

Division 41: Commissioner for Children and Young People, \$2 962 000 —

Mr I.C. Blayney, Chairman.

Dr K.D. Hames, Minister for Health representing the Attorney General.

Ms J.J. Perkins, Acting Commissioner for Children and Young People.

Ms C. Irwin, Executive Director.

[Witnesses introduced.]

The CHAIRMAN: Member for Maylands.

Ms L.L. BAKER: I am very interested in the government's commitment to this position. A review has been conducted into the Commissioner for Children and Young People Act. The review was completed and tabled with the Attorney General last May and still nothing has been forthcoming from the Attorney General about the outcome of that review. I will tell the minister why it is important. For 18 months we have not had a children's commissioner with a permanent appointment. We had the first commissioner acting for 12 months who may have got sick of the position and left, I do not know, and we now have the very capable Ms Perkins, but she is also acting in the role. For a position that I personally consider to be crucial for the safety of children in this state, we have no commissioner and I am told that has to do with the review. Can the minister tell me where that review is at and when it is coming?

Dr K.D. HAMES: I hand over to the acting commissioner.

Ms J.J. Perkins: At this point I am able to advise that my understanding is that the Attorney General currently has a copy of the review report that was completed, is currently considering it and is seeking additional information.

Ms L.L. BAKER: Is Ms Perkins referring to the report of the review and not the review itself? What has the Attorney General been given?

Ms J.J. Perkins: My understanding is that a review of the legislation was conducted by the Public Sector Commissioner last year and a copy of the report from that has been provided to the Attorney General. My understanding at last advice is that he is seeking additional advice on the information before he makes his final review from that.

Ms L.L. BAKER: That is what I keep getting told by the Attorney General. The minister will appreciate why, after 18 months, I am a bit over that response. Indeed, with the royal commission into children in institutional care generating a massive amount of work in the Attorney General's department, I fail to see why he does not get the fact that he needs to release this review. Can the minister please tell me when the review will be released, without just saying "sometime soon"?

Dr K.D. HAMES: I will pass the view of the member for Maylands on to the Attorney General, if she has not done so already, that she believes he should get on with it. Can I say that we have had people in acting positions both in the previous Labor government and currently in our government.

Ms L.L. BAKER: Not in this position, minister.

Dr K.D. HAMES: There is quite clearly an acting director general of Health, who has all the authority of a director general. There is nothing that an acting director general cannot do that could otherwise be done by a director general. Clearly, if we are going to continue with the role, having someone employed on a long-term permanent basis would be desirable, but even if the previous occupant of the position had been made permanent, there is nothing to say that they still would not have sought to leave after 12 months. I believe that an acting position gives all the authority to make sure that we give this very important issue the attention it deserves.

[4.00 pm]

Ms L.L. BAKER: I appreciate the view just put by the minister. Unfortunately, it is not shared by most of the community who are interested in this matter, and I can say that unequivocally. The fact that we do not have a permanent appointment reflects extraordinarily badly on this government's commitment to the area. So I will ask again: when the minister speaks to the Attorney General—will he please write this in very large print on his very well educated pad—can he mention the need to release the review of this office?

Dr K.D. HAMES: I do not accept the member's view that not having a permanent director reflects badly on this government, any more than not having a permanent director of health reflects badly on this government.

Ms L.L. BAKER: It is not my view.

Dr K.D. HAMES: For example, we have an extremely competent and well-performing acting director general of Health and I am sure we have an extremely competent and well-performing Acting Commissioner for Children and Young People.

Mr S.K. L'ESTRANGE: I refer to page 471 of budget paper No 2. The third dot point under "Significant Issues Impacting the Agency" states —

Generally, children and young people in Western Australia fare well. However, there continues to be disparities in outcomes for Aboriginal children and young people ...

Could the minister please outline what the government is doing to try to address that disparity?

Dr K.D. HAMES: The acting commissioner.

Ms J.J. Perkins: The Commissioner for Children and Young People has a statutory responsibility to pay particular regard to the wellbeing of Aboriginal children and young people. That is outlined in one of my functions. All the work of the Commissioner for Children and Young People is underpinned by two key approaches, which is considering looking at what the evidence base and best practice is in this regard and listening to the voices of children and young people.

In answer to the member's question, I plan to be tabling in Parliament later this year a copy of the second edition of the Wellbeing Monitoring Framework. It is a body of work that the office of the commissioner has undertaken to look at a range of demographic data and a number of key indicators about how Western Australian children are performing. In that context, virtually all that data identifies how Aboriginal children are faring in contrast with their non-Aboriginal peers. The intent of that work is to really, I guess, provide a central resource, a range of information, for both government and non-government agencies to get a better understanding of where some of the priority areas might be for future work. It is a big body of work for the commissioner. It includes looking at best practice programs through another body of work around building blocks that highlights where there might be opportunities to invest in programs.

The other work and priority for the office is around listening to the voices of children and young people. The commissioner has consulted widely over the last six years with more than 6 000 children. The priority this year for the office will be particularly to bring to the fore the voices of Aboriginal children and young people so that their voices, hopes and aspirations can be heard.

Mr P. PAPALIA: I am wondering, just following on from that question, whether the commissioner has looked at or analysed the potential impact on Aboriginal children of the changes to the aggravated burglary legislation. Has any analysis been done to determine whether there will be an increased number of Aboriginal juveniles incarcerated as a result of that legislation?

Dr K.D. HAMES: I refer to the acting commissioner.

Ms J.J. Perkins: Currently, within the resources of my office that is not an area that we have actually had the opportunity to look at in detail.

Mr J.R. QUIGLEY: Sorry, has not had the opportunity?

The CHAIRMAN: Member, is that a further question?

Mr J.R. QUIGLEY: I was trying to hear.

The CHAIRMAN: Sorry; you are asking for clarification.

Dr K.D. HAMES: If it could be just repeated, what was said.

Ms J.J. Perkins: We have not had a look at that legislation at this point in time.

Mr P. PAPALIA: Has the commissioner looked specifically at juveniles in detention, in relation to the dot point about Aboriginal disparities and outcomes, to determine any pattern or commonality between the individuals who are incarcerated and the subsequent negative outcomes? Is juvenile detention looked at? When the acting commissioner is analysing disparities and outcomes, does she just go out into communities? Is she going into Banksia Hill Detention Centre at all?

Ms J.J. Perkins: A range of data is included in the Wellbeing Monitoring Framework across a range of indicators, including behaviours and risk. I do not have that list in front of me, but it includes data about young people interfacing with the justice system. I cannot give the precise detail at the moment. In the past, the member would be aware that the office has been involved in visiting Banksia Hill, given its ongoing involvement and work through corrective services.

Mr P. PAPALIA: Just very specifically, since the shift of all juvenile detention to one facility at Banksia Hill, has the office increased the number and frequency of its visits to that facility to monitor the wellbeing of those juveniles?

Ms J.J. Perkins: As clarification, I do not have a direct role in specifically monitoring the outcomes for the people in Banksia Hill. I personally have had one visit in the time that I have joined the commission and liaised with a number of the key stakeholders, such as the Inspector of Custodial Services, about what his work is in that regard.

Mr J.R. QUIGLEY: I refer to page 471 and the third dot point, which states —

... Monitoring Framework brings together information on a range of wellbeing indicators and best practice examples to support improved outcomes for children and young people.

My question is specifically directed at the concern I have for, especially, young Indigenous children suffering from foetal alcohol syndrome, which has been recognised by the World Health Organization as a disability. Has the acting commissioner had a look at the support being offered by agencies, especially in remote areas, to children stricken with foetal alcohol syndrome who have mental impairment? What supports are being offered to those children?

Dr K.D. HAMES: Before the acting commissioner answers, I ask for the indulgence of members opposite. She needs to go in five minutes to catch a plane. If the member for Butler does not mind, if she can just answer that question and then we can close this division; is that all right?

Ms L.L. BAKER: I have an important question I would like to ask.

The CHAIRMAN: Let us try to crack through this, on the understanding that the acting commissioner has five minutes.

Dr K.D. HAMES: Can I just say that with foetal alcohol syndrome, we, in health, are providing a lot of funding in that area, particularly around Fitzroy Valley. There has been a significant increase in funds dealing with that matter. I would be happy to provide the member with further information, if he would like, without needing supplementary information, on what the health department is doing in addressing foetal alcohol syndrome in this state, if that is okay with the member.

[4.10 pm]

Ms L.L. BAKER: Could the Deputy Premier please tell me how the government has implemented the Blaxell recommendations that it promised to implement 18 months ago to establish a one-stop shop for the reporting of child abuse in this state?

Dr K.D. HAMES: The acting commissioner will answer.

Ms J.J. Perkins: I presume that the Blaxell recommendation that the member is referring to is in relation to the establishment of a one-stop shop. At this point in time, that is not a function that has been given to my office.

Ms L.L. BAKER: It was meant to be.

Ms J.J. Perkins: We are at the moment, though, still continuing the work that we do in the space of developing child-friendly complaints mechanisms, and we will continue work in that space while we work out the best way to implement that.

Ms L.L. BAKER: I have one further question. I am just confirming that the Office of the Commissioner for Children and Young People has not implemented those recommendations from Blaxell's report.

Dr K.D. HAMES: I am advised that work is still being considered on how to do it, so I assume from that —

Ms L.L. BAKER: For 18 months.

Dr K.D. HAMES: — that the answer is no.

The appropriation was recommended.