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REPORT OF PROCEEDINGS BEFORE

STANDING COMMITTEE ON SOCIAL ISSUES

INQUIRY INTO CHILD PROTECTION SERVICES

¾¾¾

At Sydney on Thursday 18 July 2002

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The Committee met at 10.00 a.m.

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PRESENT

The Hon. Jan Burnswoods (Chair)
The Hon. James Samios (Deputy Chair)
The Hon. Dr Arthur Chesterfield-Evans
The Hon. Amanda Fazio
The Hon. Ian West

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SALLY STEELE, Refuge worker, Essie Women's Refuge, and

MAUREEN FRANCES LACEY, Refuge worker, Essie Women's Refuge, affirmed and examined:

CHAIR: Ms Steele and Ms Lacey, in what capacity are you appearing before the Committee?

Ms STEELE: I am representing the New South Wales Women's Refuge Movement.

Ms LACEY: I am here representing the New South Wales Women's Refuge Movement.

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

Ms STEELE: Yes, I have.

Ms LACEY: I have received a summons.

CHAIR: Are you conversant with the terms of reference of the Committee's inquiry?

Ms STEELE: Yes.

Ms LACEY: I am conversant with the terms of reference.

CHAIR: Do you want your submission to be included as part of your sworn evidence.?

Ms STEELE: Yes.

Ms LACEY: We want our submission to be included and we have a paper to present.

CHAIR: As you would be aware, the Committee started this inquiry with a couple of hearings late in May. We are conscious of the fact that a somewhat different situation applies today given that the Department of Community Services has a new Minister and a new director-general. I have spoken to Minister Tebbutt and the Committee has been in touch with the director-general, who will be giving evidence to the Committee at a later date. It is important to note that the situation has changed to some extent because of those new appointments. It is fair to say that Carmel Tebbutt and Neil Shepherd have spoken both to me and publicly about their desire to take some positive new directions in the area of child protection. In our inquiry we want to focus on positive change and moving forward. Perhaps the change in direction will help us all to focus on moving forward. Would you like to make an opening statement?

Ms STEELE: The New South Wales Women's Refuge Movement is made up of 58 women's supported accommodation services across New South Wales, which are jointly funded by the State and Commonwealth governments under a supported assistance program [SAP]. Our target group is women and children escaping domestic violence and child sexual assault. Women with their dependent children from Aboriginal and non-English speaking background cultures have access to our services, as do women with their dependent children with disabilities, mental health issues and women and children with drug dependencies. This is a short introduction to assist the Committee to place our submission in context.

I would like to take a few minutes at the start of this introduction to give examples of the impact of domestic violence on children. These examples are not of physical injury, but rather of children's fear, overdeveloped sense of responsibility and sense of hopelessness—all too often the legacy of a lifetime experience of domestic violence. Children suffer fear. I do not think it can be shown more clearly than by four-year-old Alan. He always loved to draw his home. He drew trees, flowers, clouds and his dog. But Alan never drew windows or doors. At first I did not notice this, and I would tell him that they were lovely drawings. One day I looked properly and asked why there were no windows or doors. He told me that if there were no windows or doors his daddy could not get in with his knife. I might add that Alan has witnessed his mother raped and beaten on several occasions. The statement from six-year-old Maria is no less telling: "I never go to sleep until I can't help it."

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There is the responsible child who must protect the adult: A small six-year-old girl found a telephone book and gave it to her mother saying, "It is time to find somewhere to go, Mum." A little boy told me how he had stood on a chair behind his father and hit him on the head with a tomato sauce bottle. He said, "I tried to kill Dad but I couldn't, he was too big." Finally, depression and hopelessness: Brian is seven. Brian rarely did an activity by himself, but he would ask me to draw a picture of him every day. It was always the same picture with various small differences day to day. I would draw his family: his mother and his two sisters, but never his father. In these drawings Brian would always be crying. On some particular days he would tell me that his mother was crying too. Sometimes he would tell me it was raining and insist that I put it in. His sisters were always smiling. Brian had so much pain that he could not recognise that his sisters shared his same experiences. On really, really sad days, Brian would ask me to draw him as a baby in his mother's arms. Brian also had attempted to commit suicide at seven, cutting his arms with glass and drinking bleach.

The New South Wales Women's Refuge Movement has had direct involvement with the Department of Community Services for over 30 years in initiatives for improving awareness of domestic violence in the community, as well as at a service level on behalf of clients. We have some expertise in identifying abuse and potentially abusive situations. We need a working relationship with the department if we are to achieve real protection for children using our services. Our services have a considerable role to play in child protection, particularly in the area of domestic violence and child sexual assault. This role has been taken seriously from the time of the establishment of the first women's refuge in 1972 at Glebe.

In 1972 domestic violence was not seen as a child protection issue by society. It was generally believed that children were not physically harmed, did not suffer any form of emotional or psychological harm or had fears for their own safety or that of their mother and their siblings. The experience of refuge workers proved to be directly opposite to that belief. Their experience was so profound that in 1979 the 27 existing refuges engaged the services of Betty Henslow, Heather Seville and Ann Stephenson to undertake a three-month project to produce the report "Child Care Needs in Women's Refuges in New South Wales". The project highlighted the impact of domestic violence on children using our service. It also gave credence to the growing idea that children deserve to be seen as clients in their own right.

The report was the catalyst to change in our services. It gave substance to the growing awareness of domestic violence being a high risk issue for children. It strengthened the belief that children using our services had legitimate fears and were suffering emotionally and physically due to their experience of domestic violence. It gave some credibility to the growing belief that a significant proportion of children experiencing domestic violence in a home also experience child sexual assault. From this time on, refuge workers undertook community education and entered major learning arenas to challenge the current wisdom of the day. On a number of occasions we addressed Family Court judges at their invitation; likewise we addressed charitable institutions. We also involved ourselves with many new initiatives, both at a community and bureaucratic level. This was to ensure that the issues of children experiencing domestic violence and child sexual assault were seen in the context of child protection.

From this point, the New South Wales Women's Refuge Movement also sought to engage the experts in a new dialogue. Representatives spoke at the first National Child Protection Conference in Canberra in 1986, placing domestic violence for the first time on a serious professional agenda. The New South Wales Women's Refuge Movement was a significant support to women against incest. This committee was the driving force that led to the government-funded New South Wales Child Protection Council. Individual refuge workers worked tirelessly with other women on this committee. Many, I might add, were departmental officers from local offices. Over nine years three refuge workers acted as community representatives on the New South Wales Child Protection Council. Our own Barbara Kilpatrick spent six years training district officers of the Department of Community Services on child protection issues for children experiencing domestic violence. Barbara also was involved in five years training of police at the Goulburn police academy. I also did six months training on the issue of domestic violence and children.

In 1986 we began to develop our own child support training packages, and in 1989 the Department of Community Services Supported Accommodation Assistance Program [SAAP] unit

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funded the first series of training. By 1994 the unit had financed the printing of our training package and further training across the State. Our training package was not replaced until the SAAP established its own training unit for all SAAP workers in New South Wales. By the enactment of the legislation that passed through this Parliament in 1998 refuge workers became mandated notifiers. The New South Wales Women's Refuge Movement takes this responsibility very seriously, but our experience to date has been a lack of will from both the helpline and the local offices to work in partnership with us—not very encouraging!

From the helpline the following issues are of concern. The length of time it takes to make a report is unacceptable. Workers across the State report that it can take from 25 minutes to any number of hours to make a successful contact with an intake officer. Others report that they have not been able to access the helpline in a particular day and need to start again the following day. If a message is left for the helpline to get back to a service in lieu of hanging on indefinitely, it can take days for the return call to be made. In our own service, our experience has been that it is consistently four days before the helpline gets back to us. Some services have consistently reported that there is no return call from the helpline. A worker needs to go through the process again when it is felt there is unlikely to be a return call. This has its frustrations on a number of levels, and it may be that a child is at risk due to untimely delay.

The New South Wales Women's Refuge Movement had negotiate with the department for a feedback procedure by fax, but refuges are consistently reporting a lack of any contact from the helpline after the initial report has been taken. The issue here is that workers can never be sure that the helpline undertakes any action at all. This is a concern when a child is seen to be at risk and that nothing has changed for the child. When there appears to be no action from the initial report, and a worker still holds concerns regarding the safety of a child, that worker must start again. There is a high level of frustration that you cannot contact the initial officer to inquire, or with a second report, you start again, facing the same barriers as previously, and possibly the same result.

The process is not transparent, and indeed a bit of a mystery to most workers. The attitude consistently shows that the helpline expects workers to make a report and end their involvement at that point. This is not realistic, particularly from workers in supported accommodation services. When you continue to have concerns for children with whom you have significant contact on a daily basis, you have a responsibility to provide a safe environment, or, failing that, to report to the helpline. You need to know whether action is to be undertaken, and you need to have access to the local office and the officers who may be handling the case. We also require some information on a need-to-know basis.

When raising the question of children's safety with the helpline, there is no room to challenge the intake officer's decision. We are ignorant of the helpline's assessment processes, and therefore at a disadvantage when making a challenge. It appears the majority of refuge reports are category 3, and therefore not seen as urgent or acquiring any local action. We are challenging this category. The reporting procedure is a challenge in itself, and it leads to frustration and often anger for many workers in refuges. It is felt that the helpline officers demonstrate no respect for our skills, and consistently devalue concerns in regard to domestic violence matters.

The New South Wales Women's Refuge Movement has a number of concerns about the training for the helpline staff. We are particularly concerned about the lack of training or seemingly little understanding of the dynamics of domestic violence and child protection. Comments from helpline officers such as, "What triggers his violence?" or "When did the incident occurred?" show an ignorance that is dangerous to say the least. What triggers his violence is anything, at any time, sometimes on a daily basis. "When did the incident occur?" is not the only relevant factor. Domestic violence is ongoing on some level every day, or it is an unexpected violent eruption, and is therefore an ongoing risk. Any child experiencing domestic violence is experiencing a serious emotional abuse and is at risk of sustaining injury by their very presence during a violent attack on their mother. The enacted legislation acknowledges that domestic violence is dangerous to children's wellbeing. We believe that the helpline officers are demonstrating very little serious attention to reports that are generated from our concerns for children experiencing domestic violence.

In our written submission we included a case study with a number of issues that have caused concern, with process being paramount. It needs to be answered how two reports on one client can be

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distributed out to two separate local offices. The reports were made from the same service within the same week, quoting in the second report the initial report number. It was left to our service to contact both local offices and request that those offices decide which area would be responsible for the case. Our service had to persuade one office to take this particular case, as neither wanted the responsibility. When one office eventually agreed to accept the case, it did so under the provision that our service understood it would not be allocated an officer as the office already had 150 unallocated serious cases.

From the local offices are the following concerns. All refugees are reporting that local offices are closing cases when they are allocated from the helpline. The case loads are not manageable, and local offices are quite open about this situation. From a refuge perspective, we have serious concerns that child protection cases involving domestic violence are being consistently put aside. Local officers are overworked and failing to address the number of reports they receive. The effect on morale is bad, and officers are withdrawing from local initiatives that help give a positive face to the department. It is also reported across the State that the turnover of staff is high. In many instances the family is aware that the service will not notify, so it concerns services when nothing happens. It leads to families waiting in a state of stress. It negates valid concerns that workers hold for a child. It allows families to continue with unsafe actions, or to leave the service for an unknown destination. It can leave the child feeling abandoned and with no hope that the situation may change. It certainly destroys any faith the family may have in the department assisting them with particular issues.

Services across the State have registered concerns that they no longer have access to their local offices. This inhibits services developing working relationships at a local level. It inhibits the services' ability to get assistance for families to support them through crisis periods. There needs to be some ability to get such assistance without making a report. Prior to the establishment of the helpline, services were able to seek this assistance for distressed families. Local offices are a vital component of the service structure on a local level, and should remain so. Local offices should be given the time and resources to remain involved in local initiatives and joint projects. Such involvement in the local community benefits the client group, and it establishes strong relationships with community organisations. We require our local offices to be part of the community and aware of the local concerns. We require a set of protocols and procedures between local offices and the community sector.

At the moment there is little trust from either side. In some areas, some workers allude to their local office as having a siege mentality when approached for assistance. This must be remedied. The New South Wales Women's Refuge Movement would like to state that the issues we face today are not new or confined to one government. We have, over a number of years, had increasing concerns about the ability of the Department of Community Services to effectively meet its child protection responsibilities. It is our view that the helpline has not improved the situation. Rather, it has widened the cracks that already existed. The helpline is causing considerable concern in the community in regard to delays and inaction. Therefore resources are required.

There is the lack of clear process available to workers in the field. Such knowledge is required to enable all interested parties to co-operate. The field would benefit by having some knowledge of the assessment process. There is no satisfactory method of challenging decisions of either the helpline or the local offices. Protocols need to be developed. If training cannot alter attitudes and values of workers in regard to domestic violence, then need to be clearer guidelines in place that officers are obliged to adhere to. Both the helpline and local officers must be user friendly to the community, as a private citizen must have confidence that he or she can make a report or seek assistance without believing they have wasted their time. Officers in the local offices need to be seen in their communities and participate in local initiatives with community-based services. The Children's Ombudsman's role needs to be retained and strengthened. That is our introduction.

CHAIR: We appreciate both your submission and your opening statement. We are conscious that the women's refuges have been a pioneer not only for women but also for children in relation to these issues. So we are grateful for your input. I was particularly struck by the case study that you mentioned. You did not mention in your opening statement that the alleged perpetrator had purchased a preschool and that that made the whole issue much more frightening. We will get the department to have a look at that case study. I think it is an important enough issue for us to make sure we find out just what its view is, and what has happened and so on. But you might want to give us an idea, later perhaps, of its time and so on.

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Ms STEELE: Yes.

CHAIR: You have given us a brief overview. You have probably summed up most of your specific concerns. I am looking at the second question we asked you about the way the child protection system relates to children and families, by talking about the failures that you see in workers' understanding and responses to domestic violence, the relationships with local agencies—

Ms STEELE: Which are vital.

CHAIR: —and that question of access to information. One thing that struck us about your submission was the very welcome emphasis on key solutions that you put in as you went through. Perhaps you might like to say a bit more, focusing on the solutions you see to those problems you spelt out, in relation to the helpline, those relationships at the local level between the CSCs and staff and the whole issue of access to information. If you feel that you have already said what you want to say about those, we can move on to the next area. Maureen, you may want to make some comments.

Ms LACEY: I think we covered it pretty well in the written submission. Just to go over it again, we certainly have concerns about the helpline but I think we want to make it clear that it is not just about the helpline. Child protection is breaking down at the local office area because, even when reports get sent through to the local office—and quite often they do not, or as far as we know they do not—in our case study, the reports, the response back to us is, "We have a lot of unallocated cases. It is likely that nothing will happen about this." That was in the case study where there was child sexual assault as well, which we thought would have had the response and did not.

Certainly in the case of domestic violence, I would say that we have not had a response ever from any of the reports we have made. For a while we would receive a fax back saying what had happened with the report—usually that it had gone to the local office—and then we would not hear any more. Now that is not even happening. It is like you are sort of making a report into a void. I would say that a lot of refugees are continuing to report because we are mandatory reporters, but if we were not I would say that that would probably, in some circumstances, be stopping altogether.

CHAIR: When you do not hear back, what typically would you or another refuge do? Would you try to use your local networks?

Ms LACEY: It depends. I would say that a lot of the time we are seeing no further action. The report is made and that is noted and recorded and when it happened, and there may not be any follow-up action. It does depend on the circumstances. In other cases refugees would re-report. It happened in our case study. We went right around the back door to get a response in those circumstances and it did not involve the Department of Community Services [DOCS] at all. It involved our own refuge networks. I think it was just good luck in a way that some action happened and someone was actually looking into those circumstances. In another situation, perhaps nothing. The response from the department was very clear: We will not be doing anything about this. We will review this in two weeks but the case will be closed. When I mentioned the preschool, which was a great concern to us, the response was, "What about the working with children check?" As far as we know there is no record on this perpetrator at all at this stage. There has never been a report, so the working with children check will not do anything in that case.

CHAIR: We have received evidence that the number of reports made is huge and is increasing, and that there has to be some system of prioritisation. I guess everyone agrees with that. It is a question of how to do it, what to do with following up cases and what to do with unallocated cases. Would you argue that the cases likely to be reported by refugees are usually at the more serious end, the end that you would expect to be of higher priority, or are they likely to be as mixed as they would be by other mandatory reporters?

Ms LACEY: They are a mix. I think there is a range. I would say that probably most refugees would report if a woman returns to a domestic violence situation with her children, and we would see that there is some risk in that. Certainly, when you work in refuges you become aware that some situations are of higher risk than others, and we need to work with the department so that there can be perhaps some definitions or protocols around that so that when there is a situation that needs to be

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seen as a higher risk or a different category the department will listen to what workers are saying about that. We are concerned for all children in domestic violence but we also know that there is a whole range of risk there and that there are certain circumstances when the department needs to take some action and that is not happening at all. I mean, in our experience I do not know of any investigation to a report around domestic violence, children in domestic violence. That is in our own refuge experience.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Can I clarify that? Are you saying that none of the kids who have come from domestic violence [DV] in your experience have had any intervention from DOCS?

Ms LACEY: In our experience, yes, from any of the reports we have made for DV.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: What about those that you have not reported? Are many of them known to DOCS? Are the ones who come to you old DOCS clients from years ago with files as thick as a book?

Ms LACEY: Occasionally, but I would not say most of the time, no. I would say that most of them are probably unknown to DOCS. Occasionally we have families that are probably known to DOCS but that information is not given to us. We are never sure.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So you do not have any tick-tack?

Ms LACEY: No.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You do not ring up and discuss the cases?

Ms LACEY: That does not happen any more.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Presumably there is confidentiality but you get the impression that it is because there is no relationship.

Ms LACEY: There is no relationship any more. That used to happen. Sally and I have worked in the refuge for 20 years and we have seen a difference over the past 20 years. That sort of relationship would happen where there could be a phone call, we would talk to our local DOCS office, families would be known, they would pass information on to us, and we would pass information back. We have seen that decrease certainly recently, and with the helpline it has stopped altogether.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But this is not about privacy considerations. Is the bottom line that you believe DOCS does not know at all, or do you not know?

Ms LACEY: We do not know if they know or not.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But if it does know, it does not help you.

Ms LACEY: No, that is right.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: And presumably the women tell you that they have had a DOCS contact?

Ms LACEY: Most of the time, yes, they do.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So from that you know that in most cases DOCS has not been contacted?

Ms LACEY: Yes, that is right. Because women let us know if they have had a DOCS contact, most of the time if we contact the department and say a woman is here the department's

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response is, "That's good, she is safe now", and that is sort of the end of it. That is not always the case. Sometimes those concerns still continue even though a woman is still in the refuge.

CHAIR: Would that attitude sometimes explain the local people putting a lower priority on your cases, if I can call them that, because they actually have a lot to deal with and they know that you are there helping this particular woman and children.

Ms LACEY: Yes. I think local offices feel a lot more comfortable when a woman is in a refuge. They say that that is okay, the family is safe, the child is no longer at risk. And sometimes that is the case but it is not always the case.

CHAIR: But it may reduce their tendency to bring your cases higher up the list.

Ms LACEY: That is right. There is some involvement there.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: By definition, does that not mean that they are category threes in the priority of DOCS?

Ms LACEY: If the concerns are only around domestic violence while the woman is in the refuge, yes, but we would not report a woman on entering the refuge because she has escaped domestic violence. We do not make a report for that; we only make a report if there are other concerns or if she returns to a violent situation. Some refuges may report every woman who enters the refuge but I would say that most refuges would not necessarily do that unless there were some ongoing or extra concerns. Sometimes the concerns are about the relationship between the mother and child once they are in the refuge as well.

The Hon. JAMES SAMIOS: Do you think there should be more resources available so that you can more adequately report on people coming into the refuge centres because of domestic violence?

Ms LACEY: Yes. I think there needs to be more resources, particularly at the local office area. As we have mentioned with the helpline, there needs to be greater awareness and training around issues of domestic violence. I find that when I am making reports there is a lack of understanding and quite a sort of minimisation of the issues that we are raising with helpline workers. When they ask such questions as, "What triggers his violence" in some ways it is an irrelevant question. Domestic violence is an ongoing state of fear and terror in a family. It is around issues of power and control, not an incident of domestic violence. Usually it is an ongoing thing that happens over years. And it is not always about the incident of violence; it is about the fear that is in the family.

Ms STEELE: I understood your question was that if we had more resources we could report every family. I do not think that that is what we are looking to do. If a family has left violence and stays away from that violence, from our perspective that woman has taken some control and her children are no longer at risk from the violence in the household. There is only concern to report then if there are concerns between the mother and the child while they are in our service. It would be something like probably 30,000 calls alone just for women coming through a refugee a year and not all those women require any intervention from DOCS at all. It is if they return to violence that we are concerned about the children.

Ms LACEY: I would agree with that.

CHAIR: We noted that you acknowledge certain benefits of the helpline and perhaps particularly you are aware of the need for better data collection and the helpline does provide some of that. It also provides privacy, which may be particularly important in small communities, and perhaps more sense for the department in the differing work loads across the region. Those are some of the advantages you address and obviously you have already made a number of comments about problems with the helpline and particularly the follow up. Can you give us any idea how those benefits you address can be preserved while still addressing the difficulties that you identify, particularly perhaps at the local level? You have mentioned training, and you may want to say more about that. You are talking about training of the people who staff the helpline. Are you also talking about training for other people in DOCS, in the CSCs for instance?

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Ms LACEY: Possibly. I have had no contact with anyone in DOCS for some time to know what level those workers are operating at. They are an absolute unknown. We used to know our local DOCS officers. We knew them by name, we knew them by sight, we saw them at local interagencies, we were certainly on the telephone to them. We would see them at our service. Since the helpline, and probably even before that, we have not seen a DOCS worker at our service, whereas that used to be something that happened not often but it was a regular occasion. There was a sort of relationship there. So we could not even answer what the needs are around training or how or where those workers are. The only one I spoke to in the case study was the case manager, and it was interesting. I would not say that his issues were around training but when he was going through my report there was a lot of minimisation. He was actually misreading what was there. He initially said to me, "This is domestic violence." I said, "No, the report was around child sexual assault."

The information was in front of him but it was not until he looked again, I think he needed to minimise the information that was there so that he could close the case because they had so many cases to see to. From their perspective that child was in our refuge, she was safe that night, she was not likely to be abused that evening, therefore it was a file that they could close, whereas of course there were ongoing issues with this case as well. As well as the impact on the child, it was very disturbing when this information came to our attention. That child was very disturbed during this process. Certainly talking to her and her mother that a report would be made and then for absolutely nothing to happen from that when she had gone through seven years of abuse from the age of three, it was very disturbing for that young woman and for the whole family.

The Hon. JAMES SAMIOS: How many of your clients would have been in the care of the State as children?

Ms LACEY: Not a lot. Not a high percentage at all. We would probably see one or two women a year. It certainly does happen but it is not a high percentage.

The Hon. JAMES SAMIOS: How many of the clients would be young mothers?

Ms STEELE: What is "young"? We rarely see women under about 20. Our average age group would be 25 to about 35, and then they would go up to about 50. It is not a particularly young group. Women invest a lot in their relationships and they stay much longer than is safe for themselves and their children so invariably they are mid twenties before they leave a relationship for the first time. They invariably return because they have a lot invested in a relationship where the father and the mother are together. Quite often women come into the service when they are in their mid-thirties because they have a left a number of times. I believe the statistics are that it takes about seven times to leave a violent relationship permanently.

The Hon. JAMES SAMIOS: Did you say that age goes up to 50?

Ms LACEY: And older sometimes, so long as women still have dependent children in their care. Sometimes we have seen grandmothers who have dependent children in their care coming into our services who also leave because of domestic violence.

Ms STEELE: It is not necessarily a young person's service at all: it is very unusual.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Some DOCS workers told me that they were only seeing a small percentage of level ones and the other levels were not even looked at. They said there was a 400 per cent increase in reports from 1995 to 1999, which was after the period of mandatory reporting. Why do you think there is that increased load? What factors other than more DOCS workers could bring it down? I believe if that is the case, clearly something else has to be at work. Do you see any social factors that might be looked at to cause the increased reports?

Ms STEELE: Previous to the enacted legislation, domestic violence was not considered a reportable form of abuse. Now because there is a new category we are mandated, if a family returns to a violent situation of which we are aware, to report it. We are really worried about some families returning to a violent man and we would prefer others not to go back because it is not a good way to live but there may not necessarily—but no-one can ever say—be an occasion when the man explodes

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and somebody gets killed. It may need to be defined in categories but it would take a lot of work to get workers in the field to be able to say a child might be remotely safe to go home. I do not think anybody would dare say it because there is always that off-chance that somebody will kill somebody when you might have thought they would be all right.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Have you made assessments in the past about which ones were particularly at risk?

Ms STEELE: Yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Have any of those been killed?

Ms STEELE: Not ours.

Ms LACEY: Years ago. There have been women who have been clients in refuges who have returned home and been killed.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: What about children?

Ms LACEY: Not from our service in our memory. Over the past few years we have seen a growing awareness of issues around domestic violence and concerns for children and child protection. I would not say that in our experience we would see that domestic violence is a growing problem. As I said, we have been there for 20 years. Domestic violence was certainly always there but I think people have become more aware and I think that probably has contributed to the increase in reports. There is a real change from the attitude of what goes on in people's home is private and not our business to the attitude of today which is sort of saying that domestic violence is not okay, and children are at risk. I think that is part of why the reports have increased. In our experience it is not that the social issues are necessarily getting any worse and causing more problems.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Has the domestic violence situation improved?

Ms LACEY: I would not say it is improving.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is it much the same over 20 years?

Ms LACEY: Yes, it is just that there is increased awareness.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Has increased drug use made an impact one way or another on this aspect?

Ms STEELE: Not particularly in our experience, no.

Ms LACEY: I would say in the majority of cases drugs is not an issue with most of the women coming into our service either from themselves or their partner. Occasionally it certainly is, and that complicates that situation.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is it mostly alcohol?

Ms LACEY: No, not necessarily. Sometimes a woman will come in and say that there is a problem with alcohol or we may have a client with alcohol issues but it is probably more the minority than the majority.

Ms STEELE: We see every day ordinary families, it is just that most people do not know what goes on inside four walls.

CHAIR: Why do you think you have not recently seen your local DOCS worker or anyone from the local office? There could be a number of different reasons, for example, regional organisation. We specifically asked when seeking your advice on practical strategies to follow up the point about reintroducing direct relationships between the Community Service centres and DOCS

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workers and local agencies, particularly non-government agencies. Obviously we cannot reintroduce relationships if you are not seeing the DOCS persons.

Ms LACEY: If the local DOCS officers say that they have not got the time to do the work that they have, and they have to balance up between crisis work and perhaps attending an inter-agency, it is like they do not have a choice any more. In the past a local DOCS officer would attend an inter agency and that was part of building those relationships whereas I would say that is not seen as a priority from the local office area any more.

CHAIR: Is that essentially because their work load has increased?

Ms LACEY: Yes, I would say so. When we used to make a report we would contact the local office and that is who your relationship was with. Now we make a report and that can go anywhere all over the State. There seems to be a real battle between local offices of who ends up with the report. Because someone is in the Mount Druitt area does not mean we will have contact with the local office. It is almost like an argument goes on between local offices about who will end up with the case. A lot of other refuges have reported that as well, and it goes around in circles.

CHAIR: Is it a central decision if it comes through the helpline that if a case is in a certain area it should therefore go to this office?

Ms STEELE: Yes, that is what it is.

Ms LACEY: I think they do. In our case study one went to Mount Druitt and one went to Riverstone. Then there was a battle between Riverstone and Mount Druitt about who would have the case. I spent half a day on the phone going backwards and forwards to find out to whom I could speak about this family. That quite often happens with refuges and we go around in circles. It is a battle about who will have the case.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are they trying to take it or give it away?

Ms LACEY: Give it away.

The Hon. IAN WEST: Did you know the people to whom you spoke?

Ms LACEY: No, not at all, absolutely unknown.

The Hon. IAN WEST: Do you know the people to whom you speak in DOCS?

Ms LACEY: No, not any more.

Ms STEELE: Not on a local level. We can get to head office but we cannot get to the local level and it should really be the other way round.

The Hon. IAN WEST: In the past did you have relationships?

Ms STEELE: My word.

Ms LACEY: Yes, absolutely, we knew them.

The Hon. IAN WEST: What has caused it to change?

Ms LACEY: They have disappeared. If we made a report about child sexual assault we had a district officer at the refuge within a week—maybe not the next day because it was not seen that the child was in immediate risk. They would contact us and come down to the service and talk to that family and quite often a worker would be present. I do not know if in some refuges that is happening now, but it does not happen at all any more in our experience.

The Hon. JAMES SAMIOS: When did that cut out?

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Ms STEELE: I have watched over 20 years and in my view I can benchmark when it all started to fall apart and that was with the Greiner Government. It is not a slur against Mr Greiner so much as that is when I know that I started seeing a disintegration of the good relationships that we had held for many years. That is why I said we do not believe it is a fault of the helpline, it has just exacerbated the situation.

Ms LACEY: I remember a time when there were child protection officers as well as your district officers, and in particularly challenging situations they would come to the refuge or we would meet with them. We would have some discussion and if we were still looking for some solutions or whatever for a particular family, a child protection officer could be brought in and it was an extra resource. That worked quite well. That does not happen any more. We do not see case workers let alone anyone extra as an added resource.

The Hon. JAMES SAMIOS: Does that indicate that we have been in that state of non-activity and non-dialogue with DOCS for quite some time?

Ms STEELE: Yes.

The Hon. JAMES SAMIOS: Do you feed your concerns to the director-general or the Minister?

Ms STEELE: Yes, and I have consistently done so. Since the helpline has been established I have been on a small committee with a number of other community services trying to get some recognition of the difficulties that we are facing and that we believe stem from the helpline and to find solutions for it. On about a two-monthly basis we have been meeting at Ashfield sometimes with the previous director-general there. It was more showcasing than anything. I did more tours of the helpline than I actually did any serious talking and it became quite frustrating. We hang in there because sometimes you do achieve something in the longer term so you do not just drop out of such things, but it was very slow going. That is where we negotiated the fax back to services to say that the particular case that had been notified was going to go to a particular office and maybe have a category three on it. That was negotiated through that little committee. It is an informal committee, but still accepted by Ashfield DOCS.

The Hon. JAMES SAMIOS: Does the lack of dialogue with staff of DOCS indicate that your expertise is not considered appropriately by them?

Ms STEELE: I would not say that. I do not think that is it at all. I think they feel like they are under attack and they are trying to put up a pretty picture mode trying to forestall any real negotiations until they are ready. I do not see that they are able to cope with the criticism which came very quickly and from a broad base. It was not just like the women's refuge movement does not like them. It has been difficult for them when they have been struggling to get this huge change going across the State taking staff from the local officers, putting them into the Help line, the training and they had problems with the telephones. I think they have been forestalling and did not want this bad publicity.

CHAIR: Do you want to tell us about notable geographic or other differences? You say you have 55 or 58 refuges, but is there any marked regional variation in the pattern about which you are talking? Taking account of the different problems in rural areas or small communities, is the same sort of pattern occurring across the State?

Ms LACEY: Overall, it is the same pattern across the State. We have two child support conferences a year that focus on issues around children and this is certainly an ongoing issue. The reports and concerns are coming from all over the State in regional areas as well as city areas.

CHAIR: So although you are both from Rooty Hill you feel confident that you can reflect a pattern that is fairly universal?

Ms LACEY: That is right. Everyone is reporting the same concerns and saying that there has been a total breakdown in their relationship with the local office, whereas some refugees had actually

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established really good working relationships with their local offices and were working together quite intensely in the area of child protection. There is not an area anywhere which is not saying that there has been a breakdown in that relationship, and some areas probably worse than others.

CHAIR: And everybody thinks that relationship is crucial to actually assisting children?

Ms LACEY: Yes.

Ms STEELE: And particularly in those remote areas because at least in Sydney we certainly achieved something for our particular case study, but that is city based and they have got more resources. In the rural areas there are not those resources and unless DOCS is working with you in a partnership there is not much else to offer. So it is important.

CHAIR: Can you sum up what you want to see come out of the inquiry?

Ms LACEY: We have probably said most of it in a way. I think refuges certainly would like to see a re-establishment of that relationship with the local office and to start working together with the local office and not always ring and speak to a stranger. You can make many reports about the same case and you ring and you speak to someone different every single time. Certainly if the helpline stays that process does need to be improved. We have mentioned if you report and leave a message it can be four days later before you receive a call back. Now if they call back and you do not happen to be there at the time—which quite often happens in refuges—you start all over again, and that can go on and on.

So those processes I think certainly need to be smoothed out so that it is not such a problem just to simply pick up the phone, make a report and that information can then be given and built up with one person, one office, and not a whole lot of different people with different levels of skill and understanding. That is probably one of our main concerns. I think certainly we need better resourced local offices so that they can investigate and become involved in child protection cases because working with the community is a good idea but DOCS has a definite role to play and I think we need to see it playing the role.

(The witnesses withdrew)

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LINDA JANE MALLET, Children's Guardian, Level 6, 10 Smith Street, Parramatta, sworn and examined:

CHAIR: Will you run through the formal questions: your name, official position, business address and so on?

Ms MALLET: My full name is Linda Jane Mallett. My occupation is the Children's Guardian. The office of the Children's Guardian is located at level 6, 10 Smith Street, Parramatta. I am appearing before the Committee in my capacity as the Children's Guardian. I did receive a summons. I am conversant with the terms of reference.

CHAIR: You have not made a submission?

Ms MALLET: I have not made a submission, no.

CHAIR: Are you going to make any sort of statement to start with?

Ms MALLET: I am going to make a statement, yes. Thank you very much for the opportunity to appear here today. I am going to talk about out of home care and not focus on child protection. One of the differences that I want to point out about child protection and out of home care is that DOCS is not the only provider of out of home care in New South Wales under the definition of the 1998 legislation. It also includes the Department of Ageing, Disability and Home Care, about 80 non-government service providers and about eight private for-profit service providers. An important difference.

My emphasis today is on the outcomes that we should be seeking for children and young people from designated agencies, as they are called in the legislation, and from the system of out of home care in New South Wales. This Committee is looking at outcomes for children and young people in out of home care and I believe it is extremely important to define and agree on the outcomes we are trying to achieve and set those outcomes in plain English. Other systems have managed to do it. For example, if you look at New South Wales Health, they have strategic directions for health 2000–2005 in which they list specific outcomes for the health of the people of New South Wales.

The system of care and the different service models that exist or seek to gain financial support from government or the public should seek to achieve well-defined and agreed outcomes that are child focused, that are evidence based and that are cost effective. It is imperative that government departments and designated agencies demonstrate more than good intentions for kids. The achievement of these outcomes is not the sole responsibility of DOCS. The outcomes are best addressed with a systems approach with multiple service sectors working in an organised and collaborative way. That means other government departments such as health, education, ageing, disability and home care, funded non-government service providers such as the family support agencies and respite service providers, need to be included and need to be involved in achieving these outcomes.

It is especially important with the changes that have happened under the legislation to what is called parental responsibility. One of the things that is different in this Act to the 1987 Act is that parental responsibility can be defined on a shared basis or as sole parental responsibility. Parental responsibility under the 1987 Act used to come as a single package where it could only be assigned to the Minister. People generally tend to talk about out of home care in relation to long-term court-ordered care of children and young people who cannot live with their parents, either natural or adoptive, because of abuse. These are the kids that people formerly referred to as wards of the State. They are now known as children and young persons for whom the Minister has parental responsibility.

My role is to promote the best interests of all children and young people in out of home care and to safeguard their rights. Functions of case review and accreditation are really there to support the promotion of the best interests of children and young people in out of home care and their rights. The population of kids in out of home care also includes kids placed in other voluntary out of home care which includes kids with disabilities some of whom still remain in institutions, and also children and young people who receive respite for more than 28 days in any 12 month period, and that is defined in

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the legislation. It also includes children and young people of Aboriginal descent who are receiving respite care or voluntary care as a family support measure. The extent of this kind of care has not been quantified before because the definition of out of home care which exists in the 1998 legislation is different from the definition that exists currently in the 1987 legislation. What I would like to go on and talk about are what goals we should have for out of home care and what outcomes we should seek to achieve for children and young people who receive an out of home care service.

CHAIR: Perhaps before you do that—and we certainly want you to do that—will you tell the Committee exactly what the function of the Children's Guardian is, and clarify for us the functions that you are already exercising and those which are yet to come into effect? We would like to get a picture of your job: what you are doing, how long you have been doing it, and what your functions are.

Ms MALLET: My principal health functions are outlined in section 181 of the legislation. They are, in order of how they appear in the legislation: to exercise parental responsibility on behalf of the Minister, subject to any direction of the Minister. What that means is—I need to explain what each of those functions mean for people's benefit—under the 1987 legislation, as under the 1998 legislation, when a court assigns parental responsibility to the Minister for Community Services the Minister becomes the legal guardian of that child or young person. Under the 1987 legislation the Minister delegates that responsibility to the Director-general of the Department of Community Services and then, through an instrument of delegation, officers of the Department exercise that aspect of parental responsibility according to the level of delegation that they have.

Under the 1998 legislation my role is a statutory role; the Minister does not delegate that responsibility, and it is given to me by the legislation and I have the capacity to delegate that responsibility to designated agencies. That will mean under the legislation it will be possible—apart from the Department of Community Services—for non-government agencies to exercise parental responsibility on behalf of the Minister through a delegation from myself. I have set some requirements about agencies actually being able to exercise that delegation. First of all, it should be something that they are willing to accept and comply with, not something that is forced on agencies. Secondly, that an agency, in order to exercise or accept those delegations ought to have achieved at least three years accreditation.

Accreditation of an agency can be for 1,3 or 5 years. I do not believe that an agency that only has 1 year accreditation should be exercising decisions regarding parental responsibility until they have achieved a standard of the minimum of 3 years' accreditation. They will also need to have some policies and procedures in place, including a research policy, where they can publish kids' names in the media, also a behaviour management policy and a number of other policies that I have set. That arrangement was enshrined in legislation because the legislative review considered that decisions about kids should be made by the people who are closest to them and to give a range of designated agencies—not just the department—responsibility for making those decisions, if possible.

The second function I have is to promote the best interests of all children and young people in out of home care and that is the class of children. The third function is to ensure the rights of all children and young people in out of home care are safeguarded and promoted and there is a charter of rights that the Minister is to produce. That is one aspect of the rights of kids in out of home care. The legislation that we have is very rights based and if you read it, children and young people and their parents and carers are entitled to a range of provisions in various sections of the legislation and the charter of rights should not just be assumed that when it is produced they are the only rights kids have under the legislation. They are not.

To support those functions I have two more: one is to examine a copy of a case plan or review report of any child or young person who is out of home care, and the other is to accredit designated agencies and to monitor their responsibilities under the legislation. They are the responsibilities or functions contained in section 181, but that section has not been proclaimed at the present moment. There are other sections that are not proclaimed in chapter 10: section 182, which permits the Children's Guardian to remove responsibility of daily care and control from an authorised carer; section 183, which is a discretionary power to informally resolve disputes that might arise in the administration of the Act or the regulations; and section 184, which permits the Children's Guardian to make an application for a review of an order for the Children's Court. The majority of chapter 10 is

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proclaimed. Chapter 10 is inextricably linked with chapter 8, which talks about out-of-home-care. It would be a nonsense to proclaim the rest of chapter 10 and not proclaim a large part of chapter 8, which is the chapter that places responsibility on designated agencies for sending me the plans. They would not be able to send me the plans if that part of the legislation were not proclaimed. Once you start to separate them it unravels.

CHAIR: Do you have any idea when proclamation is expected?

Ms MALLETT: I do not have a definite date, but I met the Minister on Tuesday and I gained a very clear impression from the Minister that she has a very strong commitment to the implementation of the rest of the legislation, and I gained the distinct impression that it would be sooner rather than later.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You are talking about the new Minister?

Ms MALLETT: Yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Did you have any meetings with the previous Minister about this? Has there been an ongoing dialogue about getting your legislation proclaimed?

Ms MALLETT: Yes, I had regular meetings with the Minister; and, yes, there was ongoing dialogue. As I say, sections of the legislation have been proclaimed. In July 2001 part of chapter 10 was proclaimed and a couple of sections of chapter 8. You might recall that in February this year most of the permanency planning amendment bill was proclaimed.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You have been working in the areas that have been proclaimed and, presumably, not the other areas?

Ms MALLETT: We have been preparing for proclamation. For the Committee's information I brought a whole set of documents, policies and procedures that the officers have prepared. We have met with all the agencies that we believe will be designated agencies under the legislation. The agencies have had those policies and procedures since February this year, and there is no impediment to those agencies implementing those policies and procedures. For example, we have guidelines about how we want the case reviews done and that is in the hands of chief executive officers of the designated agencies. As I say, there is no impediment to their using those guidelines. Similarly, we have been working with a number of designated agencies to commence a voluntary accreditation program. Over the next few months we have scheduled training for workers in both the disability sector and what would formally be called the substitute care sector about our roles and responsibilities and their roles and responsibilities to my office.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You are working more or less on the guidelines as if the legislation were proclaimed, although you would agree that you do not have any power?

Ms MALLETT: I am working in the spirit of the legislation, yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But you cannot do any casework?

Ms MALLETT: I cannot receive information that I am not legally entitled to.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But are you not a bit like the hospital administrator in the hospital with no patients out of *Yes Minister*?

Ms MALLETT: You could make that analogy.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I note that your function is to promote children's welfare and ensure the rights of children. Have you taken an advocacy role to have your legislation proclaimed?

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Ms MALLETT: I certainly have, in meetings with my previous Minister.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are you independent?

Ms MALLETT: That is my mandate. I am to be independent. The first function, which I talked about in terms of exercising parental responsibility, specifically said that I have to do that subject to any direction of the Minister because the Minister is the legal guardian of children and young people for whom there is a court order allocating her parental responsibility. The other functions are not subject to ministerial direction.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You could have advocated publicly for the proclamation of your legislation?

Ms MALLETT: And I have in the media, in terms of *Four Corners* earlier this week and also in correspondence with the media early this year. Yes, I have. I have also made submissions to the Committee on Children and Young People regarding the education of children and young people in out-of-home care.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But this has been ongoing for 18 months. It is not a problem that *Four Corners* dug up just last week.

Ms MALLETT: Sure. One of the things that people need to understand is that, when I started in January 2001, I had a mobile phone, two desks and one backpacker as an assistant. In the first six months I had to get premises, recruit staff, set up information technology infrastructure and do a whole lot of things that anybody would normally do when starting up a business from scratch. In July 2001 it would have been highly impractical for my budget to be proclaimed. I had not consulted with the sector, either, at that stage. I had no staff, so I could write no guidelines. I think that people have underestimated the enormity of that task. There is no other place in the world, from what we can gather, that exercises the combination of functions as I do. We were working very much from scratch. In June 2001 I had six professional staff in my office, including myself, and we still had to recruit a number of staff. We were ready for proclamation in March 2002. In the next six months we wrote all policies and procedures, we consulted with the sector and we had in place the office infrastructure to make it work.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The legislation went through but there were no serious resources or backup to carry out that function for another 15 months?

Ms MALLETT: The legislation was passed in 1998. The first part of the legislation—what I call the front end of the legislation, the child protection legislation aspects of the legislation—did not commence until December 2000, when it was proclaimed. I took up my position in January 2001. I am like some other organisations that have started up in recent years, like the Commission for Children and Young People. Some of the staff that were working at the Child Protection Council were transferred to the Commission for Children and Young People, which meant they had a critical mass of people who could start to right policy and procedures. I had nobody but the backpacker when I started in January 2001. I had to write job descriptions.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Can we have copies of your correspondence and advocacy?

CHAIR: Will you move that the boxful of documents be tabled with the Committee?

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Yes, I so move.

Documents tabled.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Does that have any of your advocacy situations in it? That is not the impression I gained when you described it.

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Ms MALLETT: I have made mention of the two advocacy situations I have put in the public arena. Advocacy can be done in a public arena or between the Minister and myself. There was correspondence between the Minister and myself about asking—

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: If you are independent, surely these things can be in the public arena and, perhaps, should be?

Ms MALLETT: I have no problem with making that stuff public. They are indications that the office is ready for proclamation and the matter should go ahead.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You will make that material public?

Ms MALLETT: I will make it—

CHAIR: What you are asking is highly unusual for this Committee. You are seeking to have material that we have not seen made public. Perhaps we could have discuss that matter later. Traditionally, we ask all witnesses if we can contact them later and obtain copies of documents that have been mentioned in evidence. Perhaps we can do that later rather than now.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It is a public office, and the legislation has taken a long time to proclaim.

CHAIR: That does not necessarily give this Committee the right to go back and ask for documentation that may be a couple of years old and may not be related to our terms of reference.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It is less than 18 months old by definition.

CHAIR: We need to move on. We can discuss what kind of material we might want.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I certainly want it on the record that I think it should be public.

CHAIR: It is not necessarily appropriate for us to seek correspondence if it is not related directly to our terms of reference. Let us think about it.

The Hon. JAMES SAMIOS: How many meetings did you have with Minister Lo Po' and or Carmel Niland before and after your appointment? What discussions did you have with them?

Ms MALLETT: I could not give you an accurate number.

The Hon. JAMES SAMIOS: For example, in relation to the proclamation.

Ms MALLETT: I had a monthly meeting with the Minister. I would not have had monthly meetings with Carmel Niland, but we sought meetings regarding particular issues in the legislation.

The Hon. JAMES SAMIOS: That would have been over a period of six months after your position was established?

Ms MALLETT: It would have been in the 18 months that I have been in the position.

The Hon. JAMES SAMIOS: I take it that, in view of your position and the need for proclamation, you would have pressed the point about the proclamation of your powers?

Ms MALLETT: I am keen to see proclamation occur as soon as it possibly can. I do not know what stronger statement I can make that I want to see it happen, and I want to see it happen as soon as I possibly can. In July 2001, which was the original target date for proclamation, we could have gone live so to speak but I had six people in my office at that stage. I tried to outline that I started with a mobile phone, one personal assistant and two desks. I did not even have a landline.

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The Hon. JAMES SAMIOS: It was fairly crucial to your role that you have those powers. You have indicated that there were a number of meetings with Minister Lo Po' and Carmel Niland. At those meetings did you forcefully put the argument for the need for proclamation powers?

Ms MALLETT: I assured the Minister that we were ready for proclamation and that we should be proclaimed as soon as possible.

The Hon. JAMES SAMIOS: What was the response to your request?

Ms MALLETT: The Minister gave me an indication that proclamation would proceed according to a timetable, and she outlined that timetable in various media releases.

The Hon. JAMES SAMIOS: How many children would have been casualties as a result of that lack of power?

CHAIR: There are certain boundaries to the questions we ask. It is not appropriate to ask a question that might suggest that one of our witnesses is responsible. Perhaps you can rephrase the question.

The Hon. JAMES SAMIOS: I did not suggest that that the witness was responsible, but that it was because the legislation did not go through.

CHAIR: We are moving a long way away from child protection and child protection services.

Ms MALLETT: As I say, we as an office visited about 90 agencies and I made personal contact with about 40 or 50 chief executive officers of designated agencies, both non-government and private-for-profit agencies. I think there is some ambivalence in the sector about the proclamation of this legislation as well. Some agencies have expressed to me some concerns about responsibilities that will be assigned to them as a result of accreditation. They have indicated that they will not apply for accreditation after the three-year period of grace expires. Some have indicated that they want to work under contract to either the department or another large, designated agency.

Similarly, some of the agencies have expressed concerns to me that there is inadequate funding to carry out the responsibilities that are imposed by the legislation. Until that funding is sorted out, some of them are quite concerned about accepting delegations of parental responsibility, for example. Some have also pointed out that the legislation has some issues in regard to counting rules—who is in and out of out-of-home care and who is placed on the register of children and young people in out-of-home care when the counting rule does not add up with who is in and out of out-of-home care. From their point of view there are some administrative burdens and some funding issues that they are not so keen about in terms of the legislation. All Ministers take advice from a range of people and decisions are made and based on all of that advice.

The Hon. JAMES SAMIOS: Are you saying that because of those factors and situations the Government has refused to give you the proclamation powers you require?

Ms MALLETT: I think some of those factors would surely have been taken into consideration.

CHAIR: I want to turn to our priorities and how we set goals for an effective out-of-home care service, which might be a productive area.

The Hon. JAMES SAMIOS: This is a critical question; I know that you will appreciate that, Madam Chair. Ms Mallett, do you have any idea of how many kids in foster care have not seen their DOCS supervising caseworker for months or even years?

Ms MALLETT: No, I do not because I do not review the plans and I do not have the function of reviewing them. I guess I am saying that I do not know because I am not legally entitled to know at the moment.

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The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Because you are not proclaimed.

Ms MALLETT: That is right: I cannot answer questions about which I have no information.

The Hon. JAMES SAMIOS: Is that why you did not make any statement prior to the *Four Corners* program? You are an independent officer.

Ms MALLETT: I cannot make statements about information that I do not know. Unlike the Community Services Commissioner, for example, who has done numerous reviews of children and young people in out-of-home care, that information informs the recommendations that he makes and the information that he gives to the Committee. My submission to the Committee is based on research evidence. I do not have any evidence from the department or non-government agencies. I stress that. I know that this inquiry is focusing on the department and I know that you have been focusing on child protection. But the Children's Guardian was set up to look at the children and young people in out-of-home care wherever they are placed. That is where we can value add in the future: We will be able to make comments and give information about what is happening to kids in care regardless of whether they are placed with the department, the Department of Ageing, Disability and Home Care, non-government agencies or private for-profit providers.

CHAIR: When the legislation is fully proclaimed what will your priorities be amongst your various roles? Perhaps we could then link that with what you see as the key goals—not only for you but for all the different sectors that you have mentioned—for producing an effective out-of-home care system.

Ms MALLETT: The legislation sets the priorities. One of the things that happens when the legislation—or that section of it—is proclaimed is that agencies are given a three-year period of grace in which to prepare themselves to apply for accreditation. We would train, inform and coach people to get their application into us. The agencies do not need to do anything immediately. They will obviously have to submit applications before the three years is up because if 90 agencies decide to apply for accreditation we will not be able to assess them at five minutes to midnight when that provision of the legislation expires.

The case plans and case reviews will need to be forwarded to us. The earliest we will get them is about 14 to 28 days after the legislation is proclaimed. So, from our point of view, 24 hours after the legislation is proclaimed we will not have the first case review. The legislation contains time periods that set the parameters for what agencies do. We do not expect agencies to review every single case in five minutes. We expect agencies to have a plan in place and a 12-month schedule for the kids for whom they are responsible and whom they supervise. For example, in January they will forward us this and in February they will forward us that—they will work through the reviews.

For us to work, we have a priority that we have been asking all agencies to comply with since about February. We have set up a secure system so that the plans can be sent to us over the Internet. Some 10 per cent of designated agencies have enrolled to use that system. We will use the same system when they apply for accreditation and all our policies and procedures will be placed on it. Before proclamation I hope and encourage those agencies that have not enrolled to be on the care review system and to put in their registrations.

CHAIR: What is your role in relation to being a contact point for individual children and your ability to address their issues?

Ms MALLETT: I do not think the office was ever set up to be a case manager. In my experience, kids generally relate to carers or their caseworker. I think it is absolutely essential that children and young people have a caseworker whom they can contact. I have had a range of contacts with children and young people in out-of-home care. I have visited agencies and talked to them and attended the foster care picnic. I would encourage children and young people to talk with me but I do not know that they necessarily see my relevance. It will take a lot of hard work to make them see what I can do for them while they are in out-of-home care.

CHAIR: So you will not move on that in the period immediately following proclamation?

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Ms MALLETT: Talking with kids in groups is one way of getting recognised as being not very threatening. But I would not meet with them individually.

CHAIR: I did not mean that. I think some material that the office has put out suggests that children may be able to contact the Children's Guardian to get some sort of assistance or as a referral point. Moving on, do you have any comments about the effectiveness of the current structure and current funding arrangements of the Department of Community Services?

Ms MALLETT: In respect of structure, I think a number of people have made quite pertinent comments, including that the department be divided into three areas. That is a fairly adult-focused question in some ways. Whatever the structure, it must work in the best interests of kids. Kids are interested in knowing that they have a case worker to whom they can go.

CHAIR: Are you referring to the document that Robert Fitzgerald gave us with the suggested structure in three distinct parts?

Ms MALLETT: Yes.

CHAIR: Do you have reservations about it or no particular opinion in your public role?

Ms MALLETT: I support that structure but I hope it does not obscure considering the outcomes that we want to achieve for kids. We can talk about structure till the cows come home. Various organisations work with various structures; the important thing is to make them work and to make sure that kids know who they can go to and talk to. There must be regular contact and regular reviews of placements by caseworkers. Regular support to foster carers is also extremely important. Foster carers tell me that they do not get nearly enough support.

CHAIR: What about funding either for the department or for the 80 or 90 non-government organisations that you mentioned?

Ms MALLETT: My statements about funding are the same for out-of-home care as for any agency that the department funds. For a long time funding was put on an historical basis: If an agency happened to get money at some stage, it continued to get that funding. I do not know that funding is based on outcomes or even on inputs in many situations. The department has taken a step towards bringing the funding for Aboriginal out-of-home care agencies to some kind of equity with other out-of-home care agencies. I think that is extremely important. As we all know, in relative numbers as a proportion of the Aboriginal population there are more Aboriginal kids in care than non-Aboriginal kids in care. If you look at the funding for family support services, refuges and out-of-home care services, you will see inequalities and no rational basis for funding. It has been very difficult to try to change funding. It is a very big challenge to try to put funding on some rational basis that is clearly understood and that measures some kind of outcome for any of the clients that agencies service, including the department.

One of the things we do not do in out-of-home care is look at kids holistically, take stock of where they are at and then check at some future point what our interventions have done. To my knowledge, children in out-of-home care are not screened regularly by any agency for any mental health problems. Yet in the mental health field there are well-recognised child behaviour checklists that would give an indication of where a child is at at a particular point in time and whether any of that intervention has made any difference whatsoever for that child or young person who has been placed in out-of-home care. Out-of-home care must provide safety for kids and life opportunities while they are in care. Those life opportunities should be as normal as possible for kids. Kids should go to school, they should not be isolated and they should not be in institutions. The research indicates clearly that institutions or group living is not satisfactory for children or young people. Their general health needs, including their physical health, should be well looked after, as should their mental health.

The department and non-government agencies cannot be responsible for all of those things. I said at the outset that if you are going to achieve good outcomes for kids in out-of-home care there must be co-operation and a willingness on the part of all agencies because kids cannot be packaged up and separated out. When they are safe in out-of-home care and they are given life chances while in

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care, their long-term, adult outcomes will be much better. At present we know that kids who have been in care have more experiences of going to gaol, poor family formation and poor parenting later in life. That perpetuates a cycle from which we are trying to remove those kids. The reason why kids go into out-of-home care, where the Minister assumes long-term parental responsibilities, is usually because they have come from such abusive situations in the first place. Unless we can guarantee kids' safety and good life chances and good long-term adult outcomes, we really have to question what we are trying to do in out-of-home care.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You are talking about long-term outcomes for kids in care. Do you have the results of any studies you have done on that issue?

Ms MALLETT: Not that I have done, no.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are there such studies?

Ms MALLETT: There are such studies.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are you collating those studies?

Ms MALLETT: Sure. One of the Australian studies would be by Dr Judy Cashmore, who looked at long-term outcomes of what were then called wards in out-of-home care. There is sufficient overseas research as well.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: You have evaluated agencies and you said that you were dissatisfied with the funding and allocations. Have you published a paper on that or have you taken the matter up with the Minister?

Ms MALLETT: No, I have not published anything about that. I am currently a public servant with the title of Children's Guardian. I do not have functions as such. You could argue that I have a moral obligation, but I do not actually have a legal function to do those sorts of things.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: In a sense you are working within the scope of legislation which has not yet been proclaimed. You could be building up a raft of information all ready to go when the legislation is proclaimed.

Ms MALLETT: A number of those things are already on our website. I would say that the information I am referring to is in the public domain. Organisations such as the Association of Children's Welfare Agencies, the Community Services Commission and the Commission for Children and Young People have already made that information well known and available.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: If some agencies are receiving funding on an historical basis but are not delivering good outcomes or even good input, that information would not be publicly available. There would be a huge fuss if that sensitive information were made public.

Ms MALLETT: I think you are under a misunderstanding if you think that I have evaluated organisations' inputs or outcomes in terms of their funding. It is quite clear if you look at the annual report which the Department of Community Services publishes each year. Its addendum looks at funding to agencies. Some agencies get less funding than other agencies do, yet they care for the same number of children, or more or less kids. It is a simple mathematical equation that funding is not based on any kind of rational explanation.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do you have a long-term agenda to improve that situation by advocacy, both public and private?

Ms MALLETT: I am saying now that funding should be on a rational basis and it should be outcome focused.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Will you be doing systematic, long-term studies to evaluate that situation?

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Ms MALLETT: That is not immediately in my purview. One of the things that we will be looking at through the accreditation process is to get information about how many kids are actually cared for by agencies and what funding those agencies receive. We will be able to show the differentials and say that we do not understand why there are differentials in that funding arrangement.

CHAIR: Our next witness is from Barnardos and later today we will take evidence from UnitingCare Burnside and the Foster Care Association. I am sure that the issue of equity of funding will be raised by all three organisations.

Ms MALLETT: The information is there already. It is glaringly obvious information.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It does need an independent to point it out, to systemise it and, perhaps, to write a report on it, which might look towards your function.

Ms MALLETT: I was including my function, but a number of other people have already done that, including the Community Services Commissioner.

The Hon. JAMES SAMIOS: You mentioned that you are a public servant with a title. Have you had experience working for the Department of Community Services?

Ms MALLETT: My career spans some 22 years this year. I worked for the Association of Children's Welfare Agencies for nearly five years. I worked as an area manager of the Department of Community Services for nearly five years as well. I have worked for the Commission for Children and Young People. That takes up about 50 per cent of my career. The rest of that I spent in the health sector: drug and alcohol, rehabilitation and mental health. In that period of time I have seen all sorts of aspects of human life and kids' life. The last thing that I would like to say to the Committee is that very often children and young people are not asked their opinions about out-of-home care. The legislation has an imperative of increased participation of children and young people. There is very little research around and the research I have been able to put my hands on about kids' perceptions of out-of-home care suggests a few things.

Children and young people in residential care or group living arrangements have negative perceptions of those arrangements. Kids in residential care and foster care reported seeing their family members less often than when they were placed in kinship care. Children and young people in residential care are much more likely to report that they do not like living with the people with whom they are living compared to children in foster care or kinship care. As to the last question—what do I want to see come out of the recommendations of this inquiry—I would encourage the Committee to consider the child's perspective or the young person's perspective on those matters and bear that in mind when formulating recommendations.

CHAIR: Tomorrow we will spend most of our day in confidential sessions with young people. We will talk to organisations and in a forum where we will try find out what young people have to say about foster care and other forms of out-of-home care. Thank you for reminding us that they are the people we are talking about. It would be a very sad report if we did not reflect their views. We will need to move a motion to table and receive documents and to discuss the issues raised about correspondence. We ask witnesses if we are able to contact them later if we require further material. We will need to discuss whether we require any further material from you. Would we able to contact you to obtain further material, if necessary?

Ms MALLETT: Yes.

(The witness withdrew)

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LOUISE VOIGT, Chief Executive Officer, Barnados, Bay Street, Ultimo, affirmed and examined:

CHAIR: Ms Voigt, have you received a summons issued under my hand to appear before the Committee?

Ms VOIGT: Yes.

CHAIR: We have received your submission. Do you want it considered as part of your sworn evidence?

Ms VOIGT: Yes.

CHAIR: Do you want to make an opening statement or will we go to the questions, a copy of which was sent to you?

Ms VOIGT: Firstly, I would like to talk about Barnados. Many of you will have heard of Barnados. Some will have misconceptions about what it does based on the history of Barnados rather than on the present-day organisation. We work with about 7,000 children in total each year. We have services in New South Wales and some in the Australian Capital Territory. We have targeted services to 4,000 children and youth at risk of removal into substitute care. That was our history, and so we target our protective services, if you like, at that cusp where a child is most at risk of being removed into care. We work with about 4,000 children in that situation each year. Also there are others who may be at risk of becoming homeless. We consider both of those two groups.

We do this via a series of services, about 60 in total. The first lot is family support services. When I say family support services, I am talking not only about home visitations or counselling services, but also about crisis housing, domestic violence programs, child sexual assault programs, a variety of groups for women and violence groups for young men—things like that. Most of our family support services are located in Children's Family Centres. If you have done any overseas reading you will have heard of recommendations that have been made in the United States to establish family centres in areas of high need. Indeed, the same system has been suggested in Britain. I suppose our Children's Family Centres are better developed than in either of those countries. Typically our Children's Family Centres would have eight or nine major programs which are integrated to provide a one-stop shop for people in the community, so that if they have serious difficulties with children you can go there. Of course, we receive a lot of referrals.

CHAIR: When you say that if a person has serious difficulties they can go there, are you consciously saying that the centres are only for people with serious difficulties?

Ms VOIGT: They are not usually exclusively for that because it is better to have at least a couple of services in which it is seen as a normative place to go. For example, at our Penrith centre we provide crisis services and EPA, which is assistance with electricity and gas bills. So the community would see that this is a place where they can go if they have problems, not that they are considered child abusers when they walk through the door.

CHAIR: It is obviously an important distinction, philosophically and practically.

Ms VOIGT: Absolutely. It means, for example, if we provide services such as assistance with gas and electricity bills, some of those clients will be having difficulties and this may be a route through to other services, such as domestic violence services, that we may be offering. As well as the family support services, which I suppose is a key to our service, we are the largest provider of substitute care in the non-government sector in New South Wales. We work with about 1,000 children per year in the system. All except 10 of them a year are in foster care. We provide very specialised forms of foster care. One is crisis foster care, which is for a child who is removed from home by the department or a parent gives the child to us because perhaps of a crisis.

The parent might be getting detoxification for drug addiction, and we will care for the child during that period. Perhaps the department has removed the child and the child needs care while court decisions are made. That is temporary family care. It is a form of care that we pioneered and is now

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used by other agencies. We have four of those services in New South Wales. So, again, a lot of children go through that system, but they do not stay that long. Then we have the other end of the system, the permanency end. Our Find A Family programs have, at any one time, about 130 or 140 children in care. They are, in the main, children who have had multiple placements. Often, they are considered to be unplaceable. They might have been through 15 or 20 placements before they come to us. I think I have two who are not State wards—to use the old terminology, because they are children for whom the Minister has responsibility. This was set up as a permanency program. We are seeking permanent solutions for children who have been constantly moving.

We do a good deal of research on that program. At the moment, we have a 78 per cent success rate on permanency on first placements for those children. Remember, these are some of the most difficult children to place. About a third of those children will move on into adoption. We are the biggest agency for adoption in this State. The average age group on adoption is nine years. We are not talking about adoption of babies. Here, we are talking about placing deeply troubled children with permanent families, and in time moving towards adoption. You will know that Barnardos supported the permanency planning thrust in New South Wales.

We have a range of adolescent services, again targeted to young persons who are likely to become homeless. Not so many adolescents go into the care system. And if they do, it is transitory until they become homeless. So we work, for example, with Street Work and we work in programs like the Reconnect Program and a range of other programs targeted towards adolescents who are likely to become detached from their families. Almost all children that we work with have at some time or other been in touch with the relevant State government department, which is the Department of Community Services. Our adolescents may have been associated with a number of reports throughout their younger childhood, and they then become detached from their families, or often are excluded or suspended from school or are no longer school attending.

As well as services, as an old agency which has experience in substitute care and in family support, we try to gather evidence of what works in Australia. We also try to disseminate information about what works to improve the situation, not just for the future adolescents that we will deal with but with the greater mass of children who come within that category or group. For example, we are carrying out a 10-year longitudinal study on the outcomes of our substitute care system—Find A Family. That is a unique study in Australia. Ten-year longitudinal studies of children in the substitute care system have been carried out in Britain and America, but to our knowledge not here in Australia.

We have recently published a study of quantitative effects of family support—that is, does it work? Usually, there are qualitative descriptive studies only. Again, this is the first of its kind in Australia. We are currently trialling Children in Needs assessment and guided practice. This is probably the biggest practice project now being undertaken in the United Kingdom. The Department of Health in the United Kingdom has a major research project looking at people who come forward for child protection issues, or for social exclusion issues, or for children-in-need issues, to say, "What are these issues?" and, "How can we best address them?" We are the Australian partner in that. The University of New South Wales is doing the research with us.

We have previously trialled—and now have succeeded in developing—a case management system called the Looking After Children case management system. It has been brought into practice by the Australian Capital Territory Government and is used by all ACT agencies. The Victorian Government is now taking it up and is implementing it through all of its agencies. Victoria, of course, has a fully contracted-out system, as has the ACT. I was in negotiations with the Department of Community Services for the department to acquire the system from us. However, the last director-general told me that, because of the many changes that are happening, this would be another change in practice and therefore, whilst it is still part of the department's strategic plan, the department was not intending to proceed with the system at this stage. It has been endorsed by the Community Services Commission and by Linda Mallett. It will provide her with the practice that she is looking for, and a format in which she will be able to look at issues. For example, it includes the participation of children and young people at every stage. I have some material that the Committee may look at.

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This is the only case management system of this type in the world. It was developed in the United Kingdom as part of the major research that followed its Children's Act. It is being used by all local authorities. It is in use in Canada and a number of other places, including a couple of States in the United States of America. That is who Barnardos is. We are a practice agency, but we have this other part to us.

CHAIR: If any of that research you spoke about is far enough advanced, Julie might follow up whether there have been progress reports or any sort of information that might be given to the Committee.

Ms VOIGT: I have reports on two of them, because two of them have been partly finalised.

CHAIR: I guess the major question that the Committee proposes to talk to you about is question 2. It draws attention to the fact that, unlike a lot of other participants in the inquiry, Barnardos has made it clear in the submission that it thinks the new Act underpinning the child protection system is quite flawed. We would like you to explain to us your view about the need to change the basis of reporting from harm to significant harm, and how you would like to improve the system. It is also important to explore with you your statement that, although you obviously are critical of the Department of Community Services, the department's task is totally impossible, and that is at least partly because you think the legislation is flawed. Leaving out the other things that may be problems within DOCS, you seem to be saying that it would be impossible for the department, given that legislation, to carry out the task. I might be overstating it, but it is obviously a very important question, and one in which Barnardos has a view that is different from those that the Committee is hearing from quite a number of other agencies.

Ms VOIGT: The question is not just the legislation. The question is the conceptualisation of child abuse. I have been in my present job for 18 years. I have worked in child protection for 40 years. Of course, I have seen a great deal of change during that time. One of the things that I have seen happen—and have applauded and been part of—is helping to inform the community about the effects of social problems on children. When I started off, and in the annals of Barnardos, it was cruelty to children that was talked about because that was a very common, easy to understand thing. But, gradually, as we came to understand the effects on children of a wide variety of social issues—not the least being poverty, social isolation, domestic violence and increasing awareness of child sexual abuse—the conceptualisation of child abuse began to increase.

A huge variety of things which previously were viewed differently were examined by professionals as child abuse. But this was not child abuse as we in the community understood it. It was not a person doing a dreadful thing. It was in terms of child sexual abuse, but in many other areas, like domestic violence, it was not parents who wish to harm their children by rowing and fighting with each other, but the realisation that the long-term effects of these things can interfere with a child's development in various ways. So that conceptualisation is occurring. And there is a raising community standard. This has happened over a number of years. Our expectation about the good children in the community is always growing.

There is a lot of discussion that child protection is everybody's business, for example, all government departments' business, but it actually ends up being one government department's business. This is not unusual. This is happening in other States of Australia and it is happening in other countries. That happens unless a different way is taken. I am suggesting that the last Act made the definition of risk of harm looser. Take, for example, Canberra—where we also work. It is a small place, so it could be said it does not have the problems of a huge State like New South Wales, apart from the fact that it tends to be slightly more affluent. The notion there is serious harm or significant harm. In countries where that is the notion, the community is being given a signal about what a government department can do about it—for example, what the Department of Community Services can do about it.

If you widen the definition too far, you have a totally overwhelmed system. This is not the only system this has happened to. It has happened to others. This problem will grow because, in a sense, as community standards grow, you will never match the expectation. Yet, when you look at the end results with all children who become notified and known to DOCS, how many die, how many become removed, how many need significant change? The number is very small. What most of those

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thousands and thousands of families need is help, support, services to assist with child rearing, assistance in a wide variety of ways. We are using a very bad system to locate them. In fact, we are not locating them at all. Because the task of DOCS is to locate the damaged, the very seriously abused, the children who need to be removed and the children who could die.

I am concerned when I see on television talk about 140,000 notifications. I know that most of those families are not of the nature depicted. The stories are accompanied by dreadful pictures of terribly abused children—as if every one of those children was like that. We know perfectly well that the vast majority are not. I think you have to look at what you expect of your system. If you expect to be able to pick up the most damaged children, and to stop the damage happening, you need to design a system for that—not to go with this very much wider definition.

CHAIR: We are only part of the way through the question we have sent to you. I think you have very clearly explained the conceptualisation issue and so on. We might go through what that might mean in terms of specific sorts of changes. You referred to the massive number of reports made annually, and you are saying that you can put some figures on the number of cases of significant harm. How could we better differentiate? Is it possible?

Ms VOIGT: I think there can be better screening at a number of different levels. One is the screening of the public—because the public makes a lot of referrals. If they know what they are reporting is significant harm, then there is already a filter. You need filters. None are perfect. You cannot capture everything, because if you do you will lose everything. The first filter is for the public. The second filter is for agencies. For example, if the police are reporting every single domestic violence event where a child lives in that household, you will miss the vital ones. You will never have resources to deal with reporting of every single domestic violence event. We all wish that families did not have horrible rows, but a lot of them do. The filter, for me, is significant harm.

CHAIR: How would a filter work?

Ms VOIGT: First, it works in a community way in that in places where there is a significant harm definition you tend not to have as many reports from the public. Secondly, a well-educated agency system in education, police, non-government agencies means that you do not report those. My agency is currently reporting children with whom we are working where for example there is very serious domestic violence and where we have considerable concerns but we are working with them. Because we are mandatory notifiers we still have to notify.

The Hon. JAMES SAMIOS: Are we not sending out the message to the community that harm is okay so long as it is not significant?

Ms VOIGT: No, indeed, we are not.

The Hon. JAMES SAMIOS: Are you using those semantics?

Ms VOIGT: No, we are not. What we are doing is saying that harm is what you think it is for the purposes of DOCS. It does not mean that we are not working within the education department, we are not working in community agencies, we are not working in domestic violence programs and we are not recognising that these things are harmful for children. But statutory departments can only do certain sorts of things, and one thing they can do is remove children, for example. Clearly, there is no suggestion that one wishes to remove children and it would be very damaging to remove children except if the damage of staying is worse.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: DOCS tells me that it is only getting to 6 per cent of level one cases. It says that it used to do family counselling and now many of the situations it gets to are very extreme, so it believes that it is chipping away at the tip of an iceberg and that things have become worse. Are you saying that in fact the level has not changed that much and we have simply made a bigger iceberg, if you like?

Ms VOIGT: I have worked 40 years in this field both in Britain and in Australia, and I believe the standard of child rearing in the community in general is better than it ever has been. However, there are some very, very serious problems. We have the problem of increasing drug abuse

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amongst young carers. That in all research shows that families where there are serious drug abuse issues by the carers are the most intractably difficult to work with and we do not have a good system here for working with drugs and alcohol and DOCS, for example, or for instance agencies such as my own that are working with the children who are removed. So we need to improve things like that.

Previously, intellectually disabled people were institutionalised—an appalling system—but with proper human rights they are now living in the community and having children but we are not providing sufficient support to enable them to rear those children effectively. But that is not necessarily a DOCS responsibility. One might well say that that lies with other government departments as well or with the non-government sector but it is not there. If you are a developmentally delayed 19 year-old girl who has a child you are very lucky to get support.

The Hon. JAMES SAMIOS: You have made a point that one problem is that only one department is involved.

Ms VOIGT: That is right.

The Hon. JAMES SAMIOS: What other departments are you looking at? Health?

Ms VOIGT: Health, absolutely. In my submission I have made a submission that in fact DOCS should only carry out investigation of significant harm and that the entire DOCS should be broken down and that services should be offered in the community with amalgamated health non-government sector services. It seems to me at the moment that since the new Act I have received fewer referrals as an agency, Barnardos, and this is in common with all other family support programs—fewer referrals to us. The system is so overwhelmed they are not even referring.

The Hon. JAMES SAMIOS: Are there other departments besides Health?

Ms VOIGT: Housing, for example, and Education. At the moment there is some interesting work. The Vinson inquiry and various things point to the sorts of problems and the sorts of school-based solutions, if you like, or where the school is a nucleus of assistance.

CHAIR: We had some discussion about the suggestions put forward by Robert Fitzgerald and others about the threefold division of DOCS so that the child protection area would be—

Ms VOIGT: Quarantined.

CHAIR: Yes. I guess at the moment DOCS has that range of services or that range of responsibilities which include handling requests for assistance as well as the notifications, et cetera, and there is an obvious tension between those. So in addition to talking about other departments like Health and Education, would you see a restructuring of DOCS as contributing to the kind of solutions you are thinking about?

Ms VOIGT: I have watched DOCS for 20 years. I have seen restructures, small and large. I have absolutely no belief whatsoever that this would happen. If you believe that you could quarantine—one issue about quarantining is that money flows from substitute care for example into child protection; child protection is such a dominant and necessary area as it is so structured—I cannot think how you would quarantine it. How would you quarantine it within its own department, especially as the department does not know what is spent on what at the moment?

CHAIR: Are you saying that we should abolish DOCS and start again?

Ms VOIGT: Yes, that is what I am saying. This is the submission I have made. I have said that what we need is a tight investigative process and that is what, if you like, is the bit I have left of DOCS. You need to have reports. I was suggesting JIRT-like teams because there is some good experience in that—the JIRT-type teams, tight focused teams to investigate the serious allegations.

CHAIR: So we need to add Police to the list of departments we are talking about because they are a major part of the JIRT teams.

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Ms VOIGT: Of course, but that is because it is criminal action. I am suggesting the JIRT-type teams would be investigating those serious areas where either criminal action or removal of children will clearly be an issue. Once that investigation takes place, if that removal does not occur, then those families are referred out so that they get services. This system where you have a bureaucratic system counting more and more things, on and on and on, and nobody gets helped at the end of it seems to be mad.

The Hon. JAMES SAMIOS: Who would do the co-ordinating if you are going to abolish DOCS and you have half a dozen other departments involved? Where is the point of reference?

Ms VOIGT: What I am suggesting is that at present it looks okay on paper to suggest that you have one government department that directs the services of others. It is simply in the field on the ground that it is not working like that. Life is ad hoc; life is chaotic. People come to help in many different ways. They need direction to help and, while you attempt at a local level to get co-ordination, a master plan of co-ordination does not work. I think there are some good things that are happening but at the moment DOCS is not contributing to that and absorbing an immense amount of resources. We need investigation. Of course, we need investigation of serious issues. But at the point at which that investigation decides for removal, then clearly the children go into the substitute care system and that needs to be contracted out, as it is in most Australian States and in many other places. Many of the inquiries show that the outcomes for the children in the non-government sector, although by no means perfect, are better than they are in DOCS.

CHAIR: When we talked to the women from the women's refuge movement this morning we spent quite a lot of time talking about the need for much more local action—I guess a system where the people on the ground, through their various networks, tend to know what is happening. I guess that is the other side. You are suggesting much more contracting out and a bigger role for the non-government sector. Would you also support a much more local or regional emphasis?

Ms VOIGT: Absolutely, because in the end I am thinking of what helps families and children in particular and that is by knowing what you are doing. And you know what you are doing better at a local level and there is more chance that you can get co-ordination because people who work together and who work in a similar area will know one another. Even in my own agency we used to more regularly relate with our local DOCS officers when they were not so chaotic and so terribly, terribly busy. Child protection has overwhelmed everything and, worse still, those unallocated cases would do well to be referred to women's associations, Barnardos, tonnes of other places. They are not getting referred anywhere at the moment.

The Hon. JAMES SAMIOS: How is it in the United Kingdom? You mentioned that Barnardos has headquarters in the United Kingdom.

Ms VOIGT: Yes, we have a very large organisation over there.

The Hon. JAMES SAMIOS: Have they devolved power over there?

Ms VOIGT: The United Kingdom works extremely differently. Here, DOCS covers the whole State. In the United Kingdom the responsibility for social welfare has always been held at a local authority level. It is part of the structure of the welfare state that was created after the war and it is held in local authorities. Local authorities are small—I mean tiny in comparison with us—and most of the service delivery happens through local authorities, which also contract out some things. It is a mixed system but it is on a local level system.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do you think it is a better system basically to have a smaller organisation administratively?

Ms VOIGT: Of course I do. In my submission I have suggested that DOCS is one of the biggest social welfare organisations in the world. Social welfare is hard enough to deliver, because it is a human service and it is a personal issue, in smaller organisations. It becomes impossible in very large bureaucratic organisations.

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The Hon. Dr ARTHUR CHESTERFIELD-EVANS: What about people moving around? Is that a problem particularly of itinerate people?

Ms VOIGT: It is some problems with itinerate people but it is much better than the options. You are not talking ever about perfection. There is not perfection in the social welfare system in the delivery of service. You are talking about the best way to help the most people.

CHAIR: While the helpline has attracted criticism from almost everybody, a number of people have also said that it has certain advantages in terms of data collection, in terms of some sort of ability to introduce equity into the distribution of resources, to know how problem loads, for instance, vary from region to region. Do those kinds of advantages of centralisation concern you, or do you see a more local model as being able to still produce that necessary collection of data and allocation of resources?

Ms VOIGT: It is six of one and half a dozen of another. With better technology you could get local systems which are able to produce that. I do not have a lot of faith that that is what will happen. We did not criticise the centralisation of this because there were serious disadvantages previously. We criticised the whole of the system. We also see the advantages but they cannot be followed up on when you have these numbers. It defeats any government that would ever be in power because to do a full investigation of a report would take four days. You contact them, they are not at that address, you go back again three times. Then you have to interview not only the mother and perhaps the father, who is not there. It takes hours upon hours upon hours. These are terribly time-consuming things to do.

The Hon. JAMES SAMIOS: Is an advantage of a local model that intelligence is on the ground available to you much more readily than in a centralised model? For example, the neighbourhood would know better and be more conscious of domestic abuse, child abuse in the area, that sort of violence, where the family will not break up and leave because of pride, feelings of shame, so they suffer. The neighbourhood would know about that.

Ms VOIGT: Some neighbourhoods do and some neighbourhoods attend to that by providing support for children for example. Some neighbourhoods do not. I think there are advantages in a mixed centralist and localised system. One of the advantages of a centralist system is that there is one phone number you can ring and find out where to go. May I tell you that those people who refer will not be perfect because they will be using old data, all sorts of problems but at least they will click that person into somewhere in their local neighbourhood, even if it is the library.

The advantages of centralisation to me in terms of receiving reports are there is one phone number that people can ring and it can be sorted. For example, is it something very broadly which in our terms is significant harm? Is it something which needs a referral into the local area? My suggestion is that very good family support services which are around all over the State can form the sort of nucleus of a range of services because the more you group services together the better your community will know they are there. If we have got six doors to go through, people do not know it so well, so co-location and things like that. These are not new ideas.

CHAIR: Unlike some other organisations, Barnardos does not support mandatory reporting?

Ms VOIGT: We never have. We made submissions when the issue of mandatory reporting came up. We fought mandatory reporting down in the Australian Capitol Territory. We have made national submissions in relation to it and we have written papers.

CHAIR: What is the alternative? Coming back to your earlier points about filters and so on, do we educate the public and the agency?

Ms VOIGT: The question is different, it is what happens when you get mandatory reporting? In every single place you have had mandatory reporting it pulls the resources to the investigative end. This is known and well researched. We did it here at a time when we got a diversionary Act, a liberal Act, an Act that was supposedly there to help children in families. Alongside we made mandatory reporting. I could not understand it.

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The Hon. Dr ARTHUR CHESTERFIELD-EVANS: In essence, do you say that mandatory reporting means that a person who might have reported a matter, instead of saying "It is a bad case and I will report it" or "It will settle down and I will not report it" now has to report all of them and effectively their screening is taken away from them. That then gives a huge overload.

Ms VOIGT: Absolutely correct. Mandatory reporting has not just happened here but it has happened everywhere.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Does that totally foul up the response because they do not have the information that the original reporter had and they have to do it all again?

Ms VOIGT: No, it does it. Any system has got a certain amount of resources. They can be spread right throughout the system from investigation to good treatment or you can have it swished at either end. Mandatory reporting brings it at a very front end: investigation. Then you have got to develop complex systems for sorting which costs resources. That happens and then you have far more visits than you would have done otherwise and that absolutely ruins your resources. Once you get human beings having to go out on visits your resources escalate. I think it is irresponsible as an agency not have said this. We did say this. This is not an opinion. It is a moral thing about mandatory reporting. It is as if mandatory reporting cures child abuse.

The Hon. IAN WEST: Then you collectively become an accuser and defensive?

Ms VOIGT: If we look at the bulk of people who are in British terms children in need, some of whom then get on a register of child protection and over here are children at risk of abuse, the vast majority of those families need assistance with their child rearing or are socially excluded people or who are people who have mental health problems or who have addiction problems. You need to look at these issues. You need services for those things. You need to know which are the ones that are likely to be the most dangerous. You cannot do any of this when you are just overwhelmed.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Would you say it is a triumph of good intentions over realistic policy?

Ms VOIGT: Yes.

CHAIR: We have not talked about a key area of your responsibility, that is, substitute care. Obviously you have some strong views about issues of availability and successful outcomes or otherwise. Do you have some comments on foster care? You mentioned your opposition to any institutionalised care. Could you elaborate on how you think the substitute care system is working and how it should work?

Ms VOIGT: Perhaps I could start with proclamation. We have advocated proclamation. We are awaiting proclamation. We believe that the establishment of the Children's Guardian was terrific for New South Wales. It was sensible to separate out the review of what is happening with children from the government department that provides it. We have been waiting for proclamation to happen. I also made submissions to the previous Minister about this. I suppose I do not think there is much point in telling you any more about what we know with what is happening in substitute care inside the department because we have had the Fitzgerald inquiry and more recently newspapers and the media. We are appalled frankly when we receive children who at the age of three have been through 12 placements: that is not good practice, it is terrible.

We have also been concerned in terms of the new Act that the ability of the department, unlike non-government sector, to have children in voluntary care for six months in a department which currently is functioning as it is. Whilst that is a good and admirable idea, as it is functioning as it is, we are beginning to see children who are left for six months with no planning happening at all and then, for example, being taken to court. Recently a baby who is now eight months old was placed at two months in six months of voluntary care, and nothing was done in the meantime and then it got to court.

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CHAIR: Is that because voluntary care provides, say, a stressed department or stressed local people with "We don't have to think about that yet"?

Ms VOIGT: I think that is true. Those are minor issues compared with our major submission which is that all of the numerous inquiries that have been done into the out-of-home care sector, whilst as I said the non-government sector is by no means perfect, the options for children have shown us to be better in that sector because they specialise in that. You do better when you know what you are doing. You also do better when you are small enough to know who you have got, where they are and what their carers think. Combined with the Guardian in this State with the requirement that agencies do full case planning which is what it means, it will mean that contracting out in this State should occur. Most of us has been calling for it for many years. ACWAs submission I know will be the same.

CHAIR: Some people would say that an organisation such as Barnardos in this area could no longer be described as small?

Ms VOIGT: This is perfectly true but in comparison with the size of the department? It is very comparative plus the fact that where we function is in small teams and they are governed by the whole organisation but their specialisation is within that team. They have a particular group of clients. One of the things that is important for a child is not that you are in the department or Barnardos it is that you are visited by a particular person, for example, Heather who you know. One of the things in small teams that my agency and I know that other non-government agencies does, to make sure Heather keeps on seeing them, even if they move. It is the human things that matter to children.

CHAIR: We have dealt with areas where you have different views to some other people who have made submissions. We understand you have some views about arrangements for care in Aboriginal communities?

Ms VOIGT: My submission did not touch on that. However, I will mention the fact that for many years we have been concerned and alarmed that Aboriginal substitute care agencies have been unfairly funded by the Department of Community Services. Your previous witness referred to this. Aboriginal children are overly represented in the out-of-home care figures although most of those are in the area of kinship care, but the amount of resources available to the non-government Aboriginal agencies has been significantly less than available to white agencies such as ourselves. This is historic and it has happened over time. There has now been some moves to change that. Over the past year there have been some changes, but this I think has been a serious thing in New South Wales.

CHAIR: Apart from resources, do you have particular views on whether there is a need for differences in the systems of substitute care or are we, I guess, putting it in within your overall framework of many smaller organisations rather than one size fits all?

Ms VOIGT: Clearly we support the development of well resourced and supported Aboriginal agencies. You cannot have a well resourced agency when you have only got one worker. Only last year, the decision was that the minimum should be two. Where have we been for all these years to think that one person could do a huge task? With small, well resourced Aboriginal agencies, you may well have the framework to develop good services. Also those services should be supported administratively as they begin because it is often hard to get agencies up in that community at the very initiating start, so support should be given at that stage whoever the funding body might be.

In terms of our submission, we suggest that the joint investigative response teams [JIRT] in child protection that we talked about should also have Aboriginal teams for Aboriginal communities to enable Aboriginal workers to work together over this issue of "Do you remove and have the stolen generation or do you not remove and have some very serious damage to children?" You need a nucleus of workers who work together to be able to resolve some of those elements.

The Hon. JAMES SAMIOS: I refer to insufficient funding for indigenous communities. What is the position with funding for non-English speaking background [NESB] services?

Ms VOIGT: You are not talking about indigenous Australians but other non-English speaking background families?

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The Hon. JAMES SAMIOS: Yes.

Ms VOIGT: In substitute care they are very under represented in the figures, that is, very few NESB children come into the care system. Of course they are there. I run a residential unit for south-east Asian children and multicultural children, for ten adolescents, which is staffed by similar staff. But basically very few come into care. There is I believe only one specialist Muslim foster care program but that will be appropriate to the figures. Do you say when the community does not produce children to come into care "Oh well, we had better get out and get lots of services so they do"? That seems to me to be the wrong way around. I think we say, in fact, that they clearly are under represented in the figures. In terms of family support, there are a number of multicultural organisations that are receiving funding for family support in a number of different communities and clearly since they are over represented in the figures for poverty et cetera, this needs to continue and increase.

The Hon. JAMES SAMIOS: Is there any reason for cross-cultural training?

Ms VOIGT: Of course. For example, in our Auburn Children Family Centre we now have 60 nationalities of our client populations. It is amazing. We have staff from a number of different backgrounds but we still need also to continue our training all the time. Generally, this is needed in the community.

The Hon. JAMES SAMIOS: Would that training also be required for those who are mainstream as well as those with a different nationality background?

Ms VOIGT: In terms of understanding, yes.

The Hon. JAMES SAMIOS: It has long been known that children in care have considerable problems obtaining education or succeeding educationally. Do you think the department has addressed this education issue satisfactorily?

Ms VOIGT: The department is hamstrung because they are not the education department. There is a specialist department within the education department which looks at the small number of the children who come into the care system and the people in that part of the department are very good but what the education department is doing is very limited. It needs to do a lot more. The department has difficulty in getting these resources.

CHAIR: The education department or DOCS?

Ms VOIGT: DOCS. I do not think this is a DOCS problem. DOCS does pay for some children either to go to private schools or to receive, for instance, preschool education, but combining the education department resources directed towards those children—there is some of it occurring—needs to be increased because the educational outcomes of children in care are simply appalling and they ill-fit the children from that system to be able to gain jobs when they leave care and of course that is part of the problem.

The Hon. JAMES SAMIOS: So why do children in care do badly?

Ms VOIGT: Children in care on average, in research, are four years behind in educational attainment by age 13. We are looking at pretty terrible things. The Looking After Children project I put around to you, one of the focuses in that is on educational planning. So it demands that any child in care has an educational plan. In Britain this is legislated for in their legislation, so education departments have to provide education assistance to children in care. This of course does not happen in New South Wales.

CHAIR: We will be talking to Jane Woodruff from Burnside this afternoon. I think Burnside produced the report on education of children in out-of-home care.

Ms VOIGT: There are a few. There is one from Western Australia also.

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CHAIR: There is also another parliamentary committee, the oversight committee for the Commission on Children and Young People that has begun an inquiry into that area.

Ms VOIGT: It is worldwide phenomena, it is not just Australia.

The Hon. JAMES SAMIOS: Are you aware that it has been alleged that large numbers of children entering the care system have in fact been removed by parents who themselves grew up in care?

Ms VOIGT: Yes.

The Hon. JAMES SAMIOS: Are you aware of any DOCS programs researching initiatives to ameliorate and prevent this?

Ms VOIGT: That covers the whole of substitute care, that question. It means that you provide a better substitute care system in its totality because if you take the child in care who has come from a very abusive background, where you have not grasped the nettle early enough to remove the child permanently—which is why we support the permanency planning legislation—so that you use all the knowledge that you have to say well, the chances of restoration of this child within a timeframe developmentally appropriate to the child is highly unlikely after making every attempt to do so, then that child, if it is left in that situation, is so damaged it then comes into a care system where the system is not so organised to enable it to form proper attachments.

The child moves continuously; it may be placed as the fifth member in a foster care household and will be the first to go when the foster carer is really reaching the end of her limit, where the foster carer is not supported. The attachments do not take place and you then have an adolescent who is so distressed and disturbed that the chances of that young person being able to rear their own children is very limited. Many many make it against all the odds. Survival comes through. But some do not and they tend to have children much younger—the research again shows this—which is also a problem.

CHAIR: Thank you very much, Louise. I feel as if we have thrown questions at you but you have handled them all very well. Julie will certainly talk to you about some of the research that you mentioned at the beginning.

Ms VOIGT: I have got some things on Barnados if anyone wants to see them.

The Hon. AMANDA FAZIO: I move:

That those documents be accepted by the Committee.

Motion agreed to.

(The witness withdrew)

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GLEN WILLIAM RENNIE, Secretary, Aboriginal Child, Family and Community Care State Secretariat (New South Wales) Inc., P.O. Box 616, Taree, New South Wales, and

RUSSELL LESLIE FREEBURN, Aboriginal Child, Family and Community Care State Secretariat (New South Wales) Inc., Locked Bag 13, Haymarket, affirmed and examined:

CHAIR: Mr Rennie, you have received a summons, but you have not made a submission. You are obviously conversant with our terms of reference?

Mr RENNIE: Yes.

CHAIR: Mr Freeburn, you received the questions that we prepared as a bit of a guide. The obvious first one is for you to give us a brief account of your organisation and its particular responsibilities in relation to child protection and out of home care?

Mr FREEBURN: The State Secretariat comprises 10 Aboriginal community based and controlled agencies that provide services to children and young people and families in crisis. The overall aim of the funding for the secretariat is to provide outcomes for children, young people and their families who are involved in child protection in out of home care services. The secretariat is the peak organisation aimed at assisting Aboriginal communities to achieve a caring environment for children and young people. The key roles that the secretariat play are to provide advice on child protection out of home care policy, provide advice to the Department of Community Services [DOCS] on issues about Aboriginal children and Aboriginal families involved in child protection out of home care services, to provide advice to DOCS about funding decisions for all child protection and out of home care services, to provide a communication channel between Aboriginal child protection and out of home care organisations and DOCS, and to assist DOCS to promote the best quality services for Aboriginal children and young people in out of home care. The secretariat aims to work with government departments and peak bodies to achieve enhanced service provisions for Aboriginal children and young people and their families in New South Wales.

CHAIR: Our next couple of questions focus on the heart of things: your comments about the relationship between the government agencies and the non-government agencies—which obviously you heard Louise Voigt give some views about—and perhaps even more importantly, the current areas of concern from your point of view about DOCS and the existing child protection system. That should give you plenty of scope to give us your views.

Mr RENNIE: I suppose we start off to say that the State Secretariat is a rather new organisation. We have only just been formally incorporated, although we have been meeting as a peak reference group for some time now and providing advice to the department. So we historically have been dealing as individual agencies throughout the State, some of us auspiced directly to central office and others to local CSCs [community service centres] or local area offices. The relationships at times have been nothing but strained between Aboriginal services. It is a belief by the Aboriginal services that we are not respected for our professionalism, we are over-policed and that the department—

CHAIR: You mean over-policed by DOCS?

Mr RENNIE: Over-policed by the department, sorry, yes. And that to this stage, although in recent times there has been some improvement from central office in regards to the secretariat since its incorporation, our member agencies still have difficulty dealing at local areas. So there is a lack of consistency or a lack of information sharing between central office and those community service centres out there that are supervising the individual agencies. We have got new legislation that is currently in the process of being proclaimed. That legislation obligates government departments and non-government agencies to work together on child protection issues. We have not yet seen that hit the ground. The legislation is in.

We have not yet seen a collaborative approach to either child protection issues or children at risk in the communities that we service. We also have an interagency guideline which recently was redeveloped to meet the new obligations of the legislation—at great expense—that both within the

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government sector and non-government sector have not been utilised to their full extent. On occasions many people in both non-government and in government agencies do not even know that they exist. So the collaborative approach has not been something that is new. We are working in separation, we are not working collaboratively together and thus the communications and problems associated with that continue to be displayed in the communities.

CHAIR: Do you think that these issues are particular to Aboriginal service providers or do you think the problems you are mentioning are felt by other providers as well?

Mr RENNIE: It was mentioned earlier that we are underresourced and I mentioned that we are over-policed and we are not respected for our professionalism. I think they do impact on Aboriginal organisations greater than non-Aboriginal organisations, yes.

CHAIR: But when you talk about the failure to deliver the collaborative sort of relationships that are supposed to exist, do you think that failure is more marked than in relation to Aboriginal services?

Mr RENNIE: Across the State I could not comment. Locally in some areas Aboriginal community organisations work very well with local CSCs in regard to child protection matters and that is a collaborative approach. However, that is isolated. It is not a normality and certainly not consistent throughout the State. It is very much based on a localised relationship with your local DOCS office. Some of our agencies are State offices that deal across the entire State and it is recognised through those agencies that there is a great disparity between working relationships with a non-government agency, being Aboriginal, and the department.

CHAIR: Sorry, I interrupted you. You have lost your train of thought.

Mr RENNIE: I am trying to draw myself back to where I was.

CHAIR: We were giving examples of thing you might talk to us about, such as the client information system, how helpline works and mandatory reporting.

Mr RENNIE: Still on the relationship between the department and Aboriginal services, currently we have the funded capacity to deal with 300 people. The figures the department holds in relation to young indigenous people in care much overrepresents that. We are talking in excess of 2,000 indigenous people who are not cared for by indigenous organisations.

CHAIR: More than 2,000 are in care, which might be voluntary kinship or whatever.

Mr RENNIE: The whole conglomerate is not serviced by indigenous community organisations. Drawing from that, we are not fully respected for our professionalism. Self determination as it is today, as it is legislated, which all sides of Parliament and all the government departments have indicated support for, is not happening. We are not caring for our own.

CHAIR: When you say you are funded for 300, that is to provide the totality of services needed by children in care?

Mr RENNIE: Yes. The department has moved towards contracts of funding that are output based. All our home care services have two employees who might be required to hold 40 clients. The referrals coming from DOCS and other agencies—DOCS is the major provider—for Aboriginal carers much exceed that. We just do not have truth in funding. I do not have a great deal of support for the CIS system, nor do many other people who have given evidence. It is antiquated. It is problematic. It does not truly represent indigenous populations or all the circumstances of indigenous populations within New South Wales. We have member agencies who have numbers of children, all of whom have been identified on the CIS system as being in relative care yet their service providers know that they are not in relative care. Representations made by the department about indigenous people being with relatives may be truly misrepresented.

CHAIR: When you say that services know that they are not in relative care, what kind of care are they in, or are they in no care?

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Mr RENNIE: They are in foster care, but they may not be in foster care with a relative. The ability of the department to instigate child protection investigations throughout the State is not consistent. The helpline and the current system of prioritising child risk matters do not appear to work. We have areas throughout the State where a child might be removed because mum and dad smoke marijuana, no other vice. We have other circumstances where mum and dad are constantly on heavier drugs and alcohol, or involved in prostitution and the child remains in that placement. The department is not consistent in how it investigates and then protects young indigenous people in this State.

CHAIR: Anything else under that heading? Mandatory reporting?

Mr RENNIE: Unlike some of my colleague we do not see mandatory reporting as a bad thing. It is there. If it flushes out abuse that is good. We then have to look at how we deal with that. Yes, it draws resources to child protection investigation and leaves out-of-home-care suffering. However, is too much knowledge bad? I do not believe it is. We had a system where moral responsibility was there for all New South Wales persons to mandatory report. We had numerous children, both in care and out of care, suffering abuses. I do not know. The jury is not in yet. Mandatory reporting has been around for only a short time. Yes, it obligates people to report.

However, most of the people to whom I have spoken do not feel particularly comfortable reporting and maybe they would not report if they were not obligated to. At present mandatory reporting in an indigenous community, due to lack of inaction on many notifications made by both non-government organisations and people working in the field of child protection and out-of-home care, is not followed through. Even if mandatory reporting exists, people still make their own assessment. Unfortunately, some of those assessments are made on the basis that if there is no action, why do it? Why continue to put yourself at risk as a person in a community to notify of a child at risk when you have to live and work within that community?

CHAIR: Some people would say that is an argument against mandatory reporting because it creates expectations that are not delivered and can produce that type of dispute among people in the community.

Mr RENNIE: It does, and some people could well use that as an argument to nullify mandatory reporting. As I say, I do not see mandatory reporting as a bad thing. It is giving us more information than we need. Maybe we need to find a better way to sort that information and allocate that it on a needs basis, then follow through with it rather than not get it.

The Hon. IAN WEST: I think you indicated something like 300 in care and about 2,000 in the community with need. Has mandatory reporting increased that number or has that been the number for some time?

Mr RENNIE: The population of Aboriginal children in care has grown steadily for a number of years. Mandatory reporting has not increased the number of children in care in the short term. It has not been around for long. Many of the cases currently before the courts may be a result of mandatory reporting, but many of them have not yet been dealt with. We will not really see any reflection in the figures for out-of-home care for some time.

CHAIR: Do you have any idea what percentage of DOCS workers are indigenous?

Mr RENNIE: Unfortunately, at the moment there seems to be a mass exodus from DOCS of any caseworker who has been there for any time. That is mirrored within the indigenous employees within the department at all levels right through to central office. Many Aboriginal officers within CSCs in this State are off on stress leave. Things are not particularly good out there. The numbers are not there and they are not supported sufficiently to deal with the cultural impact of being in DOCS and working within their own community, as many of them have to.

CHAIR: There is an extra stress factor?

Mr RENNIE: I believe so, yes.

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CHAIR: Is that because of the traditional view of welfare and the traditional suspicion?

Mr RENNIE: There is an historical perception, which I believe is justified, that past practices have not been particularly favourable for the care and protection of young Aboriginal people.

Mr FREEBURN: He means to say appalling.

CHAIR: You can be very honest with your opinions here. We are not frightened of strong adjectives.

Mr RENNIE: Nobody can argue that that has not been pointed out. An Aboriginal person working in such a department would not find it very easy to survive in that environment.

CHAIR: Is it like an Aboriginal person joining the police force? You have that problem of being seen to be joining the enemy?

Mr RENNIE: Yes. Reports still come in. One of our services operates a 1800 number statewide and it receives many referrals that it is not supposed to receive. Some of those referrals might be requests for assistance from grandparents. Because they do not fall within the funding jurisdiction of that service we have to refer them back to the department. They will not ring the department. Communities will not ring the department for assistance. That is not a one-off incident, it continually happens. The same service also deals with young adolescents who are reluctant to go back to the department as they are leaving care or after they have left care due to perceptions of inadequacy of service previously and cultural aspects.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do you think that those perceptions are no longer correct, or do you think that in reality either the services will not be delivered or they will not be culturally appropriate? In other words, do you think that they are right in not ringing up?

Mr RENNIE: Do I think that they are right not to seek assistance? No, I do not. I think that they are afforded the same assistance as anybody else who is disadvantaged at that time.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But that is not quite the same.

Mr RENNIE: Is the department culturally inappropriate?

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Is the department actually delivering? They do not ring because they do not think it is any use because the department is culturally inappropriate or because it does not deliver services? But is that perception correct?

Mr RENNIE: I believe the department could do a lot of work to improve its persona within indigenous communities. Many indigenous communities do not see DOCS unless it is an investigation into child protection and the removal of a child. Past bridges need to be mended. I do not believe that is happening to its full extent today.

CHAIR: Earlier you said that just as other caseworkers are leaving DOCS, so too are indigenous caseworkers. Does that suggest that at some time in the recent past DOCS put an effort into employing indigenous workers? They were DOCS workers and now the percentage is decreasing?

Mr FREEBURN: When I was in the department in 1997 there were two positions for Aboriginal caseworkers. During a 12-month period we had five people fill those positions because they did not like staying in the department for lots of reasons. Back then there were not as many Aboriginal employees as there are now. DOCS has employed more Aboriginal people, even though they are still leaving.

CHAIR: Were those two people at head office or were they located in areas—?

Mr FREEBURN: In a local area with high numbers of Aboriginal kids in care.

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The Hon. JAMES SAMIOS: Are there provisions for cross-cultural training for other staff in relation to indigenous people?

Mr FREEBURN: A couple of years ago the department started cultural awareness training. I am not sure if it went right across the board. A few DOCS workers who attended the training became trainers for cross-cultural training. I do not know how successful that was.

The Hon. JAMES SAMIOS: You could not say with confidence that the staff involved in dealing with indigenous people had cross-cultural training?

Mr FREEBURN: Definitely not. That probably started when they did their DOCS training, some cross-cultural training to know that when they are dealing with Aboriginal people there are other issues they need to take into consideration. Some just go in there like a bull at a gate, especially those who do not receive the training. When I was with the department I received any training at all.

Mr RENNIE: Getting back to the staffing level of indigenous people within the department, the department advertises extensively for indigenous positions but, unfortunately, it is unable to secure indigenous people to fill those positions. That is something that is available. I have not seen evidence of 100 per cent filling of vacant seats by Aboriginal people. If it were possible to review that problem it might be more appropriate if the department were to provide indigenous communities and populations with a percentage of indigenous workers within the department to reflect more the population of clients rather than the 2.1 per cent in line with government policy.

The Hon. AMANDA FAZIO: I have a question with a slightly different focus. Do the organisations that come under your umbrella group receive funding from multiple government agencies or mainly from DOCS?

Mr RENNIE: Some of the agencies receive funding from ATSIC as well. Some of the Federal Government funding for ATSIC has been diminished—that seems to happen on an annual basis. The extra funding to provide the family support positions that were historically in place tended to come from ATSIC rather than the department. To my knowledge, they receive funding only from ATSIC federally and from DOCS.

CHAIR: You might want to pick out some questions about which you have more to say. We have asked you for your comments about the introduction in 2000 of the child protection services under the Act and the Aboriginal child placement principle. You have said a little about support services as distinct from child protection and the intervention side. Do you want to talk about any of those areas in depth?

Mr RENNIE: I suppose we should mention the support services that were in place and are currently in place. Previously funding for Aboriginal out-of-home care services was not output based. They were funded rather scantily, some for half-time positions. They tended to provide for the community: they met community needs. There were occasions when young children were taken into respite care for weekends, for example. This type of care dealt with children before they came to the notice of the department or before their problems became too serious—it might have included some form of drug detox or providing respite care for a child to allow a parent to attend a funeral when there was no responsible family member available to care for the child.

That system of community or primary care is being diminished under the new output system that the department is proposing to the member agencies. The ability to work based on community need is being removed from the out-of-home care services. Families First is attempting to fill some of the void. However, our experience with Families First is that some of the positions are rolled out as half-time positions in reasonably large geographical areas and funding does not address even basic necessities such as a car. You have a half-time salary plus administration costs and there is no car in the budget. That is an insufficient resourcing level to provide quality hands-on primary care on the ground.

The Hon. IAN WEST: Can you explain what an output system is?

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Mr RENNIE: I suppose it is becoming more business oriented. We are still called a service but it is moving towards that because of microeconomics or whatever. Everything is based on an output. So for one client you receive X amount of funding. With the diminishing of the community care that was provided previously, the department clearly defines the children that the out-of-home care service accepts are from the department and the child protection industry.

CHAIR: This means that there has been a drop in the generic community services that allowed workers to identify a problem and seek funds to try to address it.

Mr RENNIE: It was more hands-on respite care. For example, if mum has a funeral to attend and there is no responsible family member to provide care, there is somewhere to place the child.

CHAIR: There was flexibility.

Mr RENNIE: There was flexibility within the service to provide some community care. The outputs are solely based on throughput: You provide X amount of apples for X amount of dollars, and that is it. That system would work quite well if it were needs based. However, at present funding and outputs are not needs based.

The Hon. IAN WEST: Did I understand you to say that that was linked specifically to Families First? Perhaps I misunderstood.

Mr RENNIE: With the rolling out of Families First across the State, it is attempting to fill the void of the family-community type of work that was previously done by the out-of-home care services.

The Hon. IAN WEST: Families First does not dictate an output-based system.

Mr RENNIE: I think Families First currently operates under an output-based system. Most funding from the department today is based on outputs and throughput: You see X number of clients and you receive this much money.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Do you think that creates a problem for preventive work? That worries me. For example, in the hospital system it is based on how many operations you do not on how much health you make.

Mr RENNIE: I do not know whether it is problematic, but it makes it difficult for Aboriginal agencies to deal with community needs and to have a more localised knowledge of what a family needs. At present if Aboriginal services identify that a parent has a particular need, they must refer it through the helpline or a parent must self-refer to the department and then the referral will come back from the department.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: So the statistics are treated, rather than the problem?

Mr RENNIE: Yes.

Mr FREEBURN: Part of the problem is that with the increase in funding of services came the change that the department wanted to see from the services. With community referrals, if a parent wanted to refer to an agency, that agency could provide respite care for whatever reason for a certain amount of time. However, under the new funding arrangements, agencies are not able to do as many community referrals as before. Some are limited to five community referrals a month, which is just not enough in some communities. That is preventative work. If we can support a family before a child goes into care formally, take referrals and work with that family, we should be able to do that. However, we now cannot do that on the same level as before.

We must look at how we are seen by the community. One of the things that made it easier for children's services is that, because it is an Aboriginal service, it knows and understands the Aboriginal community. There was some difficulty in the early days when communities thought it was just another

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DOCS service—which it is not. Over time, as the service has been able to support families, that attitude has changed. However, if we are not able to take community referrals any longer and can take referrals only from the department, it will look more and more like we are just a DOCS service.

CHAIR: I do not wish to downgrade the importance of prevention and intervention, but I want to get your views about the substitute care system as it affects Aboriginal children, particularly your comments about relative and kinship care—the role of grandparents—and the particular differences in substitute care for Aboriginal children and families as distinct from non-Aboriginal children and families.

Mr FREEBURN: Can we scoot back to the placement principle and its effectiveness? We do not believe it is effective because Aboriginal kids still enter non-Aboriginal care. Part of the problem is that the department does not have enough Aboriginal carers. One of the Aboriginal agencies was able to recruit more than 60 Aboriginal carers in a four-year period. They cover an area that has four DOCS CSCs. Those four CSCs combined would not have nearly the number of carers that the Aboriginal service has. The department must try to place an Aboriginal child with an Aboriginal carer.

It is supposed to look first at the family to see whether there is a grandparent and so on with whom to place the child. If there is no family member to place the child with it should look to place the child with an Aboriginal person either in or outside the community. If there is still no-one, the department should talk to the appropriate Aboriginal welfare organisation to see what it can come up with and then it can place the child in Aboriginal care, if that is what it wants to do. However, that does not happen very often. The agencies are informed only when Aboriginal kids go into care; they are not always asked whether they have any placements available. I do not think the system is effective. I like the principle but it is not always followed.

CHAIR: Do you suggest that the department is failing to find families and placements that would be available if it tried harder or used a different system or is there a shortage of families?

Mr FREEBURN: There is a shortage of families where DOCS is concerned. This is possibly because of historical factors. If an agency in one area that is covered by four DOCS offices can get 60 people, the department should look at why it cannot get carers. It should work with agencies to see how it can utilise their carers. It could reach a formal agreement with an agency and say, "We want to utilise your carers and the resources to go with that. We'll place the kid and you supervise the placement."

CHAIR: A non-government or an Aboriginal agency could find the families with which to place a child. Are you talking about rural areas where there is only DOCS and no non-government agency to take on that role?

Mr FREEBURN: No. In my view the department does not have the confidence in the Aboriginal agencies to do that.

CHAIR: What about using an agency such as Barnardos? Would it have more trust from the Aboriginal community and could thus identify families for placement?

Mr RENNIE: That depends somewhat on the local branch of Barnardos, Burnside or Centre Care. It is very localised. Some clients that are contacted through the services access some branches of Burnside. For example, Burnside at Dubbo is a very successful point of access for Aboriginal young people. It has a very high indigenous staff employment level and it certainly seems to be working quite well within that community. I do not know whether the non-government, non-Aboriginal out-of-home care sector has been able to secure the same numbers of Aboriginal foster carers as the Aboriginal services. It comes back to supervision and support for foster carers. I think one of the department's problems is that it does not identify particularly the cultural issues of care when dealing with indigenous carers and that it does not offer a great deal of support to its foster carers in general.

CHAIR: We will talk to representatives of the Foster Care Association later today.

Mr RENNIE: They can probably expand further on this issue.

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CHAIR: Yes. I suppose that I was thinking of an agency such as Burnside in Dubbo, which employs Aboriginal workers and you get away from an atmosphere of mistrust between Aboriginal communities and DOCS by having non-government agencies—including Aboriginal agencies—in the middle to identify foster families.

Mr RENNIE: Some of the prejudices will be localised depending on which particular non-government charity organisation might have been the affecting agency historically. It will be localised; we cannot give a general rule. We cannot say that Burnside is doing fantastically everywhere because I simply do not know.

Mr FREEBURN: The same agencies do not cover every area. In the area to which I referred there is no Burnside or other well-known agency.

CHAIR: Are there added problems outside metropolitan areas or is it a matter of what communities have had what experiences in the past?

Mr RENNIE: I do not think the problems are isolated to rural areas. I think there is a problem in metropolitan Sydney, and certainly on the Central Coast and in Newcastle, with regard to the department's ability to secure Aboriginal foster carers. That particular problem is not isolated to rural areas; it is across the board.

Mr FREEBURN: The areas deal with different issues as well. Attitudes towards Aboriginal people in the country are different from those in the city. In the country you are dealing basically with black and white issues and in the city you are not.

The Hon. JAMES SAMIOS: Do Aboriginal carers receive exactly the same training as other carers?

Mr RENNIE: In some instances the department borrows Aboriginal children's service training manuals.

Mr FREEBURN: Most of the services have their own training manuals. One got the DOCS training manual and other manuals to see what other agencies do and how it can make its service more appropriate for carers.

The Hon. JAMES SAMIOS: Does that system work fairly well?

Mr FREEBURN: Yes.

CHAIR: Let us turn to kinship care, relative care, grandparent care—that is, the unofficial or voluntary care that we touched on before. What else can you tell us about that?

Mr RENNIE: Going back to the previous question, which was about the new care and protection Act for children, the out-of-home care section is not yet proclaimed. We do not know how that will impact on indigenous young people in the out of home care sector. The definition of "out of home care", although it has passed through Parliament, has not been proclaimed. There was some mention by the previous Minister that she was not going to proclaim that section. The department's own figures identify that up to 87 per cent of indigenous children are placed in relative care. Under the previous definition of "out of home care" in the Act, relative care would exclude all of those people from the support and supervision they are afforded in the out of home care classification. That is of concern to us.

We have not yet consulted appropriately, and it is not necessarily our place to conduct statewide consultation with various communities in regards to their willingness for the inclusion of "kinship care" in the definition of "out-of-home care". However, we would appreciate that when a young person is placed in out of home care the State has intervened and decided that they were at risk. With the shift in parental responsibility, the State is obligated to ensure that the young person maintains a safe and secure environment. That can be done via an Aboriginal service. Certainly if they fall within the classification of out of home care, it will be done by the Children's Guardian. It may not

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be mandatory, but in cases where it is seen as a possibility or necessity it should not be totally excluded from the definition of "out of home care".

CHAIR: Is this mainly a funding issue?

Mr RENNIE: I am sure this is going to have a dramatic impact on the budget of the Children's Guardian, because with the inclusion of relative care or kinship care in the definition of "out-of-home care" she will receive, on the figures currently available, a 55 per cent increase in client demand or service demand. So there are large repercussions financially for the Children's Guardian. I am not too sure in regards to the general out-of-home care sector, because there is no real data about who is receiving payments in the relative care positions. However, a number of them are receiving payments, whether they be non-parental care allowances or, in some instances, the full foster care allowance or other various payments. I do not know what the impact financially for out of home care will be because we do not really know how many of the indigenous people in relative care are actually receiving payments.

CHAIR: When you say "we" do not know, do you mean no-one knows?

Mr RENNIE: I do not think that anybody could truly know, with the current data collection system. There might be figures that the department is holding, but I am not aware of them.

CHAIR: One of the reasons for asking these questions is that we can follow up these matters and see what information we can obtain from the department or other organisations.

Mr FREEBURN: The department would not know, because they do not know how many actual carers they have. When I tried to get the figures of how many Aboriginal carers we had around the State I talked to central office and they could not tell me who was an Aboriginal carer or who was a family carer. I got the information they sent me and went through it with a fine tooth comb. I could identify about 500 people who were Aboriginal, but I still could not identify whether they were kinship carers or registered carers.

The Hon. JAMES SAMIOS: Is there a unit in the Department of Community Services responsible for the register of carers?

Mr FREEBURN: I think it goes into their data collection unit, but they could not identify who was who and what they did. I even offered to go into central office, sit down, go through and have a look, but they said I would not know what I was looking for. They turned down my kind offer.

Mr RENNIE: The CIS does identify for whom payments are made with regards to foster care. I do not think that would truly depict whether children were still there or not. There are instances across the State where people are still receiving payments but the children are no longer there. I do not know that you could draw any final conclusions from any data off the CIS system that tries to identify either the foster carers or the financial burden that they would have in out-of-home care.

The Hon. JAMES SAMIOS: Your impression is —

Mr RENNIE: —that the data collection system is inept.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It is a bungle if the department is paying people who are no longer working for it, unless it is paying the communities in the hope that they will get someone soon. It sounds like it is —

Mr RENNIE: —out of kilter. There have been payments made where the children are no longer there. I do not know the extent of that, but it certainly has happened.

CHAIR: If you have notes or material on a matter we have overlooked, you can give it to us at the conclusion of your evidence. Have you formed a view about the type of solutions we should look at and what you want to see come out of this inquiry.

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Mr RENNIE: There is probably one other issue I would like to address in regards to substitute care. Historically over the last ten years we have had numerous reports and restructures and a Standing Committee on Law and Justice that is running parallel to this one, which have all identified that the department has got major problems with providing care for young people. The law and justice committee speaks about the amount of children from care progressing through to juvenile justice and the adult jail system. That is a visual we see daily: many young children in care forwarding on through the judicial system and finishing up in juvenile justice centres.

Unfortunately, at present I feel due to the inability of out-of-home care to target its group and to work with its group, juvenile justice is becoming a substitute care provider. There are various instances from day to day where juvenile justice is receiving young people who are on menial criminal charges and would usually be released on bail but because there is no placement for them—they have closed down Aboriginal group homes and other group homes—juvenile justice becomes a surrogate provider of out of home care. That is wrong.

CHAIR: How do we fix it?

Mr RENNIE: We do not really disagree with some of the suggestions that have been put up where the functions of the department would be operated within a three-tier system: child protection, family support and out-of-home care. We see that as a necessity. There need to be some clear definitions between them. Whether the department maintains that full role, I suppose our belief is that out-of-home care, if properly resourced, could go out to Aboriginal communities to provide for Aboriginal young people. Family support or preventative work could also do the same. There are sufficient community organisations now throughout the State that have major health programs and have the structures in place to adopt those roles. They have been accountable for many years and continue to be accountable. We see the department as the investigator of serious child risk. That role should be continued in conjunction with the police, the JIRT team and so on.

In short, how do we fix it? I do not believe a restructure is going to fix it. I think we have sufficient evidence from past reports to give us direction in regards to where it should go. All we need to do is do it. If we implement the new legislation and we adhere to it, then maybe we can provide a better outcome for young people. We do not need to redo further legislation without fully implementing or resourcing it.

The Hon. JAMES SAMIOS: One of the previous witnesses made strong reference to the need to go through a number of departments, for example, education, health and police, and not to rely on one department.

Mr RENNIE: With the new Act, I believe that they are all obligated to work together collaboratively. How can we achieve that? I do not know what training has gone on at that level. I do not know what acceptance the other departments have about the financial burden of doing some of that work. There are certainly some early indications of some disagreements arising where one department feels it is not its financial responsibility to pay for costs incurred through working collaboratively with the Children's Court and so on. Maybe we need memorandums of understanding or a cross-government approach. I do not know what the answer is.

The Hon. JAMES SAMIOS: Another point made was that greater emphasis should be placed on localising activity rather than taking a more centralised approach.

Mr RENNIE: Whilst I do not disagree with that totally, one of my main concerns with localising services is that currently we have a central point for DOCS and, since its transformation, we have larger areas. There is no consistency of service from one area to another. The provision of services at a local level without a governing department ensuring that policies and procedures are maintained across the board would only further disadvantage some areas where the standard may not be as high as it is in other areas.

CHAIR: Would you argue that there may not be much advantage in Aboriginal children and families moving towards a more localised system if the Aboriginal input in those local areas, given what you have just said about variation, is not properly organised and maintained? In other words, is there strength in a more centralised system in terms of equity?

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Mr RENNIE: I would hope that whatever system we finish up with the local community and cultural input is paramount in service delivery, whether that be indigenous or across the board.

CHAIR: Is that hard to achieve in some regions and local areas than in others?

Mr RENNIE: There are certain areas within the State that do not work as well with their Aboriginal community as opposed to other areas. That is a policy decision. With the central auspice now and an Aboriginal peak organisation, maybe we can address some of those inconsistencies. The department might look at working in a partnership, such as health and other departments use, where we work as partners rather than as opposing forces.

CHAIR: Thank you for appearing before the Committee. If we need further information, will we be able to contact you and obtain the necessary documentation?

Mr RENNIE: Yes.

(The witnesses withdrew)

(Luncheon adjournment)

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JANE CATHERINE WOODRUFF, Chief Executive Officer, UnitingCare Burnside, 13 Blackwood Crescent, North Parramatta, and

KAREN ANN BEVAN, Policy Officer, UnitingCare Burnside, 13 Blackwood Crescent, North Parramatta, affirmed and examined:

CHAIR: Jane, would you like to respond to the formal questions?

Ms WOODRUFF: I am the Chief Executive Officer of UnitingCare Burnside, and I am appearing before the Committee in that capacity. I have received a summons. I am conversant with the terms of reference for the inquiry. I am happy for the submission to be included as part of our sworn evidence.

CHAIR: Do you want to make an opening statement? Our first question invites you to tell us all about Burnside.

Ms WOODRUFF: I am happy to go straight to the questions.

CHAIR: Karen, would you also like to respond to the formal questions?

Ms BEVAN: I am the Policy Officer at UnitingCare Burnside. I am appearing before the Committee in that capacity. I have received the summons. I am conversant with the terms of reference for the inquiry. I do wish our submission to be included as part of the sworn evidence.

CHAIR: Would you like to give a brief overview of the role of UnitingCare Burnside in the child protection system and your relationship with the Department of Community Services?

Ms WOODRUFF: Thank you very much for the opportunity to give evidence to the inquiry. UnitingCare Burnside is a child and family agency of the Uniting Church in New South Wales. We provide a range of programs along with a continuum of care for vulnerable and disadvantaged children and young people in five Department of Community Services regions in New South Wales. We have listed in our submission in some detail the types of services that we provide. They range from a home visiting service for families for the first newborn in the family; through to family support services and intensive family support services for families that are either struggling or identified as having a child at risk; through to youth programs for homeless young people; through to out-of-home care.

One of the questions the Committee has asked us is specifically about the relationship between non-government agencies and the Department of Community Services. I will answer that question more fully later on, but first I will put Burnside in context. We receive \$7.3 million per year from DOCS and \$9.6 million in total in State and Federal funding. That requires us to have 39 different funding agreements with the Department of Community Services. Our relationship with the department is as a provider of funded services, in accepting referrals, for instance, for family decision-making or out-of-home care placements; as a provider of services for children and young people, through individual client agreements; as a contributor to, and driver of, research and policy advice; as part of planning processes, where they exist, for regional and local service development; as a trainer in a range of courses that DOCS staff attend; and as an active member of the Association of Child Welfare Agencies in New South Wales. I think that identifies UnitingCare Burnside as having an integral relationship with the Department of Community Services in every way and, as I said before, in five different major geographic locations across New South Wales.

CHAIR: You stressed, with some exasperation, the 39 different funding agreements. Why are there so many? Is that because of the different kinds of services that you operate?

Ms WOODRUFF: I will expand on this a little later when talking about non-government organisations, but it is essentially because every program and every activity requires a separate agreement, which is usually negotiated at a regional level. We are dealing with five regions to start with, and then we are dealing with different program types. Some of that funding is for 12 months, some is recurrent, and some is for three-year contracts. There are huge transaction costs involved.

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The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Does that mean 39 different performance monitoring agreements and reporting systems?

Ms WOODRUFF: Yes—and that is just for the Department of Community Services. We have over 74 if you include all other government funding arrangements.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Seventy-four funding agreements?

Ms WOODRUFF: Yes. The infrastructure costs for non-government agencies are significant. Government funding accounts for 54 per cent of Burnside expenditure. This means that we as an agency contribute, either directly or through donations, over \$9 million per annum to services and programs for vulnerable children and young people in this State. For example, we put \$2.3 million recurrent into south-west Sydney. Burnside also has a social justice and research unit, the purpose of which is to contribute to leading edge service delivery and policy development. We believe this is an important role for us as our policy work is always informed by the children, young people and families with whom we work. I can certainly say more about the programs or services, if you would like me to do so, but we did put quite a lot of detail in the submission.

CHAIR: You put quite a lot on paper about your vision, having said "in the face of the extent of the problems experienced by staff and service users in our daily work with the department". So you have decided, instead of talking at length about those, to tell us what your vision is.

Ms WOODRUFF: Yes.

CHAIR: Which is good. Do you want to give an outline?

Ms WOODRUFF: I am happy to do that. I have tried to do this very briefly. I have identified some goals, the vision and some strategies. That takes us into the third question, if that is all right. It is quite difficult to do this because you can always think of one more thing you would like done, or a change to language, and so on. But Burnside, in its preparation for the submission and the giving of evidence today, spent a lot of time talking to service users, operators of programs and others with whom we work on a regular basis. So I am reasonably confident this is where we would like to sit.

First of all, in terms of goals, we want to see a reduced risk of harm to children and young people. That has to be the first priority of any care and protection system. We would like to see improved opportunities for vulnerable and disadvantaged children and young people, because we do not believe that a system that focuses only on reducing risk is good enough. We want to see the principles and objects of the Act living and working for children and young people in this State. You can tell from that that we strongly support the current legislation. And we would like to see a safe and just society for all children in New South Wales. Our work focuses on the most disadvantaged and most vulnerable children and young people, but we are very clearly of the view that we must address the needs of all children and young people in a society such as ours.

I turn now to the vision. First of all, we would like to see the Act fully implemented. That obviously leads me to say that one of the strategies is that we would like to see the Act proclaimed as quickly as possible. Secondly, we would like there to be recognition that a care and protection system should not be driven by assessment and investigation of child abuse. That is what we believe is happening now. The current system is reactive, particularly as it is practised by the Department of Community Services. This is in contrast to the approach of the non-government agencies. The current system is totally consumed in following up issues of alleged or actual abuse and neglect, rather than getting ahead of that and providing the range of early intervention and preventative services that we need.

Our vision is that there will be a genuine continuum of care, ranging through early intervention and prevention, both of the universal programs and targeted programs, through to the statutory responsibilities of child protection, and including out-of-home care, and of course what happens to young people who have been in out-of-home care once they leave that system. We would like an acknowledgement, in our vision, that you have to take a long-term approach to these issues.

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The community solutions funding, for example, that is rolling out through the Premier's Department is two-year funding. You cannot fix long-term social problems and needs in families with short-term solutions. None of us want to increase welfare dependency—although I suspect welfare dependency is a much overrated argument—but you cannot expect the non-government sector—and I am here as a person who works in the non-government sector now—to be able to do the work or to make the differences or to assist in strengthening communities if government is only going to give us a very short-term opportunity to do so.

Next, we would like the programs and services that are offered to be evidence and research based. I am really tired of somebody having a good idea, and therefore we fund it. Then we do not evaluate it, so we have absolutely no idea whether it has made any difference to anyone—except for the rhetoric which inevitably will surround it. So, please, evidence and research-based programs and services. That can be achieved. It is sorely lacking now. Next, we would like, in our vision, a system that is based on assisting and supporting people—not on demonising them. The world is a much too complicated place to say that it is this parent's fault, or that government department's fault, or that non-government organisation's fault. And, finally, we would like to see local solutions to local problems.

The strategies are not in priority order. Indeed, I think prioritising them is very difficult. So they are in the order I wrote them down. First is increased funding to family support services, and include in that a capacity for brokerage and for respite care. Those of you who know me know that I come from the disability sector. Those programs exist, operate and are recognised as essential for people with disabilities. I cannot explain—and I rather suspect you could not explain to me—why they are not seen as equally essential where children are at risk in vulnerable families. We do not have respite care for children at risk in this State, despite long campaigns by agencies like Burnside and by ACWA. That is our first strategy—more money into family support.

If the Government is able to increase the number of child protection workers by 100 I do not see why it cannot increase the funding to family support services by an equivalent amount. Of course, I want to say, "Give us more than that", because in fact you will get better value from your money in the long term by putting it into family support. The second strategy is that we would like to see an out of home care task force to sort out the issues surrounding the mess in out of home care at the moment. As part of ACWA I went to see the previous Minister to say that we had no confidence in the department's capacity to sort out the issues around case loads, funding and allocation of resources for out of home care. We had a meeting with the current Minister this morning and said the same thing.

We would like that to be done very quickly. We believe it is something that can be fixed. A lot of work has been done by the non-government sector, and a lot of that work was accepted by the Government or at least by DOCS but nothing has happened since the end of last year. In terms of proclamation of the legislation, chapters 8 and 10, we understand that there may be some difficulties with some agencies and that the department may in fact not be ready itself. I have to say that I am not the slightest bit interested. If they cannot write case plans for children in out of home care now, they should not be providing that service. Transfer it to non-government organisations [NGOs] and we will do it. We will never be in a position where we can fix everything and have everything perfect at the point of proclamation. We would rather see proclamation and then sort out the problems as we go along.

Next, and I have taken this from the Kibble report—I am terribly grateful to the ABC because it was a really good report. It is fabulous that it has been inadvertently or indirectly made public because I think it informs a great deal of our thinking about some of these issues. What I have taken from them is their measures, if you like, of a good system. So what I would like is agreement and alignment around common goals, and they identify that issue with respect to the Helpline and the CSCs. But I am saying across the whole system. What are we doing in this system? What does the Government want us to do? What are we able to achieve? Secondly, clear definition of responsibilities; thirdly, appropriate levels of autonomy and accountability; and, finally, resources to match responsibilities. So in terms of strategies, those are the things we should be aiming for.

The next strategy is that we would like to see streaming within the department into three streams. I am aware that Louise Voigt from Bamardos has told you that it is impossible. Of course, it is wonderful that you are getting a range of evidence from different people because it gives you something tangible to debate, but I want to say to you that structural change does not fix problems.

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What fixes problems is alignment, political will and adequate resources. So I am plugging for keeping DOCS as DOCS but streaming within DOCS, as the Community Services Commission has recommended. I would like to see a summit on these issues because I think the Drug Summit was something that brought people together from the very different points of view and set up an environment in which it was constructive to debate those points of view and make some decisions about going forward.

I am delighted that this Committee is taking evidence and in fact has these terms of reference. But I think a process where we could get everybody together in the same room but with total political and preferably bipartisan support—because, honestly, why would you argue about the need for children in a political framework; they are pretty obvious, I would have thought. I think that could be of great benefit. We would like to see as another strategy further analysis of the data and where the dollars are going. As I said, the Kibble report is a good start but it raises as many questions as it answers and they acknowledge that themselves. We would like to see the education of mandatory reporters around intelligent reporting. We are not recommending changes to the legislation. We would like to see the legislation in place and evaluated, and then we will make a decision about whether we need to amend the legislation. But we would like to see the education of mandatory reporters because I think it is fairly obvious from the sorts of things that have been said in various reports and so on that at least some of the increase in reporting is defensive reporting on the part of agencies. But until we look at the data carefully, we will not be able to tell that, so you go back to having to look at the data. I think that is eight strategies.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It is eight. I counted them and wrote them down.

Ms BEVAN: We have some additional written material that we would like to add to our evidence, which outlines those and many other strategies that we think it is useful for you to consider as well.

Documents tabled.

CHAIR: We now have a dilemma as to whether we now tease out your eight strategies, or whether we say that we have all that on the record and perhaps we need to get others. In one way or another, probably the rest of our questions are somehow incorporated in the material you have just been saying, such as the next question about prevention and early intervention. How, in practical terms, that gets enhanced is implicit in what you have just said about funding and all the rest of it.

Ms WOODRUFF: I would be happy to make a brief comment about that.

CHAIR: Whatever you are comfortable with as a way of proceeding, given that you have obviously prepared materials.

Ms WOODRUFF: If it is acceptable to the Committee, I would like to answer the next three questions briefly, but I would like an opportunity to answer the one about NGOs and DOCS in more detail. In terms of prevention and early intervention, you have heard what I said about what I believe to be its importance. There are a couple of things I would like to add about it. When you are operating in an environment of limited resources—and I think we simply have to accept that, and we do; people are not unrealistic—one of the things that is important to think about is cost benefits. Of course, the trick is to define cost and benefit not just in money terms but in human terms as well. One thing that worries me is that currently the amount of money that is going into the DOCS Helpline is more than the total funding for Family Support Services under the Community Services Grants Program. There may be very good reasons for that but I do not know what they are.

It seems to me that having investment of about \$15 million for family support services in this State, which is less than the Burnside budget and probably less than the Barnardos budget, is a complete disgrace. One thing I think people then say is, "What about Families First?" I absolutely acknowledge the importance of Families First as a program, and I think my position, having been both in government and in NGOs, is that it is one of the better run, and possibly the best run, programs I have ever seen in terms of an attempt to get grassroots initiatives, engage people at the local level and so on. One reason it works is that DOCS is only the budget holder. In other words, it is not the

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controller but it does manage the money. However, you need to recognise that Families First is only \$19 million recurrent as well and it has not all rolled out, and virtually none of that money is going to what were originally described as tier three services, that is, services for vulnerable children and young people.

Given that they are the ones who are at risk in a child protection system, the resourcing is very limited. The most important point for me to make is that if we as a society are serious about prevention and early intervention—and I can hardly believe that we are not because almost every day research and reports come out that reinforce the research findings about the importance of 0 to three-year-olds and indeed about a whole range of other early intervention issues—then we need to see this as an integral part of the system and we need to fund it. In the figures we have given you—and we acknowledge the figures may not be accurate but they are taken from the budget papers and the DOCS Annual General Report, and we cannot do any better than that because as non-government agencies we do not have access to internal information—our view is that the percentage of money that is going to early intervention is probably about 30 per cent compared to 70 per cent of money and resources going to child protection.

One thing you surely would want to be aiming for is to change that percentage around because of course in doing that you reduce the number of children who become the subject of reports. In doing that you reduce the number of children who become the subject of reports which has got to be one of the goals otherwise the thing will just keep escalating forever and nobody will ever be able to manage it.

CHAIR: You said that DOCS is currently consumed—I think was your word—by the whole child abuse area. You mentioned the problems faced by the Helpline and the huge amount of resources. Do you support mandatory reporting?

Ms WOODRUFF: Yes.

CHAIR: How do we intervene to shift all of the emphasis and the resources away from that end to the early intervention end?

Ms WOODRUFF: It is a difficult problem. It is similar with what do you do when everybody needs residential care because they are a person with a disability. But, in fact, what you need to do is put the money into early intervention and family support services. I appreciate that it is not a unique problem.

Ms BEVAN: A lot of our staff would say that one of the first steps we could take is to work out a way, through using non-government family support services, to actually provide some interventions with families who have been identified as either being at risk of harm or there being issues leading to risk of harm. One of the important questions is what happens when there is no apparently case work capacity within the department to actually deal with most of the families who are coming anywhere near them via Help line reporting? Nothing, is the answer so one of the first steps we could take, and very positively and building on current infrastructure, is actually to have a look at how we can actually ensure that those families receive a service.

That is not right at the very early intervention end of things but that is certainly early in the pathway. That is a very strong and important emerging research finding that you can intervene early in the pathway. We believe it is doable. It is possible to actually build on the family support infrastructure we have to provide services for families who have come to the attention of the department. That provides the beginning of that change. When we say we see 79 per cent of the resources currently in DOCS directed towards investigation of reports, we could turn that around if we actually worked with some of those families in the system before they were the subject of a second or third report.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Seventy-nine per cent?

Ms WOODRUFF: Yes, there is a graph.

The Hon. JAMES SAMIOS: Thirty per cent early intervention and 70 per cent—

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Ms WOODRUFF: No, it is less than that. Early intervention on our figures which consists of Family Support Services and Families First is about 20 per cent, the Help line is 9 per cent and child protection within the department is 70 per cent. The committee has the graph in the package of information. I do not want to be held absolutely to the percentages but because we have sourced the information for the committee so I am sure its staff can check it. If I can give you a specific example, I was in our family support service on the mid-north coast last week. In some ways I am quite embarrassed because family support services across New South Wales is somewhere in the order of 15 million. I think we have got the two biggest ones, and we supplement them so if you put them in our budget rather than in the family support budget then it gets even smaller. It is very concerning.

However, I met with our staff and then I met with the DOCS staff and everyone said the same thing which was "We have received no referrals in 12 months from the Department of Community Services to our family support service". That does not mean our family support service does not have a waiting list and is not extremely busy: it is, and it is seeing more increasingly fraught, troubled families with children who are significantly at risk but DOCS is not referring them. That is because DOCS has not opened the files and therefore they have no capacity to refer. I played a devil's advocate—because I did not seriously expect them to take up the strategy—when I suggested that they give us the files. We will do an analysis of them for them, we will tell them which ones they must act on and the others we will take and provide a service to. The only proviso I have on that is that you cannot do that within existing resources. But I tell you it will be cheaper to provide family support services than it would more case workers to do that job.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Would you like to work on what seems to be numerous unallocated files?

Ms WOODRUFF: Yes, absolutely, because we do not know what is in those files. On my reading of the Kibble report they are saying they do not really know either, because they do not know with what clarity those levels of one to four are applied. I am hypothesising but it might be that we get into the level three and four files that are sitting in the corner of the office and discover that in fact we do not have to get into a panic about them because they are not major issues and/or they do not need high level intervention. They may well need low level intervention of family support-type services but they are never going to get to them if they are waiting for DOCS to refer them because DOCS does not do any referring any more. They get to us via a whole lot of other routes which is fine, such as our court support scheme where we pick up all the domestic violence cases via the police. I am not saying that we do not get them but I am saying that there is a way to intervene earlier, faster and more appropriately which might make a difference.

The Hon. JAMES SAMIOS: Would the funding for that come out of non-government?

Ms WOODRUFF: I am saying that I think the non-government services are best placed to provide that because all family support services are non-government. DOCS does not do any of this work: it funds it.

The Hon. JAMES SAMIOS: It would be a more expensive exercise?

Ms WOODRUFF: It would, but if one of the outcomes is a level of surety that the right families and the right children are getting the right level of intervention and support this might be a way to do it which in a sense bypasses a 30-day assessment process which is essentially about substantiation or non-substantiation. What happens to those kids? They either go to court or they go nowhere. There have been very little gains for them in terms of ongoing help.

CHAIR: If we suddenly had a perfect data system, and we could look at all of the mandatory reports, would we find that a lot of unallocated cases would turn out to be the people you are picking up, or the women's refuges are picking up or the non-government sector is picking up through the court support system? Have we got this huge number of reports which, if unpacked overnight, a lot of these families at the less serious end are already receiving support?

Ms WOODRUFF: I would not even begin to guess what percentage, but I am sure that there is some of that going on. For instance, if we report we do not stop providing a service to a family.

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Health might or might not but I am not in Health so I cannot answer that question. It will be variable depending on your type of agency, the type of work you are doing and so on.

CHAIR: The witnesses from whom we have heard so far have said they report but they continue in effect to provide the services they were providing yesterday and the day before.

Ms WOODRUFF: That raises a whole lot of issues about the system, not about mandatory reporting, about how we choose to manage it. I absolutely support the need for accurate data. In fact, we are nowhere without the data. However, data will not tell us what is going on in the lives of these people as human beings. We have to accept this is a human service and it is the interaction between human beings that is both required in terms of an assessment but also to assist and to make a difference. I am not sure that data on its own would, but a system which allows you to get in there and find out what was going on, preferably in a quicker way than is currently occurring, might do that.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: DOCS front-line workers have said to me that they are spending 70 per cent of their time in front of a computer and yet they have no faith in the information system. That seems almost bizarre.

Ms WOODRUFF: I have never been a child protection worker and I think there are issues around being a child protection worker in that it is a mandated legislative responsibility which is quite complex, and more complex than not being in that position. However, the difficulty for them I think is that they have to document everything because the system is about substantiation. You cannot substantiate if you have not documented properly. If you then need to take a child to court and you have not done the paperwork properly the court will throw it out and then you have to start all over again. You can see how there is this terrible pressure for them to actually get the documentation right. I do not know whether the percentage is right but it would not surprise me if that was not an incredibly onerous part of the job in DOCS. I do not know how you fix that.

I do not know whether revisiting some of those issues around clerical and administrative support which was thrown out in the public service a long time ago now might be one way to look at that so you are not using your most skilled workers to do the typing. I do not know whether that would help, but I can see their dilemma because one of the things you do when you are writing reports is, you are not dictating them to someone else, you are typing onto a computer as you go. I am not sure how you get around that because you have got to have procedural fairness in this system, and we are already concerned about the lack of procedural fairness, so we do not want any more inconsistencies. That is the dilemma.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Are you saying that the system is like a hospital that only has an emergency and intensive care unit but not any community support services or any non-acute beds? That is what the workers have said and that is what you are saying?

Ms WOODRUFF: Yes.

The Hon. JAMES SAMIOS: How can you justify a confidence in DOCS fulfilling all its objectives, particularly in relation to early intervention, after what you have just said?

Ms WOODRUFF: I do not have confidence with the current alignments of activities and the culture of crisis, distress, mistrust, et cetera that they can. But I do not believe that it is impossible to create a system to do those things. The position I take is that we are a sophisticated and wealthy society, comparatively speaking and that we have many skilled workers—we may not have enough. We have a vast reservoir of goodwill even though it might not always seem to the committee that there is a lot of goodwill, and there are people who passionately want to make a difference in terms of improving the lives of children and young people in this State. I refuse to believe that we cannot provide good solutions to that. This is not South Africa. We are not talking about one million homeless people. We are talking about children in a sophisticated and well resourced State. I think we have got to find the way. If we despair then we do nobody a service.

The Hon. JAMES SAMIOS: We agree that we have to find the way but we are looking for some pragmatic methods to do that right now and that is why we are here.

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Ms WOODRUFF: Yes.

Ms BEVAN: We could say that we see it working in our own services, not just Burnside services, but all the non-government services have functioning services that are working with families with very complex needs, children at risk currently—not children who are maybe having a few problems but children seriously at risk. We are actually doing it. Some of the things that we are doing that provide the way forward is that we work in communities, we build on the strengths of communities and we try very hard to work across sectors in an inter-agency way. These are all things that are clearly working in the non-government sector. I think that those sorts of solutions are really pointing the way forward.

When Louise Voigt from Barnardos gave evidence this morning she said similar things. The way that we go about providing services enhances their effectiveness and builds on the possibility that they can continue to be effective. So we do not walk into a community for six months and walk out. We walk in and we stay there. We try to build on what is already there. We actually train and look after our staff. We respect the families we work with. We respect the choice that they make to work with us on their personal issues. We listen to what the kids have to say about their home life and we respect the statutory intervention role of DOCS and try to utilise that for the wellbeing of the children.

All of these things are very well known in New South Wales. All we actually have to do is implement them and there are some good strategies around to do that. To start off with, reasonable funding of family support services would take enormous pressure off DOCS; a program of intensive family support services across New South Wales for families where there are strongly identified child protection issues where we provide in home support very intensively for those families, who are not the overwhelming majority but we could actually make an enormous difference in that intervention. So intensive family support, general family support, home visiting, the universal preschool program. The answers are in the research. The answers are in most of the evidence, I suggest, that you have been getting. It is about how do we garner the will to implement those in New South Wales to get the passion and the commitment to funding it adequately, resourcing it properly and making sure that it stays in place for more than six months or 12 months or two years.

The Hon. JAMES SAMIOS: Louise made the point that there was a need to devolve power to a number of departments as opposed to one that is handling it at the moment. What do you say about that?

Ms WOODRUFF: If I can take family support broadly speaking as an example, Karen talked about some of the practical things you can do on the ground. If I think about it from a system's perspective I would say to you I do not think it is about devolving it to other departments, I think it is about looking at what we have already got and using it in a different way. That different way is two different things: one is about the local response which, at the end of the day, I have to say is the only thing that is going to make a difference. A family living in Mt Druitt is going to be unaffected by services available to them in Mt Druitt, nothing else. Nothing else will make a difference. A centralised Helpline makes no difference to their lives.

What makes a difference is a human being who is prepared to hang in there and, if necessary, remove their child. I do not want you to think we are being pie in the sky here and saying there is no such thing as genuine abuse but we want to drive from that focus of making a difference on the ground. So that is one thing you can do. The other thing you can do is you can actually pull together your resources across the Department of Health, across Families First, across the Family Support Services, across the non-government agencies [NGOs] who are making contributions out of their own resources generally unacknowledged, etcetera, and then construct models of how those services work together on the ground.

One of the things I would like to see as a way of practically tackling this—and I acknowledge that the overwhelming number of reports continues to be a problem—to try and get a handle on these other issues is let us find a couple of the DOCS areas—because DOCS is an essential player in this—that are not absolutely overwhelmed and in despair and putting things in the cupboard, people who are willing to give it a go. If you could construct at the local area the people of goodwill and talent and

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expertise who work in a research based, evidence based way, and get them to solve your problems, it would work. I am absolutely convinced about it.

But as soon as you get too big and certainly as soon as you start to drive this from the top, it cannot happen, because—I am sure you know what happens—five directors-general sit together and say "Well, I can't do that because I have got to do this", and it is a disaster. On the ground people do this every day of the week and that is the way that I would tackle it. I do not believe that, for instance, transferring the funding for family support from here to community health will make the slightest bit of difference. It is about goodwill, political commitment and a capacity to work locally. That will work. There are some examples of that going on already. We want to try and build on the positive things here.

CHAIR: I am conscious of the fact that we have gone over time and we have technically only covered the first three questions. I think we have in fact got to question 7 but we have not talked about out-of-home care at all, which is question 6. Do you want to continue with your comments about the relationship between DOCS and NGOs, because that is really what you are interested in at the moment?

Ms WOODRUFF: I have been into these issues for a long time and we have written something in the paper we have given you; the terms of reference really did not lend themselves to getting into this issue so we took the opportunity of this question to write something down about it. The concern that I have is that consistently when people talk about the child protection system they talk about DOCS and they actually fail to recognise the NGOs and other agencies because it is not just government agencies, there are many voluntary groups that are not funded at all. So I think it is really important if you are looking for solutions that you need to look across that system and those issues I have raised before about having common goals and so on apply just as much across the system as they might within any stream within DOCS itself.

The relationship that DOCS has with NGOs I believe is fundamentally problematic but I do not have a solution for it. My solution would be to have a purchasing agency. In other words, you take out the relationship with the NGOs in terms of funding of them separately from direct service but that is not a popular view of the Government at this point in time and I accept that; I have been there, done that, and we move on. What it means is that DOCS is both funding agencies and referring to them and it is sometimes in a direct service relationship with them as well, for example when they are the case manager of children or young people in out of home care. I think that all of those things are manageable but they need to be looked at very carefully and some of the issues need to be really tackled head on.

For instance, there is a directorate called Community Partnerships within the Department of Community Services which is responsible for managing purchasing of NGO services—those family support services we have been talking about—but also out of home care, youth refuges and so on. This is a system that can work if it is done well. I believe it is not done well at the moment. There are a couple of areas that I think are important: one is the transaction costs. I have never costed out how much it costs us to be accountable for 39 funding agreements but I suspect it is rather a lot and quite frankly, given that the level of monitoring is non-existent, so I am not sure that we are actually achieving very much through all of this. I think I would rather put that money into direct services; it would probably pay for at least another family support worker.

Goodness knows what it costs DOCS because they most certainly would not know; they would not have the vaguest idea. So that whole concept of transaction costs in terms of funding is a really hidden but quite significant issue. The second issue is the issue of respect and I have to say to you that I deliberately told you that I put \$9 million of Burnside's money into the community every year because I do not think anybody understands that and if they did I do not understand why they treat NGOs in the way that they do. I would have thought we would be seen as quite a valuable resource within the child and family system, not as the whingers, the complainers, the people who take all the money, the people who do not do what DOCS staff want us to do, etcetera. So we really do need to rethink the relationship because you will get more out of us all if you do that.

One of the things that I have said in the paper that you have got it is that when we looked at the Annual General Reports of the 13 largest child and family agencies in New South Wales a couple

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of years ago the annual, recurrent contribution to the child and family sector was \$40 million a year and when we costed out the cost of volunteers using the Industry Commission costings, which were out of date by then, that was an additional \$10 million a year. I would like a bit of respect please. I would also like my expertise acknowledged and that frequently does not happen. So they are the issues of concern. You waste time, you waste money and you do not monitor things in a way that actually delivers good outcomes.

CHAIR: You deal obviously with other departments. Is what you are saying about lack of respect and recognition and so on particularly a problem with DOCS or is it a problem with all of the departments?

Ms WOODRUFF: I think it is more complex with DOCS because of this multiple relationship that we have with them. It is not always clear what the nature of the relationship is, what it is that people are expecting us to do, who it is who has the authority within DOCS to make decisions.

CHAIR: We have heard some similar evidence in our disability services inquiry and that is about the Department of Ageing, Disability and Home Care [DADAHC].

Ms WOODRUFF: I have to say having spent most of my life as a public servant and having had two stints in the non-government sector as a CEO both times, I have to say that on the whole public servants are poorly informed about how to purchase or fund services, mostly because they are in inner-budget sector agencies and therefore they have never actually had to deal with real money. They are far less accountable than the non-government agencies in terms of their resources, the outputs and the outcomes. You try and ask DOCS where all the children in out of home care are in the DOCS system and you will not get an accurate answer. You ask the NGO sector and you will because we put in the statistics every six months; DOCS does not do statistics.

I think it is a problem across all government and non-government agencies but it seems to be more acute in this area, particularly when you look at the contributions that are made by the NGOs and the history of out of home care. Of the child and family agencies in the State Burnside has been there since 1911. I am sure Louise told you this morning how old Barnardos is. The Benevolent Society is older than both of them. Centacare, Anglicare, Baptist Community Services. I have to say I really am astonished by the failure to understand what a huge resource is out there, to say nothing of all those small local community groups and community agencies who have the goodwill and support of local communities. It is madness. That causes me a lot of grief.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Can I pick up a couple of points? You said it would not do any good to change the funding from family support to community health. That would be to quarantine it from the acute services and the investigative services. If we look at the analogy in the health system, where the trained group looks after the intensive care unit and it supposedly looks after the aftercare in the community, you would never get any good community support from a hospital-based service. Are you not dealing with the same situation? If you do that at least it is government from the top and at least it is quarantining that money that you would like to be increased.

Ms WOODRUFF: But I would have to say to you that Families First money is quarantined very effectively.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But in your graph you are saying it is not enough.

Ms WOODRUFF: I am saying it is not enough but I suspect if you had an inquiry into community health people would tell you exactly the same problems occur in community health, and mental health money, community health money, drug and alcohol money, etcetera, all gets taken away by the acute system.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: That is what I am saying. Secondly, the preschool which was referred to by Karen as one of the major initiatives, she said, of family support and preschool services, preschool services seem to come up in three inquiries: mental health,

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early intervention and the increase in the prisoner population. All of them say that these things are best corrected very young. Obviously that is not intervention that you are in, nor is DOCS. Do you think that that would make a huge difference to pick up?

CHAIR: Yes, they are. DOCS runs a lot of preschools.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Well, not very many as a total percentage of preschools.

Ms BEVAN: I think one of the things you can say about that is that universal preschool provision is at the very early intervention end of the spectrum. As a universal program there is a lot of merit. As I think Louise pointed out this morning, there is a lot of merit in universal programs that do not stigmatise families, that offer opportunities to all children. We are certainly very committed to that. Also I think one of the things that has been underutilised in New South Wales is, for example, child care or preschoolers, a prevention strategy for children at risk or families under pressure. So the recognition that we can actually provide positive interventions for kids in ways that help their families and do not hurt their families, do not hurt their relationships with their families and do not demonise their parents, who could say that is not a good thing?

The thing about universal preschool provision is simply that we just do not have it in New South Wales so people cannot even choose to be part of the system if they are so economically disadvantaged that they cannot access either child care or preschools. So we do not have a universal preschool system in New South Wales and without it we are really not doing very much at the very early intervention end of the spectrum. I think it is an important strategy that people do need to think about. There is very good evidence about what you can achieve through preschool interventions. But it has to be a universal approach because all children need those opportunities.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Would means testing catch most of the people, or is that not economically based?

CHAIR: Apart from the fact that we are conducting a totally separate inquiry into early intervention for children with learning difficulties, and you are welcome to make a submission to that inquiry, we need to get back to the terms of reference. Our next witnesses were due to start 15 minutes ago. There are numerous arguments Australiawide about statistics on universal preschool, et cetera. Out-of-home care is a major area that we have not identified at all. I have this terrible role of pushing people on.

Ms WOODRUFF: I have already mentioned that we have said to both the previous and current Ministers that we have no confidence in the capacity of the department to sort this out. However, we believe it is able to be sorted out. We have asked for, and this is ACWA speaking of which I am a member, a ministerial task force to focus on the technical issues like caseloads, the cost of care, the support that children and young people will need in a range of care options and so on so that we can move from the system we have now, which is a lot of old block grants, the old-style grants that we had when we first started funding. Other than CPI increases that is probably how we get the money every year.

The combination of that and individual client agreements, which is effectively individualised funding, is an appalling idea because it will break the budget in minutes, particularly if you get services from the private-for-profit sector because you have not developed the capacity in the non-government sector to take on kids in a crisis or whatever. I believe that it is eminently fixable. There are some real difficulties with it, like whether children in kinship care are actually children in out-of-home care. There are legislative issues to resolve, issues with the Children's Guardian to resolve and costing issues to resolve because approximately 50 per cent of children are in kinship care.

If we ignore them, and I am not suggesting that, then the problem is half the size it was yesterday. There are some issues to be worked out, but they are all absolutely achievable. Then you need to get to a point where there is an agreement that if additional children and young people enter the system, because after all it is a court-driven system, extra resources will flow. That has been acknowledged by the Government for foster care allowances but not for support and casework, which

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is ridiculous when you think of it. If you have acknowledged it in one area why not acknowledge it in the other.

But, having said that, this system could be fixed essentially within the non-government, not-for-profit sector. I would like to see research to show us the capacity of DOCS to be a direct provider of out-of-home care through foster care. Are the outcomes as good for children and young people? Are the places as stable? This is not a situation where they get harder kids. That does not apply. We have high-intensity services, as do many other agencies, for the most difficult children. I do not know whether DOCS should provide those services, but you could find out through some good research. This is a fixable problem.

CHAIR: When you say some research on DOCS, you mean DOCS as the people managing foster carers compared to non-government organisations managing foster carers?

Ms WOODRUFF: Yes, a comparative evaluated study based on the outcomes for children and young people. At the moment we know that the outcomes are terrible. We have said so in our submission. We have a lot of cases where a child will turn up on the doorstep with nothing or possibly a piece of paper that says, "please take this child" and somebody has signed a name—no Medicare card, no photos of the mother, no history, nothing. Alternatively, children come to us who have been to 13 or 14 placements. Why do they not give them to us in the first place? If you look at our work, and I am using us as an example of a good agency, there are lots of other good agencies as well, sometimes placements breakdown but they do not break down like that.

You might have one change in a child's life, but you do not have 13 before the child is three years old. They are the sorts of measures I would want researched. If it is clear that DOCS is, for whatever reason, not very good at recruiting foster carers, not very good at supporting them, too busy doing other things that might be perfectly legitimate given their difficulties, then give it to people who do know how to do it. But again, it has funding implications because the non-government sector will not compromise on quality, and I am sure you do not want us to.

CHAIR: You say it is a court-driven system and that 50 per cent of the children concerned are in kinship care. This morning Linda Mallett was running through a list, and I do not think she finished it. Depending on what you are counting, you have to count Aboriginal children in respite care and children with disabilities who are in various forms of care. In other words, she was trying to get across the complexity of out-of-home care, voluntary and involuntary, as we have in New South Wales.

Ms WOODRUFF: In a sense they are two different things, but they are both important. The Children's Guardian has responsibility for care plans, credit and review and accreditation of services with the whole range of children and young people in those various categories. However, the provision of out-of-home care—I might not have this quite right—happens in three ways: it is court ordered, it is through an agreement with the court, or it is what DADHC is currently calling voluntary and most of those are children with disabilities who previously have been placed elsewhere. DADHC is funding that, so it is not part of this funding equation. By far and away the majority of children and young people in funded out-of-home care through DOCS would be court ordered. It is driven by court decisions. The numbers go up because more children go through the court system and the court decides that this child should not live with his or her parents, and an alternate placement must be found. I have not talked about the whole issue of temporary care, I am really talking about the longer-term care.

CHAIR: Some people have suggested that there is a whole area of temporary and voluntary care that should be counted, but it is not counted because it is cheap or free.

Ms WOODRUFF: Again, that is part of needing to get into the out-of-home care data to understand it. Sometimes the Department of Community Services rounds the figures up and sometimes it rounds them down, depending on the audience. In one sense that is totally understandable because other people do it, too. If DOCS is overworked they will tell you that there are 10,000 children in out-of-home care and if they are looking at funding they will tell you there are 4,500 because—

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CHAIR: Are they real figures?

Ms WOODRUFF: They are as real as we have from the Annual General Report.

Ms BEVAN: It depends on how you count the children in care.

CHAIR: That is what I am trying to establish. We have heard different figures from different people.

Ms WOODRUFF: But you must be able to count the number of children who go through the court system, for instance. That is a good starting point. The difficulty is that there has been no increase in funding for out-of-home care for many years other than through these individualised funding packages, which often are hugely expensive and do not continue if the child no longer needs them. The money does not stay in this system, if you see what I mean, to build the capacity of the system. There seems to be an assumption on the part of DOCS and Treasury that you can keep shoving more and more kids into the system without increasing the levels of funding, but you cannot do that. Good providers will walk away. We will say, "Not worth it. We will put our resources into early intervention and prevention rather than hang in here." The trouble is that you cannot neglect those children. There will always be children in need of out-of-home care. It would be better if we supported it is a sector and did it well rather than people say, "Impossible! We cannot deal with these people any longer."

Ms BEVAN: There is such a strong level of agreement about what needs to happen in out-of-home care. There is a great deal of support in the non-government sector for the report of the Community Services Commission inquiry into substitute care. The commission presented a plan, it might not be the plan, that we largely supported as providing us with a way forward. It is really important to acknowledge that most workers and most organisations believe that if we do not start to provide out-of-home care based on good outcomes for kids in care then the system is understandable.

The system built on bureaucratic relationships or funding agreements is fairly useless to the children and young people in it. We have a great deal of agreement in what we need. Again it is a case of how we go forward and how we get the will and the resources required to go forward. The report of the Community Services Commission certainly presents us with a beginning for that process and a shared belief that we really have to pursue positive outcomes and reduce the risk of harm to kids in care. We can say that we do not remove kids unless we can provide them with something safer that offers more opportunities than the current situation at home. The bottom line is that that is what our system has to be built on.

The Hon. JAMES SAMIOS: You said that Burnside has a long history in child protection and child welfare. What involvement have you had with people who have been in care? Historically, there is nothing to be proud of.

Ms WOODRUFF: That is absolutely right.

The Hon. JAMES SAMIOS: It would seem wise to learn from those who have lived in it.

Ms WOODRUFF: Yes, absolutely. We have a number of things in place. First, we are one of the three funded after-care services in New South Wales. We provide a direct, DOCS-funded service to many adults who have been in care. They are not necessarily young people and children who have been in our care, but they have been in care. Inevitably, you get feedback from their experiences. Second, we run our own after-care service for all people who have ever used Burnside services. Sometimes, younger people particularly would rather go somewhere else. That is fine. They live somewhere else. That does not matter. But because we have been providing out-of-home care since 1911 some of our people who still use our out-of-care service are in their 90s. We have frequent feedback from them.

We have an annual reunion. We have a newsletter. We have an archivist. We keep their files. We put them in touch with other people. We find photographs of their friends from that period, et cetera. We get a lot of feedback from that period. Our after-care worker is a counsellor. Although we provide that practical service, a counselling service is available. Third, participation is one of the

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priorities within our strategic plan. We have a requirement to get feedback from all of our service users for all of the programs we run. We have a board committee that is currently examining the participation of young people in our services. Obviously, that will pick up a lot of those young people in care. Finally, we currently have a three-year research project with the University of Western Sydney that is examining the voice and participation of young people in out-of-home care. That is part of our research stream.

Ms BEVAN: The whole point of that research is to develop a model of foster care based on what children and young people believe foster care should look like.

CHAIR: I thank you both very much. If we think of things that we did not properly address today or that are not in the material you have given us, we will contact you.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: We would like some information about preschools.

Ms WOODRUFF: If you would like to have a conversation about preschools we would be very happy to have it.

(The witnesses withdrew)

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ASTRID ALICE HOCKING, Member, Foster Care Association, Westmead, sworn and examined:

JOAN LAMBERT, Secretary, Foster Care Association, Westmead, affirmed and examined:

CHAIR: Do you wish your submissions to be included as part of your sworn evidence?

Ms HOCKING: Yes.

Ms LAMBERT: Yes.

CHAIR: You each know about the terms of reference of the inquiry and you have received a summons?

Ms HOCKING: Yes.

Ms LAMBERT: Yes.

CHAIR: Do you wish to begin by giving us an overview?

Ms LAMBERT: We expected to answer your questions and we have come prepared to do that.

CHAIR: You have each made individual submissions and one on behalf of the association. We would like you to paint a picture wearing both hats: describing your roles as individual carers and the work that the association does in representing a range of carers.

Ms HOCKING: The first question asked about the contribution that foster carers make to the New South Wales care and protection system. I would like to state for the record that without foster carers the care and protection system in this State would be totally non-existent. Where would the children be placed? Without us, there would be a huge problem. We have been here for most of the day and have heard evidence from people representing different agencies. They have quoted figures about their funding levels. The Foster Care Association operates on funding from the department of \$280,000—not the millions and millions of dollars that many other agencies discussed this morning. We have a consultancy report examining the role of the Foster Care Association that states that, for that money, the department is getting value of more than \$7 million. That report was confirmed more than four years ago. This is primarily because the Foster Care Association is made up of volunteers, just as foster carers are volunteers. We believe passionately in the care and protection of the children of this State. We are doing this for those children and for no other reason.

Ms LAMBERT: The services we provide to carers are: 24-hour peer support, because carers often prefer to talk to another carer rather than to a departmental worker; information and referral services; a monthly newsletter; and an annual conference. They are the roles that we have been funded to provide. We have some additional roles, but we cannot provide many services on that level of funding—especially since more than half our first year's funding went on the consultants that we were forced to employ. We are not complaining: It was a very good report and good value for money.

CHAIR: How many members do you have? What is your pool of foster carers in New South Wales or is that an impossible question because the data is not available?

Ms HOCKING: It is very difficult because the data is not there. When we have made inquiries to DOCS in the past, it has had no idea about how many carers there are around the State. We have approximately 3,000 carers on our database whom we regularly support by way of the newsletter. We know that there are many carers who are not on that list because it is difficult to keep it up to date. DOCS staff do not keep our list updated: We do not know from office to office what carers there are across the State. There is no consistency of information.

CHAIR: Would all 3,000 of those people currently have children in their care?

Ms HOCKING: Not necessarily.

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CHAIR: Would many of them have two, three or more children?

Ms HOCKING: Yes.

CHAIR: Do you have any idea of the average numbers?

Ms HOCKING: We would not have an exact figure by any means. I have been working on our database for the past few months and I would hazard a guess that probably half of those carers would have three or more children in their care.

CHAIR: At any one time?

Ms HOCKING: Yes.

CHAIR: So those carers might have 10,000 children between them?

Ms LAMBERT: Who knows?

Ms HOCKING: We cannot tell you.

CHAIR: It is that difficult.

Ms HOCKING: Yes. Our financial membership base is approximately 500.

Ms LAMBERT: There is very little incentive for carers to join the association because we provide our services to all carers whether or not they are members. Many carers think that because they receive the newsletter they are members.

CHAIR: How well does DOCS value and support carers? Those two issues are obviously related but the answers could be different.

Ms HOCKING: I have written down "value and support not" because it does not exist. There are exceptions. There are certainly some very dedicated caseworkers who would like to try to do the best by foster carers and who believe in the value of foster carers. However, they just do not have the time or the resources available to them to be able to give us the support we need. This means that very basic, simple things such as returning a telephone call are not done because they do not have the time. Carers tend to be on the very bottom rung of the ladder with regard to the work they undertake.

CHAIR: Does a carer have a particular caseworker?

Ms HOCKING: Not in all cases.

CHAIR: How does the system work if a carer needs help? Do they have an individual person whom they contact in the department?

Ms HOCKING: No. It depends on whether the children in their care are allocated cases. We heard references this morning to unallocated cases. Many foster carers have children in their care long term whose cases are unallocated. If they do not have an allocated caseworker that means they have no-one specific to contact. Carers are then told simply to ring the CSC office and ask for a duty officer, who will not be aware of their case, or they could perhaps speak to the assistant manager or out-of-home care manager if that person is available. Generally, it means leaving a message on voicemail and hoping that it will be returned.

The Hon. AMANDA FAZIO: Would the people whom carers need to contact in the community service centre be the same people who would be investigating active notifications of child abuse?

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Ms HOCKING: No. They are currently changing the system in different areas at different stages, hopefully to reach a situation where there are quarantined staff for out-of-home care and child protection. For instance, children in long-term care would have an allocated caseworker who is specifically out-of-home care. So carers would contact that person, who is actually the caseworker for the child in their care not for the carer. The carer has no caseworker, as such. If it is an emergency or temporary placement, carers have to deal with the child protection system and must contact the caseworker in that system—in which case they would deal with exactly those people whom you have mentioned. Carers would have to try to contact a person who is investigating cases.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: If somebody is allocated to a carer it is as though the record of that allocation disappears into the ether. Is that correct? There is no caseworker allocated, the case is not allocated and there is no monitoring at all. Then you say that there is no record.

Ms HOCKING: That is exactly right.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It is as if once they are allocated the file is torn up and thrown to the winds.

Ms LAMBERT: No, it is put in a cupboard.

CHAIR: I think we must distinguish, as Amanda did, between child protection and temporary foster care and long-term, virtually permanent, foster care that may arise for a variety of reasons.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: The fact that there are no figures means that no records are kept or that the records are totally inaccessible.

CHAIR: Not all foster care comes from child protection issues: incidences of child abuse or neglect.

Ms LAMBERT: The majority do.

CHAIR: We must separate those two things.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Only if you are saying that many cases did not go through DOCS or its predecessor; mostly they were allocated through the department or by the courts.

CHAIR: I am following up Amanda's comments about whether carers would contact a caseworker who is simultaneously involved in the child protection side of things.

Ms LAMBERT: I must clarify the fact that no caseworker is ever allocated to a carer: a caseworker is allocated to a child. It is not uncommon for a carer to have two or three children with different caseworkers.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: I have no problem with that. But you say that there is no record of the number of cases, carers and children. Presumably at some point those children were placed by DOCS or its predecessor but you are saying that there is no record anywhere of their placement or it is a paper file that cannot be collated.

Ms HOCKING: To our knowledge it cannot be collated. The Foster Care Association is made up of volunteers—we are not paid. We have been contacted by people from central office—this happened recently—and asked whether we can release our information about carers as they know they do not have it on file.

The Hon. JAMES SAMIOS: Do children turn up at a foster carer's home with no clothing, inadequate medical history and with other basic requirements not met?

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Ms HOCKING: Absolutely. At the end of last year I had a six-year-old boy in size two pyjamas, a three-year-old girl in a nappy and an 18-month-old baby girl in a nappy—that was it. They turned up at 2 o'clock in the morning.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: They all arrived at once?

Ms HOCKING: Yes, they were siblings.

The Hon. JAMES SAMIOS: To your knowledge, are foster carers provided with all the information they need about the children in their care?

Ms HOCKING: No.

Ms LAMBERT: That would be an exception.

Ms HOCKING: If we look at personal cases, three weeks ago a baby was brought to a carer and that baby had no surname, no Medicare record and no paperwork.

The Hon. JAMES SAMIOS: What do you think should be done to improve the communication or partnership relationship between DOCS, other child welfare agencies and foster parents?

CHAIR: That is a written question. If you have prepared a written answer it could be easier to proceed in that way. For instance, question 7 deals with many of those specific points.

The Hon. JAMES SAMIOS: Yes. Do you believe foster parents are treated or regarded as experts by the department?

Ms LAMBERT: No. Our major problem is a lack of respect. It was interesting to hear the earlier comment that many caseworkers are arrogant and poorly informed—we nearly cheered. We often hear, "What would you know, you're only a foster carer?" It seems to me that intelligent, articulate and educated carers are often seen as a threat rather than as a co-worker. One foster carer I know asked her caseworker, "What is the legal status of this child?"—a question that a carer has every right to ask. She was told, "It's got nothing to do with you; that's none of your business." That foster carer received an apology from the area manager. I almost cheered when I heard that as well. Some workers value carers but generally carers are not valued or respected and the information they provide does not receive the importance it should. Carers know these children better than anybody, but the information they provide to caseworkers is often not recorded. This is hearsay: that even sometimes carers email workers and the email is deleted. That is hearsay, I must admit. I have no personal knowledge of it, but that is what I have heard a carer say.

CHAIR: What improvements need to be made to support foster carers? I am looking at the range of questions. We talked about your comment of a crisis in the number of foster carers. I assume you are saying that the crisis exists in part because of the frustrations and the lack of support. What steps need to be taken to increase support and to make more foster carers willing to take children?

Ms HOCKING: I think that the department was willing to try to do the right thing, and is trying to do the right thing, with its limited resources. Approximately 18 months ago, in conjunction with ACWA, the department launched a new entry level training package for foster carers, so that when people came forward and said they would like to become a foster carer they could be appropriately trained and given the information they needed to make a decision as to whether they wanted to go on to foster caring. The training package was designed to be co-presented with a carer, so that prospective carers were given all the basic information they needed. That has since been slightly sabotaged because, once again, the carer was not valued. DOCS decided in its wisdom that it would change the program. The program was given a high level of award achievement last year through adult training. DOCS decided it would change the program and not have a carer as co-presenter because the department was asked to pay the carer to attend. We were talking about a minimum of six days of work whereby the carer was expected to put in those six days of work for free.

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CHAIR: Was that entry level training a mandatory course?

Ms HOCKING: It is mandatory for prospective carers.

CHAIR: And still is?

Ms HOCKING: It still is. DOCS have supposedly implemented that across the State. However, there is no consistency. At a central office level there is a direction saying that that will be the entry level training program and it will be carried on across the State. But at the grassroots level that is not what is happening. It is not being co-presented by a carer. It is not being run in the way it was designed to be run. Some areas are changing the program completely, so it does not include all matters that carers need to know.

CHAIR: Who is giving the training?

Ms HOCKING: DOCS officers out in the field, case workers.

Ms LAMBERT: There is an assumption that case workers know how to look after foster children. I maintain then that foster carers should train DOCS officers.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Would it not be better if foster carers gave the training?

Ms HOCKING: Yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: And, presumably, cheaper?

Ms HOCKING: Certainly if they expect it to be done for nothing, yes, which is the general assumption. Whenever a carer is involved in anything, the assumption is that they will do it for free.

CHAIR: Are non-government organisations involved in the training?

Ms HOCKING: Yes, NGOs are running the training package as well and they are paying their carer co-presenters.

CHAIR: The same sort of package is drawn up in co-operation between DOCS and ACWA. If foster carers are linked to an NGO, is the training run by the NGO?

Ms LAMBERT: Yes, and generally the training is better. There is a large body of knowledge that both case workers and foster carers need to know. We believe our relationships would improve notably if that training was done together. We have been advocating for joint training for a long time. Where that happens—and it does happen in the odd instance—it improves the relationships between workers and carers. It gives both sides better respect for what the other does. It just works well. We advocate strongly for joint training of that body of knowledge that both carers and case workers need to know. Obviously, case workers have to undertake additional training, and we are not arguing with that.

Ms HOCKING: One of the other things that you have already mentioned is the retention and recruitment of new carers and the fact that there is a crisis of carers in the State. If you contact any DOCS officers, they will tell you that DOCS has a shortage of carers. Unfortunately, that means that children are not able to be appropriately matched with a carer. It is simply a case of putting the child in a bed, not necessarily whether that is the best placement for the child. As to the retention of carers, many carers are leaving the care system even as we speak. I spoke with a carer yesterday who said that is it, she will not be a carer again. It was a case of not being respected as a person who had an opinion and had the knowledge about the child in her care.

As to the recruitment of carers, occasionally there have been large amounts of money put into advertising for new carers. When they have looked at what has happened from that initiative, they have generally received very few new carers. They know that the majority of carers come from other carers telling them that it is something worthwhile to do. However, in the system as it stands right

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now, current carers are there because they care about the children; they are not there to recommend it to other people.

CHAIR: You use the word "crisis". Is the crisis equally in recruitment and retention?

Ms HOCKING: I think it is in both areas, and I think the crisis is there for the child who needs protection. The children in this State need care and protection, but part of the crisis occurs from the fact that we do not have the number of carers required to appropriately match the child with the carer.

Ms LAMBERT: Ideally, when a child is in need of a place, there should be a list of carers from whom you can choose the best one for a particular child or family. At the moment it is whoever has got a spare bed, and it may or may not be an appropriate placement. This is one of the reasons why there are so many breakdowns and children get moved on. In one case a 70-year-old woman was offered a very aggressive teenage boy. She is regularly offered children like that. That is completely inappropriate for a 70-year-old woman on her own.

Ms HOCKING: One of the other things that we have already discussed is the number of placement breakdowns that occur within the caring system. That is due to a couple of factors. One is that there are not sufficient carers to appropriately match the child. As well, as we were discussing earlier, there is not the data to find out even something as simple as if the child has been in the care system before and where was the child placed.

CHAIR: Jane Woodruff mentioned a three-year-old who had 12 placements. How or why does that happen?

Ms HOCKING: I believe it happens because the appropriate information is not kept on the system as to whether a child has been in care or where a child was previously placed. Are we going to contact the same carer if the child comes back into the system? No, because that information is not there or we are so crisis driven that we cannot be bothered to go looking for previous files. We just place the child immediately somewhere else.

CHAIR: Do you suggest that many of those multiple placements may be in cases where the child has returned to the mother and then removed again?

Ms HOCKING: Yes.

CHAIR: It is not necessarily foster carer followed by foster carer followed by foster carer?

Ms HOCKING: I do believe that happens as well. That happens when a child comes, for instance, into emergency care, which should be only for a short term but can continue for weeks and even months.

Ms LAMBERT: Or years.

Ms HOCKING: Sometimes years. If a child is placed in emergency care and the carer says she is only available to look after the child for a week, for instance, the DOCS worker may say, "That is fine. We will be doing something about it within that time." At the end of the week nothing has been done and the carer may have to contact the office and say, "I can no longer continue to care for this child. You were given that information." The child may have to move from one carer to another carer. I do believe a lot of the placement breakdowns and the continuing placement of children happens with the restoration with parents and then back into the care system and placed with different carers. I think it happens both ways.

CHAIR: Sometimes the placement with different carers is, presumably, because the temporary carer cannot take the child back, for various reasons. It might also be because the data is not easily available for DOCS to track down where the child was previously placed.

Ms HOCKING: Without identifying the information, in both of my submissions I have put in information about children who have suffered multiple placements. I could go on further about each

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of those. They are cases that are well-known to me where children have gone back into the care system, restored to their birth families and then gone back into the care system. From my research in trying to find out what has happened in regards to those children, there has been no attempt to place them with a similar carer.

Ms LAMBERT: Case workers also have their favourite carers, and the favourites tend to be the carers who do not ask questions, do not ask for resources and do not ask for paperwork.

The Hon. AMANDA FAZIO: If a child is placed in care, say, with one of you, unless that child is being taken out of care or you complain, is there any follow-up or check by DOCS on the progress or welfare of that child or does DOCS assume that everything is going all right and there is no contact?

Ms HOCKING: Mostly there would be further contact if you took the initiative to make that contact, to ring and say that there is an issue. Otherwise, there would probably be no contact.

Ms LAMBERT: I remember at a meeting that a carer said she had a child placed with her three months before and she and the child had not seen a worker since. The kid could have been abused. Who knew?

CHAIR: That leads to our next question about the obvious evidence that occasionally an inappropriate foster carer gets into the system.

Ms LAMBERT: There are many.

The Hon. JAMES SAMIOS: Many?

Ms LAMBERT: Yes, many.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: That is a strong statement coming from you.

Ms LAMBERT: We like to think that we are good carers. We are conscientious and we do our job well. We are concerned that there are carers who want to fill their own emotional needs. I am not saying they are there to make money out of children, but they are there to fill their own emotional needs. They are inappropriate and they have not been properly screened, assessed and trained. There are some carers who believe they need no training. I had a carer say to me only this year, "There isn't a child I couldn't care for." That carer does not know the questions, let alone the answers.

CHAIR: How do we make sure that inappropriate carers do not get into the system?

Ms HOCKING: Some of that would come about with joint training and appropriate assessment. I know there is currently work being undertaken with ACWA to create an assessment package that would involve carers as well. So you are looking at rather than just the carer being involved in the entry level training program, they would then go on and assist with the assessment of new carers. With joint training, existing carers would be involved all along the line in the process. In the accreditation of carers, I believe, on-going training and requirements are very important. I have been a carer with both DOCS as an agency and a non-government agency.

The requirements are very different between the two. I had already been approved and assessed and caring with DOCS when the system within my area changed and the non-government agency took over short-term and emergency care, which I was involved in at the time. When I went to the non-government agency I was told the expectation was that I would undertake training of a minimum of four times for the first 12 months, and up until that time I would be given provisional approval for caring. After the 12 months I would be required to undergo on-going training. That requirement was not made whatsoever at any point in time with DOCS. Up until then I had been caring already for DOCS for five years.

CHAIR: What is your opinion of the difference? Was the non-government organisation you are talking about trying to reach a higher standard?

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Ms HOCKING: I think their standards and their expectations are much higher for the carer and for the child in care. They were in contact with their carers much more often. They are able to do that because they have the resources.

Ms LAMBERT: It is more a case of commitment than of resources. They draw on their own resources. There are some exceptions to the rule. There was one non-government agency that we as an association put in an official complaint about. That agency had no trained case workers. It has since changed. So it is a generalisation that the non-government agencies do better than DOCS. There are exceptions to that generalisation.

CHAIR: In terms of the inappropriate foster carers, would there be fewer of them if there was not a sense of crisis about recruitment and retention?

Ms HOCKING: Yes, most definitely. I have been involved in the training program, but up until now carers are not involved in the assessment of carers. I know from personal experience that there is no way I would have assessed some carers as appropriate to care for children in the system. They have been approved simply because there was a crisis in numbers and workers have said, "We have to approve them, we need the numbers."

Ms LAMBERT: I have heard trainers say, "We cannot be too particular." We really need carers.

The Hon. AMANDA FAZIO: If DOCS do not visit foster carers, how does DOCS become aware that foster carers are inappropriate? You gave the example of carers being approved because of a crisis in the lack of carers available. How do those carers become recognised by DOCS as inappropriate?

Ms LAMBERT: They are not recognised by DOCS as being inappropriate; they are recognised by us. We meet a lot of carers in our role as members of the Foster Carers Association at camps and meetings and in providing support for carers. We provide support for a whole lot of carers, most of whom are genuine. But it is fairly obvious that some are involved in caring for the wrong reasons.

Ms HOCKING: The fact that at the moment DOCS is not picking up many of those inappropriate carers highlights the fact that DOCS does not have the contact it should have with carers, and ultimately with the children in their care. How can it write a report that the children are receiving adequate care?

The Hon. AMANDA FAZIO: I have had no personal experience with the foster care system, but my children used to attend family day care. It seems to me, from what you are saying, there is greater regulation of children placed in family day care than of children in foster care.

Ms LAMBERT: There is. The family day carer must have a first aid certificate; a foster carer does not.

Ms HOCKING: As a prime example, the foster carer who has the child 24 hours a day is not required to have a first aid certificate.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: But most parents do not have a certificate either, do they?

Ms LAMBERT: No, they do not, but fostering is being more than an ordinary parent.

The Hon. IAN WEST: Are you saying you identify unsuitable carers and take up that issue with the department?

Ms LAMBERT: Yes. I came across the case of a three-year-old child placed long-term with a couple who were both over 70.

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CHAIR: It was not that the couple were inappropriate. It was that the placement did not match.

Ms LAMBERT: Would you want your three-year-old child placed permanently with a couple over 70?

CHAIR: What I am saying is that the couple over 70 might have been quite appropriate to look after a child of a different age.

Ms LAMBERT: An older child, exactly.

CHAIR: So they are not inappropriate carers.

Ms LAMBERT: No.

CHAIR: It was an inappropriate match.

Ms LAMBERT: An inappropriate placement. And it has been changed. I went to a person, and it has been changed.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: If it was a temporary placement, that might be all right.

Ms LAMBERT: Yes. That is how it started out. It was a temporary replacement that became permanent.

Ms HOCKING: But we have had the case, which we have taken up, of a carer who stated that the best way to control the child's bad behaviour was to give the child a good belt around the backside. We have taken issue with that.

CHAIR: We need to move on. What other forms of out-of-home care beside foster care are there?

Ms LAMBERT: We heard this morning that institutions are not the right place for children. I would say, generally speaking, they are not. But I remember many years ago doing an assignment on outcomes for children in all sorts of care. It is not so much the type of institution; it is the quality of it. Bad foster care is not good for children. Bad natural care is not good for children. Bad adoption is not good for children. Bad institutions are not good for children. But there has to be some other provision beside foster care. Some children, especially older children, are just not fosterable. The average foster carer cannot cope with them, has not got the skills, and has not got the training.

There are big sibling groups. We have families of up to five. I do not know how many families can expect to expand to five. And it is not just the house. These foster children can have great emotional needs, and those needs take a lot of personal time. Even with two adult carers and perhaps adult children in the family, there is not enough adult time to fill the fostered children's emotional needs. We then stress that it is good to keep sibling groups together. We have to have some sort of institution—be it a group home, a hostel or whatever—over and above foster carer where siblings can be placed together and still have their needs met. The important thing is to meet the needs of the children.

CHAIR: What is your view on the permanency planning issue and that process leading to adoption? Is that something which, on the whole, you support? Do your members have a range of views?

Ms HOCKING: I think you would find they would have a range of views. As an association, we do not have a collective view. However, we strongly support permanency planning for children in care. Many children have huge attachment issues. They may come into care as a young baby, stay with the carer for four or five years before mum turns up, seemingly dried out or whatever the case may be, having decided she wants the child back. But the child has become attached to the carers. There are issues for the safety and wellbeing of the child where permanency planning would assist the

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child to develop to its full potential within the care system rather than being restored to perhaps inappropriate care within the birth family. But, as far as the adoption issue is concerned, I do not know whether that will solve anything. I do not have a personal view on that one way or the other because I have not been faced with that situation.

CHAIR: Are there any comments you would make about any differences in all of these things if we are talking about Aboriginal children?

Ms HOCKING: You heard earlier from Russell and Glen. I know they recognise that there are insufficient numbers of Aboriginal carers. I am not certain whether it was within their own services or within DOCS.

CHAIR: They seemed to be saying that in one region they knew of 60 potential carers and families but that DOCS seemed unable to get those people, for whatever reason, be it trust or whatever. They seemed to suggest that the problem was not so much lack of potential carers as difficulties in communications between DOCS and the potential carer families.

Ms HOCKING: I think communication is a big issue, particularly in the Aboriginal situation. But I also know that there are times when Aboriginal children need to be placed in care and there are no Aboriginal carers to look after them, so they have to go into the existing foster care system. Ideally, we would probably all aim for the placement of those children with families of Aboriginal background, but that is not always possible and you then have to look at what is available.

Ms LAMBERT: I think you have to look at the history of Australia to understand why this is a problem. We support Aboriginal carers, but when we were first funded, because 20 per cent of the children in care were Aboriginal, 20 per cent of the funding got hived off. We do not have a statutory responsibility to support Aboriginal parents, but we certainly do when they approach us. We also have Aboriginal members, but not a lot. We are not actively involved. In fact, at times we have been told we are not welcome because we are not Aboriginal. Also, we have a full-time job supporting our other carers.

If I could go back to question 6, about the options. Some agencies have a category of carer that I call professional carer. Those carers are usually very well experienced and very well trained, and they commit themselves to a particular difficult child. Those carers receive quite a large amount of money—not that they are overpaid in what they get. It is certainly a good investment for government to put money into keeping children out of the system. Children gone wrong cost millions, because they end up in the prison system, the justice system and the mental health system, and at best they will end up with Centrelink. If we can keep one child out of those systems, we have saved the government a lot of money.

CHAIR: How do you define professional carer?

Ms LAMBERT: It would be somebody who is not a "volunteer". I think they would need greater accountability, be subject to greater expectations, and be prepared as a matter of course to take a more difficult child—or maybe more than one, I do not know. You would need to talk to some of the agencies who have formulated these policies. We have not. We see them in practice, but we are not familiar with the nuts and bolts of their operation. But it gives recognition to the carers who are better than the average—and there are a whole range of such carers, as there are case workers, who range from the excellent to the atrocious. So do foster carers, and so do natural parents.

CHAIR: The group you are talking about would, in other senses, be similar to foster carers. They might live in an ordinary household.

Ms LAMBERT: Yes.

CHAIR: And they might take one child, or two or three children.

Ms LAMBERT: Yes. We talked about this during our trip down here. I can imagine a couple whose own children have grown up and who perhaps feel they are being made "redundant" saying, "Yes, we will between us give this child 24-hours supervision." That may be a child who has

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been excluded from school, which is often the case with older children who have been in the system. Those carers get the support and resources they need and are plugged into the resources of the community.

CHAIR: I think we have been through most of the points suggested in question 7. We have not really asked you about the structure of the Department of Community Services and the question of whether it would help to quarantine staff and funding specifically for out-of-home care.

Ms LAMBERT: Can I point out a few misnomers? "Out-of-home care" implies that the children are homeless. Another is "child protection".

CHAIR: What term do you prefer?

Ms LAMBERT: It used to be known as substitute care. That is a bit better, but it still suggests that foster care is not as good as the care that they have come from. And it is not in some respects. We realise that. A very experienced carer said to me one day, "I know I am always second-best." At a conference I went to in America a carer said, "I am the Equal parent," using Equal in the sense of the sugar substitute.

CHAIR: But not saccharine.

Ms LAMBERT: No, not saccharine. But we are not the carer of first choice, and we need to be a lot better than the average carer. As someone said today, "Don't take the child out of a home unless you can guarantee it will be a lot better off, because removal is so damaging to a child." It is very damaging for a child to be removed from its family and put somewhere else. One thing we advocate is family camps for foster families. We are not funded to, but we run a few anyway because the children get to know that they are not the only ones in care. It is amazing how well they get on. There is no distinction between foster children and what we call the home-grown children. We find these camps are so good for the children in care. And our focus is on the children in care. We want to give them the best we possibly can.

CHAIR: Do you find that foster children are labelled at school by other children or that they do have problems in places like schools?

Ms HOCKING: Yes. I will speak from personal experience for a moment but also from the point of view of other carers that I know. Children are labelled if they are known to be foster children. Children in my care long-term absolutely refused to allow anyone to know they were in foster care.

CHAIR: Would those children be helped by the kind of camp you mentioned?

Ms HOCKING: Yes. Recently, a board member who had a child in her care sent the six-year-old child off to school with \$2 to buy her lunch. At lunchtime she could not find her money, and someone else's money also was missing. Unfortunately, that particular child was blamed for having taken the money from the other child—because she would not have had money, and she was a foster child. It was an automatic label at school. It does happen.

CHAIR: I do not know what the right term might be, but we will see if we can come up with a new term for out-of-home care. But you would like a DOCS structure under which funding and staffing, for instance in CSCs and elsewhere, would be separated?

Ms LAMBERT: With more training for case workers. At the moment, they get three days on out-of-home care.

CHAIR: What about the issue raised by Amanda? We were discussing the fact that particularly for temporary placement, the child protection worker will still be involved with the child. Is quarantining at all feasible in that sort of circumstances?

Ms HOCKING: Quarantining for the short-term and emergency placements will not help because when you are separating the staff the out-of-home care staff would go into the long-term section, which is what is happening at the moment. So that would not help tremendously in that area.

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However, they could look at having workers to support foster carers so that the foster carers have a specific person that they can contact in that situation, rather than approach 20 different people.

Ms LAMBERT: Some agencies have a worker whose role is to support carers, through whatever placements they have.

Ms HOCKING: That would mean that, rather than the foster carer having to run around and find out details of the child in their care, the foster care worker could be doing some of that.

CHAIR: That probably covers most things.

Ms LAMBERT: Can I make a comment on adequate resources?

CHAIR: Yes.

Ms LAMBERT: It is not only that DOCS is underresourced. It does not always use wisely the resources it has. One thing we get very tired of is the sometimes millions of dollars that are put into planning a project that is shelved at the implementation stage. It happens locally and statewide. When we know the needs of the children, we become quite frustrated when we see money wasted on planning that never gets to the implementation stage.

CHAIR: The question of what you would like to see come out of this inquiry gives you a chance to say that this is what is wrong.

Ms HOCKING: We will do some of that but I would like to backtrack a little to adequate resources for carers. There is another huge issue that comes up time and time again for carers. Because of the fact that there is a shortage of carers and carers are quite often asked to take two and three children, sometimes more, and quite a lot of those carers have children of their own in their own care, transport becomes a huge issue for a lot of carers. For instance, we have a carer at the moment who has two children of his own. He has been asked to take long term three children who were placed with him on a temporary basis. He agreed to have them for two months while they were supposedly looking for more long-term placement for the children. He has now been asked to take these three children long term. His difficulty then is transporting five children. That is not possible in a normal family car.

DOCS has huge inconsistencies in what it will do in that area. There are some areas that will lease a vehicle on behalf of a carer for the length of time that children are in care, which in some cases might amount to 10 years which is a huge waste of funds. Some areas will just say, "Sorry, can't help, bad luck. Do whatever you think you can." Ultimately the placement will break down because the carer cannot maintain the placement in that way. Some will help in other ways but I think there needs to be more consistency in that area. A few carers we know of have recently asked DOCS for assistance in extending their homes, perhaps placing an extra couple of bedrooms on the house to house these children. I know of some homes where children are in the lounge room on double bunk beds because there is no other room for them.

When DOCS says that it will help with an extension, it has such ludicrous contracts for carers that it cannot afford to do it financially anyway. I know of a carer who had an agreement from DOCS to place three extra bedrooms on their home. The children in care at the time were five, six and seven. They were asked to care for three children, in addition to the four children of their own. They did not have a vehicle problem because they had already purchased their own wagon. However, in the assistance for the extension of the home they were asked to sign a guarantee to say that if those children were not in their care when they turned 15 they would repay the department for the total cost of the extensions plus 10 per cent interest per annum. That is the kind of ludicrous contract and expectation there is on carers.

CHAIR: Are you saying that that might apply in one region but not in another?

Ms HOCKING: Yes, exactly.

CHAIR: So it is a kind of localised rule?

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Ms HOCKING: Yes.

Ms LAMBERT: Even within an office there is no consistency. It is very confusing for carers. Carers talk to each other because generally their other friends think they are mad.

Ms HOCKING: You may laugh at that but probably one of the biggest roles of the Foster Care Association is to support one another as carers, and we have to do that. If we have any difficulties and we discuss them with other people in the community, whether it be our next-door neighbour or our best friend, if we have a problem the answer is, "The child isn't yours, send him back." I had children in my care long term and when my husband was made redundant financially it was very difficult for us to keep those children long term. I had my own family and friends saying, "They are not yours, give them back." If you make a commitment to a child you make a commitment for their lives to be part of your family, and that is the commitment and the passion that carers have. But it is nothing that anyone else understands. It has to be another carer for their support.

CHAIR: How big are your families now?

Ms HOCKING: I have two teenage boys now, and we currently only care in emergency and short-term, rather than long term. We also care on a respite basis. We are looking after a baby once every three weeks to give the mother some time off. We have the baby for three nights every three weeks. We have two little girls we have once a month for a weekend to give mum a break, and we have two other children who come on a different weekend once a month.

CHAIR: How many is that? I have lost count.

Ms HOCKING: That is five additional children.

CHAIR: What about you, Joan?

Ms LAMBERT: Mine is very simple. I came late to fostering because I used to work for the department way back in another life. I went in the 1991 restructure. I knew a lot of foster carers, and I would like to say that when I worked for the department I respected foster carers. I realised how much I could learn from them. I was asked to hold office in the Foster Care Association because I was a member, and our constitution states that to hold office you must be a foster carer so I became a foster carer with the agency in Newcastle. I did respite and short term and crisis. I did take one child, a girl, who was then 14. It was to be long term but it lasted eight months and that was a miracle. Now short term has gone to DOCS and I refuse to foster for DOCS currently. So I have not had a child in my care for two years, and I probably will not again. First, I am too old and too tired and, secondly, I will not foster for DOCS in its current system. If people say to me, "I think I would like to foster", I say, "Well, don't."

CHAIR: Do you foster with DOCS or with non-government agencies?

Ms HOCKING: With DOCS at the moment, and I do that to care for the children but not to deal with the system because I absolutely detest the system. I do not have children short term. The children I am caring for under respite, I believe in that for the value of these children because all five of those children can stay with their families simply because we are able to give their families a break when they need it. So I believe in that. However, I also believe that because I have been a voice for children in my care in the past, because I have said when I believe that things have not gone the right way, unofficially I am not seen as the right place to place a child because I might have too much to say. I have been told that off the record from case workers and from a manager.

CHAIR: Joan, have you taken children through a non-government agency?

Ms LAMBERT: Yes, only through a non-government agency. When the system changed, that was when I chose to stop fostering. The agency we have in Newcastle is excellent.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: It is a bit of a worry when the head of the Foster Care Association recommends that you do not foster.

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Ms LAMBERT: I am not the head; I am the secretary. That is a personal recommendation. If they are in Sydney and there are agencies—at the moment in Newcastle the agency does long-term care but they are children who are referred to them from DOCS. You cannot go to them and say, "I want to foster with you." They get their children and their carers from DOCS. Certainly, they then train them additionally and give them ongoing training. I think you would have to be a masochist to volunteer to foster for DOCS at the moment.

CHAIR: So what do you want to see come out of this inquiry? A situation where you both happily take more children from DOCS?

Ms LAMBERT: Yes. In summary, I would like that fostering would be a morally and emotionally satisfying outcome for carers. Often it is not. Sometimes you wonder whether you are doing a child a service by giving them what I call a lick at the toffee apple and then taking it away from them, giving children a sample of what they do not have at home. I am not sure what that does for children. When I started working for DOCS people used to ring up and ask for a child for Christmas out of an institution. I used to jokingly think, "Do they want it baked or boiled?" Just taking a child for Christmas and letting them see what family life is about and then putting them back in an institution never did a child any good at all. Taking children the way that they do, the yo-yo thing with DOCS, into foster care, back to mum not necessarily to be re-abused but neglected, then into different foster care. It is systems abuse, and I am concerned about the current level of systems abuse that is in DOCS.

Another thing I would like to see is some recommendations that will be implemented, not put on a shelf. You have heard today there are lots of reports that give DOCS some idea of how it should be doing it. I would like to see some funding, some commitment and some implementation. I do not have the nuts and bolts but I am just concerned about all the planning and reports that are sitting on shelves gathering dust that have cost an awful lot of money that could have gone to kids. I would like no carer to be out of pocket and I would like no carer to experience undue or unnecessary stress or inconvenience because of their role as carer, and every carer to be fully appreciated and supported.

CHAIR: And it is Christmas next week.

Ms LAMBERT: Yes, but we have to set our goals high.

Ms HOCKING: We need to have very clearly defined policies and procedures across the board that are available and usable by carers and workers, not secretive. At the moment there is a practice manual that case workers operate from. However, if a carer happens to get hold of any pages from a practice manual and tries to quote what is supposed to happen, watch out! There needs to be more transparency. They need to be operating from the same level. I think that gets back to what we said earlier with joint training. That will solve a lot of that and for dealing from the same level. Louise spoke about the charter of rights for children. I think there also needs to be serious consideration to a charter of rights for foster carers.

I think from this inquiry we need to have recommendations, when you are gathering all the information, putting it altogether, and actually implement some of those recommendations so that we can make some improvements for the children of the State and also evaluate what happens, rather than just try something, toss it aside and try something else, and continue change for change sake, which has been the ethos within DOCS for so long now. We need to get away from that and have things implemented and evaluated to test the success.

Ms LAMBERT: Another thing we are concerned about is the level of communication with DOCS. Our president meets regularly with some of the senior members of DOCS in central office. When he brings up issues he will be told, "I have given an instruction that that is to happen." Somewhere between there and the bottom it gets lost because what we hear from central office is not what happens in the field.

CHAIR: Or happens in some places in the field and not in others.

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Ms LAMBERT: Usually it does not happen in any, but sometimes it happens in some and not in others. Inconsistency is a real issue for us as carers. We could write a book about it, that this carer got that amount of money and that carer got nothing. I know of a case of a quite wealthy carer and DOCS has decided that that woman does not need any extra financial assistance. She does not need the emergency payment that carers get when a child is placed there. It is not for a DOCS officer to determine your financial status. Your rates of pay are not dependent on how much money you already have. If an allowance is available it should be paid regardless of the foster carer's financial position. Often a worker will decide that your financial situation is sufficient that you should pay for that out of your own pocket, and that is just not fair.

Ms HOCKING: In relation to allowances, I would like to see from DOCS accountability for carers that the amounts they are paid is paid for the child and goes to that. When we were talking before about inappropriate carers, we know there are carers out there who are not spending the allowance they are given on the children's care and that is what I find abhorrent. I would like to see accountability.

Ms LAMBERT: We did not include remuneration. Recently the allowance was increased to \$350 per fortnight per child but that is not age related. Previously it was age related. It is ludicrous to say that it costs the same amount of money to support a teenager as it does to support a four-year-old. That is madness.

CHAIR: So it is the same rate for 0 to eighteen.

Ms LAMBERT: The last teenager I had in my care—and she was the one who stayed for eight months—we managed at one stage to get her on to my pension and she was getting the full Austudy allowance and we were getting over \$400 a fortnight for her but I can tell you that after she left I saved money right, left and centre. If she had been a much younger child with fewer needs the allowance needed would have been much less. It is ridiculous to have a blanket rate across the ages.

CHAIR: It used to vary.

Ms LAMBERT: It was age related, yes.

The Hon. Dr ARTHUR CHESTERFIELD-EVANS: Why did that change? It sounds crazy.

Ms LAMBERT: It was a political decision, I assume.

CHAIR: Thank you for being so frank with us, because you are talking about your individual circumstances. It is a little easier for people who represent an organisation or a department.

Ms LAMBERT: We did consult other carers before we came today.

Ms HOCKING: It may be beneficial for you to see some of the literature and newsletters that we send out to carers. Would it be appropriate for us to forward them to you?

CHAIR: Yes. They are public documents so it is simply a matter of sending them in to us.

(The witnesses withdrew)

(The Committee adjourned at 4.15 p.m.)