

FOETAL ALCOHOL SPECTRUM DISORDER

Motion

HON SALLY TALBOT (South West) [3.22 pm]: I move —

That the Council condemns the government for its failure to provide adequate resources for child protection workers and carers to deal with the prevalence of foetal alcohol spectrum disorder amongst children in the care of the director general of the Department for Child Protection and Family Support and for withdrawing legal support for children who are abused or injured while in care.

It was a little disappointing to see the very first motion that the government moved in this place fall flat on its face. Hon Nick Goiran obviously feels quite passionately about these matters, but was not able to get the support of his colleagues. Indeed, I can tell him that I got the call into the chamber this time last week because when he sat down after his introductory comments, none of his colleagues jumped to their feet, so we thought that we might get to this motion about a week ago. But I can assure government members opposite that when we move —

Several members interjected.

The PRESIDENT: Order! The honourable member has hardly started her argument in support of her motion without a dozen interjections.

Hon SALLY TALBOT: Thank you very much, Mr President, because this is a very serious and very important motion. The point I was just making, if the government could contain its enthusiasm here, was that when members on this side of the house move a motion, we will use every minute available to us in this place to put our arguments forward. I can assure government members on that matter.

Hon Simon O'Brien interjected.

The PRESIDENT: Order! Hon Simon O'Brien, that is about five interjections by my count. That is five too many.

Hon SALLY TALBOT: I can assure government members that we will be using every minute of the time available to us. Indeed, we could take three or four times the amount of time available to each and every one of the motions we move in this place, because people on my side of the house feel very, very strongly about holding the government to account on important areas of service delivery.

I just want, by way of scene setting, to explain to honourable members on both sides of the house what the genesis of this motion is. Members will see that it is essentially in two parts. The first part of the motion refers to the resources available to child protection workers and carers to care for children who are affected by foetal alcohol spectrum disorder. We know because of the growing conversation in the community that this is a problem. I will not say that the problem is increasing, but awareness of the problem is certainly increasing, and that can be only a good thing. But it is a big test for the government to see how it will respond to the demands that this is placing on our child protection system. Indeed, I will just remark here in parenthesis that it is going to be very important, I think, to measure the performance of this government over the next four years now that Hon Helen Morton is wearing three very different but very closely interconnected hats, because I think probably for the first time, certainly in this state, we have a government that has combined the portfolios of mental health, child protection and disability services. I am sure that both the minister and I will have many experiences to share in terms of the overlaps, as well as the workload, that combining those three portfolios places on an individual, whether it is the minister or the shadow minister. I will also say in parenthesis that honourable members who have been paying attention to the kinds of questions I have been asking over the past five days—I think we have sat for five days so far since the election in this place—will have noticed that what I am trying to do in question time is get information from the minister and get some statements on the record about what the minister wants to do with these portfolios. I see my role very much as being to bring those questions up to the government, to listen very carefully to the answers and then to try to reflect back to the government where I think those answers are inadequate or where they are in some other sense not capturing the essence of the problem. That is the first part of my motion, which refers to the resources provided by the government to help carers and child protection workers deal with the increasing prevalence of FASD.

The second part of the motion is about the government withdrawing legal support for children who are abused or injured while in care. Those members who have been following this developing story in the media over the past, I think, eight days will have seen that the civil litigation unit in the minister's Department for Child Protection and Family Support has effectively been shut down. I notice that the original headline in *The West Australian* referred to the unit being halved, but I think the information that has subsequently come to light and is the subject of a follow-up article in *The West* indicates is that that unit is effectively going to cease to exist. These

are two very, very big topics to address in such a relatively short time. I want to assure the house that if I do not have time to canvass all the aspects of each of the two issues, I will return to them in subsequent debates, but also in members' statements, because there is a lot of ground to cover here.

I want to take the opportunity to congratulate Hon Adele Farina, who is now sitting in the chair. Hon Adele Farina has, I think, become the first woman to hold the position of Chair of Committees in this place, and I want to extend my congratulations and note that this is another very important milestone for women in our community. It will send a very significant message to all the girls and young women who will come and sit in our public gallery over the next four years to see that women can do these jobs, and do them very, very well, with a high degree of competence. So congratulations to Hon Adele Farina.

Members: Hear, hear!

Hon SALLY TALBOT: There are two particular incidents that have happened on this minister's watch that give rise to this motion. As I have said, the first part of the motion relates to the resources provided to child protection workers for the care of kids who are suffering from FASD.

Honourable members may remember that my very first question in this house, on the day of the official opening of the thirty-ninth Parliament, was an attempt to get the minister to give some guidance about the actions that she would be taking after the death of a 15-year-old boy on the Dampier Peninsula. I will briefly go over what happened and the particular tragic and distressing circumstances that I was referring to in that question.

I am aware of all the cultural sensitivities around this issue, so I will speak in fairly general terms. What I can tell honourable members is that there is an entire community on the Dampier Peninsula that is still in a state of shock over the events of this particular day that led to this boy's death, and it was very much with that community in mind that I asked that question on the first day of this thirty-ninth Parliament. What happened on that day was that a child was taken on, I believe, some kind of family picnic or community event on the Dampier Peninsula. The child was a boy who was suffering from FASD. He was about 15 years old. He was also, as Hon Helen Morton has confirmed in subsequent reports to this house in answer to my questions, in the care of the director general of the then Department for Child Protection; so, to use the old language, he was a ward of the state. But he was also a client of the Disability Services Commission and had carers provided to him under the auspices of the Disability Services Commission as the provider of those services on the Dampier Peninsula.

We would have thought this child would be under pretty close supervision. But, tragically, something went wrong, and the level of supervision that the child was supposed to be provided with failed badly, because during the course of the day, the child wandered off. Children do this all the time. I have always had the view that rather than try to modify the environment to cope with a child, particularly a child who needs a high level of supervision, we should not take our eyes off the child. So, in a domestic setting, rather than trying to make sure that there are no plugs that the child can shove things into, and there is no water that the child can fall into, we should follow the child around and watch the child. Sadly, in this case, something went wrong, and the child wandered off and disappeared. I guess it would have taken a little while for people to notice that the child was gone. But I am told that within a matter of minutes, or at least within the hour, the child's absence was noticed and a full search was started, knowing that he was a child who was in all likelihood not just curled up under a tree reading a book, because he clearly was not that sort of kid.

What happened then is that, as has been related to me, night fell and nobody could find the boy. So obviously there was a huge amount of distress. Those who are familiar with that country will know that the communities in that area are not discrete entities. So the alarm was spread over a very large area. It was, I understand, not until sometime the next day that one of the search parties found the boy's body, and it was in the most distressing of circumstances, because I am told that there was clear evidence that a crocodile attack had been involved in the death of the boy. I will not go into any more details. It is a long and very horrible story, and it is really too distressing for the people involved to have it recounted in any kind of length. I know that the minister is well aware of these circumstances, because I know that the minister had built her own connections with that boy and with that community, and I do pay tribute to the amount of personal energy that the minister has put into developing those relationships on the Dampier Peninsula. I know that the minister will understand why I will not go into some of the details.

But let us move past that point and look at what happened after that. Obviously the first thing that the people in this community want to know is how could such a terrible thing have happened, and what kind of support will be provided to the people on the ground who spent all those hours in a search party and then had the horrible experience of finding the boy and presumably seeing an image that will never, ever leave them. It was in the spirit of trying to get some answers for these people, who are not eating and sleeping and are in a high degree of stress, wanting to know what is going on, that I asked that question on the first day of the thirty-ninth Parliament.

I was disappointed at the minister's response. The minister was clearly emotionally affected by what had happened, and I do not criticise the substance of the answer that the minister gave. But I am critical of the fact that the minister would not answer the specific questions that I asked. My questions were not trick questions. They were just questions about what the minister is going to do, and how soon the family will have answers. The minister actually went on the record—not in the Parliament, but in the media—as saying that she thought it was an inappropriate question for me to be asking on the first day of Parliament. The logic of that escapes me. It was question time. Question time is a time for ministers to answer questions relating to their portfolios. My question clearly fell within those parameters. It was not a question that was out of order. It was not a question that was inappropriate. It was a question to which the minister could have responded by giving some specific information, particularly given the fact that, by the minister's own admission, she was very familiar with the case.

So we have two points to demonstrate my accusation that the minister has let this community down. The first is that the minister did not provide that information up-front to a community that was very severely traumatised and clearly would have been helped by knowing that there were people in Perth—very important and influential people—who understood what had happened and who were prepared to say, “All right; we will try to help you, and this is how we will do it.” The second way in which that community was hurt was that the minister said that the question should not have been asked in the first place. That is not good enough. We look forward to the minister's explanation as to why she did not respond in a more timely fashion to these questions that were clearly in order for both me and the community to be asking.

The second very troubling aspect of this incident is that about two months later, on 12 May—the original incident was back in March—there was an article on page 2 of *The Sunday Times* titled “Boy in care walks in to jaws of a crocodile”. The minister did not actually comment for this story, but her director general did. The article gives a summary of the events that I have just gone through. It talks about the fact that the boy was a gifted musician—I think that is something that the minister had referred to after she met him—and that his stepmother, who had looked after him since he was a very small boy, had asked DCP to intervene in March 2011 because the boy had developed substance abuse problems. The director general was asked to comment, and this is what he said —

... the boy had walked off “against the advice” of care workers. “The care workers were from the Dampier Peninsula area and well aware of the environment they were in,” he said.

“These activities were known to the boy as he was born and raised in the region and familiar with the landscape and associated risk the area posed.”

That is the comment with which I have some trouble, minister, and I hope that the minister will choose to respond to that particular comment when she gives her reply to this motion. This was a 15-year-old boy who was clearly very, very troubled and very difficult. He clearly had multiple disabilities. We see just in that one short reference that I read from that article that he was suffering from FASD syndrome. I will go into more detail about exactly what that means in a minute. He had a degree of mental impairment. He was also affected in some way by the use of drugs—he had a history of abusing drugs. This is a child about whom I think it is simply not fair to say in some kind of explanation about what happened that the boy knew where he was and knew the risks associated with the area. I can see that that comment would apply to somebody with a fair degree of sophistication about being in the country. Clearly, many people, particularly Indigenous people, could survive in places where non-Indigenous people would not last five minutes. I put it to honourable members that this boy was not one of those people, and to offer that kind of explanation for what happened—not to put too fine a point on it—that the boy would have known what he was doing when he wandered off is grossly unfair to the boy's community, who want to know what happened. The minister cannot turn around and say that the child should have known better, when he was a child of the kind I have described.

Hon Ljiljanna Ravlich: An appalling response, as per usual.

Hon SALLY TALBOT: I think it is really distressing. It becomes nobody who commented on that story to have made that comment in the public arena.

I have asked questions on this matter. I again put it to the minister that she may need to look a little more carefully at the answers prepared for her by her department and staff. In a case such as this, is it reasonable to say the following, as she did in this place on 14 May —

Prior to the day of the child's death, DCPFS had no issues with the level of care he was receiving from his carers and the organisation contracted to provide the care. The child left the carers, against their advice, to go to the water. His carers responded very quickly, pursuing him, but lost sight of him and raised emergency services within an hour of him going missing.

The comment I have difficulty with is “Prior to the day of the child's death, DCPFS had no issues with the level of care he was receiving from his carers and the organisation contracted to provide the care.” I should jolly well

hope that the Department for Child Protection and Family Support did not have problems prior to the day of his death. But what does that mean? Nobody is suggesting that before the day of his death there was something deficient in his care. But the fact that the boy died while he was under the care of the director general of the minister's department and being provided care by one of the minister's other departments means that something is fundamentally wrong with what happened. In these cases the minister cannot explain the boy's death by going back to the circumstances that existed prior to the death and say, "Well, we didn't have any problems the day before or the day before that, or the day before that." Something is wrong with the system. Something must be wrong with it. The minister has only one key performance indicator to bring to bear in a case like this. When a child has died, she has a major problem. I am sorry to express it in such a crude fashion but that is the reality of the situation. It is not acceptable to come into this place and say, up to the day the child died and because his carers lost him, "We didn't have a problem with the level of care that he was being provided."

One does not have to be an expert in this area, and I do not claim to be an expert. In one sense, one of the strengths of our Westminster system is that people do the job the minister is doing and the job I am doing without being experts. The minister has a bit of a head start because she brings some professional background to these portfolios, but I do not and I do not claim to. My point is that we do not have to be experts in the way the system works to see that this case gives rise to some very serious and obvious questions about whether the state provided an adequate level of care.

Let us go through a few of those questions because I think one of the troubling things is that in the two months since this incident, the department and the minister have been weaving a narrative around this tragic situation. The narrative is not addressing the key questions about how the care failed, when we will know the answers and what changes will be made. That was the key part of the question I asked the minister. What will change as a result of this tragedy? The minister has not told us what will change. Clearly, the system cannot stay as it is. Why is it important to get answers to these question about what will change, what went wrong, when will we know and what will change? This brings me to the substance of the motion, because the key question here is the resourcing of child protection services statewide, particularly in the Kimberley, where we know from all the indicators the effects of poverty on child rearing and child development. All the indicators point to the fact that the higher the level of poverty in a community, the more we will need to draw on resources for child protection services. We need these answers because we need to address the broader context about the resourcing of child protection services in the Kimberley.

I have referred to the fact that the boy who died had been diagnosed as being subject to foetal alcohol spectrum disorder. We know there is a very high prevalence of children in the Kimberley suffering from that syndrome. I asked the minister on Thursday last week how many children in the care of the director general statewide were classified as having FASD. Her answer was 60. I knew the answer because I think the department had given it to the journalist who wrote the story in *The Sunday Times*. The journalist was very surprised that the number was so low. Many honourable members will know that we are looking at just under 4 000 children in care statewide, and 60 of them have been diagnosed as suffering from FASD. I am not doubting the data the minister has presented to the house, but I want to suggest that alarm bells should have rung in her head when she saw that figure. I have run that figure past a number of different agencies, child protection workers and teachers—all sorts of professionals working in this area in the Kimberley—and they are absolutely dumbfounded at that number, because it is so low. I asked for regional and metropolitan breakdowns and I think the answer was 14 in the metropolitan area and 46 outside. Statewide, 46 children outside the metropolitan area suffer from FASD. I have not been going around Labor Party branches asking how we can make life difficult for the government; I am talking about people working in the sector who say, "It can't be true; there must be more than that." I went looking for a way of perhaps building the substance of that argument. As I said, I want to stress to the minister that I am not accusing the minister of providing misleading data. I want to know whether she thinks there is something wrong with that figure because most people working in the sector do not believe it.

I referred to the fifteenth report of the Education and Health Standing Committee, which I am sure the minister is familiar with, titled "Foetal Alcohol Spectrum Disorder: the invisible disability", which was tabled in the other place in September 2012. We can take it that the data in that report is fairly current. One of the first things that struck me was when the principal at Fitzroy Valley District High School gave evidence to the committee. I understand Fitzroy Valley school has just over 300 students. I am not sure whether he gave evidence directly to the committee or provided a written submission; I have not got that far yet. His evidence was that he suspected 25 per cent of his students were suffering from FASD. I acknowledge that the question I asked the minister last week about children in care was very specific. I am therefore not trying to extrapolate those figures directly. However, according to the department's records, 46 children outside the metropolitan area in care have FASD, yet the principal of the Fitzroy school is saying that a quarter of his students are suffering from FASD. The reason I want to draw attention to those two figures is the key to this problem. It must be the key to the government's response to resourcing the workers in the field who are dealing with FASD on a daily basis, either as a child protection worker or as a carer of a child with FASD. The key to this definitional problem is that we in

Western Australia do not have such a thing as a diagnostic tool for predicting levels of FASD or for diagnosing FASD. We know that this is a new and emerging field of research. We know that the literature has only started to be compiled over the last couple of decades. I do not want honourable members to think I am making unreasonable demands of the government here. I know it is a new field, but given that it is a syndrome that particularly affects people in poverty and people who struggle with their daily existence, and given that Western Australia has a high number of people who fall into that category, we would not expect Western Australia to be so very far behind the mark when it comes to —

Hon Sue Ellery: We should be leading it in fact.

Hon SALLY TALBOT: Thank you. Hon Sue Ellery has a vast knowledge of these matters based on her experience both as a minister and as a shadow minister in these portfolios. We should be leading because we have communities here in WA that are desperate for this kind of assistance. Yet what we find, as I did, is that a quite empowering way to get to know the topic is to start on the basis of no knowledge, do the reading at the beginning and gradually build up the knowledge. I have begun to understand already that other jurisdictions in Australia, but more particularly overseas, are 10 years ahead of us when it comes to putting in place the very basic diagnostic tools for FASD. A place such as Canada is 10 years ahead of us. It is not beyond the wit of anyone, from the minister to the minister's staff and to the people in the department who are responsible for rolling out these programs on the ground, to bring themselves fully up-to-date with the experience of a country such as Canada. Canada is very important here because Canada's Indigenous communities in some respects are quite different from ours. Canada's relations between Indigenous and non-Indigenous communities are quite different in that Indigenous communities have never been disempowered in Canada to the extent that they have been in Western Australia. I see Hon Peter Collier listening intently. He will be very interested in this matter because, as Minister for Aboriginal Affairs, he will be very familiar with the statistics. He will know that direct comparisons between the two jurisdictions cannot always be made because Indigenous people in Canada have had the resource wealth now for many decades, and so they have moved in quite different directions. Having said that, I have to say that many of the problems are identical, such as poverty, disadvantage and the fact that now a third generation of FASD sufferers are coming through the system. We now know that this happens when it is the community that is impoverished, rather than some kind of temporary misfortune into which a family falls in Indigenous communities, and that the poverty is entrenched in the community. Just as we have seen the terrible results of the stolen generation visited on second and third generations, we are now quite clearly seeing the effects of FASD coming through families, with grandparents, parents and now children all suffering from this spectrum of disorders. The same thing is happening in Canada.

Just last week there was a full-day forum at City West on the prevention of FASD. The Minister for Child Protection's parliamentary secretary, the member for Kingsley, was there presenting on the minister's behalf. She actually gave a very good overview at the beginning of the session, which I think gave a lot of heart to all the key sector workers there. It was a very encouraging report. However, when we got to the part of the program of the keynote speaker, who was from Canada, and we started comparing the two jurisdictions, that was when we saw the grimness set into the proceedings as people realised just how far behind the eight ball we are. That is the reality; we are miles behind other jurisdictions. What should ignite the interest of the Barnett Liberal government, if nothing else does, is that FASD has now been universally recognised as the most common preventable intellectual disability. We can actually stop this happening. It is not like many of the other syndromes that come under the minister's portfolios that mean there will always be a certain number of people who are disabled because of various things that are beyond people's control. FASD is absolutely and utterly within our control. I do not know whether we could eliminate FASD if we had the right programs in place. I suppose it comes down to a matter of individual parental responsibility, and inevitably some parents will refuse to exercise their responsibility in that field. But certainly we could reduce the incidence of FASD very dramatically—down to a few isolated cases.

I want to return briefly to the question of diagnostic tools of which we in Western Australia are totally lacking. I refer honourable members to a couple of key places that I referred to in the report of the Education and Health Standing Committee of the other place, "Foetal Alcohol Spectrum Disorder: the invisible disability". On page 22 there is a quote from Dr Linda Burnside, who has done the literature review. I will leave members to look up their own references because I will run out of time. Dr Burnside said —

Critically, when we do not know how many people are affected we are not able to consistently and accurately measure the extent of FASD in society.

The report goes on to refer to the likelihood of significant under-reporting, which is all referenced on page 22. On page 28, the report refers to the issue of data collection. I recommend the whole report to any honourable member who is interested in this topic. I refer honourable members to finding 2 on page 30, which states —

There is broad acknowledgement in many parts of the health sector that a significant improvement in data collection is needed to understand the true extent of FASD in the Australian community. In particular, there is a need to standardise data on alcohol consumption during pregnancy and to collect and collate data once a FASD diagnosis has been made.

These are all areas in which the government needs to be proactive. We cannot allow this report to just sit on the shelf and moulder away. It turns out, unfortunately, that because the report was tabled only in September last year, it has disappeared off everybody's notice paper, although there was a specific requirement for the government to respond. I point out that the Minister for Disability Services was specifically named in the report as a minister from whom a response was required. The minister does not have to provide that response now because we have a new Parliament, and so that requirement has disappeared with the old Parliament. It would be a very positive thing to do, if the minister were able to respond to the recommendations of that report that relate to all her portfolios, because I think she would agree that there is an overlap between all three, even though it was only as Minister for Disability Services that she was referred to in that report. We are not without any progress, but unfortunately I think it is very, very slow in Western Australia.

It would be remiss of me to not refer to the Lililwan Project, which I believe is funded by the commonwealth government; I am not sure if there is any state government money in that project. The thing that distressed me when reading about this is that it is a great project. It is about providing culturally appropriate diagnostic tests in remote communities. The thing that upsets me when reading the summary of that project is that it is so very basic. All we were talking about with this project was trying to get the language right so that we could get information from the people who would be affected. These are very, very early days for being able to put in place some kind of comprehensive foetal alcohol spectrum disorder reduction program. All we are talking about at the moment—this is not to denigrate the project at all; this is essential work—is: why is it only just being done now? Why are we so far behind the eight ball? This project gives examples of replacing words like “alcohol” with “grog” and replacing terms like “child rearing” with “growing up”, because that is the language that people living in this part of the Fitzroy area understand. I put it to honourable members again: we are a long, long way behind. What a project like that does not look at is some of the reasons women are not accessing the services; why women are deliberately not becoming part of the data collection process, and I think that work needs a lot of focus.

I have only a couple of minutes remaining to me, so I will move quickly to the second half of the motion because, as I said at the outset of my speech, this is a topic to which I will return many times over the next few months. The second thing that has happened on this minister's watch is a reduction in the legal services provided to people who have had an adverse event while they are in care. These two things are clearly connected. The first case I outlined clearly did not apply to the child, because the child died. But we do know that dozens of children have used the resources provided by the civil litigation unit in the minister's department over the years. I will provide a very brief outline for the benefit of honourable members who have not paid close attention to this. The Department for Child Protection and Family Support has two legal units; one of them deals with the kind of legal stuff involved around taking children into care, and of course one can imagine that those issues are many and varied. The second unit, the civil litigation unit, again has a variety of tasks attached to it, but the key ones are that it provides legal services to children who are abused or injured in care. Over the years, that unit has built up quite a spectacular reputation for itself. In other words, it has had some major successes in terms of taking the legal cases forward and preparing the briefs that have resulted in some extremely significant court settlements being made to the victims of abuse while in care. There were a couple of very famous cases, of which I am sure the minister is well aware.

It turns out that some time before the 9 March election a cabinet decision was taken to reduce legal units right across government—not specifically in child protection—by 10 per cent and, as I understand it, to reduce the amount of briefing out that takes place, again by 10 per cent. Members should think about what that means. In a nutshell, it means we have fewer people to do more work. It is not rocket science: that is a 10 per cent cut to the number of lawyers and paralegals employed and a 10 per cent reduction in the amount of outsourcing of legal work being done. When the government walked in here last May and talked about the next round of efficiency dividends, of course the question from this side was: “What are you going to cut?” Those members who were here at that time—which is only about half the people on this side—will remember that on the day of the budget, the government could not tell us; on the day of the estimates hearings, about a month later, the government could not tell us; and on the day of the Legislative Assembly estimates, it still could not tell us. Then, when we brought individual people into the estimates standing committee at the end of last year, the government still could not tell us. It waited until Parliament got up at the end of November, and then it started rolling out all these cuts. I had something to say about that over that period, with my old portfolio hats on—environment et cetera. However, although the government could not tell us where the cuts would be made, we were assured all the time that they would not affect essential services; no front-line services were to be cut. I am sorry, but I think there are two arguments that should have been made here. The first is that the Department for Child Protection and Family

Support should have been exempt from those cuts. We saw in the media this week that some ministers have actually had the gumption to stand up to the Premier and the Treasurer and say no. I understand that Minister Hames said no, and I understand that a couple of other ministers also found the courage to actually stand up to the Premier and the Treasurer and say, “No, we’re not making these cuts”. My question is: when is the Minister for Child Protection going to find the courage to stand up and say that? When is the Minister for Child Protection going to take responsibility for the fact that, if this unit disappears, it will be only the children who are injured or abused in care who will suffer? This is not about jobs for lawyers or about increasing the amount of litigation that takes place; this is about providing assistance for these children who have become victims in that sense.

This is a very serious and significant development. As I said, there are two legal sections in the Department for Child Protection and Family Support. I suppose it would have been convenient if the minister could have persuaded us that all she was doing was moving the legal services into one section. We might have been happy with that and we might have been content to say, “Well, we’ll see how that pans out.” We might have been happy if the State Solicitor’s Office had said, “It’s okay; we’re taking some of these lawyers and they’ll be providing the services for child protection, but in a different office.” We know how governments shuffle payrolls around like that; that is fine. All we care about is that those services will still be available to children who have been abused or injured in care, but that is not the case. I have a letter signed by all the legal officers in the legal practice services unit of the Department for Child Protection and Family Support—that is, the other department, the one that is not being reduced—saying that they cannot cope with the extra workload that is going to be placed on them. They have written to the Legal Practice Board. The letter states, in part —

We are writing in our capacity as State Government Legal Officers employed by the Department for Child Protection and Family Support in the Legal Practice Services unit (“LPS”).

The Civil Litigation Unit (“CLU”) within the Department for Child Protection and Family Support has been abolished and the 4 permanent legal officers and 2 contract legal officers in that unit have been advised their positions will cease on 30 June 2013. The bulk of the functions of that unit has been assigned to LPS which has 11 legal officers whose work is currently primarily directed to litigation of Applications for Protection Orders under the *Children and Community Services Act*.

Criminal Injuries Compensation (CIC) claims are the bulk of the work of the CLU. Currently there are 457 —

I seek leave to table this letter.

Leave granted. [See paper 275.]

HON HELEN MORTON (East Metropolitan — Minister for Child Protection) [4.08 pm]: I offer my congratulations on your election to your role, Madam Deputy President (Hon Adele Farina).

A lot of information has been provided by Hon Sally Talbot, and only a little of it is factual or in context. I only have about one minute and eight seconds left so I will not get into the depths of this today, but my opportunity will be to demonstrate that the government indeed is very aware of the issues around FASD and has been doing enormous amounts of work in that area, both in the Department for Child Protection and Family Support and also across the whole of government. It is probably a big step forward in terms of what I can see had been happening up until this government came into power.

The other thing I want to deal with in the short time I have available is to indicate that the question asked of me on the day Parliament opened was during questions without notice, so there was no warning of what that question would be. Sitting directly behind Hon Sally Talbot were the coroner and the Ombudsman, both of whom are investigating this case. For those reasons, and because I was not given any warning about this question, I was able to answer it better at another time.

Debate adjourned, pursuant to standing orders.