

**COMMUNITY DEVELOPMENT AND JUSTICE
STANDING COMMITTEE**

**AGENCY REVIEW HEARING —
DEPARTMENT FOR CHILD PROTECTION AND FAMILY SUPPORT**

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
MONDAY, 23 NOVEMBER 2015**

SESSION THREE

Members

**Ms M.M. Quirk (Chair)
Dr A.D. Buti (Deputy Chair)
Mr C.D. Hatton
Ms L. Mettam
Mr M.P. Murray**

Hearing commenced at 4.02 pm

Ms LINDA GONCALVES

Community and Campaigns Organiser, Community and Public Sector Union–Civil Service Association, examined:

Ms RIKKI HENDON

Branch Assistant Secretary, Community and Public Sector Union–Civil Service Association, examined:

The CHAIR: There is a bit of a preliminary spiel, so I will start with that. On behalf of the Community Development and Justice Standing Committee, I would like to thank you for your interest and appearance before us today. One of the functions of the committee is to review the departments within its portfolio responsibilities, and from time to time the committee will conduct agency review hearings. The purpose of today's hearing is to discuss the issue of early identification of children at risk, particularly in light of the death of a newborn baby after being assaulted by a teenage father. At this stage, I will introduce myself. I am Margaret Quirk, and I am the chair of the committee. On my right is Dr Tony Buti, the deputy chair. On my left—she should be back shortly—is Elizabeth Mettam, the member for Vasse. To the left of her is Mick Murray, the member for Collie–Preston, and to his left is Chris Hatton, the member for Balcatta. This committee is a committee of the Legislative Assembly of the Parliament of Western Australia. This hearing is a formal proceeding of the Parliament and therefore commands the same respect as proceedings in the house itself. Even though the committee is not asking witnesses to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. This is a public hearing and Hansard will be making a transcript of the proceedings for the public record. If you refer to any documents during your evidence, it would assist Hansard if you can provide the full title for the record.

Before we proceed to the questions we have for you today, I need to ask you a series of questions, and ask you to answer in the affirmative rather than just nodding, for the purposes of Hansard. Have you completed the “Details of Witness” form?

The Witnesses: Yes.

The CHAIR: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

The Witnesses: Yes.

The CHAIR: Did you receive and read the information for witnesses briefing sheet provided with the “Details of Witness” form?

The Witnesses: Yes.

The CHAIR: Do you have any questions in relation to being a witness at today's hearing?

The Witnesses: No.

The CHAIR: We have a series of questions to ask you today. Before we do that, however, do you want to make an opening statement?

Ms Hendon: Yes. Thank you. Firstly, I would like to thank the committee for the opportunity to be here today on behalf of the CPSU/CSA and our members in the Department for Child Protection and Family Support. The CPSU/CSA has been raising members' concerns about the matters I will

speak about today with the department for a number of years. When former director general of the Department for Child Protection and Family Support Terry Murphy spoke to this committee at the public hearing late last year, he said, the department wanted, and this is a direct quote —

... in the absence of negligent or culpable behaviour by staff, to assure them that their bosses have their backs—that the organisation stands behind them.

I just want to say that I applaud this statement and wish to preface the evidence I give today by saying that our union also stands behind our members at the department and does not wish to apportion individual blame.

We see the tragic incident in Bunbury as having occurred within a system under immense pressure, in which inadequate resourcing has created an environment of uncertainty and in which CPFS employees are forced into situations inherent with unacceptably high levels of risk. This significantly hinders the management of children at risk.

Elements of the case of the teenage father in the department's care who was convicted of the manslaughter of his infant son raises particular concerns for the union. These concerns can be grouped into four key parts—four key concerns. Those are: workload management and measurement issues; quarterly assessments not being monitored for compliance; and co-working concerns and placements. We hope to discuss each of these matters with you in more detail today.

We are concerned that this incident is indicative of a wider problem that we are observing, which is that inadequate resources are having an undue impact on the way in which work is undertaken and decisions are made in the management of children at risk. On top of the concerns that directly relate to the incident in question, our members advise us that inadequate resourcing is also creating excessive workload within the department that is leading to both delays in safety and wellbeing assessments being completed and a consistently high number of cases on the monitored list; limiting the contact between parents and children when a child is first taken into care; impacting on decisions about bringing children into care; and impacting on the functions of the working with children check unit. All of this hinders the department's ability to effectively undertake the management of children at risk. We have information from members to illustrate, with examples, what happens when insufficient resources are provided to protect vulnerable children.

We believe that information we have warrants the committee to conduct a broader inquiry into the Department for Child Protection and Family Support and how inadequate resourcing is hindering the management of children at risk.

The CHAIR: Thank you for that. We, too, I can assure you, do not want to engage in a witch-hunt. This is about systemic problems of which that case was, I think, symptomatic. Can you let us know, since that incident, what changes have been implemented in the department, if any?

Ms Hendon: I am not aware of any particular changes that have been implemented within the department since that particular incident; yes, we are not really.

The CHAIR: So the resources or the workload issue was certainly a relevant matter at that time, that was operative at that time?

Ms Hendon: Resources and workload have been a long-standing issue within the department, and I think over recent years the extent to which that has put pressure on our members' ability to do their work has increased; so over recent years we have seen a really significant increase in the number of children coming into care. In terms of children in care numbers, between 2006 and 2015 the number of children in care has more than doubled, which is really significant.

The CHAIR: Can you explain what the monitored list is and what that means for time frames for allocating a case worker?

Ms Hendon: The monitored list is, ultimately, if a case is not allocated to a child protection worker, it is placed on the monitored list. That means that there are more cases than people available to

actively work them. There are limits to the number of cases that a child protection worker can hold at any given time, and they are based on a number of different criteria. The one that the department implements most consistently is case numbers. There is a maximum of 15 cases that any case worker can hold at any given time; that can be increased to 18 in exceptional circumstances. I think there are issues there that need to be explored as well in terms of how frequent that now is.

The CHAIR: That is a pretty rough measure, because some cases would be incredibly complex and others not so.

Ms Hendon: That is right. That is the other element of what is supposed to be implemented in the department's workload management system—15 is the maximum, and if cases that are allocated to a person are particularly complex, are particularly intense, and it is not realistic for them to carry many other cases on top of that, then that is reduced. We have concerns about how effectively and often that lens is put over the allocation of work to child protection workers; so that is a concern for us and again we would like to explore it.

The CHAIR: Approximately how many would be on the monitored list at any time, waiting allocation?

Ms Hendon: I think with the monitored list, the numbers that we have range from, in the last 12 months, over 500 to close to 700 roughly.

Ms Goncalves: We have stats here from January this year: 625.5 cases—that is 625 cases that are not being actively managed that the department knows about.

The CHAIR: What is the average time for allocation of a case from that list?

Ms Hendon: That is not information that we have available to us at this point, but I think it is worth exploring further. What we do know is that cases end up on and off the list over a period of time. Sometimes they run for a couple of weeks and then they are temporarily allocated to someone and then they go back off the list again. So even in terms of the average block amount of time that a case is put on the monitored list, that could still be a little misleading as to how often it is on the monitored list too.

The CHAIR: We have evidence before us that suggests it is about two weeks to allocate a case worker; does that seem about right?

Ms Hendon: The information we have about this varies, and I think there are cases that are on there for a lot longer. The way that the process works is that a case which is not allocated to a case worker is put on the monitored list for two weeks and, theoretically, what is supposed to happen then is that the team leader of that particular child protection team monitors that case, and there is a question about what work actually is done in that period of time; often it is a very distant monitoring. Beyond that, what is supposed to happen next is that it is to go up the line to the district director. We find that that does not often happen in terms of that allocation up the line. Sometimes it is temporarily placed with someone else or someone is doing a couple of tasks on that case and that is put back on the monitored list, so it really varies.

The CHAIR: Are you aware of any counselling, remedial action or something that was taken in relation to the workers involved in the Bunbury incident? Were they given counselling?

Ms Hendon: We are not aware of people in the Bunbury office who were involved in the case being offered counselling. We are not aware one way or the other whether that occurred.

[4.15 pm]

Mr C.D. HATTON: Your union association has 1 500 members, approximately—members represented within the DCPFS. When you did a survey in 2013, certain indicators were brought forward about maybe divisive staff within DC. Was that attitude of divisiveness at that current time in 2013 a percentage representation of the members of the union; like, was it strong?

Ms Hendon: Would it be possible for you to elaborate on the divisive?

The CHAIR: Maybe you should give them the quote; that would be helpful.

Mr C.D. HATTON: Okay, well in March 2013, it was reported that the union had conducted a survey of staff to ascertain workloads with a view to approach the department with a solution, and the DG at the time, Terry Murphy, said the actions of the union were divisive and unhelpful. Was there strong correlation from the survey to show that people were unhappy within that workforce at that time?

Ms Hendon: There was strong indication at that time that people were unhappy with issues pertaining to workload and workload management within the department. We did not get feedback from our membership that this was divisive amongst themselves. They were all quite supportive of us trying to pursue resolution to their workload issues. I cannot speak for Terry Murphy about what he was —

Mr C.D. HATTON: Thank you for that. Going from 2013 to now, do you have any evidence that there is a cultural problem in the staffing of the DCPFS?

Ms Hendon: Cultural?

Mr C.D. HATTON: Cultural problems, like whether they are happy in the workforce with workforce pressure, resourcing. Is there a general cultural thing, do you think, going on?

Ms Hendon: I think it is fair to say that, generally across the board, and feedback from our members indicates that people are under a lot of pressure. It is a high-pressure job at the best of times but they are feeling increasingly that workload is having a real impact on them and their capacity to cope as individuals with the work. They are also concerned about the effect that workload has on their capacity to do the jobs in the way they think they should be done, and that causes additional stress in terms of the culture in the workplace. A number of members report to us that work is done differently or work is done in a way they do not think it should be done, and that is based on resourcing and workload concerns because there is not the capacity to spend the time on the cases that they want to spend and people should be spending on those cases.

Mr C.D. HATTON: Hence you have got 15 on the monitor list maybe, or then it goes to 18 maybe and the workload intensity within each case becomes quite arduous.

Ms Hendon: Some of that is about, yes, the number of cases that are allocated, whether it is 15 going to the maximum that is supposed to be allowed or going to 18 which is only supposed to be allowable in exceptional circumstances. Sometimes it is still felt with cases that are less than that. For instance, in this particular case, the caseworker had, I believe, 11 cases that were allocated to them. The department has indicated that that is considered to be a safe number of cases. Really, the true answer to that is that that really depends on what the cases are on their allocation. If they are all very intense cases, 11 could potentially be too much. It really depends on the nature of the cases that they have been allocated.

Dr A.D. BUTI: Have your members told you about any other high-risk cases that they are involved with and they are not happy with the way it is operating?

Ms Hendon: We have received information about those sorts of cases and, if it is all right with the committee, we would like to talk about those in more detail, but as part of the closed —

The CHAIR: We might leave them until the broader questions are asked. Chris needs to go, so I was going to let him have a bit of a go. Any other questions?

Mr C.D. HATTON: No; I am right, thank you.

Mr M.P. MURRAY: Probably at the other end of the scale where marginal cases—marginal in some people's minds—are being dropped off because of the staff loading and then they turn out to be major cases. Is that quite prevalent?

Ms Hendon: We do have some evidence from our members to say that cases that end up on the monitored list—cases that are not being actively worked—then become quite significant and have quite a few issues in them that arise from it. I have a quote here from a team leader in relation to that, which says: where a child is on the monitored list, it is likely that because there is no active involvement over a period of time that their cases get worse over time. It is a cycle. These children have no regular contact even though in report after report it finds that kids want more contact with staff when in care. One team leader in the past 12 months had over 57 cases on the monitored list.

That is 57 cases the team leader has had to juggle or have a little bit of an oversight into; cannot actively work it because they are also trying to manage a team full of people also carrying full cases.

Mr M.P. MURRAY: How is the distribution of caseworkers worked out? Is it on numbers, demographics, social issues? How is it worked out and what impact does that have in country areas?

Ms Hendon: Internally within the department, I am not sure entirely about the way they decide to distribute their resources. They have claimed for a long period of time that the resources they get into the department, through the budget every year, is based on demand. What we see is that that demand model is not keeping up with the actual demand for child protection work. As I was saying earlier, the number of child-in-care cases has doubled since 2006, so it is just huge.

Mr M.P. MURRAY: What monitoring is done of the caseworkers, their mental health et cetera, in the stressful job they do?

Ms Hendon: I think team leaders try their best to monitor their team's health—that they are coping with their workloads—but as more and more cases come in, the report we get back from our members are that that gets harder and harder because the team leaders themselves are actually juggling a lot of cases, so that closer supervision gets harder and harder and the pressure continues. And as much as I think regular supervision and contact with the team leader can help, when the reality is that you are holding more cases than you can handle, that goes only so far.

Mr M.P. MURRAY: There is no set program, refresher or anything like that out there for the team leader to make the call? There is no overall program?

Ms Hendon: Again, not that I am aware of. The team leaders are supposed to do regular supervision with their team. What we found in recent years, and I know the department is trying to improve this, is that supervision does not happen as often as it is supposed to and often leaves people feeling quite isolated and that is put down to the workload of the individual who is the child protection worker and their team leader.

The CHAIR: Potentially, your members could end up with PTSD or whatever, given the exposure to these sorts of —

Ms Hendon: Certainly given the nature of the work they do, that is a distinct possibility. I know the department does try to care for the staff as well as they can but a lot of them are under a lot of pressure and there is quite significant turnover in the department.

The CHAIR: I know that you have indicated that you want to talk about systemic issues, and that is fine, but in fairness I do need to put a couple of matters to you, which we have been putting to the director general.

The youth concerned had moved to Bunbury and was living there with his girlfriend, who had the baby that is ultimately deceased. His supervision had not been changed from Cannington to Bunbury. What was the rationale for that happening?

Ms Hendon: I believe that the boy's case was first opened in Cannington and then he moved to Bunbury, so the way that that is worked is that the case is then co-worked. So there is somebody who is allocated to the case in Cannington and in Bunbury.

The CHAIR: Does that count as half a case?

Ms Hendon: It counts as half a case for each worker. The issue is that, really, you are working more than half a case is worth when you are doing that. If you are co-working—I guess if you are doing it well—you need to be in constant communication with the other worker as well. That adds to the workload and the process.

Ms L. METTAM: Like job sharing is it not?

Ms Hendon: Yes; absolutely it is not a clear split; it creates more work and I do not think that is really properly accounted for in the system as it is.

The CHAIR: At the time of the incident the youth had a tumultuous personal history. He was in care between the ages of six and 10. He had a protection order made in 2011 when he was 12 years old, subjected to neglect, exposure, substance abuse, violence, transience and instability. I understand he also had specific anger management issues and was subject to some sort of course or whatever for that, and the judge said in sentencing this youth —

Given your age at the time combined with your personal history which includes disconnection, aggression, personal violence, exposure to violence and substance abuse, it is surprising that your access to your young son was not conditional and/or supervised at all.

Given that youth's prior history, what sort of orders could have been made to limit his visitation of the child?

Ms Hendon: I think in terms of that, for us as a union, we are not the child protection worker or the department; we do not have the professional expertise to make too much comment on what orders could have been put in place. I do think, though, that what that reflects is the intensity and complexity of this case. Clearly, there were multiple issues intersecting in this young man's life prior to and up to the birth of his child. For someone to co-work that case to have 0.5 allocation for that case —

The CHAIR: It looks as if he had not yet had someone allocated to him in Bunbury, so he was remotely being managed?

Ms Hendon: I suppose that adds to the fact that it is a complex case that, potentially, should have been more highly weighted with the department's workload management system and more resources put into it. We do not have that professional judgement around what action should have been taken, so I do not want to comment too much on that, but it does indicate that it was a complex case, which should have been allocated well.

The CHAIR: You would expect in that sort of a case that, for example, the caseworker would consult more senior people in terms of allocating risk, who would have been exposed to having to make that sort of decision in isolation?

Ms Hendon: Again, if somebody was working that case, they would have had consultation with their team leader on the case. I cannot particularly say what happened between the worker and the team leader in this particular case, but I do think that it demonstrates that it was a very complex case that needed proper resource allocation.

Ms L. METTAM: You talked earlier about the significant—and it is understood there has been a growth in the number of kids that have gone into care. To what extent is that a result of the shift in government policy and what are your thoughts on that?

Ms Hendon: In terms of analysis on that, I do not have an in-depth analysis as to why that is the case. There is a correlation between the introduction of mandatory reporting and the increase in cases. Really, I think regardless of how those cases have come to the department, the real issue has to be about: now that they are with the department, what is done with them? And our concern is that not sufficient resources have been injected into the department to deal with that significant increase.

Ms L. METTAM: As an organisation or a union representing the workers in the Department for Child Protection and Family Support, what do you believe you have achieved for workers at the department?

[4.30 pm]

Ms Hendon: I think over a period of time we have achieved quite a lot. Certainly in the mid-2000s we did a significant amount of work to put some safeguards in place for child protection workers in terms of what was a safe workload for them to carry. The work we undertook at that time is why we now have a maximum of 15 cases for our child protection workers. Putting those restrictions in place, as well as the rest of the workload management orders that we have from the WA Industrial Relations Commission that also reference intensity and complexity and having a judgement on intensity and complexity as well to reduce the number of cases anybody can hold at one given time, and I suppose the creation of the monitored list as well, has come largely through the work we have done with our members and the department. I do think, in fairness, that for a period of time that was effective. I still think it is effective for individuals if it is implemented properly, but somewhere along the line the resourcing has stopped flowing through to the department to match the number of children in the department's care. That has put pressure on making that effective.

Dr A.D. BUTI: Can I just ask a few questions in regards to the Bunbury case? Would you agree, without apportioning blame, that a system error led to this fatality or this disaster?

Ms Hendon: I think very possibly. What we see here is, as has been mentioned, that it is questionable about the point at which the case was actually handed over to the Bunbury office. The child—the young man—had four placements in two years, and some that were not particularly sanctioned by the department but were self-selected. There was a big turnover in terms of the stability in that young man's life. There is a whole range of reasons why placements can be unstable. I do not know the particulars of the deeper issues in this particular case, but there are some around placements that our members have raised with us that are a concern. The first is that there are not enough foster carers in the system, so there are not as many placements to be able to choose from. Sometimes they find that they are trying to do the best with what they have, but potentially that placement is not right for that child—they have not found the right match.

Ms Goncalves: While you are looking for that, Rikki, there is actually one instance of, in a nine-month period—I am just trying to find it myself—two young children, both under the age of three, were in, I think, 11 placements in nine months.

Ms Hendon: That is a closed one.

Ms Goncalves: Okay. No, I do not think that one was the closed one. I guess the point is that there are a lot of issues around placements and trying to find foster carers.

Ms Hendon: That was right. With that particular instance two children, aged one and two, were taken into care. In a nine-month period, either one or both of the children had been placed in 18 placements, including, at times, with the staff, and the siblings are no longer in care together.

Dr A.D. BUTI: If you take the premise that there was a systematic error, have there been changes since that to correct the system error?

Ms Hendon: We are not aware of any changes in particular that have been implemented as a result of this particular case.

The CHAIR: Perhaps you could make some inquiries with your members and let us know, but you would have thought that had there been significant changes you would have been aware of them?

Ms Hendon: Yes.

The CHAIR: Do you undertake to do that?

Ms Hendon: Yes, absolutely.

The CHAIR: One of the things that Terry Murphy said when he gave evidence was that, “Oh well, if you go down too hard on your members, that will make caseworkers risk-averse.” But it seems to me that when you have a situation where this young person had prior offences of aggravated robbery, stealing, damage with intent to harm, doing an act that resulted in harm, doing an act that resulted in bodily harm and was subject to an anger management course or training or intervention, that that is really a case when the caseworker should be risk-averse.

Ms Hendon: I do think that for a number of our members there are times when they would like to take action that they are not able to take. Whether that is about being risk-averse on the part of the department, it is hard to say.

The CHAIR: You mean a veto further up or is there a lack of resources?

Ms Hendon: Yes. We certainly have had conversations with a number of our members who have given us instances when they have wanted to bring a child into care. They have had pretty significant evidence that that child is at significant risk or is being abused, and the determination is, no, that child cannot be taken into care. The only explanation our members give us for that is that they are under resource pressure, that there is either nowhere to put the child because there are not enough placements, that the placements are full of other children or that there is just too great a workload. That is actually a quite common theme that we have had come through to us from our membership.

The CHAIR: I think you have also sent a letter to the committee that states that your members are fearful that due to a culture of bullying and retribution, they may be targeted by the department due to them speaking out. Is that seen as a disincentive to being frank and forthright about assessing cases?

Ms Hendon: Yes. We know from the information that our members give us that they often tell us of pretty horrific things—pretty horrific cases—that they are afraid of taking further or raising further or using in a legal sense because they are afraid of the consequences for them as individuals with the department.

The CHAIR: You have mentioned mandatory reporting. Has the greater understanding of the existence of foetal alcohol spectrum disorder also increased the numbers who are subject to care or oversight?

Ms Hendon: I cannot particularly speak to that; I do not have those figures or statistics in front of me at the moment.

Mr M.P. MURRAY: What role does the court system have and what is the connection with the department on issues where there is a dispute about whether a child should or should not be in care? Sometimes there is a cost to parents who can least afford it anyway, in most cases. But what connections are there and are able to be triggered by DCP to say, yes, or the courts to say, “Yes, that kid should go into care”?

Ms Hendon: The relationship between Child Protection and the courts is not something we have a lot of information on here today. It is difficult for us to comment on that.

Mr M.P. MURRAY: Okay.

Dr A.D. BUTI: What coverage does your union have within the department? What level of management does it stop at?

Ms Hendon: We have the ability to cover anybody in the department.

Dr A.D. BUTI: So you can cover the executive? Do you have executive members?

Ms Hendon: We have some, and certainly have had some.

Dr A.D. BUTI: You may have answered this in regards to Mick's question about country, but are you able to tell us which office of DCP is probably the most stressed in regard to the feedback you receive from your members?

Ms Hendon: That depends on the given time. It is very hard to compare. There are a number of offices that we have received some very distressed feedback from.

Dr A.D. BUTI: Would Armadale be one of the constant problems?

Ms Hendon: It is one of the ones that always has one of the highest number of children allocated in the department; the highest number of cases. So, yes, there is always stress in Armadale.

The CHAIR: Before we go on to the confidential matters, what is the attrition rate like in the department among caseworkers?

Ms Hendon: I am just trying to think off the top of my head. The last statistic I saw, I believe—I might have to get back to you on this one—was around eight per cent turnover. I think was in the last —

The CHAIR: That is quite low, considering.

Ms Hendon: It is low considering, but also I think one of the big problems about turnover is that it creates quite a high vacancy in the department. One of the issues we have is that I think there were around—I will check—30 vacancies in the department last we checked. Yes, there are currently 30 caseworker vacancies across the state, with 22.1 of those in regional areas. The date for that figure is 16 June 2015.

The CHAIR: I know, from our last inquiry, that a number of the multifunction police stations did not have the allocated DCPFS personnel there. Is there anything else that we need to canvass at this stage? Is there anything that you would like to say publicly before that we have not canvassed before we go into the private session?

Ms Hendon: We have a lot that we can talk about, certainly. I do think, in terms of getting into some of the depth of it, those cases studies that we want to discuss in private are probably some of the better ways of talking around these issues.

The CHAIR: When you were doing the negotiations to get a set case allocation for each caseworker, were they based on comparisons of other jurisdictions or how did you arrive at that number?

Ms Hendon: They are based on a number of things. Ultimately, Western Australia is a bit of a trendsetter in this; we have traditionally been one of the areas in the last, sort of, 10 years that people have looked to around the world for how to manage this sort of issue—how to manage workload. It has been great for a period of time. It did work well for a period of time. It is really that the resources are not matching it now that is the issue. I think in terms of the 15 cases, there is probably a little more we can expand on before we go into the private closed session. As I said earlier, there is a 15-case cap for child protection workers. I mentioned that that can be lifted to 18 in exceptional circumstances. It might be of interest to the committee to know that for this year there is an average of 122.2 caseworkers with over 15 cases in the department. We see that as much more than exceptional. We see that as something that is becoming more and more commonplace, and it is of concern to us. We also have concerns about the figures that the department provides. We have raised this with the department directly. Members frequently tell us that the department cleanses the figures before they report them to us, to give the impression that workloads are more manageable than they really are.

The CHAIR: How do they do that?

Ms Hendon: It is about what they do on the system. A quote from a senior child protection worker states: team leaders are requested to check if the allocations are correct. The team leader reallocates

the cases from the caseworker to the monitored list, so that casework does not go over 15. Then once data collection is completed, the case is reallocated back to the staff member.

This is what we hear from our members, and it is certainly not an isolated comment; it is a very regular comment.

The CHAIR: So, an allocated case can be unallocated for the purposes of data collection, and then reallocated at some stage. Presumably it might be to another person?

Ms Hendon: Very possibly.

Dr A.D. BUTI: I have one final question. It is off the topic, but I will ask it while we have you here. Last week the Ombudsman brought down a report on domestic violence restraining orders and domestic violence. He was quite critical of the Department for Child Protection and Family Support. Do you have any comment to make on his report or have members mentioned to you anything in regard to the pressures they are under or how the department functions in regards to domestic and family violence, especially when children are involved? Obviously children are involved, because that is why the department becomes involved.

Ms Hendon: I think again it is consistent with what we have been saying, which is that workloads are high within the department. That impacts the way they are able to work their cases. There are a number of instances where they would deem it as appropriate to remove children but where they are overruled.

Dr A.D. BUTI: Because the report talked about 44 cases of family violence that the department said it was not their business.

Ms Hendon: Yes, that is interesting.

Ms L. METTAM: What proportion of child protection workers do you represent? Do you have any idea of that?

Ms Hendon: I am just trying to think off the top of my head in terms of our current numbers. We might be able to get back to you with those statistics, but it has been consistently around, in terms of child protection workers, more than half. It can be anywhere, depending on the district, from 50 up to 70 or 80 per cent. It depends on the office. I can get back to you with some more clear information on that.

[4.45 pm]

Ms L. METTAM: You have referred to the fact that policy has had an impact on the number of kids going into foster care and the issues relating to trying to get foster parents as well. To what extent has the population growth here had an impact as well?

Ms Hendon: In terms of the number of children coming into care?

Ms L. METTAM: Yes.

Ms Hendon: Again, hard to judge about what impact that has had as opposed to other factors from our perspective. But in terms of fostering children, what we hear from our members is that it is quite hard to get people to become foster carers. Again, due to lack of resourcing, when a carer does take a child on board they are not always given the support and assistance needed to keep the child, especially if the child is on the monitored list. A lot of children who are taken into care have difficult behaviours to manage. Without the proper and timely injection of resources and support, the small pool of carers available dwindles and people stop providing a refuge for vulnerable children because they do not feel like they are getting support from the department to do that. Sometimes it is quite complex and quite time-consuming and it does take an emotional toll as well for foster carers to care for children who have been through some pretty horrible experiences and have some very challenging behaviours that are connected to that. On the other hand, the lack of stable placements can result in children suffering prolonged emotional trauma from the uncertainty

that comes from being moved from placement to placement as well. They become attached and then are removed from that placement so it is very difficult for them to get any sense of stability.

The CHAIR: I want to ask about a couple of other issues that are prevalent in the community. We hear about shortage or waiting lists for things like child psychologists. How much does that impact on your members' work, the fact that, for example, the caseworker identifies a problem with a child but getting access to, say, a psychologist within the public system?

Ms Hendon: This is something that does come up from our members and they have reflected on. Yes, they say that it can be a frustration that there is not sufficient resources and access to child psychologists.

The CHAIR: That is a health department issue, I suppose.

Ms Hendon: The department does have some directly employed child psychologists. Really, again, those resources need to be increased. They are not sufficient for the requirements.

The CHAIR: We hear a lot about the meth problem. Where I suspect the rubber hits the road is with kids. Has that caused any additional issues for your members?

Ms Hendon: I cannot speak about that in any quantifiable terms, but certainly our members do tell us that over time they have found that there is increased complexity in their work and a lot of that does come down to behaviours associated with drug-taking.

The CHAIR: I move that the evidence now be taken in closed session until otherwise ordered by the committee.

[The committee took evidence in closed session]