LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON COMMUNITY SERVICES AND SOCIAL EQUITY

(Reference: Inquiry into the rights, interests and wellbeing of children and young people)

Members:

MR J HARGREAVES (The Chair)
MRS H CROSS
MS R DUNDAS
MR G CORNWELL

TRANSCRIPT OF EVIDENCE

CANBERRA

FRIDAY, 21 FEBRUARY 2003

Secretary to the committee:
Ms J Carmody (Ph: 6205 0129)

By authority of the Legislative Assembly for the Australian Capital Territory

The committee met at 2.35 pm.

THE CHAIR: This is a public hearing. Thank you very much for coming, Mr Jacobs and Ms Carling. As you know, we're conducting public hearings during our inquiry on the rights, interests and wellbeing of children and young people. I'm obliged to read this card to you.

You should understand that these hearings are legal proceedings of the Legislative Assembly protected by parliamentary privilege. That gives you certain protections but also certain responsibilities. It means that you are protected from certain legal action, such as being sued for defamation for what you say at this public hearing. It also means that you have a responsibility to tell the committee the truth. Giving false or misleading evidence will be treated by the Assembly as a serious matter.

The way I like to conduct this part of the public hearing is to invite you to make an opening statement. Before you do, I would ask you to identify yourselves and the area that you come from for the Hansard recording.

I understand that, since the submission was received, things have moved along a little bit, and if you'd like to include an update in what you tell us that would be helpful. I'll pass over to you. At the conclusion we'll then launch in with a couple of questions and then we'll see where that takes us.

BRIAN JACOBS and

MERRIE CARLING

were called.

Mr Jacobs: Can I just table a correction to some of the statistics that we've handed in? We received them from Ian Bull from the data management unit at ACT Health, and there has since been an adjustment to correct the figures that we provided to the minister. Very basically, with regard to Mental Health ACT, since about 1999 we've—

THE CHAIR: Excuse me, Brian. Would you introduce yourself for the microphone?

Mr Jacobs: Brian Jacobs, General Manager, Mental Health ACT. I just wanted to make a brief opening statement and then pass over to Ms Carling, who will make a more detailed statement about the submission. Basically, in mental health services in the ACT, child and adolescent services had been underdone for quite a period of time. However, since 1999 there have been significant improvements in the funding that's gone into child and adolescent mental health services and, in effect, from 1999 to now the EFT profile for the service has doubled. On top of that, we now have a child and adolescent day program in operation at Calvary, which is an additional service.

Having said that, and with improvements in intake and that type of thing, there are still some things that have to be improved. We're planning on working those into our strategic planning process with mental health services, and this is currently under way. I'll now pass over to Ms Carling.

THE CHAIR: Before you do, I have a quick question. What's the time line for that strategic planning process?

Mr Jacobs: At present, there is meant to be a draft strategic plan coming out in about three to four weeks. Currently, they're doing consultations with, I think, 30 stakeholder groups, ranging from private psychiatrists through to consumers of the service and consultants.

THE CHAIR: Will that be a public document at the end?

Mr Jacobs: At the end of the day it will be public.

THE CHAIR: Okay, thank you.

Ms Carling: I am Merrie Carling. I'm the Director of Child and Adolescent Mental Health Services, which comes under Mental Health ACT. Following on from what Mr Jacobs has stated, over the last few years, with funding enhancement, the child/adolescent service has been able to introduce a better service. It is an improved service, as we have more clinicians and we have substantial teams. One of these is based at Woden and it serves Tuggeranong and Woden with outreaches to Tuggeranong and also out to the Lanyon Valley, and one at Belconnen which outreaches both to Gungahlin and into the city.

To give you a bit of an idea of what CAMHS is, we're not necessarily an office-based service. We do outreach throughout the ACT. We outreach to schools, we outreach to homes and we also meet adolescents at shopping malls or wherever they feel most comfortable. As Mr Jacobs mentioned, we also have an adolescent day program, which is for young people aged 12 to 18 with moderate to severe mental illnesses. That is currently based at Calvary Health Care. This term we have eight young adolescents in the program with various mental illnesses.

There's also an education component to that program, which is partly funded by the Department of Education and Community Services and partly funded by CAMHS. So we have a full-time teacher and all the young people do at least two hours each day of education. That program is developed by linking with each young person's base school and each young person has an individual education program which is meeting their needs.

The reason we do that is a lot of these young adults aren't accessing school before they come into the program. Many of them have been quite ill with perhaps psychotic episodes or severe depression. Often their school refuses. Often they're young people who have just fallen through the cracks and so are finding that the normal school environment is just too tough for them. So part of our program is to reintegrate them into the school system or to reintegrate them into some of the special units that the Education Department has in the territory.

We have five clinical staff in that program, and a team leader. The young people, in addition to education, have individual and group therapy. They also do drama therapy,

art therapy and craft sessions, and they are also taken out to do swimming, rock climbing and various activities like that. They also go to the museum and other educational places. I think they prefer rock climbing, though.

The other area where we have been able to expand because we have some extra money is in providing a seven-day-a-week service to Quamby, as we do now. Five days a week there's a full-time psychologist there and the weekends are covered by our extended weekend service for any new inductions or any crises. That's been working very well.

The other area where we have just minimally expanded—it's still limited but we're starting—is a seven-day-a-week crisis response service, which targets children and adolescents. In the past, this has been done by our adult CATT team who, although they have done a good job, are not specialist child and adolescent mental health clinicians, whereas the CAMHS clinicians are. So we can respond to crisis calls within the ACT, at least in a limited way, seven days a week, but only during working hours.

We actually only have three people who take all the calls, do all the triage and are also available to go out to do the crisis work so, as I said, it is still quite limited, but we are getting there. Fortunately, we have a really good working relationship with CATT and so we're still quite dependent on them.

THE CHAIR: I wanted to ask you how the people get to the adolescent day program at Calvary?

Ms Carling: We have a bus and, if they can't get there, if their parents can't bring them, we collect them and take them home.

THE CHAIR: Is that bus going to remain in service? Is there any suggestion that service might cease?

Ms Carling: It's an eight-seater van actually.

THE CHAIR: Who is the driver of it?

Ms Carling: One of the clinicians.

THE CHAIR: Is that service going to remain?

Ms Carling: Absolutely, yes.

THE CHAIR: Good. I had heard some whisper that one of the programs out there was going to wind down or something, but it must have been another program.

Ms Carling: No.

MS DUNDAS: Can I also—

THE CHAIR: Before you do—and we've covered quite a few of the things—can I ask you to respond to two things? One is what you define as children and adolescents—the age range—and the other is the in-patient issue for young people.

Ms Carling: Would you just repeat the question?

THE CHAIR: When you talk about children and adolescents, are they sub-18—what's the story?

Ms Carling: Yes, under 18. Probably the youngest we would get would be three or four years of age. We don't get them much younger than that. Yes, we get them right up to 18. We say 18, but in fact that's a fairly flexible cutting-off point, because if we have an 18-year-old who has been in our service for a length of time and, for example, is at home and doing his HSC, then there's no way that, the day he turns 18, we'd switch him over to the adult service. We'd maintain that service until we feel he's ready to go, because the adult service works very differently.

However, if a young person comes in, for example, with a first onset psychosis and is quite ill, and is 17½, not at school and independent, then it would be more likely that we'd refer that person immediately to the adult team, because that would be a much more appropriate treatment. We say 18, but it is quite flexible.

THE CHAIR: Thanks for that. There have been quite a number of reviews over the last six years about the need for an adolescent in-patient service, and I just wanted to know whether we are any further down the track on that one?

Mr Jacobs: If I can just start this one. Basically, we've had Professor Nurcombe come down and do a review of child and adolescent mental health services. In his review, he recommends that we have, for a population of this size, roughly six to eight child and adolescent beds.

We have had recent discussions with the Southern Area Mental Health Service about the possibility of exploring a conjoint unit, because for six beds there are initial economies of scale. If they had roughly the same need, we would be talking 12-odd beds, which makes the unit a much more viable size. At present, the people from the area assume—and this is their estimate—one to two beds per year would be drawn on from the facilities that they access in New South Wales. So, in essence, they don't perceive the same level of need that has been assessed for the ACT.

At present, we've had examples of 15-year-old boys who have suffered severe trauma, who have had to go into the acute unit with those with psychoses. It has been inappropriate. We've had to special them. They're in there with other adults with other challenging behaviours. An adolescent unit, if we could get one going here, would be a good thing for that specific target population.

THE CHAIR: We've been talking about the need for this sort of thing for years. I can recall that we spoke for years and years about the need for a general ward for adolescent people. That's now fact. Is there any movement at all within the department to accommodate acute or in-patient adolescent mental health patients within, say, that ward?

Mr Jacobs: In the adolescent unit?

THE CHAIR: Yes, or anywhere else within the hospital, other than the acute ward of the PSU?

Mr Jacobs: I'll pass that to Ms Carling but, essentially, some of the clients of mental health do actually go in through the adolescent unit and can be cared for in there. However, it's definitely not ideal: they're different populations. Often the people who go in there go in for physical reasons, and then the only reason we become engaged is because mental health issues have been identified.

THE CHAIR: And then they go from that ward into the PSU—

Ms Carling: Yes.

THE CHAIR: —because there's nowhere else for them to go.

Mr Jacobs: Which is inappropriate.

THE CHAIR: And you're saying that—what did you say—about four to six beds, we would suggest, are needed for that.

Mr Jacobs: Six to eight actually.

THE CHAIR: Six to eight, sorry.

MS DUNDAS: Regarding the figures with which you've provided us today on the number of patients going into Canberra Hospital, do you have a breakdown of how many of those are going through the adolescent medical ward or going into the PSU?

Ms Carling: That's just for the PSU. Getting the numbers from the adolescent ward is really difficult because those people are not necessarily there because of specific mental health issues. The types of adolescents that we're able to admit to the general adolescent ward are those young people with eating disorders, who are often in there for many months at a time. They're in there because their health, their physical wellbeing is compromised as much as anything. Our psychiatrists consult. They go to the paediatric adolescent ward every Tuesday morning to consult and they consult there on a Friday. However, the majority, in fact I would say probably 95 per cent, of young people on that adolescent ward are those with eating disorders.

The others who might go there are those adolescents who are quite depressed and therefore they're not feeling very physically active, or their behaviour is such that they're not going to be a threat to anybody. This is because, on a general ward, the nurses have no mental health training, so they often become quite fearful—and I think quite realistically fearful—of some adolescents who are mentally ill, who can become aggressive and who also can be quite unpredictable in their behaviour.

What we have done in the past, when we've been able to find the resources, is special them if we need to. By that I mean a mental health nurse tracks them and stays with them 24 hours a day when they're on the adolescent ward, but that's a fairly expensive way of helping them.

THE CHAIR: Just to clarify something, I understand that Professor Nurcombe has actually done two reviews, one in 1998 and another one in 2001, and both times has suggested that having these people in PSU is totally inappropriate. What has been the government response to those? Has it been, "We'll get to it when we can?"

Mr Jacobs: I've actually been here since 1998. With the first review, there were recommendations about increasing the profile, the numbers, in the child and adolescent team to meet the demand on the team from people presenting from the community and that type of thing. There was talk about improving the intake procedures, and improving or bolstering the work done with the forensic area. That has actually resulted in, as I said earlier, an increase in the overall team size. We've now consolidated two main teams with offices in—

THE CHAIR: What you're saying, though, is that positive things have resulted from the reviews by the professor.

Mr Jacobs: Yes.

THE CHAIR: I think you gave us evidence of how that is starting to manifest itself, but I'm curious to know what movement has occurred in the adolescent in-patient facility.

Ms Carling: Yes. I think one of the reasons we were funded for the day program was that it was seen as maybe an alternative to an in-patient unit, where these young people could at least go during the day and receive therapeutic treatment. That would perhaps relieve some of the need for an in-patient unit.

THE CHAIR: Has it?

Ms Carling: No, it hasn't.

THE CHAIR: So we're still seeing a need for six to eight beds—

Ms Carling: Yes.

THE CHAIR: —within the hospital system—

Ms Carling: Yes.

THE CHAIR: —for an adolescent in-patient service.

Ms Carling: The other thing in the new unit was the swing unit, wasn't it? There was going to be a swing unit and it was a special purpose one.

THE CHAIR: I'm sorry, could you tell us what that is?

Ms Carling: Yes. When the psychiatric services unit was redone a couple of years ago, part of it was what's called a swing unit, which is a unit that can actually be closed off from the rest of the ward. It has, for example, two bedrooms and in the middle a very small living area with a sink and stuff. That's what they call a special purpose unit.

However, it was not just for adolescents: it was also for older people, and also perhaps for young mothers with babies who might be experiencing severe postnatal depression or other mental illness. Even though that swing unit is there, there's nothing to stop an adolescent in that unit from mixing generally during the day with other patients in that ward.

MRS CROSS: A little earlier you talked about the young patients who are admitted with eating disorders and depression and other illnesses, and you said that the eating disorder was a physical problem.

Ms Carling: No. What I meant was they didn't need constant supervision.

MRS CROSS: Sure. Given that we now know there are severe mental health issues connected with eating disorders—and, of course, depression is self-explanatory—do you offer specialised care? Because these issues are different, and different diseases are involved, do you offer individual care for these patients?

Ms Carling: Yes.

MRS CROSS: Do you find that the individual care you're offering reduces the need for more visits? What are you finding? What is your success rate?

Ms Carling: The young people with eating disorders go through the Throsby unit.

MS DUNDAS: Sorry.

Ms Carling: The Throsby eating disorder unit. The CAMHS itself doesn't have a lot to do with young people with eating disorders because we have a specialised eating disorder unit, if you could call it that.

Mr Jacobs: It's a day program that runs at Throsby.

MRS CROSS: They just come during the day and then go home at night?

Ms Carling: Yes, unless they have to be treated in a hospital. The young people are then put into the general adolescent ward. Our child/adolescent psychiatrists then work with them and work with the staff on the ward in regard to a program, not only for physical benefits, but also to cover the emotional and psychiatric aspects.

MRS CROSS: The national material that I've read indicates that the day programs for anorexia, or any eating disorder—bulimia—are not very successful. In fact, we're finding that not only is the age of those affected by this disease decreasing—starting with boys and girls as young as six and seven—but that the programs that are in place at the moment are just not working. That is why, I understand from what I've read, a lot of parents are taking their children to special programs in Canada and other places.

Ms Carling: I've heard of those.

MRS CROSS: Given that the success rate is not very high, are you looking at changing the type of program you're offering, or are you just going to continue?

Ms Carling: The eating disorders program at Throsby Place has nothing to do with CAMHS so I actually can't comment on that.

MRS CROSS: Okay.

Mr Jacobs: It actually caters for a population that covers both some child and adolescent people through to adults, so it sits down against territory-wide services. But with our current strategic planning process, we are also getting comments on all those different areas where services could be re-engineered and that type of thing.

MRS CROSS: The same applies for depression. Are you finding that the way depression is being handled in children is deficient?

Ms Carling: There are some really good basic ways of dealing with depression and treating depression, both medicinally and by using cognitive behavioural therapy, which is the way we go. So often young people are given antidepressant medication, but at the same time they're assigned a clinical manager who in fact provides therapeutic intervention for them and works with them to look at coping skills, problem-solving skills and ways that young people can help themselves in regard to the sorts of things that are happening. It is helping them to change how they think about things.

MRS CROSS: So it's not a case of the program for depression not working, it's the fact that more children are becoming depressed?

Ms Carling: Yes.

MRS CROSS: Yes, thank you.

MR CORNWELL: You said, Mr Jacobs, that there may be some cooperation with the southern district?

Mr Jacobs: The Southern Area Mental Health Service.

MR CORNWELL: Will you be basing something here in Canberra?

Mr Jacobs: The plan was that we were going to try to run a unit with beds that would cater for both populations.

THE CHAIR: But where would they be located?

Mr Jacobs: Here in Canberra.

MR CORNWELL: That means that the parents would have to come here, presumably.

Mr Jacobs: Yes.

MR CORNWELL: It is a bit like the argument we used against having a prison in New South Wales, Mr Chair, but I'll pass with that one. You mentioned, however, that the southern area said they would only need one or two beds. Was that what you said?

Mr Jacobs: The statement from our December meeting was that their estimate of the bed usage of kids going out of their region to Sydney for bed-based services was probably one to two beds in a full year.

MR CORNWELL: Why do you think that is?

Mr Jacobs: Distance, for one. People don't want to be isolated from their families.

Ms Carling: Currently, any young person in southern area would have to go to Sydney. In fact, the new unit at Campbelltown is the one that people from southern area would go to.

MR CORNWELL: What do they do otherwise?

Ms Carling: They, again, would put them in a general ward and get a special in, as we do with our adolescents or, if necessary, I guess they would do a similar thing to us, and that's put them in an adult ward.

MR CORNWELL: All right. Why do we have to be different? Do you understand what I'm driving at? If a very large part of south-eastern New South Wales can manage with that, if I can use that expression, then—

Mr Jacobs: Basically, when Professor Nurcombe was asked to come down to do a review of child and adolescent mental health services, he was asked to identify what would be a reasonable picture for mental health services here in the ACT pertaining to adolescents. That's virtually what he did. He found that you would need six to eight beds if you were going to cater for the ACT population.

Part of the reason why we're engaging with southern area is that, when he was here and subsequently, we talked about the economies of scale you'd achieve if you were able to get it up to about a 15-odd bed unit. The other thing that I probably do need to mention briefly is that it was clear, from the professor's statements, that wherever the child and adolescent day program is, these beds should be located close to those, so the in-patients could actually access those programs too, to try to draw them out of those beds as quickly as possible.

MR CORNWELL: Could I ask one more question, Mr Chair?

THE CHAIR: Is it on the same subject?

MR CORNWELL: It's about integration, actually. You mentioned integration, or reintegration, I should say, to school or special arrangements being put in place. What's the success rate?

Ms Carling: It's been fairly successful so far. It's a very long process and often to begin with the young people might only go for, say, two lessons a day, and then it's gradually extended. The teacher supports them and we have the support of the school as well. Certainly, reports from parents have indicated that it has been quite successful. The Education Department seems very happy with the way it's working, too. It's never 100

per cent successful. There are always going to be young people who just can't slot back into any education system. For those who can't, what we try to do is direct them down the vocational path, and see if we can access courses at CIT and TAFE, especially for the older ones.

MR CORNWELL: The figures are not on the increase. I looked at the new figures here. It's a bit difficult to say whether they're up or down. What's your view?

Mr Jacobs: In terms of people needing beds?

MR CORNWELL: Yes, of patients presenting.

Mr Jacobs: I might be talking out of school here but, when we were talking about beds for southern area, we actually said, "But you're basing it on current usage. If the beds were available, wouldn't they"—

MR CORNWELL: Be filled.

Mr Jacobs: Yeah, exactly. They say, "We don't have the money, one, and if we're coping now, why do we need to open the beds and then fill them?" Our issue is what would be better to address the needs.

MR HARGREAVES: A good bureaucratic response.

THE CHAIR: Thanks, Mr Cornwell. On this issue it would appear that, if they only have one or two, the partnerships are still a way off, if they occur at all. On what basis do you think the department would consider it viable for us to do it ourselves, given that we have six to eight people who desperately need their own service?

Mr Jacobs: I won't talk for you, but I'll introduce it.

Ms Carling: No, that's all right.

Mr Jacobs: Basically, Ms Carling has actually been looking at a number of different units around Victoria, and particularly New South Wales, examining the staffing profiles, modelling and how those units run. One example of a model would be to have a core nursing staff of two on day, evening and night, and then have your other allied health to staff and program. The child and adolescent day program would link in with it so that you have a core staff for your beds and then the rest of the program wraps around it, if you know what I mean.

THE CHAIR: That hinges off the beds being available in the hospital and the priority being set by the health authority, which would say, "We'll either have six to eight additional beds in the hospital system or we'll reprioritise what's already in the hospital system." That's predicated on getting it going—

Mr Jacobs: I do need to say that, whatever beds you establish, there are significant risk issues with the kids that we actually take in, so the beds that you put them in will have to be—

THE CHAIR: Self-contained ones?

Mr Jacobs: —carefully designed to reduce the risk of suicide. Hanging points and all those sorts of things have to be—

MR CORNWELL: The practical.

Mr Jacobs: Yeah, factored in.

MRS CROSS: Like a prison?

Ms Carling: No, similar to—

MRS CROSS: I mean as far as not providing materials that they could use to harm themselves. Relax, guys.

Mr Jacobs: There are ways of doing it so that the accommodation is reasonably home-like and comfortable, but it still reduces those risks.

THE CHAIR: I think it was Professor Nurcombe who said that this unit should be located with your day programs so—

Mr Jacobs: Exactly.

THE CHAIR: —it is a seamless progression, one would hope, from crisis to not such a crisis and back out. Has the Calvary Hospital addressed the issue of the potential provision of beds?

Mr Jacobs: Actually, at one point in time, Calvary did have on its works plan an area where the beds might have been accommodated. However, you have to identify the fact that it will cost money to put the bricks and mortar there. It was to be a 15-bed unit to make it viable from their point of view. Seeing we're talking about six to eight, I will put it on the table. Currently we're looking at locating our child and adolescent day program in an area in between Calvary and Hennessy House. There's a building there that's become available.

Ms Carling: It's a cottage. It's like a house.

Mr Jacobs: There's an area just across a driveway that we could set up as a lecture room, so they'd actually have their program in the one building, their schooling in another and then, at the other end of the site, there is a drug and alcohol program that occupies a 10-bed facility originally designed around mental health principles. It's used for drug and alcohol purposes now. We're thinking about that as a option for the beds. That means then we have to be talking to them about how they might relocate into something else to help with their detox needs and that type of thing.

That gives us a good mix in that we have the beds on the same campus, so to speak. Patients walk down the hill, attend the program and, when they're doing their schooling, they walk across the walkway into the lecture area, so it's all shared.

THE CHAIR: That's sounds pretty reasonable to me, but how well advanced are those discussions and what kind of reception are you getting?

Mr Jacobs: At present we're just getting the day program relocated.

Ms Carling: We are now relocating the day program from our current site to this cottage, because the present site, which was given to us by Calvary, is now needed by the hospital for another program. We basically needed to find somewhere else. It was fortunate that this cottage down the road at Hennessy has become vacant and we've been able to access it.

Mr Jacobs: We call it a cottage but it's actually a very big facility. It has five bedrooms and all those sorts of things.

THE CHAIR: Yes, I know the facility you're talking about, which actually leads me on to another issue. Do you have questions?

MS DUNDAS: I have some questions.

THE CHAIR: Yes. I wanted to go down the dual diagnosis path, so you can ask yours first.

MS DUNDAS: I have a couple more questions about the PSU. You have the day program that works for kids who aren't staying in the hospitals. What is being done to address the educational needs of the kids who are actually in intensive treatment?

Ms Carling: Usually, they would not be able to cope with a program because they're normally too ill.

MS DUNDAS: So they only pick up an educational program once they leave the hospital?

Ms Carling: Yes.

MS DUNDAS: You indicated earlier that the reason for having the day program was to try to break away from the need for setting up a specific unit for kids that would get them to—

Ms Carling: I think that was part of the rationalisation behind setting it up. When I came in here in 1999, it was all already halfway through the process, and my belief was that this was the way of at least getting half way there.

Mr Jacobs: If you have the population of kids who need a fair bit more intervention in terms of support with their illness, possibly even bed-based services, the concept was that, if we try to pick up that group under those who really need to be hospitalised, it will take a bit of pressure off and reduce the significant number of those people needing child and adolescent services.

MS DUNDAS: You indicated that it hasn't done that.

Mr Jacobs: No.

MS DUNDAS: There is still a great demand.

Ms Carling: It probably has done, to a degree, but I think the numbers of young people who have been admitted to PSU—I know the figures are probably looking a bit funny—are increasing.

MS DUNDAS: So it's just increasing overall?

Ms Carling: At one stage last year we had five adolescents in PSU at the one time. They have stays in there for anything from two days up to 30. In fact, we've had one in there currently for about two months.

MRS CROSS: With what?

Ms Carling: With psychosis.

MR CORNWELL: Why is that?

Ms Carling: Pardon me?

MR CORNWELL: I'm sorry, Ros, but I'm curious to know why the numbers have increased. Are there any discernible reasons?

Ms Carling: I couldn't give you statistical reasons. I could only tell you what I might think.

MRS CROSS: When you say psychosis, do you mean multiple personality disorder?

Ms Carling: No. I mean that he's having a psychotic episode which means he's hallucinating.

MR CORNWELL: Give us your feelings on the matter.

Ms Carling: As long as everyone knows this is just what I'm thinking.

THE CHAIR: If you feel uncomfortable with that we can let it rest.

Ms Carling: No. I believe that we're seeing more young people who are experiencing drug-induced psychoses and that's increasing the numbers. We're in fact having adolescents as young as 13 and 14 presenting with drug-induced psychoses.

MRS CROSS: So it doesn't necessarily come from manic depression?

Ms Carling: Not at all.

THE CHAIR: Before you go down that track, because that actually leads us on to the next subject—

MR CORNWELL: No, I'm not going any further.

THE CHAIR: That actually leads us on the next one, but Ros has a final question on the PSU.

MS DUNDAS: It's actually on the adolescent day care program. Is that service full?

Ms Carling: Yes.

Mr Jacobs: Sorry, when you say full, it takes eight to 10 clients. That was the original plan.

MS DUNDAS: You currently have eight.

Mr Jacobs: However, on top of that there are some people who come in for sessions.

Ms Carling: They access it part time. You actually have some young people who are there all day and you have others who attend their own school in the morning. They're well enough to go to school, but come to the program in the afternoon, for the group sessions.

MS DUNDAS: I'm just trying to get a feel for whether there is demand for a day program as well as the need for specific PSU beds.

Ms Carling: I think so, yes.

Mr Jacobs: Are you asking if there is a waiting list?

MS DUNDAS: Exactly. Is there a waiting list, how long is it and what happens to the kids who are on the waiting list because they're not getting any—

Ms Carling: We try not to have a waiting list to be perfectly honest, but we take in those of highest need. The other thing is that the program, by necessity, has to be able to take in a group. It would be no good taking in, for example, eight young 15-year-old boys who are just recovering from a psychosis and who could be quite aggressive. You also wouldn't want two or three of those with some younger girls who are quite depressed and suicidal. So the mix that goes into the day program has to be very carefully considered as well, which is a restriction in itself.

MRS CROSS: What do you do with the extras?

Ms Carling: They are followed up as much as possible by their clinical managers in the community.

Mr Jacobs: There's another team that's involved with this.

Ms Carling: Anyone who comes into our day program comes through our service, through our intake, through our clinical managers, and it's our clinical managers who refer them to the day program.

MS DUNDAS: Are we talking about kids who have come through the PSU or Calvary and are on the way out, and are then referred?

Ms Carling: Yes, some of those.

MS DUNDAS: Or are we talking about kids coming in from the other end—

Ms Carling: Yes, both.

MS DUNDAS: —where teachers have identified them.

Ms Carling: Yes, that happens too. It's basically looking especially at, for example, those who are school refusing. The day program is a really good way of getting them back in. Even socialising—we've had some young people whose anxiety is so severe they can't get out of home and even getting in the car and being driven to the day program was a huge—

MS DUNDAS: Is there another unit working with the kids who can't be in the day unit?

Mr Jacobs: The rest of the Child and Adolescent Mental Health Services staff are involved in supporting them.

MS DUNDAS: The three technicians? You said there were only three before.

Mr Jacobs: No, that's the intake.

Ms Carling: We have 25 other people in the community who are supporting these kids.

THE CHAIR: That's the outreach program you were talking about with, for example, the Lanyon Valley youth.

Ms Carling: Sorry, I must have given a bad impression if I said we only have three clinicians.

MS DUNDAS: I was thinking only three staff doing everything, but they're just doing—

Ms Carling: No, that is just simply the intake. Then we have another 14 staff at Woden and another 10 at Belconnen, and they support people in the community.

MRS CROSS: So 14 in Woden and 10 in Belconnen. How many in the south?

Mr Jacobs: Woden's south.

MRS CROSS: I mean Tuggeranong.

Mr Jacobs: In Tuggeranong they actually have an office space—

Ms Carling: We have an office space service at Tuggeranong, but the Woden team in fact serves all of Tuggeranong.

MRS CROSS: Okay.

Ms Carling: We outreach, and that is what I was saying.

MS DUNDAS: One last quick question on the PSU. The Minister for Health sent us a letter that we got on the 19th and there's a table on the last page. I'm really unclear about what it means, but it says:

> Those adolescents in ACT with severe mental illnesses do not have access to public specialist psychiatry inpatient facilities in NSW. The table below reflects this.

Ms Carling: Then there are three.

MS DUNDAS: Are they three people who have tried to get into New South Wales but couldn't? What are those three people doing?

Mr Jacobs: No. They are three individuals who got into the appropriate beds in New South Wales despite the blocks.

Ms Carling: We don't know how they got in. In fact, two of them went to the Campbelltown unit. I was at the Campbelltown unit in January and I was speaking to the director there. He and one of the program managers said, "Oh we had a couple of your kids here. We don't know how they got in. They won't be getting in here again." We don't know how they got there either. I only heard about them going there, as did their current case managers in CAMHS, so we don't know.

MS DUNDAS: Is the breakdown of this table between the Canberra Hospital and Calvary Hospital indicating that kids have gone into Canberra Hospital, have found that the PSU with the adults is just not working, and have somehow managed to break through the barriers and get into the New South Wales system? What does this table mean?

Mr Jacobs: Basically, those figures reflect the fact that there have been transfers, hospital to hospital, to allow people to get into this type of unit. There may be others who have gone through private psychiatrists or GPs, where they haven't been registered Mental Health ACT clients, but got into New South Wales beds as well.

MS DUNDAS: New South Wales child-specific beds?

Mr Jacobs: Yes, child-specific beds.

MS DUNDAS: For these three cases that have gone through to New South Wales, what then happens when they get out of the intensive unit? Are they then managed back in the ACT? Does CAMHS lose complete track of them?

Mr Jacobs: The normal process for someone being discharged from a facility interstate would be a referral back to their region of origin. There should have been referral letters coming through to the doctors who were managing them.

MS DUNDAS: So CAMHS then picks them up again?

Mr Jacobs: If they're referred back, we pick them up.

THE CHAIR: Mrs Cross, the last question on this one.

MRS CROSS: Thank you, Mr Chair. Just a quick thing. I'm looking at the statistics for 1999 to 2001. I noticed a jump from 1998 to 1999 in which episodes in the Canberra Hospital almost doubled, and the same for the following year. The year before they were half. Then I noticed the figure in the 2001-2002 preliminary survey statistics is almost half that. What is it that caused those statistics to double during a two-year period and then halve, because it's quite a remarkable increase.

THE CHAIR: Those figures that you've given us, the new ones.

MRS CROSS: This is in the updated ones you've given us.

Mr Jacobs: These were actually provided by the data management unit here, but I actually took that as not being the full year's figures.

THE CHAIR: It's only half a year?

Mr Jacobs: Yes.

THE CHAIR: For 2001-2002 we only have the six months.

MS DUNDAS: I think there's an important question in that the number of patients between 1999 and 2000-2001 has doubled.

MRS CROSS: That's right.

Ms Carling: Can I just say—I don't know that these stats are reflected as yet in the ones that have been prepared by the data management unit—we did our own stats from July until December last year in regard to our clients who had been admitted to PSU, and we had 30 between June and December last year.

MRS CROSS: No, but that's not the figure that I'm questioning.

Ms Carling: No, I know.

MRS CROSS: I'm questioning the figure for 1999 to 2001. In both those years, the figures are double those of the year before and for this year they're half.

Ms Carling: I'm saying that the reason that they're half is that it's not a full year.

MRS CROSS: Why did they double in the two years before?

Mr Jacobs: In 1999, I think that's when we had a significant boost in the funding.

MRS CROSS: So more people got sick?

Mr Jacobs: No. What actually happens is there's unmet need there, and if you have more clinicians on deck—

MRS CROSS: Okay, so it's the demand.

Mr Jacobs: Yes.

THE CHAIR: These figures are from 2001-2002, and we're now in 2003. These are financial year figures. Why is it, do you think, that those figures are not available six months after the end of the 2002 financial year?

Mr Jacobs: I'll hunt that up for you.

THE CHAIR: Would you?

Mr Jacobs: These were the figures provided by the data management unit.

THE CHAIR: If you wouldn't mind, Brian. I can't see any reason why they shouldn't be available and we'd like to have the figures to 2002, for the whole financial year, because that will give us the comparative picture back to 1997-1998.

We do not have very much time left, but I want to talk about dual diagnosis. In your submission, you said that there are inadequate services for young people with dual diagnoses. I'd like you to expand on that a bit if you would and also address the issue of their falling between the cracks. Which one of the two diagnoses is the primary one as far as somebody actually taking care of a kid? Do they say, "No, it's not my problem"? Two people say, "It's not my problem" and down the crack the kid goes. Can you address all that?

Ms Carling: The alcohol and drug program, which is currently run through Community Care, has no counsellors who specifically work with those young people under the age of 18. It's an adult-focused service.

THE CHAIR: I'll qualify this question by saying "as far as you know": what are the services for alcohol and drug related problems in—

Ms Carling: In young people.

THE CHAIR: —in young people?

Ms Carling: There's Ted Noffs. Ted Noffs provides a service for young people, both a detox and a three-month rehab program for young people. Since this was written, last July, I must say that we've been talking much more with Ted Noffs. The manager out there and I are now working towards a memorandum of understanding, because we were finding that, because of some of the impulsive and sometimes outrageous behaviour of

our kids with dual diagnoses, who had mental health issues as well as drug and alcohol issues, the people who work at Ted Noffs found them very difficult to cope with, so they were often expelled from the program.

What we're aiming at now is giving Ted Noffs more support from CAMHS, so that we can be out there more often if they need our support. In fact, that's where our crisis service would often come in. If they ring us during the day, we can send a CAMHS clinician out to support them. In fact, that service and CAMHS are actually starting to work much more effectively together, which is really positive.

THE CHAIR: When you talk about the inadequate services for young people with dual diagnoses, how many kids are we talking about?

Ms Carling: I couldn't give you a ball-park figure, but I know that it's an increasing figure. What tends to happen is that adolescents self-medicate. If they're feeling really depressed or they're feeling bad, they smoke a joint or they do what they can. Often, unfortunately, instead of making them feel better, this actually compounds their emotional state. Then it becomes a vicious circle. It's mainly marijuana that they use, and they'll keep smoking it and taking that. Of course, if, for example, they're depressed or anxious, it exacerbates their anxiety and their depression. They're very hard to treat, because you can't actually treat them with medication if they're still smoking 10 or 20 marijuana bongs a day. So that's where it's sometimes difficult.

If they can be in at Ted Noffs, where they're actually going through rehab and they've gone through detox, then you can start to treat those sorts of symptoms. You have to work together. In reference to your question, John, I think one of the things that we no longer have is people saying, "Not our problem, your problem". There's an MOU now between mental health and drug and alcohol services, and there has been conjoint education for both drug and alcohol workers and mental health workers. There's now a system in place where they can be co-case managed.

That works really well with the adult team, but the problem is that, of course, there are no drug and alcohol counsellors for the young people. They tend to come to us, but we get advice from drug and alcohol services staff in regard to what we are doing. Unless you can get them somewhere where they can detox and then go through some sort of rehab—it happens in Quamby as well: kids come into Quamby—we almost have to wait for them to detox out there before then we can do a proper assessment of them.

I see it as an area of really high need, because the most highly at risk adolescents are those with drug and alcohol, mental health and youth justice issues.

MRS CROSS: If you do see it as a high need, why is it that we don't have at least an approximate figure for the reported cases of dual diagnosis, because in order for us to identify the need and the focus it requires, we have to know roughly what we're dealing with. It's hard to know that when we don't have the numbers, or even an average.

Ms Carling: I think that's because the services have always worked separately until recently, when we've come together in the program to try to do exactly that—bridge that and start finding out—

MRS CROSS: When do you think you might have figures now that you have this wonderful relationship?

Ms Carling: I don't know in regard to children and adolescents, but I'll pass the question to Mr Jacobs regarding adults.

Mr Jacobs: With adults now, we can actually crosscheck the two databases, so we have that capacity, but we don't have an arrangement like that with Ted Noffs.

THE CHAIR: What I'm hearing is that there is a private sector facility—

Mr Jacobs: It goes to ownership of the data.

THE CHAIR: —funded by the government to provide for adolescent alcohol and drug detox and counselling, to get them on the straight and narrow.

Ms Carling: Yes.

THE CHAIR: When it comes to the dual diagnosis ones, you people, the public system, are getting hand-in-glove with the private system, if you like—the non-government system—but there is no service within the public system.

Ms Carling: No, not specifically for adolescents.

THE CHAIR: There is for adults, but there is not for adolescents. Do you perceive that as being a problem?

Ms Carling: Yes.

Mr Jacobs: Yes.

THE CHAIR: Okay. If there was something provided within the alcohol and drug service of Community Care, it would become so much easier for you people to act in synergy with them.

MR CORNWELL: If you have that link between yourselves and Ted Noffs, how do you get on with the privacy laws?

Ms Carling: A lot of the time we're actually working with Ted Noffs to give them strategies for dealing with some of the behaviours with which they might be confronted, by the young people.

MR CORNWELL: Individuals, though.

Ms Carling: If they're also clinically managing the young people, they would be seeing them, again, but the information passed between clinician and client is completely confidential, so it goes on our files, not Ted Noffs'.

Mr Jacobs: They don't have access to our records.

Ms Carling: They don't have access to our records.

THE CHAIR: Yeah, that's covered by the client confidentiality exchange between clinicians.

MS DUNDAS: Your submission in July recognised the problems with Ted Noffs that you appear to be working on fixing, but it also recognised the problems at Quamby, with Quamby having no substance abuse counselling. You have already indicated that a number of people who are put into Quamby need to detox. Has anything progressed on that in the last six months?

Ms Carling: No. I have certainly tried in the past to get different groups together to do something. What happens at Quamby is that, every so often, a drug and alcohol person goes out and does, for example, an education session.

MS DUNDAS: Every so often? Once every six weeks. Do you have any timeframe? What is "every so often"?

Ms Carling: No, I don't. I couldn't tell you off the top of my head.

MS DUNDAS: It is an irregular occurrence?

Ms Carling: It's regular but not frequent.

THE CHAIR: We're under the impression that there's a weekly program run by the Salvation Army, the Oasis Bridge program, there are weekly visits by Ted Noffs, as well as outreach support and relapse programs once people leave Quamby.

Ms Carling: Yes.

THE CHAIR: The impression I was getting from you, Merrie, was that, whatever else is happening out there, it ain't working properly. The joint attack on dual diagnosis for those kids is just not working so, even if those programs are in place, they're not actually part of a concerted approach.

Ms Carling: They're not in a counselling capacity. For example, at BRC you have drug and alcohol counsellors who work with individual people in regard to their drug and alcohol problems. You don't have that same service at Quamby.

MS DUNDAS: Do you think there's a need for it at Quamby?

Ms Carling: Yes.

THE CHAIR: Are you talking about a daily counselling service for kids who are in there? That's what you're talking about—on-staff and daily.

Ms Carling: A drug and alcohol counsellor out there, yes.

THE CHAIR: I'm going to have to call this to a close. Thank you very much.

MRS CROSS: Yes, thank you.

THE CHAIR: However, we have a few questions on court assessments to determine what level of resource is required to enable all people to be assessed when they front court. What we might do is put that into the form of a letter to the minister, rather than trying to get you to come back. I just thought I'd tip you off that that will be on its way.

Ms Carling: That will be fine.

THE CHAIR: Thank you very much for spending the time here. We're hoping to achieve a positive outcome from this inquiry, and we hope we can give the government something to think about.

Short adjournment

KATY GALLAGHER was called.

THE CHAIR: Thank you, Minister, for sparing us the time. Is this your first?

Ms Gallagher: It is.

THE CHAIR: Welcome. What an auspicious occasion this is. I hope your wearing black isn't indicative of the mood that will pervade this meeting. I am obliged to read this card out loud.

You should understand that these hearings are legal proceedings of the Legislative Assembly and protected by parliamentary privilege. That gives you certain protections but also certain responsibilities. It means that you are protected from certain legal actions, such as being sued for defamation for what you say at this public hearing. It also means that you have a responsibility to tell the committee the truth. Giving false or misleading evidence will be treated by the Assembly as a serious matter.

The way we're proceeding is to ask you if you'd like to make an opening statement and then following with questions that might ensue. Before you begin, I neglected to tell our previous witnesses this, so I shall tell you this.

You should be aware that the hearing is being broadcast throughout the building, for those who are having difficulty sleeping. Would you initially identify yourselves, and the area from which you come, for the *Hansard*, and in your case, Minister, your exalted position. Could I invite you to make an opening statement?

Ms Gallagher: Thank you, Mr Hargreaves. I am Katy Gallagher, Minister for Education, Youth and Family Services. Thank you very much to the committee for asking me to appear and take part in this inquiry. I'm joined today by Barbara Baikie, who's heading up Family Services and Sue Birtles, who was previously with Family Services but is at the moment on the bushfire taskforce secretariat.

Sue has come along to provide additional information if we need it. To begin with, I want to say that the government is very committed to aiming to achieve the best outcomes for our children and young people in the ACT, and also to ensuring that all of our young people and children can reach their full potential.

The recent bushfire emergency has had an impact on the lives of all Canberrans, as you will know, and this has increased the pressure experienced by some of our services that are providing support to children and families. It's also, I think, fair to say that the bushfire has had a considerable impact on Family Services, and particularly on less urgent day-to-day business, not in the area of child protection, but in the other work that Family Services does. I've been advised that 70 per cent of staff at Family Services have been involved in the bushfire recovery process, at some point.

Across Australia, work in the area of child protection and substitute care takes place in the context of managing resources and complex and difficult to control socioeconomic

circumstances. Poverty, family violence and social alienation all contribute to the breakdown of families and society's willingness or ability to take care of and protect its young children.

Within the ACT, the government is doing a number of things to improve our ability to care for and protect the rights, interests and wellbeing of children and young people, particularly those who need our support. In particular, Family Services and Youth Justice are constantly looking at ways to improve the service provided, and are examining practices to ensure that judgments that workers are trained to make are informed by adequate and appropriate policies and procedures, and backed up by analysis and review that will identify areas requiring further improvement.

The development of the ACT children's strategy is well under way. As many of you know, the Children Now symposium that was held in early December kicked this off. We're currently at the stage where expressions of interest are being sought for the reference group. I understand that we've had applications for those positions, but the final group hasn't yet been decided. This is a very exciting piece of work for the department this year. It will be the first time that such a strategy is put in place and it will be looking much into the future, not only for the children and young people now, but those who are going to be requiring support and services as members of our community in years to come.

The Children and Young People Act is being reviewed this year, as you know. The process will provide an opportunity to examine and refine the focus and scope of the legislation that governs the way children and young people are cared for and protected in the ACT.

Again, I'll reinforce the government's commitment to young people and children in the ACT. I think the children's strategy this year will bring a lot of the work together, including a lot of community ideas and young people's ideas. I think that's a really exciting piece of work and I'm sure all of you will be involved in that. Certainly, I feel that the work of this inquiry will help very much by feeding in suggestions about how we should put that strategy together in the end.

Again, thank you for having me here today. I must apologise for Fran Hinton, who is overseas currently and couldn't be here today. However, as I said, Barbara Baikie and Sue Birtles are here to provide the finer details of answers. I am happy to throw it over to them.

THE CHAIR: Thank you very much. Minister, you mentioned the review of the Children and Young People Act. I want you to give us a bit of an idea of how you felt it was working. Obviously, when you're reviewing something, that's because it's been in force for a certain period of time, and now is a good time to review it. Notwithstanding that, how has it been working in the time that it's been in force? There are a few questions that might come out of a comment or two from you there.

SUZANNE BIRTLES and

BARBARA BAIKIE

were called.

Ms Gallagher: I think probably Sue and Barbara are in a better position to say how it's actually been working. In terms of the review, JACS have been doing some work and the department has been doing its review. At the moment, I have a letter going to the Chief Minister requesting that those two be brought together, to use all the information we have so we can just get one process on track. I don't know if Sue and Barbara want to comment on how it's been working. I haven't been involved in the review at all. In fact, I've just had an idea of how it's going and some timeframes. It's still due in May. The review is still on track to be completed for the Assembly by May, but I'll wait.

THE CHAIR: Do we have a date in May? There seems to be a coincidence here where our report will also be tabled in May,.

Ms Birtles: I am Sue Birtles, Executive Director, Children's Youth and Family Services. The legislative requirement, I think is 10 May. It's enshrined in the legislation.

I might just start with the broad issues. I think you're quite right, John, that when this new piece of legislation came in it had some very clear objects. They are spelt out in the legislation, particularly those looking at the best interests of children. However, when the legislation starts to be put into practice, there's a range of issues—I use the word "technical" and the lawyers quibble when I say this. Regarding some of the daily practice issues, there have been some concerns expressed by the legal fraternity, Family Services and Youth Justice people about how the legislation works operationally.

There are some more fundamental questions, I suppose, about the structure of the legislation. The legislation deals with issues to do with both child protection and youth justice, and that was particularly intended to try to make sure that there is a continuum of consideration of those issues. I think it's fair to say that there are going to be varying views about whether that is working as well as it might and whether the legislation is easy to use.

There are some practical problems: the legislation from my view is written in fairly plain English, but some of the practitioners find that it's not an easy piece of legislation to work through. That is the opinion of our Family Services workers, who have to be guided constantly by the legislation: it is their bible and it directs the way that they operate. In that practical sense, people are finding that perhaps it's not as easy to use as it might be. It's not as clear in a practical sense.

Having said that, I think the fundamental concepts are right and it's a matter of just working through both the practice issues and some of the issues which are more the purview of JACS. We have had some work done in our department to look at what some

of the key issues are, and that's been done in a consultative way with a range of key stakeholders. We have worked up what we think the key issues are, as a first cut, and then those will become a basis for working through to "where to from here" in respect of the legislation.

MS DUNDAS: Can you tell us what those key issues are?

Ms Baikie: I am Barbara Baikie, Director of Family Services. One of the issues that has come up in the paper for consideration is whether the act should be separated into three acts, because at the moment it contains care and protection, youth justice and children's services rolled into one. The question is whether or not that should be separated into three separate acts or continue to be the one act.

THE CHAIR: Before you get off that, Barbara, what are the considerations which might lead you to go one way or the other?

Ms Baikie: I think various players have differing views as to whether in fact it should or it shouldn't be split. One of the issues is that moving it into three separate pieces of legislation allows matters to be dealt with completely separately. There is a differing view: youth justice and welfare issues are often entwined and so it's better to keep the act together. I guess that range of views will appear in the paper, and that will be something to be thought through.

At the moment, the elements of the act are intertwined. It's not in various sections: there's not one section of the act that deals with youth justice, another section that deals with care and protection and another part that deals with children's services. It goes backwards and forwards. That's another issue: whether or not, if we keep the act as one, it is segmented. Another issue involves reviews of some of the terminology and definitions, and exactly what is meant by them.

Another issue is consideration of the expansion of family group conferencing and whether there is to be family group conferencing in youth justice. Another issue is the consideration of the prenatal, because at the moment, once a baby's born, the legislation asks whether there are prenatal issues.

Provisions of permanency planning and looking at the varied thresholds throughout the act are also important issues, so there is a range of issues for consideration. What I'm talking about, as the minister alluded to before, is that JACS has been looking at doing a review of the act. The minister has requested that the two actually be brought together. The issues that I'm talking about are those that have evolved from the consultation within the Department of Education, Youth and Family Services. At this point in time I can't elaborate on which issues JACS is finding important, but they will be brought together and presented.

THE CHAIR: One of the issues that we've discovered as we've wandered around the countryside has been the frequent conflict between the desire to determine solutions for

kids who are at risk or kids with problems within the context of their natural parents' environment and the need to preserve the safety of the child. It becomes a conflict between the definitions of best interest.

Some people we have spoken to have said that maintaining a child in the custody of the natural mother should have primacy over the safety of the kid, because you can handle it. A whole range of reasons have been given. Some other people have said that the personal safety of that child should have primacy over where they are.

Do you see that there is a conflict? Is it section 12 of the act? Actually, I think it's (1)(a) and (b) or something like that. That part doesn't seem to address, in the context of the act, what happens when you have that conflict. It seems to identify both of those as being right. I wouldn't want to be doing the juggling act that you people have to do. Should we be addressing that conflict? If you think we should, which one of the two ought to have primacy?

Ms Birtles: I think it is a constant challenge. That's a very challenging issue, and there is not necessarily a right or a wrong answer that you can spell out, because it depends so much on the circumstances of the particular child, the family and the support that we can put in place for, say, the mother, to improve her parenting skills vis-à-vis how the child is at risk in that circumstance. I don't think there's a black and white answer on that.

The best interests is the test, and we have a range of tools which help us work our way through that. Having said that, I think that the collective wisdom would say that, where possible and where the child is safe, that to stay with the natural family is probably overall in the best interests of the child. That has to be very carefully tested. We have to ask what the supports are and how durable are the supports that could be put in place.

I'm sure you would have heard from a range of people that perhaps parents will make a range of commitments about how they will do things differently. The people making judgments about those matters have to be satisfied that those parents will fulfil their obligations, will maintain the contact with the family support people who are coming in, and will seek whatever other assistance is needed.

There is not a black and white answer, and it is a constant dilemma. Our front-line workers and their supervisors have to make decisions constantly, taking into account the risk assessments as they determine them. There are tools that help them make an informed decision, so they are not just relying on their particular personal view.

THE CHAIR: Given that it's not black and white—you have all shades of grey in there with your people—we heard the Children's Magistrate say, in fact, that the Children's Court has less power to protect children from real risk of harm than the Family Court has. Is that because of the attitude that it is family law versus children's law? Family law is a federal issue and we have responsibility for children's protection. Is there too much of a focus on keeping the family unit together and is that exacerbating a risk of real harm to kids? Should we be saying, "No. We're going to say that the child must be safe and the viability of the family unit has to be secondary to that"?

Ms Birtles: The child does have to be safe.

Ms Baikie: Yes, and it's my understanding that the safety of children comes first. In the Family Court, where the child may or may not reside is a different matter to the safety of children. The safety of children is paramount.

THE CHAIR: If you have the administrative responsibility for the Children and Young People Act, what would happen if, in your judgment, a child is unsafe? If the Family Court makes a custodial order for a child to go with a particular parent, who gets to say? Which one has primacy—the Family Law Act or the Children and Young People Act?

Ms Baikie: My understanding is that it's the act under which we operate. I've had discussions with the family law magistrate here and, from those discussions with him, my understanding of it is that he will wait till the matter is resolved in the Magistrates Court and goes back to him, before he will make a decision.

MS DUNDAS: In the letter you gave us the other day, Minister, there was a question. It was question number two under foster care and it is about what happens to children and young people that the department assesses as requiring out-of-home care if there is no available foster care. You have a list of the different services they can access if foster care is not available, including the return home with supports, if appropriate. You might not have the statistics with you, but how often does the department assess somebody as needing to be out of home and in a foster care placement that that person can't then access, so the person actually goes home?

Ms Gallagher: No, I don't have the statistics, if that's what you're after. I know of one situation where children were returned to the home with considerable support being provided in the home, such as a community centre representative attending most days and the police being notified that the family was there and required support. It was also the desire of the children to return to their mother. I think it goes back to what Sue was saying: it's never black and white. While we might not, as individuals, think that was the best place for those young people, the support can be provided in putting the package together. Meeting the desire of those young people to be with their family is also certainly taken into consideration. That's one situation I know of, but I'm not sure if you have statistics.

Ms Baikie: I don't have statistics here, but it would be a very small minority of children who we have difficulty placing and, of those, we would always find a solution. We would never put them back in an unsafe place.

MS DUNDAS: Following on from that, how many are accessing the wraparound service that you talked about, where you actually find a house for the kid and then put the services in around them?

Ms Baikie: Again, a very small percentage. In fact, as low as one or two children.

THE CHAIR: We have quite a number of issues to do with foster care. We might try to keep all of those together. One of the things that we do have, of course, as part of our charter to look into this matter, is the report from the Community Advocate. Is the department aware of the annual report from the Community Advocate for 2001-2002, because some of the questions to which we are addressing ourselves relate to that? I wanted to put it on the record that you are aware of that.

For example, the Office of the Community Advocate was quite critical of the annual report on page 67, which I don't have about my person, so I can't actually give you. I don't suppose you've had a chance to look at it yet, so it may be something you will flick to the department. The OCA said that the Chief Executive of Education, Youth and Family Services is

> becoming increasingly removed from any informed involvement with the children and young people for whom she is ultimately responsible.

There's a supply and demand issue here, as far as we can see, in that it seems to be that there are inadequate numbers of carers, which means that non-government agencies have considerable power. However, the OCA was fairly critical of Family Services. Do you have any comments on which you wanted to clear the air, regarding the OCA's report? Would you like us to go into specifics?

Ms Baikie: The only thing I would say is that, if there are comments made about the way the service is provided, we are always keen to hear them and look at what we can actually do to resolve them.

THE CHAIR: Okay. One of the things, for example, about which I think the Community Advocate was critical was when something actually becomes a consultation report. For example, if I ring up and say that the bloke next door is beating the crap out of his child, is that a report from that very point or is there a judgment to be made?

Ms Gallagher: No, it's a report.

Ms Birtles: I think it's fair to say—and Barbara could go through the process—that we do take seriously the comments of a range of people, particularly the Community Advocate. I've had a very critical look at the way we are managing the whole issue of reports and notifications, and so have made a change in that sense. I understand her views very clearly and so we have, over the last several months, really looked at how we can we make sure that our reporting is clear and that we are taking notice of, and responding to, the calls that come in.

Barbara might like to talk about the new processes that we've put in place. I also want to say that we have been doing a lot of that work in consultation with the Community Advocate. We have a review team to look at very complex issues and the Community Advocate has been part and parcel of that process. Particularly since Barbara has been

here, we've been really looking at working together in the best interests of the children to pick up the issues and concerns they have. This has been one that I know the Community Advocate has been concerned about, so we have changed the processes a little.

THE CHAIR: Barbara, I'm interested in the term "consultation report". Is there a difference between me ringing up and dobbing in the bloke next door and there being a consultation report done?

Ms Baikie: That was one of the issues that the advocate did raise. We did actually look at our processes and change them because there was confusion over what consultation report meant and what a report was. I think it is probably fair to say that there was a community feeling that, if it was just a consultation, it wasn't necessarily taken seriously. We've actually changed that now and we're saying that every call that comes in is a report. We then look at each of them and make judgments about whether or not they go to appraisal.

THE CHAIR: Is that judgment recorded?

Ms Baikie: Yes.

THE CHAIR: I'm not asking for them, but presumably then you'd be able to pull out stats on vexatious complaints and such things at some other stage.

MS DUNDAS: Are there some that are not investigated because a judgment is made within the department that they are vexatious?

Ms Baikie: No, not necessarily vexatious. I wouldn't say that. The judgment may be that these don't represent abuse. I guess what we're saying is, when the call comes in, we listen to what they say, we have a risk assessment—we actually look at the level of risk and make the decision about whether it will be appraised. Appraised means where we actually do go out and investigate.

MS DUNDAS: The people who make that compliant, are they informed?

Ms Baikie: Another thing that was an area of concern was that there was no feedback to people who made the reports. We have implemented a feedback mechanism for reporters.

MR CORNWELL: Just listening to all this, regarding the letter that you wrote to us, Minister, I'm concerned that, in the area of child abuse alone, there are 20 dot points, Mr Chair, about various organisations. There isn't a page number.

MS DUNDAS: Just a question number. Question six.

MR CORNWELL: There are 20 dot points, and referrals commonly made by regional officers are two of these. Now the 20 dot points are not just about 20 organisations because one of the dot points refers to private practitioners, another one to other

community agencies, and a third refers to school counsellors. I appreciate that one doesn't fit all, but I am very concerned at the proliferation of organisations which seem to be involved in this. I'd like to know how you people differentiate between each one of them when you have a particular problem.

I'm particularly aware that in the United Kingdom there have been some very well-documented situations where children have fallen right through the net. In fact, I think a couple at the moment from Nigeria are on trial for their lives for killing their niece. There were plenty of social workers and welfare groups involved in this, and nobody did a damn thing. It raises the question of who should be on trial. Would you mind answering the question? I am concerned about it.

MS DUNDAS: Just to add to that, does the department then follow cases through once it's referred people to any of these points? This is specifically about kids who have suffered child abuse.

Ms Gallagher: This is for counselling.

MR CORNWELL: How do you make a decision between dot point three and dot point eight, or something like that?

Ms Gallagher: I'm not sure I'm clear on what the point is.

MS DUNDAS: It's question six, which is what counselling is provided.

Ms Gallagher: To children?

MS DUNDAS:—to children who are identified as being abused, and what counselling and additional support services are offered. The answer says that referrals are made across to these number of organisations who would provide specialist support. I guess that would be dependent on the level of abuse—

Ms Gallagher: And on the nature of the abuse.

MS DUNDAS: I guess what Mr Cornwell and I are trying to get at is whether you monitor whether that referral is then picked up, especially with something like a school counsellor, and that adequate support is given through that referral.

MR CORNWELL: That's right, and whether it is the right referral ultimately, I suppose. If it isn't working out, do you switch referrals? How do you handle this?

MS DUNDAS: Ongoing monitoring.

THE CHAIR: Can we have an answer to the question please?

MR CORNWELL: I'm sorry. We're building on this.

THE CHAIR: You certainly are. Perhaps we might like to start at the bottom of the hill.

Ms Baikie: This answer here that we gave was about counselling that's provided. In terms of your question about where the referrals go, again, it depends on the case. Each case is an individual one and it's dealt with in a way that meets the individual needs. If it's a very serious case then, of course, we will stay involved. It depends on the level of seriousness. If it's not such a serious matter then we would refer it and not necessary follow it up. However, if it is a case that Family Services is concerned about, then we would be involved and we would be following up.

We also have a range of processes that would go on in the management of the case. One is when we go to court and we also have regular case conferences to actually bring together the players involved, to make sure the management of the case is going well. We do monitor. Where there is a need to monitor, we monitor.

MRS CROSS: How do you find out where there's a need?

MS DUNDAS: This answer is about kids who have suffered abuse.

MR CORNWELL: That's right.

MS DUNDAS: It's not a general answer, it's specifically about kids who have suffered abuse. A referral to a school counsellor, as a way of helping the child cope with that abuse, is not followed up?

Ms Baikie: It depends on the level of abuse. If Family Services was involved in the case, we would be monitoring it. The schools are actually one of the wonderful mechanisms to monitor what goes on, because they get to see the kids most days.

MS DUNDAS: But only if you know that the referral has been picked up.

Ms Baikie: Yes, we would know it was picked up.

MS DUNDAS: You do keep the information that the referral has then been taken up, that the other end has engaged?

Ms Baikie: Yes.

MS DUNDAS: Sorry, Katy?

Ms Gallagher: I was just going to say, in relation to making the referral and whether it's appropriate, I think we have to understand that those people who are making those decisions are extremely well qualified, competent individuals who have a lot of experience in this area. I guess some trust has to be given to those people in those positions to make decisions about what needs those young people have, and what counselling will be appropriate to their situation. That's what I wanted to add.

THE CHAIR: On that basis one of the things that we have heard is that there is a fairly significant staff turnover. There are some other numerical things that we're going to ask

for but, rather than go through it now, we'll actually send you a question on notice. However, one of the concerns that we've had expressed to us is that, notwithstanding the qualifications and the motivations of the people who work there, who we would never seek to denigrate at all, it is a fact that, if you have a high turnover, you have a sacrifice of corporate knowledge with regard to specific cases. I'd be interested to know about the difficulty of follow up if you've got that lack of corporate knowledge.

As I understand it, there is a fairly high turnover—we'll get to the rate at some other stage—and people leave the system for a variety of reasons, the stress of the job being one and the climate in the ACT being another. If you're talking about a child who is, say, four, who will not come out of the system really until the late teens, how do you compensate, in having a holistic approach for that particular child and then young person, if you've got the problem of the retention of corporate memory? How do you get over that? Is that where you were going?

MR CORNWELL: Yes.

Ms Gallagher: There are a couple of things there. You're right, the staff turnover is a national problem in child protection services. I don't think any state or territory jurisdiction has the recipe to retain staff. I think it's partly the nature of the work. Some of the cases that I'm seeing across my desk—you can imagine what being in the front line, in those positions, does to you every day. It's an extremely difficult job and it has been an issue here, in fact, I think we brought down some of the new recruitment material that Family Services put in place to get staff. Recently, there has been a recruitment exercise which has been very successful in filling some of the positions that have been hard to fill, both for front-line workers and supervisors. So a number of things are being done.

Part of the issue here—and it will be dealt with in the enterprise bargaining agreement we're currently undergoing—is that the service has been professionalised to the point that we have had difficulty getting staff. Of course, as all of you would know, I'm certainly very supportive of the professionalisation of those positions, particularly. At the moment, you need a psychology or social work degree to be able to fill them, and that has caused some difficulties because there are simply not enough of those qualified people around wanting to do this work. So, one of the things we're looking at is opening that up to suitable tertiary qualifications. You may have relevant working experience and a tertiary degree in another subject that may actually be of benefit to Family Services. That's one of the areas we're looking at.

Certainly, another is how we can provide more training and support, particularly to those front-line workers. I know that, last year, the half-day office closure program commenced, giving staff the opportunity to get together and talk, which is not something that happens very often in those positions, and is of real benefit to building an organisation and teamwork. Because of the nature of the work, those opportunities are rather limited, so—

MS DUNDAS: Does that happen once a week or once a month?

Ms Gallagher: No, I don't think there's the capacity for it to happen once a week.

MS DUNDAS: Well, when does the half-day closure program work?

Ms Baikie: The half-day closure is once a week, but the training is now running at once a month. What the minister was referring to is when they have staff meetings. They also happen once a month. The other time is, I guess, time to allow people to undergo team building and also record keeping.

MS DUNDAS: You've also mentioned in your letter an external training program to enhance skills. Are staff taking it up and what levels are taking it up?

Ms Gallagher: My understanding is that they are, but I'll leave the exact details for Barbara.

Ms Baikie: Yes. A range of training has been offered and we actually brought a calendar for you to look at. Training is provided in two ways: the half-day closure is part of that, and the other program is one that's available to stakeholders and staff. A range of people go to that. That's actually provided for the community cost free, to inform the community also about training that's required.

MS DUNDAS: Would you say that a majority of staff in Family Services are accessing these extra training programs?

Ms Baikie: Yes.

MR CORNWELL: You've just admitted there is this desperate shortage of people and—

Ms Gallagher: No. I said it's difficult to retain.

MR CORNWELL: Difficult to retain: all right, burnout. Now you have me more worried, if you people can't retain your staff for various reasons. You're referring people to some 20 organisations here that look after children, plus another 10 who are listed as following services for parents. What sort of qualifications do those people have? If there's a general shortage—

Ms Gallagher: That's for counselling. That's not for everything.

Ms Birtles: In those services listed, a range of levels of expertise is required. In some of those services, some would be tertiary trained and some would be CIT trained but, again, it depends on the level of complexity of the counselling need that's been identified. In some of those areas, the support is what one would call professional counselling, in others it is personal support. In Gugan Gulwan, for example, which is the program for young indigenous people, partly that is support and helping young people connect to

their network. The level of professional qualifications that would be needed for some of those positions would be quite different from the Child and Adolescent Mental Health Services, and the Child and Adolescent Mental Health Services—

MR CORNWELL: Are these people regularly checked, Sue, first of all? Second, wouldn't you have to take those into account when you were sending somebody there?

Ms Baikie: Yes. I think it's very much like horses for courses: it's about what you're looking for. As Sue was saying, say, for a young person, you may be looking for someone to act as a mentor and a support person, who is not necessarily a qualified professional person and who will be counselling the young person. Again, it is a judgment call for Family Services, who use risk assessments and their knowledge and professional skill, and know what they want, as to whether a—

MR CORNWELL: What if they're wrong?

Ms Baikie: Well, there's constant monitoring. It's not as though they refer them and it's goodbye, gone. It's constantly monitored.

MS DUNDAS: Depending on the need, though.

Ms Baikie: Yes, depending on the need.

Ms Birtles: I think it's fair to say that the contract managers of the services that are funded by the government have a range of responsibilities in relation to those services, in relation to costs, quality and so on. So part and parcel of the monitoring of the funded services is managing the contract, what is expected to be delivered, how it's been delivered and at what quality.

Yes, we broker a range of specialised services from time to time so, if there is a very clearly identified need, a person who needs a very high level of service or skill, then that's a specific referral, too. As the minister was saying, it goes back again to the expertise and judgment of the Family Services workers to refer people to the most appropriate service. Some of them are government services and some of them are non-government services but, certainly for all non-government services, as you would be aware, over the last few years there's been a lot of work done in looking at the quality of the services and the cost of them. That is the job of the contract managers within the government, whether they be within our department or any other department. That's clearly a responsibility.

THE CHAIR: Can I take us back a bit? What we're talking about here is that there seems to be a holistic picture of what services are provided for kids at risk. Mr Cornwell has pointed to the fact that there are a myriad of referral spots that you can pick up, depending on the particular circumstances. I was talking earlier on about the example of a young child, say, four to mid-teens—17 or 18 or something like that. I'm concerned that we don't have that corporate memory of what's happening with that kid.

I refer to the criticisms again from the Office of the Community Advocate, when she says that the department is not complying with the requirement to provide annual reports on all of the kids. She said that she had to make 45 applications to the Children's Court in 2001-2002 for an order that the report be provided, and it says under the act that it's supposed to happen. It seems to me that those annual reports, when collected together, will give you a picture of what's happened to that young person throughout their lifetime. What is the problem with providing those reports?

Ms Gallagher: One thing I'd say is that, in an ideal world, that child, from four to 17, would have the same person at Family Services, and the same counsellor from Winnunga and the same everything. Everyone knows that, if that's the right person for that child, then that would be the best outcome. However, the situation we're facing is that every jurisdiction has difficulty retaining staff, so what we have to ensure is—and it's my understanding that it is in place, although I'll wait to hear Barbara's answer about the issue you've raised—that the administrative structures that support those children are in place regardless of who their case managers are, and that you have the right people doing those jobs.

THE CHAIR: That's the actual point. If you want to dispute the OCA's view on that, please feel free, and this is a great place to do it. It seems to me that what this is pointing to is that some of the processes are also actually breaking down. As you say, in an ideal world, we would have the same case manager for the person from the age of zip to 25.

MR CORNWELL: And the same person to whom you refer the young person, in the particular organisation.

THE CHAIR: Exactly. The same thing. Of course, if you're really successful, they come out of the system at the age zip plus one, but that's not going to happen in the real world. One of the reasons that we have to have these reports provided is that you then have that collective history, so that some other poor bugger picks it up. Is there a problem with the administrative processes and, if so, have you fixed it?

Ms Baikie: With the reporting of the annual reports, they have to come back to court and they are done on a regular basis. I would say the advocate was right in saying that they weren't submitted at a particular time, but all the reports have been submitted. Some were delayed and there is a range of reasons why that happens. As you know, these annual reviews are provided for children who are out of home and in substitute care. The substitute is managed by a range of agencies so, when we prepare these reports, we depend on a report coming from the agency. That is then put together with a report from Family Services and submitted to court.

At times, there have been delays getting reports from the agencies, so that's also had an impact. That has been an issue, but one of the things we have done is actually develop a list of when all the annual reports are due and we are addressing that delay so that they do get to court on time.

One of the other issues was that a cluster of the reports—and the reports are produced on the 12-month anniversary of when the child arrives in care—came in together as well, for whatever reason. I know that, in one of the regional offices, the anniversaries of the majority of children who are in care actually occur in a six-week period, so that there is an intense period.

We are now looking at that and putting on extra support to meet those deadlines. One of the programs that has been introduced in the ACT—and in fact the ACT is the only territory or state in Australia that has fully implemented it—is the Looking after Children program. The Looking after Children program is a way of managing the information flow between the agencies and through the department and, in particular, Family Services. That provides information, backwards and forwards, and actually does designate a partnership between the agencies and Family Services in providing information for children.

MS DUNDAS: How long has the LAC system been in place?

Ms Baikie: It's been in place I think around two years. We are continuing to develop the roles and responsibilities and make sure that it's very clear who is responsible.

MS DUNDAS: It is over two years since it's been implemented. It's a new program, but the Office of the Community Advocate is still raising these issues about the lack of reporting and information flows. Is the LAC system going to address those?

Ms Baikie: It's two slightly different things. The Office of the Community Advocate was actually talking about the annual reviews, which is a specific—

THE CHAIR: And also statutory requirements under section 162, which is about reports of abuse and neglect. There is a requirement that the OCA be notified of that and the Community Advocate was critical of compliance with that requirement in the annual report, on page 65 to be exact. Is that going to be fixed up in this same process?

Ms Baikie: That we weren't complying with getting the annual reviews done on time?

THE CHAIR: The point Ms Dundas was making was that it wasn't only that one, there were others as well.

Ms Baikie: We're actually having a range of meetings with the agencies and have established a regular forum where we do meet together to resolve those issues.

MS DUNDAS: It might be slightly off the topic, but we had a number of people talk about the uncertainty for children who were going through the Children's Court or the Family Court, and hence were in foster care and were being placed on three-month orders, six-month orders or 12-month orders and never knew where they were going to be two years down the track, when what they needed was some stability. This came up in a number of areas. What is the department doing to address the long-term needs and the stability needs of children?

THE CHAIR: This goes to that point we started off on, which is which gets primacy, the natural parents having custody of the kid or the safety of the child. The safety of the child has to do with the long-term extraction. To take children out for a number of months and then put them back, and take them out again and put them back, causes disruption at school and such things, whereas the wellbeing of the child may very well be served by having a lengthier period. The certainty was the issue. That's one that came up.

MS DUNDAS: If you're doing annual reports, but they're only placed for three months, how do those things relate?

Ms Baikie: In an ideal world, and if we could look into the future, we would know when we took the children into care that they needed to be in care until they were 18. However, it's very difficult, when you're working in very complex areas with very complex issues, to make a judgment call. By and large, parents want to care for their children and children want to be with their parents. But we have to ensure that they are safe. A lot of parents need the support to work through the issues and then get on with caring for their children.

We can't immediately make the decision whether that's going to be possible or not. It's about trying to focus on the best needs of the children and, while there is uncertainty for the children, that is not easy. Working with the legislation and the families, we try to focus on the best outcomes for them and that does take some time to work through.

MS DUNDAS: Do the Looking after Children meetings that you hold involve the children?

Ms Baikie: They involve CREATE, an organisation that has been established right across Australia and here in the ACT. CREATE is a voice for children in care and it consults with children in care. It actually brings that voice to the table.

MR CORNWELL: What's the success rate, roughly, of reuniting children with parents? Do you have a percentage?

Ms Birtles: Do you mean long term or short term?

Ms Gallagher: Successful restoration.

MR CORNWELL: Yes. If we're going to put this up, if we're going to spend all this time and effort, I want to see some results. What are the results?

Ms Baikie: I was going to say we have around 200 children in care and for a lot of those children the goal is restoring them. I guess when the children actually are restored, there's a whole process about the restoration. It's not like flicking a switch and we're putting them back. There's a whole process that is taken into account when restoring

them. When we actually do restore them, again, we wouldn't just walk out. Usually when children are in care, the restoration period starts with a weekend, then it builds up until they are home more often than not. That occurs over a long period of time. We will continue to support them for a period of time until we do feel they are safe.

The restoration is by and large successful, but you could be dealing with an incident that is perhaps a domestic violence case, where things may be all right for a period of time and then that relationship might be finished and another relationship might be started. Nothing is static: it's always changing. It's very difficult. When you talk about success rates, are you talking about over the next 12 months, 10 years or 20 years? It's very difficult to give you a clinical x percentage.

Ms Gallagher: The only thing I'd add to that is that sometimes using percentages in measuring success would be a bit difficult. In my mind, one successfully restored child in one happy, functioning family unit that's going to continue and have its needs addressed is a success of the program. I don't think you need to have 52 per cent success to measure the service and say that it's working. The children who are known to Family Services and are in care are often the most disadvantaged and vulnerable children. Luckily, most of us don't have any idea of the situations that they've come from.

Achieving a 50 per cent restoration rate would be highly unlikely in the long term. Again, I think if you have one that's successful then that's a measure of the success of the program. The other thing I'd add is that we're all understanding now that kinship care—where children can be maintained in some sort of family unit, when they're not with their biological parents but in the broader or extended family unit—is considered very important. I think we all understand that family is very important to everybody and if we can support those children in this way, if it's appropriate and if those family members are able to have those children, that's always considered.

THE CHAIR: We have one question on kinship from Ros and then I wanted to turn our attention to Quamby and Marlow Cottage.

MS DUNDAS: Regarding kinship care, during the estimates process in July last year, the department informed us that it was reviewing the regulations in relation to kinship care, to bring them into as tight a working relationship with foster care as possible, and that the same rules would apply. How is that process going? Do we have the same level of checks, balances and regulations applying to kinship care as we do to foster care these days?

Ms Baikie: It's not exactly the same. When children are placed into kinship care an assessment is made of the carers because, again, just because the placement is with the extended family, it doesn't necessarily mean it's a safe environment. Certainly, that check is done. The major difference I think is with foster care, because foster care is outsourced. It's done externally and kinship care is done internally, but the processes are very similarly.

MS DUNDAS: So what stage has that review that was discussed eight months ago reached?

Ms Baikie: That hasn't been completed. We're still looking at the processes, but we haven't finalised that.

MS DUNDAS: Do you expect that the rules in relation to kinship care will be tightened up in the near future?

Ms Baikie: So it is exactly the same?

MS DUNDAS: Well, so that it is more strict than it is now.

Ms Baikie: Yes.

THE CHAIR: This is something that I don't think you're going to know.

Ms Gallagher: It's just another thing, John, don't worry.

THE CHAIR: Your officers will probably be able to answer it. We heard evidence that, in the past 12 months, up to 200 young people have been put into Quamby for the night by Family Services, because there's no crisis accommodation available and they were at risk.

Ms Gallagher: We might just ask Frank Duggan, the expert on Quamby, to come up to the bench.

FRANK DUGGAN was called.

THE CHAIR: Welcome, Frank, the saviour of Quamby. We've said all lovely things about Frank before. We just wanted the department to address this: we're concerned that people might be going into Quamby regardless whether there's at-risk accommodation elsewhere, where there's not a judicially based reason for their being there, such as being on remand or serving some sort of custodial sentence. Has this happened?

Mr Duggan: I am Frank Duggan, Director of the Youth Services branch. No, you can't enter Quamby unless you're on some sort of judicial order. You have to be remanded to the facility or committed to the facility as the result of an offence, John.

THE CHAIR: Can you categorically say that there have been no children placed in there in the last 12 months for any reason other than that a magistrate sent them there?

Mr Duggan: The only ways you can be remanded or committed to Quamby are either by the police or the magistrate.

THE CHAIR: For example, if a person knocked on the door of Marlow Cottage and there was no room at the inn, and there is no room at any inn anywhere else in town, the police couldn't say, "At least there's a bed and a breakfast at Quamby. We'll drop them in."

Mr Duggan: No, you have to have committed an offence.

THE CHAIR: Have you had approaches to permit that to happen?

Mr Duggan: No, we haven't had approaches. We have had one young person themselves knock at the door, but that was a couple of years ago and it was a separate incident.

Ms Birtles: The numbers in Quamby over the last six months have been down. Each week the numbers of young people in Quamby are about 11 to 15, where the maximum is up to 26. Twelve months ago we were at 26, so, over the last period of time, the numbers are actually down in Quamby.

THE CHAIR: I presume that would be due in part to the attack on recidivism that the good Mr Duggan made in previous years—

Ms Birtles: All those intervention programs that we manage.

THE CHAIR:—and took it down from what—if I recall it was 30 per cent to 5 per cent, Frank?

MRS CROSS: Do you know each other?

Mr Duggan: Yes, I'm a constituent.

MS DUNDAS: You're making him blush, John.

THE CHAIR: Good. It's not the first time I've made him blush. The accent was on education as opposed to the adult correction mindset. There was a great deal of angst when the area moved from being in the justice and community safety portfolio to the education portfolio. I can recall running the argument that it should be in a children's services mindset. We're 12 months down the track now. Has that actually borne fruit?

Mr Duggan: Yes, I think there have been some exceptional gains again with the services we're offering. The frameworks around which Youth Justice work together with Family Services couldn't be any better than they are at the moment. We're joint case managing a range of the most high-risk young people. We've put a team together of staff from both locations. We're about to co-locate some of our staff to work with the more medium-risk people and families who are known to both of us. Our linkages with the education service are obviously now beginning to really develop again, and we've had extra resources in the educational areas as well.

So, 12 months down the track, yes, I think that the situation is very solid at the moment. We are actually fairly excited about some of the new gains that we will make over the next couple of years.

THE CHAIR: That's terrific. One of the things that we've heard also in evidence was that you don't have an on-staff counsellor for alcohol and drug issues, particularly to tackle kids presenting with dual diagnoses. First, is that true, and second, do you have any plans to put one on?

Mr Duggan: We have a range of health services located at Quamby. The hours worked by the nursing services have been increased. Even though the numbers have decreased, they've upped the hours to 30 on site per week. The CAMHS worker is also there 30 hours on site per week, plus an after-hours provision. Like Family Services, we then broker out to the professional counsellors in those areas. A range of professionals in that arena actually attend the centre and work with the kids.

THE CHAIR: Not being a hands-on worker, I would assume that, if a young person presents because they're a little crim but they have significant alcohol and drug problems plus a mental illness of some type, it's a judgment about which one you tackle first. Mental health say you have to take them off the drugs because they can't do medication regimes to help them recover. Alcohol and drugs say, "No, you have to deal with that first." Are these kids dropping between the cracks because there is not an on-site alcohol and drug worker there?

Mr Duggan: We would obviously say, great, it would be fabulous to have a professional of that nature at the centre. In the interim period, what we do is broker that out, so the assessment is actually done by the mental health worker, a qualified psychologist on site. Then we build up a case management response, which could include brokering to outside professionals or, in fact, taking young people to those professionals, because we have the opportunity to effect leave from the centre. Resources are always an issue, but if the resources are available, I think it would fit in very well in those areas, yes.

MS DUNDAS: What happens to kids who are released and have nowhere to go?

Mr Duggan: In which sense?

MS DUNDAS: In that, if they've either finished their sentence, their service to the community, and they're released on bail, what happens if they have nowhere to go?

Mr Duggan: We have a very intensive case management process up there. Any young person who is subject to a committal order is case managed. Part of the completion of their period of incarceration is actual planning. We work exceptionally hard at finding the right places in which to place young people. That can be back with their families or back with a significant adult or, in fact, utilising some of the other services that are available in the community.

MS DUNDAS: To follow on from John's question, do you have people who are technically released but are staying in Quamby because they have nowhere else to go?

Mr Duggan: No, it's illegal. That's the bottom line. The best thing to say is that it's illegal. Once they've served their committal, they have the option to leave the centre. No-one is actually held back beyond that.

Ms Birtles: Having said that, for some of the young people in Quamby, it's the first stability in their lives. I know it may seem strange but they gain a lot. However, the sentences are set and then they leave, after substantial effort has been made towards their long-term case planning. There are a couple of recent instances where young men have left and there have been very, very intensive support mechanisms, both in a paid sense and in a voluntary sense, provided by some of the staff at Quamby.

MR CORNWELL: Where did they go, Sue? Give me an example. I'm thinking of a drifter who's not from the ACT, who comes here, commits a crime, is banged up there in Quamby. Now what happens?

Mr Duggan: We will work with the young person to identify which family or which significant adults are in their lives and then start to engage those people or that person.

MR CORNWELL: Even if they are interstate?

Mr Duggan: We have a young woman who's just returned who'd committed an offence in the ACT. We literally returned her after the sentence was over to New South Wales

to her family location. In the interim period, we've had quite a significant contact with the family.

As it is for our colleagues in Family Services, this matter is really about looking at family reintegration as the primary option and then building back from that. As I said to the committee, each young person is intensively case managed. We have case conferences averaging once a month with each of these young people and the important adult in their lives. We just try to plan for their reintegration into the community. Additionally, most of them will successfully have a range of leaves to those family locations before we discharge them.

MS DUNDAS: We're speaking about the exit end in the case management there. We've also heard anecdotal evidence of the huge number of young people who go through care and protection and end up in youth justice. What's happening at the entry end to stop that cycle of care and protection leading to youth justice, that vicious cycle that we hear about?

Ms Birtles: There are a significant number of young people in Quamby who are also Family Services clients. These children and young people come from incredibly complex backgrounds and often they are very damaged. So, even with all the work that we do, the reality is, here and in all other places, that unfortunately that's sometimes what happens. Even though we endeavour to create stability, sometimes that doesn't happen. That's why we're particularly keen to try to work much earlier in the life cycle of the children and the family. It's a long-term matter, it's not a three-year, five-year or 10-year matter, to try to work very early with the families that we have identified as having at-risk factors.

One of the programs that is very clearly about this is the schools as communities program. The outreach workers there, who are again qualified social workers, teachers or psychologists, work very closely with the schools. Children come to the attention of the schools, the school counsellors, and are referred to the outreach workers. The outreach workers work in an incredibly intensive way, both with the child and with the family.

In a particular case—I can't remember all the details, but the children weren't coming to school and they were not clean, and the catalyst was that the child couldn't go on an excursion—when the outreach worker went to follow it up to see why the child couldn't go, that worker found that the mother didn't have any money, and had a mental illness and couldn't go out of the house. It was an incredibly complex situation. The outreach worker was then able to work with both that child, the other children, the school and the mother to link her to the range of services and supports that fitted that family much better, to permit her to cope, so that that family didn't come into either the care and protection system or the YJ system.

The data shows that this is the situation, in both services, and what we're endeavouring to do is to try to work with them earlier to prevent that.

MS DUNDAS: Because we know the statistics about those in the care and protection system moving into the youth justice system are so bad, are there specific targeted

programs for kids who are already in care and protection to try to divert them away from the youth justice system?

Ms Birtles: Not for that purpose, but the workers work—yes, there are specific programs? Sorry. Right.

Ms Baikie: I was just going to mention the intensive youth support—

Ms Birtles: The intensive youth support, yes.

Ms Baikie: —which is for the children you're talking about. They are either at risk of going into the youth justice system or may have come out of youth justice—Quamby—and are at risk of going back. They are the very difficult young people. That's where the collaboration that Frank was talking about before, in which Family Services and Youth Justice actually work together, and which we've cofunded from both program areas—

MS DUNDAS: How long has the program been running?

Mr Duggan: It's about 18 months.

MS DUNDAS: Is it working?

Mr Duggan: Exceptionally well.

Ms Birtles: It's had outstanding results.

Mr Duggan: We have made exceptional achievements. We're very happy with the rate of engagement, the use by the young people of the program, and we're very fortunate with the staff who have been there. Significantly, we've retained almost all the staff, which has been another good opportunity for us to actually develop consistency with these young people.

MRS CROSS: What's made it a successful formula? What is it that you're doing with that program?

Mr Duggan: I think that we have really given it a lot of support. We've identified it as a key risk area with high-risk kids. We have put the right staff into it. We've kept up very strong supervision of the staff who are working in it, and I think that they have felt very confident that we have supported them with some of the decisions they have had to make. It's very much strengths focused: trying to identify young people's strengths and building those up, and looking at their negatives. Again, I think we've had the outcomes we have because it's a joint program.

MR CORNWELL: All right. This is a strange question coming from me, as you will find out.

Ms Gallagher: We're bracing ourselves.

THE CHAIR: But not the first one.

MR CORNWELL: Regarding the intervention prior to the risk of going to Quamby develops, to the example you gave there are people out there who would respond, "You people are acting like big brother. Stay out of my face." What's your comment on that? I'm talking about parents who would be saying that.

THE CHAIR: He's busting, aren't you, Frank?

MRS CROSS: It looks as though he has something to say.

MR CORNWELL: No, seriously, it is said out there that Family Services are bully boys and girls.

Ms Gallagher: Yes, to begin with I think the perception is changing. I think it's hard when you're dealing with vulnerable families who may not have the skills to keep those family units together. They may not be bad parents, they just may not know how to look after their children.

MR CORNWELL: But they don't regard themselves as such, Minister. You see, this is the problem.

Ms Gallagher: I've met many parents in my time that, for one reason or another, think they're being good parents when my judgment of it would be that they're probably not, but it's not their own fault. There's a perception that, "Oh my god, the welfare's coming."

MR CORNWELL: That's right. That's exactly what I'm saying.

Ms Gallagher: "I need to do something."

MR CORNWELL: Pack up and get out or whatever?

Ms Gallagher: That's one thing they do, or they resist some of the support that's been offered. I think some of that is breaking down over time. I think Family Services is addressing that with a willingness to try to work to keep families together and put in support measures that assist families. I can think of one family, in particular, one member of which shouldn't be with children in the view of the community. However, when you weigh up the risks—maybe hamburgers every night for dinner isn't what I would consider a good balanced diet for those children—the important thing is that those children would be much worse off if you took them away and gave them a plate of vegetables every night with somebody else.

So there is a lot of willingness to try to address those things in the home. I think this is changing but, for many families, welfare still means, "I'm going to lose my kids and I'm never going to see them again." This occurs particularly in the indigenous community,

who have suffered not only from having their kids taken by welfare, but also from the failure to address some of the issues about the stolen generation and things like that. That is something of which we must always be conscious. We need to look at how we can support those families better. I don't know if someone else wants to speak about this.

Ms Birtles: Just following on from that question, the schools as communities people aren't necessarily known as Family Services workers. They are out and about at the schools, they're known at the schools, people trust them and the teachers trust them. They take themselves out and about so I don't think that they are necessarily seen as "the welfare people". They're seen as, "That's young Rachel who we see every couple of days. She has a bit of a chat. She plays in the playground", blah, blah, blah. She builds up a rapport with the children. The skill of some of those workers is in how they pop on out and help people.

They do things such as take the kids to the dentist, now. For people who have never been able to take their children to the dentist because they don't have the money et cetera, if someone comes in and helps you and your child by getting rid of the four abscesses that are in the child's mouth, that's a very positive step and you suddenly think that that person has done something very positive for you and your children.

Ms Baikie: I was just going to say, too, it's an interesting dichotomy because others in the community think that we should be removing all children. It's as though you can't really win.

MR CORNWELL: Yes, there are times when I could relate to that action.

Ms Baikie: On the other hand, we—

Ms Gallagher: If I could just add to that, I think that we can look at improving the role that schools can play and are playing. Schools as communities understands where schools are in need, including places such as Ginninderra District High, where some of the students have great needs. I think we're getting to an age in Canberra where those pockets are appearing and it's not a good thing that that's happened. We're getting to an age and maturity now where targeting some of those resources is going to become more and more important. Schools play an important role in supporting those—

MR CORNWELL: So you have a target?

Ms Gallagher: —yes—students to have access to opportunities that students in other schools have. Again, just adding to what Sue said about the concept of the youth worker in the school, Gungahlin Youth Centre's been doing some work at Gold Creek where they've become part of the school. Young people are actually going to the youth worker. They might not want to go to their teacher as they have an issue with that person, but they can go to their youth worker at school. They can also feel comfortable about going to the youth centre afterwards.

THE CHAIR: The Lanyon one's another successful example of that.

Ms Gallagher: Yes. They're relatively new ways of doing things, but they are having good results and, again, are breaking down the attitude that it's either black and white, you either stay or you go, and looking at how we can deal with the matter before it becomes a problem.

Ms Baikie: I was just going to say, too, that Family Services doesn't actually have a choice: we work under legislation, so whether we become involved is actually guided by the legislation.

THE CHAIR: If I read it correctly, we're actually at the stage where we're questioning the efficacy of that legislation and renewing it to make sure that it actually does provide the tools that we thought it would when it was first created.

Ms Gallagher: In a new piece of legislation, it's very useful to build in review dates so that you can have a look at how it's working. It is very important that there is a legislative framework there to support the decisions that are made by Family Services, because those are often very significant decisions in terms of the lives of young people.

THE CHAIR: Talking about significant decisions for the lives of young people, I want to get a bit more specific now.

We heard of the difficulties of such places as Marlow Cottage and the difficulties caused by the lack of youth refuges that stop kids sleeping under bridges and so on. I've told a few stories myself about some of the people I know who have done it. One of the things that came up was that we don't have a spot where we can put young suspected or actual sex offenders. They are actually being placed at Marlow Cottage, and it's not the best place at all for them. What we wanted to know is what the government or the department is going to do about that, or is doing about that, or has decided to do about that. Would you tell us what you're going to do about that?

Ms Gallagher: I have a distant memory of reading about 1,000 pages of information to the effect that we are doing something about it, and it does involve accommodation of some sort.

MRS CROSS: Can you be more specific?

THE CHAIR: And we don't want to hear Quamby.

Ms Gallagher: The answer is not Quamby.

MR CORNWELL: We would like some costs, or at least I would.

Ms Baikie: There was an issue with sex offenders within Marlow and one of the decisions that was made was actually to open up another unit outside Marlow, so there are actually two separate units there.

MS DUNDAS: At the same location?

Ms Baikie: At the same location. One of the difficulties about a place being somewhere that's for sex offenders is the immediate labelling of young people who go there as sex offenders. That was something that came up in discussions—we certainly wouldn't like to see a place for sex offenders.

MRS CROSS: But if they are, they are.

Ms Baikie: But we wouldn't like to see a place for sex offenders. We would like to see—

MRS CROSS: Just a place. Okay, I see what you mean—don't label them. All right.

Ms Birtles: You do not use that word because—

MRS CROSS: So there's no stigma down the track.

Ms Birtles: —it is a very small town.

Ms Gallagher: And no picketing.

MR CORNWELL: You keep talking about the perfect world.

THE CHAIR: Do correct me if I'm wrong, but the other thing is that there are girls and boys in Marlow at some stage. It is a dicey decision to put a male in there who is at high risk of committing a sex offence, when you have girls there. I'm not suggesting for a moment that there need to be two lots, segregated by sex. Obviously, that's one way of solving that problem which creates other problems. Have you considered that the accommodation at Marlow is actually too small anyway for the whole range of kids who are going to need that sort of crisis accommodation? They're not necessarily in there because some magistrate put them in there either, are they—

Ms Birtles: No.

THE CHAIR: —so they can actually walk out if they want to. We have an issue here, have we not, where a young sex offender might have been placed there by a magistrate but the other people are there voluntarily, so you have this dichotomy. How do we deal with that?

Ms Birtles: With some difficulty.

Ms Baikie: Yes, it's certainly not an easy area. Again, it's because one size doesn't fit all. It's about trying to find a range of opportunities. We've already talked about the wraparound services that we've provided for individual young people when they didn't fit the norm. Certainly, that's what we looked at with some of the young people going into Marlow. We have actually exited them.

Where there are instances of young people, whether they're female or male, with complex behaviours—whether it's aggression or sexually based behaviours that are of concern—we do fund extra staff to go into Marlow to ensure that the services are there. The other thing is that there is accommodation available through Marymead. There's a program which puts significant funds into supporting complex young people. That's another way that we do try to address the needs.

MRS CROSS: Sorry, what do you mean by complex young people? Do you mean the sex offenders or the others?

THE CHAIR: All young people are complex.

MRS CROSS: Well, no.

Ms Baikie: Particularly complex.

MRS CROSS: No, but John's question earlier was—

Ms Baikie: It's particularly about sex offenders.

MRS CROSS: We're concerned about the mixing of young people who are sex offenders with other young people. I heard what you said, but is Marymead going to take in those who would normally have gone to Marlow and who are not sex offenders, or is it going to take in the sex offenders?

Ms Baikie: No, I was talking about other complex needs.

MRS CROSS: Okay, can we then go back to John's question? How are we going to separate the sex offenders from all the other young people? What's the solution?

Ms Gallagher: It is an issue. I've had discussions with Frank. Quamby does not have an ideal arrangement. The mix of young people who come in there, and some of the ways in which the people on staff there provide support to ensure that those children or young people are not in any danger of each other are problems.

I don't want to use the ideal world again but, if you did have accommodation, it is even difficult to make sure that these young people who are sex offenders are not stigmatised for the rest of their lives while you work out rehabilitation plans. It isn't as simple as setting up a unit where you could put them all, because they would be at risk from each other I imagine, and at risk of being stigmatised by the community, which is not something that's desirable at all.

MRS CROSS: I know what you mean, Minister, but I have to say that I think we're overly concerned about protecting the sex offender from stigmatisation. Okay, I'll accept that, but I am more concerned about the others who are not sex offenders who would be harmed psychologically or otherwise by those sex offenders. I know what you're trying to do.

Ms Gallagher: We have a duty of care to all of the children and young people.

MRS CROSS: We do. However, it's like exposing young people to paedophiles. You keep them as far away as possible. I'm not going to worry about how a paedophile feels about that if it means I protect young people. Sorry.

MR CORNWELL: Some are more equal than others.

MRS CROSS: No, but I know what the minister is trying to do as well. We do have a duty of care to society in general, however—

Ms Baikie: There are very few sex offenders and at the moment there are two young people—

MRS CROSS: But it takes only one to cause a problem.

Ms Baikie: Exactly, but the two young people we have in care at the moment are in a separate location. We did realise that there was a problem and we did take steps to open up the other unit, which involved a refurbishment. We put extra staff in there to accommodate that, so that they were separated. As I said, in any event, we had extra staff in there. So we do have a separate location, even though at the moment it is at Marlow, so if people go to Marlow, they're not necessarily going to the location where there are sex offenders. They are located separately.

MRS CROSS: How? When you say "separately", what do you mean?

Ms Baikie: It's a different building.

Mr Duggan: Can I also say that those young people are engaged in therapy on a weekly basis and we also offer training to the Marlow staff, so they can work more confidently with these young people and so that they can identify the risks on top of this. We have put in many support mechanisms for them.

MRS CROSS: Can the sex offenders go to the other building? Do they have the freedom to move about as they wish?

Ms Baikie: No.

Ms Birtles: They're supervised.

MRS CROSS: So the others are protected then?

Ms Gallagher: There's very limited freedom in Quamby.

Ms Baikie: No, in Marlow.

MS DUNDAS: Will the separate facility be retained? Marlow is only meant to hold kids for a very short period of time, and we know of a specific case in which a person has been there for over a year. When they are finally able to move on from Marlow, will you keep the two facilities going so that you are actually having more kids through Marlow?

Ms Baikie: Yes.

MS DUNDAS: Okay.

THE CHAIR: First, can I draw everybody's attention to the time. I'm conscious that the minister's time is like diamonds, not broken windscreen glass.

Ms Gallagher: I just want to go home, actually.

THE CHAIR: Can I discuss a couple of housekeeping matters? First, minister, some of the things that your officers have told us today have been particularly useful, but we might need to clarify some of the information. We wondered if we could get your permission for the secretary to talk directly to the officers who have been here.

Ms Gallagher: Yes, sure. Are you happy to do that?

THE CHAIR: Of course. They will naturally liaise with your office regarding the information provided to us. I thought it might shorten this process.

Ms Gallagher: Yes. I think if they come through as they did with the letter, we'll be happy to assist you.

THE CHAIR: There are quite a few other things that we wanted to have a chat about.

Ms Gallagher: Yes, sure.

THE CHAIR: We were wondering if we could beg your indulgence. I don't know if you'd have your diary here or not, but on the 27th—

Ms Gallagher: Of February?

THE CHAIR: Yes, that's next Thursday—we have Minister Wood coming. There are other people coming. We were just wondering whether, on that Thursday, as we're wrapping it up at 4.45, we could perhaps continue with you until, say, 5.30 if it would be convenient for you. Would you talk to Jane Carmody, the secretary?

Ms Gallagher: Yes.

THE CHAIR: What we will endeavour to do once we confirm that you can come is to try to put together a list of items to be discussed—not so much the actual questions, because that takes us where it takes us, but the issues—so that if you needed to have an officer from the department skilled or knowledgeable in a subject, then we could actually have that person here, and save the time of officers who are not needed.

MS DUNDAS: In a sense, we've done a lot on youth justice today, so maybe we might not need Frank back and we could focus on another area.

Ms Gallagher: Yes, an indication would be great.

THE CHAIR: Yes, we'll try to get you as much as we can.

Ms Gallagher: Is there any time other than that one. I don't know what my diary contains. I'll try to fit it in.

THE CHAIR: Sure. We'll get Jane to talk to your office and then stitch something together that's going to work for us.

Ms Gallagher: That's good.

THE CHAIR: I'm conscious of a couple of things: one is making sure that we all have enough notice and enough time; and also it is my intention to wrap this up so that the committee's report on this inquiry comes down in May. This coincides with the Chief Minister's desire to review the statutory officers' positions. We are conscious that our report will assist the Chief Minister's review of statutory positions such as those of the Discrimination Commissioner and the Community Advocate.

There have been a number of reviews over the last 12 months. I think I've counted 20 that have either been done, are being done or are planned.

Ms Gallagher: In Family Services?

THE CHAIR: Yes.

MS DUNDAS: They're mentioned in the submission in the youth area.

THE CHAIR: And in your response to us. It just seems to me that there have been a heck of a lot of them. When will we see an end of them, and is it just a normal process of constantly reviewing what you're doing? Is there too much accent on review and not enough on getting out there on the ground?

Ms Gallagher: I'll start with that one. I think there are certainly some significant reviews, some big ones, such as the intensive youth support review, which we haven't actually got to today. We've headed there but haven't got there. The reviews of the Youth Services program and indigenous foster care are just some of those bigger ones.

In terms of others that are going on in Family Services, there is certainly an emphasis on continuous assessment of the way services are provided. I think you have to do that in this area. There has been a refocus, rather than a review, within Family Services. To make the distinction, you would say that, rather than a restructure, which involves staffing implications or the way you provide the services, a refocus is about looking at how you do the task and whether there are better ways to target the work. There is a distinction.

That is ongoing. I think that is certainly useful in the area in which Family Services is working. I would also like to say that, on the ground, no child has been placed at risk or not seen to because of a review or an examination of how Family Services works. I think it's important to have that message out there. We wouldn't want a view that we're looking internally and so externally isn't being looked after. The priority is protection of children and addressing those reports as they come in, and they are being addressed.

MS DUNDAS: On that point, when you have the half-day close-downs of the office, who answers the phones?

Ms Baikie: They go through to an answering machine. The message is that, if it's urgent, there's another call—

MRS CROSS: Another number to ring.

Ms Baikie: Another number to ring, so there's always someone on standby.

MS DUNDAS: Okay, thank you.

THE CHAIR: Can I also say thanks very much for the paper that you gave us? It was very useful. It gave me a nice bit of something to do yesterday, which I have to say I wasn't particularly happy about, because I was soggy from the previous night. I think we could have had it a little earlier. The minister then wouldn't have been embarrassed, we wouldn't have been worked to death and the secretary wouldn't have had to burn the midnight oil.

Ms Gallagher: In defending the lateness of that document in relation to today's hearing, the questions that the committee raised are very important ones and ones whose detail required a lot of additional resourcing to Family Services, which is already coping with

bushfire recovery and child protection. In fact, it was provided yesterday and that was within 14 working days of the request. So, yes, the delivery time was not great in light of today's hearing, but Family Services did a good job in getting that to the committee within 14 days, considering the level of detail provided.

THE CHAIR: Okay, we've got that on the *Hansard*. Thank you very much for that, Minister.

MRS CROSS: Well done, Minister.

THE CHAIR: Honestly, thank you very much for sparing us the time. We really do appreciate your time and that of the officers.

Ms Gallagher: That's all right.

THE CHAIR: We'll do our best to find a convenient day when you can come before us again. We have had some interesting conversations interstate. We're going to go to Sydney and talk to the Children's Commissioner there. You might be interested in the result.

You have talked in this paper about the significance of child development from zero to three years. I don't know if you are aware of the work that the Tasmanian Children's Commissioner is doing in this area. It's an academic exercise in genetics with the University of Tasmania. If you're not, it would be good for you to see that because we will be addressing it in some form within the context of our report.

Ms Gallagher: Also, the Commonwealth launched its national agenda for early childhood yesterday, addressing those early needs again in a national way. That's all important work. Certainly, the department and I look forward to the results of the work of this committee. I think it's extremely important work and whatever ideas and recommendations you can come up with in terms of working together to provide an excellent service to our children and young people in the ACT will be taken very seriously.

MRS CROSS: Before you sign off, can you keep us informed of when you're launching new initiatives in the youth department. Can you let us know so that we can come along and know what it's about?

Ms Gallagher: I'll speak to my officers about that.

MRS CROSS: It's on *Hansard* now so I can bring it to the attention of the department heads.

Ms Gallagher: Well, you've requested it. I can certainly endeavour to do that, Helen.

MRS CROSS: Thanks.

THE CHAIR: We've taken that up with the office and we'll see how we go. All it really needs is having the committee secretary on the fax stream for the time being. Thank you very much.

The committee adjourned at 5.31 pm.