, at 16 February 2021, there were approximately 85 children and young people in an ACA (55 case managed by DCJ, and 30 case managed by a non-government organisation). These are operational numbers that are subject to change after further data assurance processes.

Information on the engagement of children and young people in ACA in schooling as collected in early March 2021 indicates that 97% of children and young people in an ACA were of school age and the majority (74%) of these children and young people were currently engaged in education.

Reasons for not attending school include disengagement with current education arrangements, pending enrolments, young people over 17 years of age seeking work or TAFE options and health conditions.

I am advised that non-attendance can also be due to a number of factors including problematic sexualised and aggressive behaviours, mental health, sibling attendance and children and young people's desire to relocate or change school locations.

Care leavers

Transcript page 25

Mr DAVID SHOEBRIDGE: So of the 800 to 900 kids last year who left care because they turned 18, how many of them got support? What was the average financial contribution made to support those kids?

Mr GARETH WARD: I will take the first part of that on notice. The second thing I would say though is that every young person is different and that is why the care Act provides us with that flexibility to provide those supports based on the circumstances of every young person which is different.

Answer

I am advised that in 2019-20, 1,757 young people received over \$8 million in aftercare assistance (post 18).

In 2019-20, a total of 851 young people left out-of-home care in NSW due to their age and 659 of these young people received financial support including an after care allowance and / or a range of contingency payments.

Other forms of financial help and assistance may include access to subsidised housing (e.g. Rent Choice Youth or the Premier's Youth Initiative) and education scholarships, referral to an employment and training program like Smart and Skilled as well as referral to tailored programs and services such as counselling and living skills programs.

Miyay Birray Youth Service's night patrol

Transcript page 26

Mr DAVID SHOEBRIDGE: Alright, so why did your Government cut the funding for the Miyay Birray Youth Service's night patrol? How on earth could you have made that decision?

Mr COUTTS-TROTTER: I know we have got a note on this. I am sorry, perhaps we can take it in some detail this afternoon, Mr Shoebridge. I do not have it to hand.

Mr DAVID SHOEBRIDGE: Let's deal with it. That was a service that last year had 2,500 trips, transporting young people from town back to their homes, away from the attention of police and keeping them safe. There is no public transport in Moree; there is no other way of getting home. If the Government is seriously concerned about stopping young kids, particularly First Nations kids, coming to the attention of the police and going down the path of the DCJ, cutting this service is unconscionable, Minister. Were you ever advised about it?

Mr GARETH WARD: I will take that on notice, Mr Shoebridge. I will have to seek some more details.

Answer

I am advised this matter sits in the portfolio of the Attorney General and Minister for the Prevention of Domestic Violence, however I am advised Miyay Birray Youth Service (MBYS) has received a total of \$321,522 in funding from the Department of Communities and Justice between August 2017 and 31 December 2019. This included a one-off non-recurrent funding payment of \$78,000 enabling MBYS to extend its Street Beat Program from 1 January 2019 to 31 December 2019. It was made clear that this was one-off funding and not recurrent.

Miyay Birray Youth Service are encouraged to apply to the Safe Aboriginal Youth Program tender for funding from 1 July 2021. This tender will be advertised in June 2021.

Miyay Birray Youth Service's night patrol

Transcript page 26

Mr DAVID SHOEBRIDGE: Mr Coutts-Trotter, did the decision to cut this funding come across your desk?

Mr COUTTS-TROTTER: No. I recall the name of the service; I have no recollection of the detail. I am happy to get that and we can talk about it this afternoon.

Answer

I am advised no. This is because funding was not cut to the Moree Street Beat Program. The funding for Miyay Birray Youth Service (MBYS) was time limited and MBYS signed agreements acknowledging those timeframes. Funding services to Aboriginal communities without any formal public tender process, lacks transparency, and potentially disadvantages other Aboriginal communities and services who are not afforded the same opportunity.

Shearer report

Transcript page 30

Mr O'REILLY: Sure. Of the 63 recommendations, 49 have been resolved. I can give you a summary of the work that is being done and a summary of the work not yet complete, if you would like. Would you like me to do that?

The Hon. ROSE JACKSON: No, I do not think that is necessary. What would be useful is to provide an update of the program of works on notice.

Mr GARETH WARD: Yes. We will take that on notice. Sure, we can do that. And would you like to come to one of the Youth Justice centres, by the way?

Answer

I am advised that the Lee Shearer report handed down 63 recommendations. These were organised into 22 projects, which were set out on the Program of Works submitted to Estimates Committee previously.

50 of the 63 recommendations from the Lee Shearer report have been actioned successfully through these projects.

All of the recommendations related to classification and placement of high risk detainees and to emergency response have been actioned.

The following Shearer recommendations are still in progress: 12, 13, 24, 25, 26, 32, 33, 37, 42, 56, 57, 58, 62.

The associated projects set out the Program of Works are also well progressed, and are being integrated with the implementation of the Shearer projects.

Child Protection helpline

Transcript page 30

The CHAIR: Minister, this week our office at Broken Hill was contacted by a constituent raising the issue of a primary school-aged child whose school attendance amounts to one term per year for the past five years. The child is aged 10, so we believe, and this has been going on for the school life of the child. The family has been in court for non-attendance but this improves the situation only for a short while—maybe a month or so. The parents are alleged to be substance users. The neighbourhood is very concerned about the welfare of this child and his future education level and have contacted the child protection system's helpline repeatedly over the past five years. At times they wait on this line for up to two hours without any contact. Minister, the Child Protection Helpline is reported to be available for contact 24 hours a day, seven days a week. Why are people who are making reports not answered promptly?

Mr GARETH WARD: Well, it is like any helpline. Sometimes there will be increased demand and sometimes that demand will fall. I have had a few text messages from Mr Butler—and I am sorry, if Roy is watching, I have not had a chance to respond to them yet—

The CHAIR: I would rather you respond to me so that it goes in Hansard.

Mr GARETH WARD: Of course, no. I will take that on notice. But there are peaks and troughs in the demand for the helpline and it depends on the cases that are being reported at the time.

Answer

I am advised that in 2019-20 the average wait time at the Child Protection Helpline was 6 minutes and 59 seconds.

I understand that increased demand, seasonal trends and increased media coverage can all impact on wait times. I am advised that the Helpline actively monitors the issues that arise from a fluctuating environment and implements mitigation strategies accordingly.

Since March 2018, mandatory reporters have been able to report their child protection concerns via an online Reporting Community. eReports are now the preferred method of reporting for mandatory reporters.

Child Protection helpline

Transcript page 31

The CHAIR: Sure. How many people would be sitting on the end of the phone ready to answer it? Are you talking about one person, 10 people?

Ms CZECH: There are about 240 staff at the helpline in terms of their staffing establishment. I could come back to you with the exact detail on how many per shift. We obviously, depending on peak periods and non-peak periods, alter rosters to accommodate—

The CHAIR: Will you take that on notice? Really, the total number that might be available is not necessarily relevant, based on the number of people that actually are there per shift. Is it at a centralised point or is it a decentralised service?

Answer

The Child Protection Helpline is a centralised service. The Helpline's staffing is calculated and rostered directly in relation to the incoming call patterns. The Helpline's current roster sees an average of 77 caseworkers rostered during the busiest periods.

Educational neglect

Transcript page 31-32

The CHAIR: At what point do children who are repeatedly not at school over a number of years meet the risk of significant harm, ROSH—the level at which the child protection system allocates a caseworker to investigate whether the child is being abused or neglected?

Ms CZECH: Every child and their circumstances will be different. What we find is you might have educational neglect—i.e., children not attending school as they should—but often that is accompanied by other factors, which might include domestic violence, drug and alcohol et cetera. A priority rating is allocated based on the information for every child. It typically takes the form of a response time being less than 24 hours, less than 72 hours or within 10 days. There are a portion of reports that might be information only because we already know about the circumstances being reported. That is a long way to say, every case is different. We do take educational neglect seriously. There are other processes—and I am sure we will go through this afternoon—it is one thing for a matter to be assessed at the helpline as meeting the threshold for risk of significant harm. There is another process that happens in our community services centres about allocation for a face-to-face assessment.

Answer

I am advised that educational neglect is one of several categories of concerns that are taken into account in determining whether a child protection report meets the risk of significant harm (ROSH) threshold for a statutory child protection intervention.

The department exchanges information that relates to the safety, welfare or wellbeing of a child or young person with schools, agencies and local services.

When a child or young person is assessed as being at risk of significant harm, the department works with the family, other agencies and professionals to make sure they are safe, wherever possible.

Educational neglect

Transcript page 32

The CHAIR: I suppose that is where the question lies. What is the answer? Where does that threshold lie?

Ms CZECH: We have a suite of structured decision-making tools that we use—SDM, as they are known—and backed with significant evidence over about a 30-year period. So the threshold is based on that evidence, and we can certainly provide that information about our policy settings for the threshold and the policies on notice.

The CHAIR: Could you do that?

Ms CZECH: Absolutely.

The CHAIR: Especially in relation to repeat offenders in education and lack of attendance. If they are doing it again and again, then there is obviously something much deeper going on, and if it is alleged substance abuse or whatever. I do not know how your testing system works, whether it actually does work in the long run. Maybe it needs to be escalated even further. At a local level, school principals are prompt in seeking parental responses when a child has an unexplained absence. When did the Minister for Families, Communities and Disability Services last raise the issue with his colleague the education Minister to address the number of children who are absent from school and what is the proposed course of action?

Answer

Government ministers meet regularly both formally and informally to discuss matters that cut across their portfolios. In addition, representatives from the Department of Communities and Justice and NSW Department of Education meet at least monthly with Secretaries of each Department meeting quarterly.

I am advised the Mandatory Reporter Guide (MRG) is a Structured Decision Making (®SDM) tool intended to complement mandatory reporters' professional judgement and critical thinking. It supports mandatory reporters in NSW to determine whether a report to the Child Protection Helpline is needed for concerns about possible abuse or neglect of a child or young person, including educational neglect.

The MRG provides guidance on two types of educational neglect: where a child of compulsory school age (6-17 years) is not enrolled; and habitual absence.

Where a child or young person is not enrolled, the MRG directs the reporter to contact the Educational Services Team, Department of Education.

Where there is habitual absence of a child, the threshold for an assessment of Risk of Significant Harm is a minimum of 30 days' absence in the last 100 school days. Note that a report may meet the ROSH threshold in some instances where there are fewer days' absence but other concerns about possible abuse or neglect of a child.

Reporters are requested to provide the child's details, consider any other vulnerabilities, and outline any concerns about substance abuse of the parents or

carer, domestic violence, mental health, or any other issues that may impact on the safety, welfare or wellbeing of the child.

Persons with Disability Act – ‘Restrictive Practices Bill – 2021’

Transcript page 38

Mr DAVID SHOEBRIDGE: Why, in that draft, are schools not roped into the binding principles and the binding obligations?

Mr GARETH WARD: Can I take that on notice? I will have to get back to you.

Answer

I am advised that under the draft *Persons with Disability (Regulation and Restrictive Practices) Bill 2021*, government schools will be bound by the obligations under clause 7, which apply to all government agencies that use or propose to use a restrictive practice on a person with disability, irrespective of whether they are an NDIS participant.

Any questions about the use of restrictive practices in government schools should be referred to the Minister for Education and Early Childhood Learning.

Their Future Matters – Collaborative Support Pathways pilot

Transcript page 38

The Hon. PENNY SHARPE: I want to ask a question about what was a Their Futures Matter [TFM] project in south-west Sydney. It was called the Collaborative Support Pathways pilot. Its aim was to ensure that all children and young people assessed as at serious risk of harm were referred, and there were around 4,000 children. I want to understand what happened and where that is up to, and over what period. I understand that the number of children being reported in south-west Sydney is much larger than 4,000. Can someone give me some clarity around that?

Mr GARETH WARD: I will take it on notice, but I will say that in south-western Sydney you actually have a higher than average number of young people but a lower than average number of ROSH reports. So a lot of good things have happened in that district, not least of which because the person who now sits here as one of the executive directors was herself a caseworker and has worked from the ground up to be in the position that she is in and doing an exceptional job. But I will take that on notice.

Answer

I am advised that the Collaborative Support Pathways Pilot (CSP) commenced in October 2018 in the Bankstown, Liverpool and Fairfield Community Service Centres (CSCs). The objective of the pilot was that every child and young person reported at risk of significant harm (ROSH) would receive a service response matched to their need.

The Pilot trialled new processes to improve the quality of responses to children reported at ROSH which included the introduction of streamlined referral pathways and improved collaboration with both Government and non-Government agencies. The CSP Pilot mapped the service sector, and tracked the responses to every child at ROSH. With these learnings, the pilot is being implemented across the remainder of South Western Sydney District as well as considering scalability into other districts.

I am advised that in 2019-20 there were 3,792 children seen by a DCJ caseworker in the South Western Sydney District. This is an increase of 6.5% compared to the number of children seen in 2017-18 (3,562).

Their Future Matter – Collaborative Support Pathways pilot

Transcript page 38

The Hon. PENNY SHARPE: No-one is denying that, Minister. I actually want to know.

Mr GARETH WARD: She is absolutely fabulous.

The Hon. PENNY SHARPE: There was great hope for this project. It is fundamental for doing what you are trying to do, which is to get more support for kids who are at risk of harm. I want to understand how many kids have been referred.

Mr GARETH WARD: Various pilots are happening. I would be more comfortable taking it on notice and providing additional information should you seek it.

Ms CZECH: Ms Sharpe, I can add that the project continues and actually is being expanded into the Sydney districts as well. We have had enormous success. As the Minister said, we can provide the detailed numbers on notice. Not only have we been able to increase the number of children who receive a face-to-face assessment by a caseworker, but the nature and the name of the program, being Collaborative Support Pathways, means that we have, as you know, a range of NGOs that provide services in a collaborative way, seek advice but deliver services that go to mitigate any risk that might be present. So it is continuing. You are right in coining it as a Their Futures Matter project, but it continues. We have got expansion underway, and there is incredible optimism and hope that that is part of the answer to the ROSH numbers going up.

Answer

I am advised that under the Collaborative Support Pathways Pilot, there are multiple pathways of support available for families to be referred to, including to DCJ funded Service Providers, other Non-Government Organisations and Government agencies. Manual data collected by the Pilot between 1 October 2018 and 30 September 2019, outlined that over 3000 children and young people, whose cases would otherwise have been closed, were referred to these pathways of support.

Guardianship Orders – Aboriginal children

Transcript page 42

Mr DAVID SHOEBRIDGE: All right. Obviously I will then ask: Of those guardianship orders in relation to Aboriginal and Torres Strait Islander children, how many were for non-Aboriginal carers?

Mr GARETH WARD: Yes. I think it was in the 70—

Mr COUTTS-TROTTER: No, no. The overwhelming majority were Aboriginal carers.

Mr GARETH WARD: Yes, it was a very small percentage. I will take that on notice.

Answer

I am advised that for the years 2018-19 and 2019-20, a total of 299 Aboriginal children exited OOHC to guardianship.

I am advised that of the 299 Aboriginal children who moved to guardianship in 2018-29 and 2019-20, 176 of these were guardianship to Aboriginal carers (59%) and 123 to non-Aboriginal carers. Of these 123, a further 94 were placed with relative or kinship carers.

In total 90% of the children moved to guardianship with relatives or kin or Aboriginal carers.

Adoption – Aboriginal children

Transcript page 43

Mr DAVID SHOEBRIDGE: Were any of those seven children adopted by non-Aboriginal parents?

Mr GARETH WARD: I will take that on notice.

Mr COUTTS-TROTTER: Yes, I will just confirm that for you.

Ms CZECH: I have an answer to that. For 2019-20, as the Minister said, seven Aboriginal children were adopted. The adoptive parents' culture—of that seven, two were Aboriginal.

Answer

I am advised that for 2019-20, seven Aboriginal children were adopted. Of that seven, two were adopted by Aboriginal carers.

Restoration

Transcript page 44

Mr DAVID SHOEBRIDGE: Of the case reviews that were undertaken of kids in out-of-home care in 2019-20, how many considered the potential for successful restoration?

Mr COUTTS-TROTTER: I will take it on notice. I can give you the current data on the permanency goals for children. There were around 2,092 children at the end of December that had as a goal restoration, guardianship or open adoption. The majority had restoration as a goal; that was over a thousand children. Guardianship was 881 children and adoption was 209 or 210. The share of children with restoration as a goal who were Aboriginal was around 46 per cent.

Answer

I am advised that restoration is considered for all children when they first enter care. A decision is to be made within six months for children under two and within 12 months for children over 2 as to whether restoration is realistic or not.

The number of Children and young people in OOHC with a current case plan and permanency goal as at 31 December 2020.

Case plan goal	Aboriginal	Not Aboriginal	Total
Restoration	427	575	1,002
Guardianship	382	499	881
Adoption	10	199	209

It is noted that for the 10 children with a case plan goal of Adoption, the progression of seeking an adoption order is subject to the Secretary's approval.

In all cases where open adoption is being considered for an Aboriginal child DCJ has a legal responsibility to make sure this is the best permanency option for that child over and above any other care order, including remaining under the parental responsibility of the Minister. This process requires practitioners to work collaboratively with the Senior Practitioner and the Aboriginal Strategy unit who both play a pivotal role in reviewing all practice and decision making, and provide recommendations to the Secretary, informing his decision to approve or decline an adoption application being sought for an Aboriginal child.

With adoption, if the child is under 12 years old there is a requirement for each parent to formally consent, or for their consent to be dispensed with. Where the child is over 12 years, they can consent to their own adoption. In all cases where parents are intending on giving consent, they are required to attend registered counselling before formally signing consent, and for Aboriginal parents, they must also be offered Aboriginal or Torres Strait Islander Counselling in addition to the registered

counselling. Where children are consenting, the counsellor provides a Capacity Report confirming that the child has the capacity and understands the effects of giving consent.

Not all children with the case plan goal of adoption, are adopted. The goal may change over time based on their circumstances and what is in their best interests.

Restoration – Aboriginal children

Transcript page 44

Mr DAVID SHOEBRIDGE: How does that 46 per cent for Aboriginal kids compare to non-Aboriginal kids?

Mr GARETH WARD: Can I just add to that? Restoration and guardianship accounts for almost all Aboriginal children exiting to permanency outcomes in 2018-19 and 2019-20. Between 2018-19 and 2019-20 there was a 21 per cent increase in restorations for Aboriginal children.

Mr COUTTS-TROTTER: In terms of their representation within the child protection system?

Mr DAVID SHOEBRIDGE: Yes.

Mr GARETH WARD: Restoration is always considered as a—

Mr DAVID SHOEBRIDGE: Let me get this clear. The question I attempted but think I failed to ask was the proportion of Aboriginal kids where there is a case review that identifies the potential for successful restoration—

Mr GARETH WARD: Restoration is always a goal.

Mr DAVID SHOEBRIDGE:—as against non-Aboriginal kids where they identify a pathway to potential restoration.

Mr COUTTS-TROTTER: Restoration is considered for every child as part of the permanency hierarchy under the legislation. Are you asking where we triggered a review through our non-government partners of the permanency goals for kids in non-government supported care?

Mr DAVID SHOEBRIDGE: Yes.

Mr COUTTS-TROTTER: Okay, I will get that data for you.

Mr GARETH WARD: Can I just add to that? Restoration and guardianship accounts for almost all Aboriginal children exiting to permanency outcomes in 2018-19 and 2019-20. Between 2018-19 and 2019-20 there was a 21 per cent increase in restorations for Aboriginal children.

Answer

I am advised that restoration is considered for all children when they first enter care. A decision by the Court is to be made within six months for children under two and within 12 months for children over 2 as to whether restoration is realistic or not.

If the decision is that restoration is not realistic, the focus turns to the child's permanency options such as guardianship or adoption.

Case plan reviews occur at least annually for all children in out-of-home care. For children in long term care, the primary focus is placement stability with the current carer and consideration of guardianship, or for non-Aboriginal children open adoption.

The number of Children and young people in OOHC with a current case plan and permanency goal as at 31 December 2020.

Case plan goal	Aboriginal	Not Aboriginal	Total
Restoration	427	575	1,002
Guardianship	382	499	881
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It is noted that for the 10 children with a case plan goal of Adoption, the progression of seeking an adoption order is subject to the Secretary's approval.

In all cases where open adoption is being considered for an Aboriginal child DCJ has a legal responsibility to make sure this is the best permanency option for that child over and above any other care order, including remaining under the parental responsibility of the Minister. This process requires practitioners to work collaboratively with the Senior Practitioner and the Aboriginal Strategy unit who both play a pivotal role in reviewing all practice and decision making, and provide recommendations to the Secretary, informing his decision to approve or decline an adoption application being sought for an Aboriginal child.

With adoption, if the child is under 12 years old there is a requirement for each parent to formally consent, or for their consent to be dispensed with. Where the child is over 12 years, they can consent to their own adoption. In all cases where parents are intending on giving consent, they are required to attend registered counselling before formally signing consent, and for Aboriginal parents, they must also be offered Aboriginal or Torres Strait Islander Counselling in addition to the registered counselling. Where children are consenting, the counsellor provides a Capacity Report confirming that the child has the capacity and understands the effects of giving consent.

Not all children with the case plan goal of adoption, are adopted. The goal may change over time based on their circumstances and what is in their best interests.

Restoration – Aboriginal children

Transcript page 45

Mr DAVID SHOEBRIDGE: But we will get that relative data comparing Aboriginal kids in care as against non-Aboriginal kids in care and the proportion that get restored.

Mr COUTTS-TROTTER: Just to be really clear what we are getting: We asked non-government organisations providing care to work with us to review the permanency goal for the children in their care and, where possible, reconsider restoration.

Mr DAVID SHOEBRIDGE: Correct.

Mr COUTTS-TROTTER: Okay, we will get that data.

Answer

I am advised that as at 30 June 2020 there were 16,160 children in OOHC (6,688 Aboriginal children and 9,472 non-Aboriginal children).

I am advised that there were 2,838 children and young people who exited from OOHC in 2019-20 (1,090 Aboriginal children and 1,748 non-Aboriginal children).

I am advised that data up to 2018-19 on children exiting OOHC who were restored to their parents is available in the Annual Statistical Report 2018-19:

<https://www.facs.nsw.gov.au/resources/statistics/statistical-report-2018-19>

I am advised that data for 2019-20 will be available in the Annual Statistical Report 2019-20, in April 2021.

Restoration – Aboriginal children

Transcript page 45

The Hon. PENNY SHARPE: And just to be clear on that, there is still a significant number of children and young people who are under DCJ and not transferred over. Can we get that data as well?

Answer

I am advised that the department continues to transfer children to non-government agencies when they enter care.

As at 30 June 2020, there were 16,160 children and young people in OOHC. Of these, 53% were case managed by DCJ and 47% were case managed by NGO.

Kinship care – Aboriginal children

Transcript page 45

COUTTS-TROTTER: Yes, we can. Most of the children in our care are with relatives and kin, as you know.

Mr DAVID SHOEBRIDGE: Minister, how many—and if you can, what proportion—of Aboriginal and Torres Strait Islander children in out-of-home care are placed in relative or kinship care? Do we know—

Mr GARETH WARD: I think it is 74—

Mr COUTTS-TROTTER: No.

Mr DAVID SHOEBRIDGE: Why don't I just give the cascade of questions and then that might answer it?

Mr GARETH WARD: I might take them on notice.

Mr DAVID SHOEBRIDGE: I would hope we have the figure here.

Mr COUTTS-TROTTER: No, we can come back this afternoon. Sure.

Answer

I am advised that the information on Aboriginal children placed with Aboriginal and non-Aboriginal relatives and kin, and Aboriginal carers is publicly available in Report on Government Services 2021 (Table 16A.22).

In 2019-20 59% of Aboriginal children in OOHC were placed in relative or kinship care. Placement with Aboriginal authorised carers also falls within the scope of the Aboriginal and Torres Strait Islander Child Placement Principles (ATSICPP), and an additional 15% of Aboriginal children in OOHC were placed with Aboriginal authorised carers.

Consequently, 74% of Aboriginal children in OOHC in 2019-20 were placed according to the ATSICPP.

Placements of Aboriginal children

Transcript page 45

Mr DAVID SHOEBRIDGE: How many were placed in relative or kinship care? Of those children, how many and what proportion are placed in relative or kinship care with Aboriginal and Torres Strait Islander members of their family? How many and what proportion are placed with Aboriginal and Torres Strait Islander foster carers? How many and what proportion are managed by an Aboriginal community controlled organisation?

I think that is the set of questions.

Answer

I am advised that the information on Aboriginal children placed with Aboriginal and non-Aboriginal relatives and kin, and Aboriginal carers is publicly available in Report on Government Services 2021 (Table 16A.22).

In 2019-20 59% of Aboriginal children in OOHC were placed in relative or kinship care. Placement with Aboriginal authorised carers also falls within the scope of the Aboriginal and Torres Strait Islander Child Placement Principles (ATSICPP), and an additional 15% of Aboriginal children in OOHC were placed with Aboriginal authorised carers.

Consequently, 74% of Aboriginal children in OOHC in 2019-20 were placed according to the ATSICPP.

As at 30 June 2020, there were 2,980 Aboriginal children in OOHC where an NGO was the placement provider. Of these, 47% were with an Aboriginal service provider and 53% were with a Non-Aboriginal service provider.

Note the data refers to organisations identified as Aboriginal service providers, not as Aboriginal Community Controlled (ACCOs). Hence, some of these organisations may not be fit the definition of an ACCO.

Carer leavers and homelessness

Transcript page 46

The CHAIR: No, he is coming to the question.

Mr GARETH WARD: I have had advice provided from the department that highlighted research that indicated that often things like homelessness are simply delayed rather than actually resolving the issues that relate to that child.

Mr DAVID SHOEBRIDGE: I am asking if you can table that advice.

Mr GARETH WARD: It is in a briefing note. I am not going to get into the habit of tabling briefing notes.

Mr DAVID SHOEBRIDGE: Table whatever. Provide whatever advice you have.

Mr GARETH WARD: I am happy to take it on notice and I will respond.

Answer

I am advised that a key example of the research is a study by Dworsky, A. and Courtney, M. E. (2010). *Assessing the Impact of Extending Care beyond Age 18 on Homelessness: Emerging Findings from the Midwest Study*. Chicago: Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/Midwest_IB2_Homelessness.pdf

The Chapin Hall study found that an extension to 21 delayed rather than avoided homelessness. By age 23-24 there was no difference on the prevalence of homelessness.

The study found 'young people who are allowed to remain in foster care until age 21 are no less likely to become homeless during the first 30 months after exiting'. It went on to say 'perhaps states would be doing nothing more than postponing homelessness by extending foster care.'

'Leaving care' refers to the expiration of the order allocating care to the Minister. Any young person is able to remain with their carer/s after the age of 18 if both the young person and their carer agree. Placements may also be extended beyond 18 while the young person completes their Higher School Certificate.

The Premier's Youth Initiative delivers services to young people leaving care who are vulnerable to homelessness upon exit. An evaluation found the model to be a promising intervention and successful in preventing homelessness for those who have a history of homelessness while in care. The evaluation can be found [here](#).

Another initiative is Rent Choice Youth, which supports young people to access the private rental market.

Support is also available through Foyer Central, a newly constructed campus comprising 53 studio apartments located in Chippendale, Sydney for young people aged between 18 and 22 and have lived experience of out-of-home-care.

Child deaths – case closures

Transcript page 47

The Hon. PENNY SHARPE: You would be aware that I have tried on notice to get further breakdowns. The response I received from the Minister's office referred me back to the report, which is fine, but it does not actually give me the detail that I was seeking. I am trying to understand the nature of the closure of cases for the 97 children who died. You may not be able to give it to me now but if I could ask for that? I am trying to get whether their cases had been closed. There is some information in the report—there is no doubt about that—but I think there were 33 of the under-fives who had had their case closed. I am just trying to get an understanding of what their status was, within the 97, in relation to an open or closed case. The report provides some of it but it is not broken down.

Mr COUTTS-TROTTER: So whether a case was closed—

The Hon. PENNY SHARPE: And in what time frame.

Mr COUTTS-TROTTER:—and the reason for the case closure.

The Hon. PENNY SHARPE: Yes.

Answer

I am advised the child deaths annual report does not collate the data in the manner asked. Given the broad timeframe (of three years) in which reportable child deaths data are captured, the report describes whether the family had received a face to face assessment, in response to risk of significant harm reports, including whether a face to face assessment was received within the 12 to 18 month period before the child's death.

As the report explains, the majority of children's deaths were not caused by abuse or neglect. The report also noted that 70 (or 72 per cent) of the families whose children had died received a face to face assessment before the child's death. Forty-one (or 42 per cent) of children and/or their siblings received a face to face assessment within the 12 to 18 months before the child's death.

Case closures due to competing demands

Transcript page 48

The Hon. PENNY SHARPE: That is great. As I said, pursuing the issue around case closure and the numbers, do you track from your community services centres [CSCs] the number of cases closed due to competing priorities? Is there a figure put on that?

Mr COUTTS-TROTTER: Yes. We have tried to get it. We have not got it yet. We will provide it to you on notice.

The Hon. PENNY SHARPE: Can you provide it by district?

Ms CZECH: Yes, we can.

Answer

I am advised that the department publishes extensive and detailed data on its website in various dashboards. Information which is publicly released undergoes extensive quality assurance and validation before it is released. As the dashboards can include disaggregation by demography or location, if the data is deemed to be incomplete or not fit for reporting it would not be released.

Information on children at risk of significant harm (ROSH) by highest level of assessment received is available for 2016-17 and earlier years in the 2017-18 Annual Statistical Report (ASR). Children who received an office based assessment but did not go on to receive a subsequent face to face assessment would be regarded as falling under the category of “competing priorities”. These children are shown as “SAS1 completed – closed in the ASR dashboard. For example in 2016-17, 41% of children at ROSH received an office based assessment and did not go on to receive a subsequent face-to-face assessment.

Information for 2017-18 and 2018-19 was not published due to data quality issues as a by-product of the implementation of ChildStory, and changes to policy and business processes that made this data not comparable to earlier years and unfit for public reporting. These issues will also preclude release of 2019-20 data.

Children seen

Transcript page 49

The Hon. PENNY SHARPE: I am very pleased to hear that, but I am worried that the system default essentially is imminent risk of harm in terms of how many kids you can get to. If you are running at 30 per cent, as I said I do not for a minute question the difficult decisions that caseworkers have to make every day; it is very stressful. But I am wondering what the data is, and I do not think this is in the statistical report—again, you can correct me if I am wrong. You talk about how there is a "must be seen within 24 hours" and then there is sort of three days and then 10 days. Are they the three?

Mr COUTTS-TROTTER: Yes, 72 to 10 days.

The Hon. PENNY SHARPE: What are you able to provide to me in terms of a breakdown by community services centres on that?

Ms CZECH: We can take that on notice, absolutely.

Answer

I am advised that information on children reported at risk of significant harm (ROSH) by response priority is published in the Annual Statistical Report

https://public.tableau.com/profile/facs.statistics#!/vizhome/TableA1B2C2D3N23-N26/Performance_measure_up_to_2018-19.

The 2019-20 figures which will be published in April 2021 and are as follows: Of the 236,527 ROSH reports, 13% were categorised as needing a response in less than 24 hours, 41% within 72 hours, and 38% within 10 days. Data is reported for NSW overall.

Their Futures Matter – Collaborative Support Pathways pilot

Transcript page 50

Ms CZECH: The Collaborative Support Pathways project is in its second year, so it is continuing.

The Hon. PENNY SHARPE: When did it start?

Ms CZECH: Oh, God. So, 2019?

Mr COUTTS-TROTTER: Yes, 19.

The Hon. PENNY SHARPE: At the beginning of the year?

Ms CZECH: I would have to come back—

The Hon. PENNY SHARPE: You can take it on notice. I am just trying to understand how long.

Answer

I am advised that the pilot launched in October 2018.

Their Futures Matter – Collaborative Support Pathways pilot

Transcript page 50

The Hon. PENNY SHARPE: Thank you for that; that has actually been helpful. I do want to go back to this Collaborative Support Pathways pilot. It has been mentioned in a few places and, as I said, really the only information I have been able to work out is that it was a Their Futures Matter project. I am not sure what the time frame for that was. It made the claim that all kids that were assessed at ROSH were referred and it was around 4,000 children—again, I am not sure over what period. I am really just trying to get a handle on where that is up to.

Ms CZECH: The Collaborative Support Pathways project is in its second year, so it is continuing.

Ms CZECH: Yes. It is in its second year. Its intent or purpose very much was that every child who is reported at risk of significant harm either receives a statutory assessment from DCJ or one of the services that are in south-western Sydney actually provides support to that family. I have not got the data with me, but I am happy to provide it on notice about how many children we are getting to. What I do know is that the number of face-to-face assessments that a DCJ caseworker was able to assess had gone up, but we were also able to get a significant additional number of children reported at ROSH seen by an NGO. But I can provide that on notice.

Answer

I am advised that the collaborative support pathways is a pilot in South Western Sydney aiming to provide a service or support to all children and young people at risk of significant harm, originally focused on three Community Service Centres, Bankstown, Liverpool and Fairfield. The pilot includes collaboration with the wider child protection sector, the key mandatory reporting agencies of NSW Police, Education and Health, and DCJ funded service providers.

I am advised that in 2019-20, of the 13,959 children and young people reported at Risk of Significant Harm (ROSH) in the South Western Sydney district, 53% (7,337) were from the Bankstown, Liverpool, and Fairfield Community Services Centres (CSCs).

I am advised the number of children seen by a DCJ caseworker across the Bankstown, Liverpool, and Fairfield CSCs increased by 4.5% from 2018-19 (2,061) to 2019-20 (2,154).

Their Futures Matter – Collaborative Support Pathways pilot

Transcript page 50-51

The Hon. PENNY SHARPE: That is great. What I am specifically interested in is: During that time was every child captured? How many kids were actually reported at ROSH? Even if we had 4,000, was that an underestimate? It seems a bit low to me but I am not sure of the time period. There is a referral to service but what is the follow-up and monitoring about whether someone actually gets a service?

Ms CZECH: As part of the project, each week DCJ and the service providers come together. They go through every single referral that we have got, or report, and decisions are made as a group about which way we are going to go with particular matters. The best indicator, if you like, of effectiveness is our re-report rate. For south-western Sydney—and I would have to come back to you unless we can find the figure quickly—it is much lower than any other district.

Answer

I am advised that during the first phase of the pilot, the district tracked all referrals made to alternative support services to determine how many resulted in a service being provided to a child or young person or their family. The pilot is now in its second phase, which is focused on working closely with service providers to improve their rate of engagement with families at risk of significant harm, and bringing service providers together to share learnings from the pilot.

The latest data on the Premier's Priority re-report rate shows that in the 12 months to December 2020 the re-report rate for the South Western Sydney District was 31.4%, (compared to the overall NSW rate of 39.2%). South Western Sydney District has one of the lowest re-report rates in NSW.

The Premier's Priority re-report cohort is comprised of children who were reported at risk of significant harm (ROSH), and had a Field Assessment and a plan closed during the 2019 calendar year, as 'Case Plan Goal Achieved' or 'Assessment of Risk Indicates no Further Intervention Required' – the same cohort of children are followed for the 12 month post plan closure to the end of December 2020.

Their Futures Matter

Transcript page 51

Ms CZECH: But there is also an avenue if a service is concerned about what they might find when they go out for it to be fed back in to that panel-type concept that meets, like I said, each week.

The Hon. PENNY SHARPE: The services that you are referring to—I do not need a list of them, service by service—what type of service are they?

Ms CZECH: Typically, services we fund in family preservation and child protection—so multi-systemic therapy and functional family therapy for example—but some family support services. There is disability services often. Again, I can give you a list on notice of—

Answer

I am advised that services may include family preservation or intensive family preservation programs operating in South Western Sydney for example Multisystemic Therapy – Child Abuse and Neglect, Functional Family Therapy – Child Welfare or Brighter Futures.

Care leavers – extended care

Transcript page 51

The Hon. PENNY SHARPE: We have talked a little bit on the extended care issue. Are you able to point us to this idea that there is this research that extended care somehow just kicks the problem down the road? Can you point us to the report for the advice that was provided to the Minister?

Mr COUTTS-TROTTER: Obviously the Minister had a view about a briefing note, but we are trying to get advice and maybe we can respond on notice to identify the research base from which a briefing note was drawn. So we will point you to the research.

Answer

I am advised that key references include:

Dworsky, A. & Courtney, M. E. *Assessing the Impact of Extending Care beyond Age 18 on Homelessness: Emerging Findings from the Midwest Study*. Chicago: Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/Midwest_IB2_Homelessness.pdf

The Chapin Hall study found that an extension to 21 delayed rather than avoided homelessness. By age 23-24 there was no difference on the prevalence of homelessness.

The study found ‘young people who are allowed to remain in foster care until age 21 are no less likely to become homeless during the first 30 months after exiting’. It went on to say ‘perhaps states would be doing nothing more than postponing homelessness by extending foster care.’

JoAnn S. Lee, Mark E. Courtney, Emiko Tajima (2014). *Extended foster care support during the transition to adulthood: Effect on the risk of arrest*. <https://doi.org/10.1016/j.childyouth.2014.03.018>

Extended care is associated with a lower risk of arrest in the first year, but appears to have a declining effect over time.

Targeted Early Intervention program

Transcript page 53

The Hon. PENNY SHARPE: Everyone was very happy about that. There are 514 but my understanding is that there was around 550 service providers. That means that there are about 36 missing. What has happened to those 36?

Ms WALKER: The dollar value of all the contracts remains the same. What we have over time is a combination of services, some services wanting to hand back funds and other services taking over other contracts. With that level of variation from 550 to 514—and I will check the previous number—we could look at what the themes are in that reduction.

The Hon. PENNY SHARPE: So they hand back their contract. So are you saying that the level of funding for TEI, whether there are 550 or 500 service providers, remains the same?

Ms WALKER: Yes, \$161 million.

The Hon. PENNY SHARPE: So the amount available for the program is the same. Does it mean that the money for those 36 service providers has been moved elsewhere?

Mr COUTTS-TROTTER: No.

Ms WALKER: No. It is usually recommissioned either with existing service providers or through a—we would prefer not to do a big open tender. There are lots of issues around that, so we often do select tenders or go directly to providers in those circumstances. But I will double-check the original number.

The Hon. PENNY SHARPE: You may need to take this question on notice: How much were the total contracts of the 36 service providers and what has happened to them? I am trying to follow the money.

Answer

I am advised that the Targeted Earlier Intervention program currently invests \$161M across 716 contracts state-wide.

Prior to the Targeted Earlier Intervention reform commencing, the Department of Communities and Justice (DCJ) invested \$160M across 962 contracts state-wide. Throughout the reform process, a number of service providers elected to amalgamate contracts, and some providers elected to voluntarily relinquish funds, due to changing business priorities, electing to withdraw from direct service delivery, or not electing to continue with the Targeted Earlier Intervention program priorities. Throughout the reform process DCJ did not cease any existing Targeted Earlier Intervention program contract. DCJ continues to re-invest all Targeted Earlier Intervention program budgeted funds to early intervention service providers in districts.

No budgeted Targeted Earlier Intervention program funds have been diverted to other programs, or for other activities.

Dashboards – intensive family support services

Transcript page 55

Mr DAVID SHOEBRIDGE: Well, I say moderately current because most of it is September 2020—some of it is June 2020. But when you go more deeply into the caseworker dashboard, it becomes increasingly less current. If we go to the very next dashboard—if we go from highlights to dashboard one—it is talking about children and young people receiving intensive family support service and there is a breakdown between Aboriginal and non-Aboriginal children. It is only as at 2017-18.

Mr COUTTS-TROTTER: Fair point. We have more recent data.

Mr DAVID SHOEBRIDGE: Can you give the more recent data for the children and young people who have been receiving an intensive family support service?

Mr COUTTS-TROTTER: We can definitely do it on notice. I will ask the colleagues to have a look through the material to see if we can do it now, but we can definitely do it on notice.

Mr DAVID SHOEBRIDGE: Assume that, on notice, what I have asked is for the data that is in the dashboard on the various subcategories of the dashboard, if we can have that updated?

Mr COUTTS-TROTTER: Okay.

Answer

I am advised that as reported in the Report on Government Services (ROGS) 2021, an estimated 16,000 children were provided with interventions from Intensive Family Support Services at any point during 2019-20. Of this total 32% were Aboriginal children. This percentage has been consistent over a number of years.

Brighter Futures

Transcript page 55

Mr DAVID SHOEBRIDGE: The one that was most troubling me of all of them was the Brighter Futures.

Mr COUTTS-TROTTER: Troubling because of the age of the data?

Mr DAVID SHOEBRIDGE: Both the age of the data and the trend it was showing.

Mr COUTTS-TROTTER: Yes, we have seen fewer families participate in the program, that is right.

Mr DAVID SHOEBRIDGE: Significantly fewer families, and also the results in terms of re-reporting were quite distressing.

Mr COUTTS-TROTTER: We have more recent data, so we should provide that on notice. I think you will find the results are better than the results on the dashboard.

Answer

I am advised that during 2019-20, more than 12,000 children were provided with interventions from Brighter Futures at any point during the year.

Brighter Futures

Transcript page 55-56

Mr DAVID SHOEBRIDGE: Can you give me an update on Brighter Futures?

Mr COUTTS-TROTTER: I do not have the number to hand but I know that the re-report rate—it is a little bit dangerous to speculate from a faulty memory before a parliamentary committee, so I think that we should take it on notice.

Answer

I am advised that that during 2019-20, more than 12,000 children were provided with interventions from Brighter Futures at any point during the year. Where families exited the Brighter Futures program in 2019-20 after achieving their case plan goals, their risk of significant harm (ROSH) re-report rate within 90 days of program exit was 17.3%.

Co-located caseworkers and joined-up projects

Transcript page 58

Mr DAVID SHOEBRIDGE: One of the rationales for creating the new super-agency of the DCJ was you would join up the expertise in Justice and the data that you get about kids in the justice space with the data that you have from what was previously Families and Community Services.

Mr COUTTS-TROTTER: Yes.

Mr DAVID SHOEBRIDGE: Can you identify any concrete achievements that have come about as a result of that?

Mr COUTTS-TROTTER: I might ask Mr O'Reilly to talk about how his Youth Justice team, who are providing community-based supervision and supports for young people, and working alongside child protection teams. I might invite Ms Czech to describe the work being done by child protection caseworkers now placed in five New South Wales prisons that accept women, with the next step extending that service to Broken Hill and one other remote location.

Mr O'REILLY: In Youth Justice, there has always been an understanding that there is a big overlapping population between young people that our agency works with and young people in the out-of-home care system, but it has always been difficult to identify them in a way that is efficient and that enables immediate joined-up casework. From last year, one of my staff works full-time on working with both databases. So whenever we get a new person come into our system, that person's job is to identify if they are an out-of-home care person as well and then start the work of joining up the casework where appropriate. That means that it is a reliable gateway for joining up from the beginning, rather than having casework running off in different directions without joining up. Despite the goodwill of all caseworkers, sometimes I think we need a mechanical or a system fix to actually capture that goodwill and make it effective joint casework. That has been really successful. The ultimate goal, of course, is that it is automatic through the database system. In Youth Justice, we are in the process of reviewing our database, and hopefully one of the improvements coming out of that will be that joining up with ChildStory. That is the first thing, and that has really made a difference. Then it is about actually driving and measuring the impact of joined-up casework. It needs to be different depending on the location. In the inner city and out to Burwood, we do have a joint casework team where my team funds two caseworkers and Community Services funds three. Those teams work together, working with adolescents who are—sometimes they have had contact with the justice system or they may just be at risk, sometimes because of referrals and sometimes because of what we know about their siblings. They have a caseload they work on together to try to make sure that they do not progress in the criminal justice system. That is an experiment that we are doing through a joint funding arrangement. So far it is having some success and there will be an evaluation done to measure that properly later this year, hopefully. Across the State, as part of our performance management, we require all of our area managers—and we have 17 of them in Youth Justice—to demonstrate how they are doing business differently to collaborate with Community Services and Education, in fact, as well.

So that is pretty successful on the whole. But I would say that some areas are more successful than others. That could be because they are already co-located and that

really makes it efficient, or it could be because they have that access to data quickly and they were a bit more on the ball, if you like, in terms of getting involved in the joint casework. It also has to do with the distribution of clients. Sometimes our distribution of clients is lower or higher than the out-of-home care distribution of clients, but we might have a much stronger drive to collaborate more specifically with education in that area because that is the pressing issue in that area. We could give you some details of some of those joined-up projects, if you like, or we could provide something on notice. There is quite a lot of stuff there.

Mr DAVID SHOEBRIDGE: I think if we get the individual ones on notice, that is useful.

Answer

Please refer to Attachment A, Collaborative models for complex needs.

Self-harm

Transcript page 62

The Hon. ROSE JACKSON: I might ask some question about Youth Justice. I think they will primarily be to Mr O'Reilly and Ms Czech. Some of these you might have to take on notice because I am after some figures although some might be available. What was the level of self-harm overall in Youth Justice facilities within the last reporting period?

Mr O'REILLY: It reduced significantly and I can give you the numbers in a moment.

The Hon. ROSE JACKSON: That is good because obviously the previous time we discussed this it had increased significantly. So it is good to hear that it has gone down.

Mr O'REILLY: It has. You mentioned earlier the Orana self-harm rates as well. In total in 2018-19 there were 800 self-harm incidents and in 2019-20 there were 468 self-harm incidents. The thing about self-harm is that there are three categories measured in that figure: actual self-harm, attempted self-harm and threatened self-harm. We make sure we record all of that because they are all indicators of risk and all require a response. But all three categories reduced dramatically.

The Hon. ROSE JACKSON: Are you able to give us that figure broken down by each centre? Is that something that you have?

Mr O'REILLY: By centre? Yes, I can give you that. It is in a different document—just give me one second. That came through during lunch, thankfully.

The Hon. PENNY SHARPE: The ministerial support unit has done good work over lunch.

Mr O'REILLY: At Acmena we had—what I got over lunch is the actual self-harm numbers; I did not get the threats or the attempts. I can give you the actuals now and give you the rest on notice.

Answer

I am advised that the figures in relation to self-harm, by type and centre, are as follow:

Count of IncidentID	Incident Category		
Unit Name	Incident Sub Category	Self-Harm	Grand Total
Acmena	Actual	13	13
	Attempt	7	7
	Threaten	7	7
Acmena Total		27	27
Baxter	Actual	104	104
	Attempt	19	19
	Threaten	1	1
Baxter Total		124	124
Cobham	Actual	71	71
	Attempt	16	16
	Threaten	4	4
Cobham Total		91	91
Orana	Actual	23	23
	Attempt	6	6
	Threaten	7	7
Orana Total		36	36
Reiby	Actual	148	148
	Attempt	16	16
	Threaten	9	9
Reiby Total		173	173
Riverina	Actual	7	7
	Attempt	1	1
	Threaten	1	1
Riverina Total		9	9
Transport services	Actual	6	6
	Attempt	2	2
Transport services Total		8	8
Grand Total		468	468

Health Assessments

Transcript page 63

The Hon. ROSE JACKSON: Yes. My understanding is that when a young person enters a Youth Justice facility they are to be assessed by a nurse or a health professional within 48 hours of that entry.

Mr O'REILLY: Yes.

The Hon. ROSE JACKSON: How many young people were not assessed within that time period?

Mr O'REILLY: It is difficult to give that answer now. It is rare that it does not happen because we have nurses there every day and we have psychologists on staff five days a week. It is rare that a nurse does not see them the same day but there may be some occasions, sure, where it is happened. We could probably come up with an estimate.

The Hon. ROSE JACKSON: That would be useful.

Answer

I am advised that Justice Health assesses all young people within the mandated 48 hour period. Justice Health confirmed that over the last three month period all young people who actually remained in custody for 48 hours (or longer) have been assessed within their initial 48 hours in custody.

It is possible that a young person who has been in custody for less than 24 hours but achieves bail may not be provided an initial assessment if there are no nursing staff onsite during that time.

Children in detention – comparison with other states/territories

Transcript page 67

Mr DAVID SHOEBRIDGE: How does New South Wales now benchmark against other States and Territories in terms of the proportion of children in detention?

Mr O'REILLY: The proportion of children in a population?

Mr DAVID SHOEBRIDGE: Correct.

Mr O'REILLY: I have to dig for that one I am afraid—just bear with me.

Mr DAVID SHOEBRIDGE: While that is happening, is there anything across the Federation where juvenile detention authorities and agencies actually share successes?

Mr O'REILLY: Yes, we do have an association where the heads of each youth justice agency meet across Australia and New Zealand every couple of months.

Mr COUTTS-TROTTER: New Zealand is very important. They have got a really interesting system.

Mr DAVID SHOEBRIDGE: Is that every couple of years?

Mr O'REILLY: Every couple of months we get together, and we also have subcommittees that do projects in the background and we talk about challenges. We certainly collaborated very closely on the management of the COVID pandemic. We also talk about issues like preventing avoidable remand. New Zealand has got an innovative approach there that we are currently looking very closely at.

Mr DAVID SHOEBRIDGE: Indeed. I will let you give the data first, Mr O'Reilly. I am okay if those figures are taken on notice.

Ms CZECH: We might have to do that.

Answer

I am advised that the data is available in the AIHW Report *Youth detention population in Australia 2020* released on 26 February 2021.

The full report and data tables are available at:

<https://www.aihw.gov.au/reports/youth-justice/youth-detention-population-in-australia-2020/contents/summary>

ChildStory

Transcript page 68

The Hon. PENNY SHARPE: The tendering and the long story of ChildStory is coming to an end, I note. There is a \$20 million tender with Ernst & Young that is due to finish at the end of June. Are you expecting any other additional costs after that time regarding ChildStory?

Mr COUTTS-TROTTER: ChildStory is a service we get from its providers.

The Hon. PENNY SHARPE: I suppose I mean outside of that.

Mr COUTTS-TROTTER: There are a range of further changes that we have programmed to continually improve the system for everyone who uses it, which now is, in numerical terms, actually overwhelmingly people outside the agency. I would need to check and come back to you on whether those changes can be done with the existing internal ChildStory team or whether it is going to initiate any additional cost outside the agency. I am happy to take that on notice.

The Hon. PENNY SHARPE: Would you be able to give me the total cost of ChildStory to date?

Mr COUTTS-TROTTER: Yes.

Answer

I am advised that the total cost to build and implement ChildStory was \$131M. ChildStory continues to undergo enhancements, in line with legislative, policy and broader sector changes. The capital investment in FY 19/20 was \$12.6 million. This consisted of numerous small projects, and is considered appropriate within critical assets investment to ensure the system remains contemporary.

Priority Waiting List – women

Transcript page 72

The Hon. ROSE JACKSON: Women over 55. How many women—let's just say people. How many people over 55 are currently on the priority waiting list for social housing?

Mr VEVERS: I would have to take that on notice. Our total priority list is currently 5,300, but I would have to take that on notice.

Answer

I am advised that overall figures for the number of priority applicants on the housing waiting list are available on the Expected Waiting Times dashboard:

<https://www.facs.nsw.gov.au/housing/help/applying-assistance/expected-waiting-times>.

I am advised that as at 30 June 2020 there were 1,802 priority applicants over 55 on the housing register.

Temporary Accommodation

Transcript page 73

The Hon. ROSE JACKSON: In relation to people who access temporary accommodation, do you have figures on how many of those people were placed in permanent social housing?

Mr VEVERS: No, but I can take that on notice.

Answer

I am advised that of the temporary accommodation clients assisted from 1 April 2020 to 31 January 2021, 2708 households have exited temporary accommodation and have been housed in social housing (650 were rough sleepers).

Isolation of detainees under the age of 16

Transcript page 76

Mr DAVID SHOEBRIDGE: I will be brief. I only have a few mopping-up questions. I was asking about isolation in juvenile justice and you gave the numbers, Mr O'Reilly, about the overall reduction. Were there any instances where a detainee under the age of 16 had been detained for greater than 12 hours?

Mr O'REILLY: I am not aware of any but we can have a look at that.

Answer

I am advised that no young person under 16 years of age were confined for longer than 12 hours in 2019-20.

Segregation

Transcript page 77

Mr DAVID SHOEBRIDGE: So it is the intent of the person imposing the action that distinguishes the two in juvenile detention?

Mr O'REILLY: In a sense, that is true, yes, and the oversight and the way that decision is documented. It needs to be demonstrated that it is about managing risk.

Mr DAVID SHOEBRIDGE: I understand your position, but have you had that legally tested?

Mr O'REILLY: I believe so, yes. It is in the legislation and it is the way the system has been running.

Mr DAVID SHOEBRIDGE: I have read the legislation. It does not talk about intent; it just talks about the 12 hours and the 24 hours and punishment. There is no reference to intent that I can read in the legislation, unless you read it into the use of the term "punishment". Have you tested whether the segregation policies are in breach of section 21 of the Act?

Mr O'REILLY: Not during my time at Youth Justice, but we can come back to you on that. It may have been done previously.

Answer

Section 21 of the *Children (Detention Centres) Act 1987* provides a range of consequences that may lawfully be applied as a consequence of misbehaviour by a detainee, including caution, restriction from sport or leisure activities, additional duties, and exclusion from, or confinement to, a place. Section 19 of the Act provides for the conditions with which a detainee can be segregated in order to protect the personal safety of that or any other detainee, or of any other person, whether or not with the consent of the detainee and section 22 states that segregation is a prohibited punishment. The relevant Youth Justice policies and procedures comply with the legislation.

SAHF

Transcript page 77

Mr DAVID SHOEBRIDGE: Do you have data on the number of social housing units that have been funded over the past three financial years, particularly given the crunch we have seen on housing from COVID-19? Can you point to that data?

Mr COUTTS-TROTTER: We have good data on the houses funded through the Social and Affordable Housing Fund that remain with us. The public housing portfolio, of course, has moved to Minister Pavey. So we will take that on notice and provide a coordinated response with the Land and Housing Corporation.

Answer

I am advised:

Public Housing

2019-20: 96,939
2018-19: 100,623
2017-18: 111,341

State owned and managed Indigenous housing

2019-20: 4,560
2018-19: 4,591
2017-18: 4,603

Community Housing

Number of tenancy (rental) units
2019-20: 49,509
2018-19: 46,557
2017-18: 35,345

Number of community housing (physical) dwellings

2019-20: 49,312
2018-19: 46,250
2017-18: 34,743

Indigenous community housing

2019-20: 3,719
2018-19: 3,461
2017-18: 3,370

<https://www.pc.gov.au/research/ongoing/report-on-government-services/2021/housing-and-homelessness/housing>

Social and Affordable Housing Fund - New Social Dwellings delivered by contracted registered community housing providers to deliver SAHF services:

2019-20: 429
2018-19: 306
2017-18: 76

Total: 811 New Social Dwellings

Workers compensation

Transcript page 78

The Hon. ROSE JACKSON: It would be useful also to know how many of those workers compensation claims were recorded as mental health or psychological injury.

Mr O'REILLY: Yes, we have that information.

The Hon. ROSE JACKSON: That would be useful, if you could take that on notice.

Answer

I am advised that Youth Justice Workers Compensation claims lodged and cost by financial year are as follow:

Financial Year	Total Claims Lodged	Psych Claims Lodged	Total cost
2017-18	175	29	\$5,086,281.81
2018-19	200	35	\$5,784,026.70
2019-20	162	37*	\$3,776,532.28

*The increase in psych claims lodged 2019/20 is attributed to a significant number of psych claims arising from the major incident at Frank Baxter YJC on 21 July 2019. All indicators are pointing to a reduction for 2020/21.

Reoffending

Transcript page 79

The Hon. ROSE JACKSON: The last question I had—you may want to take this on notice—is that do you have a figure on the number of detainees returning to detention over the past three years? I am using three years because I know that with those returning-to-detention figures, if your time frame is too short it can skew data or be a bit misleading. Presumably you track those things.

Mr O'REILLY: We do. We do not have the three-year figure on us. We have a contribution to the Premier's Priorities around reducing reoffending and that is about young people not reoffending after 12 months. That is probably the primary focus at the moment: not reoffending after leaving a youth justice conference, parole supervision or custody. That is our primary focus in terms of our contribution to the Premier's Priorities, but we also track separately returning to court and returning to custody for each of those three categories as well. We can provide that on notice.

The Hon. ROSE JACKSON: Do you have those figures available or you will provide them on notice?

Mr O'REILLY: We can provide them on notice.

Answer

The following data is from the NSW Bureau of Crime Statistics and Research. It is provided to Youth Justice quarterly. This data is a count of all young people on sentenced custody who were released in the 12 months ending June 2017, June 2018, and June 2019, and received another sentenced custodial order within 12 months. This includes adult sentenced custodial orders for young people who were released while 17 years old and reoffended after turning 18 years old.

12 months ending June 2017	12 months ending June 2018	12 months ending June 2019
135	142	98

Body Cameras

Transcript page 79-80

The Hon. TREVOR KHAN: I will be quick. To Mr O'Reilly: In the question on body cameras, I think you referred to some form of study done in north Queensland.

Mr O'REILLY: Yes.

The Hon. TREVOR KHAN: If that is available, could you provide us with a copy?

Mr COUTTS-TROTTER: Yes, certainly.

Answer

I am advised that Youth Justice is still considering the benefits and risks associated with the wearing of body cameras along with emerging evidence. Research in the United Kingdom and by the University of Queensland will be provided to the Committee.

Attachment A:

Collaborative models for complex needs

District - level collaborative models

District/location	Meeting/program/initiative	Agencies involved	Brief description
Campbelltown Youth Justice Community Office (YJCO)	SWS DCJ Collaboration Project	Community Services Housing Youth Justice	<p>Key objectives of project were:</p> <ol style="list-style-type: none"> 1. Accommodation for Young People who have been granted conditional bail under S28 of the Bail Act which effectively leaves them in Custody only due to a lack of accommodation and a parent/ care giver. 2. Information sharing on the history that DCJ holds within its sections which could better inform case work plans and decisions and outcomes for young people. 3. How we can work together with young people and their families where we aren't all involved with the young person or family to access the intervention and support services that our families need. <p>The 3 shared priorities / strategies currently implemented:</p> <ol style="list-style-type: none"> 1. Young offenders often aboriginal males aged 10-13 attending court for the first time 2. Sharing information about accommodation products/services and support access for young people 16+ (with a particular focus on young offenders leaving custody requiring accommodation) 3. Young offenders subject to S28 orders that are in custody due to a lack of accommodation or parent/care giver.
Campbelltown YJCO	Youth Action Meetings 12 months pilot to Jan 2021	Police, DCJ, Dept of Education, Dept of Health and local NGO's	<ul style="list-style-type: none"> • Pilot project coordinated by NSW Police • At risk young people referred by government and NGO's to develop co-ordinated service delivery.
Far West YJCO	Meeting/Presentation with Bourke and Broken Hill Community Services management and staff	Youth Justice Community Services	<ul style="list-style-type: none"> • Presentation of Act Now Together Strong (ANTS) Single Session family intervention program • Referral path for Community Services staff to refer clients to program • Collaborative casework with dual clients.