

**JOINT STANDING COMMITTEE ON THE
COMMISSIONER FOR CHILDREN AND YOUNG PEOPLE**

REVIEW OF THE FUNCTIONS EXERCISED BY THE COMMISSIONER

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
MONDAY, 15 JUNE 2015**

SESSION FOUR

Members

**Ms L.L. Baker (Chair)
Hon Robyn McSweeney (Deputy Chair)
Ms E. Evangel
Hon Sally Talbot**

Hearing commenced at 2.06 pm**Dr MELISSA O'DONNELL****NHMRC Research Fellow, Telethon Kids Institute, examined:**

The CHAIR: On behalf of the Joint Standing Committee on the Commissioner for Children and Young People, I would like to thank you for your appearance before us today. The purpose of this hearing is to assist the committee in its review of the functions exercised by the commissioner, with particular reference to the recommendations in the review of the act. I would like to introduce myself, Lisa Baker, member for Maylands, Chair; my Deputy Chair, Hon Robyn McSweeney, member for South West Region; and fellow member, Hon Dr Sally Talbot, member for South West Region. You will note Eleni Evangel's name in front of you, but she has had to leave for these hearings, so her apologies. This hearing is a formal proceeding of the Parliament and therefore commands the same respect given to proceedings in the house itself. Even though the committee is not asking witnesses to provide evidence on oath or affirmation, you should understand that deliberate misleading may be regarded as a contempt of Parliament. This is a public hearing and Hansard is making a transcript of the proceedings for the public record. If you refer to documents during your evidence, it would assist Hansard if you could provide the full title for the record. I failed to mention on my right Renée and Vanessa, our parliamentary support staff for this report. I just quickly mention them. They do all the work!

Have you completed the "Details of Witness" form?

Dr O'Donnell: Yes, I have.

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

Dr O'Donnell: Yes, I do.

The CHAIR: Did you receive and read the information for witnesses sheet provided?

Dr O'Donnell: Yes.

The CHAIR: Do you have any questions?

Dr O'Donnell: No.

The CHAIR: Melissa, I think perhaps a good place for me to start is to just clarify that the review that we are engaged in is to inform the Parliament on how the children's commissioner might respond to things like Blaxell and the Public Sector Commission's recommendation into child abuse complaints and similar. It was never Blaxell's intention that the commissioner should investigate complaints. He also never thought that the commissioner should have a role in receiving formal or official complaints of child abuse. Finally, it was never Peter Blaxell's intention that the commissioner's office be a single point of disclosure, but that other methods and structures for disclosing and reporting would remain in place. Having said all that, the committee is of a view that what was being recommended is that the children's commissioner be a support role—if you like, a signposting role—for disclosure. This was intended to ensure that people are aware of the process, directed to the appropriate existing agency and processes in place as required, and offered referrals for support throughout. I felt it was important to say that at the beginning because there has been a lot of confusion over what was being recommended. Recently, we had Peter Blaxell in and he clarified a lot of what he intended should have been in the interpretation of his original recommendations. Having said that, if such a support role existed, do you think that would be appropriate for the Commissioner for Children and Young People?

[2.10 pm]

Dr O'Donnell: I suppose, as those involved in making our recommendation, we were quite concerned, as you said, that the complaints role that was going to be established was not quite clear. I think that is where our concern was. I guess we see that the concern for the government is that there should be a real focus on the public health approach to child abuse and neglect, and particularly that there should be no wrong door in terms of a disclosure and that all agencies that work with children need to have a child-safe policy and process for those disclosures. Therefore, we see the commissioner's role as very much supporting organisations to maintain those policies and to improve upon them, because, as we know, some are inadequate and there needs to be a lot more work in that area. We see the commissioner as playing a really essential role in advocating for the wellbeing of all children and young people, particularly for those who are vulnerable and do not have a voice in the community. We feel the commissioner's role is the most important as an advocate for all children and that she can work to strengthen, or he can strengthen, the capacity of organisations to respond and prevent child abuse.

The CHAIR: I am really interested in your earlier comments about the public health approach. Tell us a bit about the views of the Telethon institute and the kids on how the commissioner might continue her work in a public health framework around this.

Dr O'Donnell: I guess Fiona Stanley has always had a belief that there needs to be a more systematic policy about preventing child abuse across government agencies. We know that the pointy end of child abuse often is what attracts the funding because obviously people want to respond to those children in need. However, as we say, you cannot send more ambulances for children who have been abused; we need to prevent that abuse. That is where we think the commissioner's role is pivotal in terms of looking at what are the risk factors and protective factors in those communities and across communities, and working with agencies to try to strengthen that within organisations, such as primary prevention for all children—that is her mandate—and secondary prevention for targeted services for those who are vulnerable, such as children from families with mental health issues and substance use. There is such a role that she can have across different areas.

The CHAIR: The rest of us will pop in with questions, if you are okay with that, Melissa, as we think of them. One of the things I am interested in hearing from you is that Blaxell's report was on the period 1970 to 1990. A lot of what he had to say, we are told, has been acted upon and some of it is fixed up and it is a different environment. When Peter Blaxell was in here, he went to great lengths to recognise what a good job the police have done in their responses and how sophisticated and world's best practice they are in this area. I am really interested in your institute's view of where we have got to and how effective the system is. Are you in a position to make some comments about that?

Dr O'Donnell: Yes. I guess my primary area of research is child abuse. I use the child protection —

The CHAIR: Do you want to talk about that?

Dr O'Donnell: Yes, if you want me to.

The CHAIR: That would be great, and then answer the question!

Dr O'Donnell: I use linked government data. I use anonymised data which links child protection data to health, education and disability services, and even the health and mental health data. We are trying to look at some of the pointy end of the stick of those children involved in child protection and also look at those factors that make them at risk. Our most recent work is on parental mental health and the risk for children involved in child protection. The area we are currently working on is children with disabilities who are at most increased risk. I guess that is where we can, as an institute, advise government agencies. The partnerships we have created are to advise government

agencies about where it is good to invest in terms of prevention and early intervention with families and children. Our aim is to prevent the abuse in the first place.

Hon ROBYN McSWEENEY: That is very difficult.

Dr O'Donnell: Yes, it is difficult, but we see a number of areas where there has been improvement. I think there is much more evidence and understanding around parental mental health in particular. Agencies are working closer together to deal with those concerns. The more research and evidence we have in which we can make a difference, that is important. It has come a long way in terms of the pointy end. In terms of the organisations and the structures around that, such as the mandated reporters, people are understanding reporting much better and clearly understanding more about what needs to be reported, particularly among teachers and others. We still have a way to go. We are never going to be perfect at this point, but I think there have been improvements. I think pre-birth protocols have been good because we understand that we need early intervention with those families who are at risk and therefore working with those families earlier. Our view is that whatever we can provide in terms of that evidence is important. One of the papers I did was on mothers who have a child born with neonatal withdrawal syndrome—obviously babies who are on substances. It alerted the health department at King Eddy's about the rising number of those families and the need for services for those families so we can try to prevent that outcome as well as prevent the ongoing removal of those children. I think that is where the work is important. The commissioner has a vital role to play in this area in terms of advocating for those children and families who are often the most at risk and vulnerable, and who are most marginalised in the community.

The CHAIR: It strikes me that you might be able to answer a question that I keep asking but I have not yet got an answer to. Do you think that from where we were when Blaxell made his report to now, if you were able to have conversations with children, would they be different? In other words, would children feel, and are they able, to be believed when they speak? Do adults listen to them more effectively? Is the environment better for children than it was when Blaxell did his report?

Dr O'Donnell: I think it has definitely improved. There is more education of people such as teachers and others.

The CHAIR: Do you have evidence about that?

Dr O'Donnell: In terms of the evidence, I think Ben Mathews from Queensland has done some work around that. I can look into that. The mandated reporters have a better understanding of the rights of the child. I cannot say that we have surveyed children to find out whether they feel that they have those rights, but in terms of those who work with children, I believe they have a better understanding of the rights of the child. That is where the commissioner's office has been really valuable in advocating for the rights of the child.

Hon ROBYN McSWEENEY: Because you mentioned public health clinics or public health, a few weeks ago I went to a child health clinic. It was old; probably built in the 1940s. When I walked in the door, there was a couch there for me to sit on, say, as a grandma. There was a woman there who was talking about the details of the birth. There was another room segregated off. That is fine for that room, but this person here, I walked outside because I was a little bit embarrassed and then they called me into the other room. There are a lot of those clinics. How is a woman ever meant to say that they are having problems if there are other people around who can hear?

Dr O'Donnell: With those kinds of organisations it is imperative that women have the option to speak in private disclosure and in confidence. I think that is really important. That is a role of educating professionals about how to deal with that. That is why we think the child health nurses have a very pivotal role in terms of working with families. It is standard now to screen for depression and other issues.

Hon ROBYN McSWEENEY: They do a wonderful job. I am not criticising the job of health nurses; I am criticising the old-style building, that women do not feel able to say things.

Dr O'Donnell: I agree, yes. I think that is it—if you have good infrastructure and support for those services that are on the front line, that is where it is really important. That is probably one of the main points that you have contact with when you are a new mother and you can talk about those issues. I agree—you do need that privacy in terms of disclosures.

[2.20 pm]

The CHAIR: Did you actually do this submission? Was that you?

Dr O'Donnell: Yes; we all worked together.

The CHAIR: Fabulous. I will just take you back to that submission. There are a few things we wanted to clarify and wanted your opinion on. In your submission you said that the commissioner should be given the power to retain an oversight and track of complaints that come into the commissioner's office. What sort of advantage do you think that would provide to the commissioner, or to a child in fact, if the commissioner had that oversight? How do you think that would help?

Dr O'Donnell: I guess our main concern was the taking on of the complaints function, but if that did take, in case, we would like them to have oversight in terms of understanding what the process is in terms of how that complaint has been dealt with by the agency involved or the agencies.

The CHAIR: Would their relationship be with the child still or with the agencies?

Dr O'Donnell: I think that is what we wanted them to consult with in terms of the department for child protection.

The CHAIR: Agencies?

Dr O'Donnell: Yes. So in terms of how that would be managed, I think that is where we wanted stakeholder discussions to take place to enable that. At this stage we did not understand what role that would be; whether the commissioner would be an advocate for that child or whether they would just be an oversight, so they would make the referral to an agency that then took on the complaint, and then the commissioner would have some oversight into what was happening with that case.

The CHAIR: That is a fair question. Peter's view is that a child needs a friend or somebody who takes their word as it comes directly from them without question, and helps that child navigate through the system. Do you think that role is adequately provided at the moment? First of all, that helping to navigate the system, is that provided anywhere?

Dr O'Donnell: It is difficult to say. We know that there are currently ways of putting complaints into the system. We are not exactly sure how child safe they are or how comfortable children feel with those systems, but the concern is that there could potentially be a duplication of roles if the commissioner was providing oversight and then the Ombudsman was providing oversight as well. Just recently we saw that in the Queensland commission, in the Carmody inquiry, there was a recommendation that it would be more efficient if complaints about the child protection system, for instance, that were previously directed to the commissioner or a child guardian were investigated by the relevant government departments, with oversight by the Ombudsman. So that is where we are not sure whether that would then become a duplication of roles, and whether it would detract from the other roles of the commissioner. In terms of that, the concerns are also about the level of disclosures. Obviously there are a lot of disclosures about parents and families as well as potential abuse by organisations, so therefore we are not sure whether those would be handled in the same way or would not. In terms of the expertise of the staff of the commissioner's office, would they have the relevant expertise in taking disclosures, because you would not want to contaminate disclosure and make it more difficult for that child to seek justice. So, yes, they were our main

concerns about how that process would take place, and we believe that it is really important to consult with stakeholders to do that.

The CHAIR: Do you think there is currently enough, or where is there currently an independent oversight of that process? Do you know of one?

Dr O'Donnell: I guess our question was whether it was the responsibility of the Ombudsman's office or whether that was why you felt that the Ombudsman's office was not enough, and that therefore the commissioner would have to take over in that role; otherwise, is it possible for the commissioner to work with the Ombudsman to allow that Ombudsman's office to make it more child-friendly and child-safe to enable those disclosures, and then would the commissioner be a point of referral to that agency? Yes, I am not sure.

The CHAIR: It is interesting that Peter Blaxell talked a lot about the Ombudsman as the preferred point originally. I think whether it was the Ombudsman or the commissioner, significant resources are really required to pick that up —

Dr O'Donnell: Yes.

The CHAIR: — because for the Ombudsman to suddenly be in that role would require special expertise and skills, and they do not currently carry that. At the time, the Ombudsman seemed to be quite happy to do that but that all changed in subsequent years. So things stayed where they were, and now we are in a situation of asking whether that oversight should be conducted by someone and whether it is currently being conducted by anyone. What I am hearing you say is that you think the Ombudsman is currently doing some of that oversight?

Dr O'Donnell: That was our impression. We know the department for child protection has its own complaints functions. I guess if they are not happy with the response from the department for child protection, they would go to the Ombudsman. Our question was whether it was felt that that was adequate or inadequate, or whether that needed to be modified and supported with the help of the commissioner, or whether it was going to be based in the commissioner's office, which could detract from the other roles for advocating for all children. That was our question.

Hon ROBYN McSWEENEY: I was just going to quickly say that the Ombudsman has oversight of the Child Death Review Committee, so I think there are about nine staff in there working on that.

Hon SALLY TALBOT: One of the difficulties that we have encountered is trying to pick apart the Blaxell recommendation to get to the heart of what he means. He has been in here and we have talked to him, and it is not hard to understand. But one of the challenges is that of course the children he was reporting on in the St Andrew's Hostel inquiry were not on the child protection radar, they were just children at school.

Dr O'Donnell: Yes.

Hon SALLY TALBOT: I wonder whether that in any sense changes your perspective on things? Ombudsmen, by the nature of the statutory provisions relating to their act, have to be focused on malfeasance. So, there is a structure set up there that provides an oversight to the Ombudsman and to all those processes that currently exist—like, for instance, in relation to the department for child protection—but there is nothing when you get off that radar; when you are looking at the child who does not have a case officer.

Dr O'Donnell: Yes. That was what we thought: the department for child protection would be involved. If there is a disclosure or if there is an act of abuse that is visible, often the health department or the child protection unit would be doing a physical examination with the department for child protection, I guess, providing an investigation with the police. That is where I think it has become much stronger in terms of the interviewing techniques that are done with the police and child protection. I think in those cases where children are not already involved with the department

for child protection, it would be the case that the department for child protection would be involved in the investigation.

Hon SALLY TALBOT: So then Blaxell's question is: who walks the child through that? What you have just described is a fairly traumatic process; all of a sudden you have gone from being a student enrolled at a country high school, to somebody who is now subject to —

The CHAIR: A whistleblower.

Hon SALLY TALBOT: Yes; subject to all the mechanics of child protection, all the mechanics of the health department, all the mechanics of mandatory reporting. So, who goes through that with the child?

Dr O'Donnell: That is a good question. I think it may be for the department for child protection to talk about the policies and processes around how they support children through that process. I do not think it would then fall on the commissioner's office to walk through that process with each and every child; I think they would not be resourced adequately to do it. I think it is about making those organisations child-safe and having effective policies and practices in place to support children through giving testimony and providing disclosures and through the process they have to go through.

[2.30 pm]

Hon ROBYN McSWEENEY: Which they do now.

Dr O'Donnell: But I do not think a commissioner's office would make the process any easier; I do not think they would be able to go with each and every child who makes a disclosure.

The CHAIR: Why not?

Dr O'Donnell: I do not think they would be resourced effectively.

The CHAIR: You are right in that assumption, but Blaxell and all of us acknowledge that the commissioner is currently not resourced. If we were going to do any of this stuff and we could get the eight FTE needed and a significant operational budget—start from that position of unlimited funds—and the commissioner was supported by government to set up that function, do you think the commissioner could play that role if they were given the resources?

Dr O'Donnell: As you said, a child advocate function would be good, but I think it would also be to the detriment of their other functions, and that is where our concern is. If we are sticking to the pointy end of child abuse, whereby we are just looking at investigations, then that is different from trying to prevent child abuse and neglect across the whole of the community, where the commissioner has a very strong role to play in that area in terms of advocating for the needs and wellbeing of all children, particularly those who are vulnerable to abuse and neglect. In that respect I think it would still be to the detriment of the work that they currently do. I think the Victorian commissioner also made a comment about that as well—that it could be to the detriment.

Hon ROBYN McSWEENEY: It will be, because once a child is disclosed and is in the child protection system it is the social workers who help them through the court process, so we would only be doubling up. I like what you said before, and we are all coming to the same point: there is an education campaign that the children's commissioner should and really ought to be out there promoting that child safe, child protection—what is the word I am after to prevent child abuse?

Dr O'Donnell: Protective behaviours.

Hon ROBYN McSWEENEY: That is the word.

Dr O'Donnell: I think they have a very important role, because I think the commissioner can do that reach towards those agencies involved with children so that they can encourage the protective behaviours programs and educate the community about the need to protect children's rights and educate them about children's rights.

The CHAIR: Can I clarify, Melissa, what I think it is you are saying, and correct me if I am wrong. I think you are saying that to give resources to the children's commissioner to be a point of referral for the kind of children that Sally described—those who are not in the system, who are on no-one's radar, whom no-one knows about—would be counterproductive to the commissioner's role, and you are advocating that that should be picked up by the department for child protection?

Hon ROBYN McSWEENEY: They do it anyway.

Dr O'Donnell: Yes; our understanding was that child protection is supposed to support children through investigation.

The CHAIR: I am talking about children who are not on their radar, though.

Dr O'Donnell: But if they have been abused and a disclosure is made, then the Department for Child Protection and Family Support gets involved, and the child protection unit at PMH is involved in the health aspects of that child; so, yes, my understanding is that the social workers support children through the process of investigation.

The CHAIR: Peter's concern about this—correct me if I am wrong on this, please—is that for a group of vulnerable children across the Western Australian community, the connection to a department badged “child protection” is automatically negative in the first instance, even if they are not on their radar, and that they may not want to go there because they know from a family history or from a context that they have grown up in what are the possible ramifications of going to that person; therefore, they are going somewhere where they think there is a loaded agenda. I think what Peter was saying is that what the child actually needs is a friend who does not come with all that baggage and can step in and say, “I'm with you on this journey; I'm with you all the way.” I am not advocating for one position or the other, but I am trying to describe what I think was said.

Dr O'Donnell: I think that is where we need to work. The work needs to be done in making the department for child protection a much more child-safe, proactive and supportive process, rather than, say, creating another agency to support a child through the process. I guess it is already assuming that the department is not going to handle the case well, and I think that is where the commissioner's role should be—supporting agencies such as the Department for Child Protection and Family Support to improve its policies and procedures around supporting children through that process, rather than saying that they are not going to do a good enough job, so we will take that support and put it in place to walk them through the process. If we are talking about the numbers of cases, has there been any understanding of how many cases the commissioner may have to take on in terms of disclosures? There really should be no right door in making a disclosure. The commissioner's office may not be seen as a place in which they feel safe to talk about these issues. In terms of educating those staff who work with children in whatever capacity, to be able to support children in making disclosures and contacting the system, and improving the systems so that it is not a bad experience and that they feel that they are supported, then I think that is where the emphasis and support should be put.

The CHAIR: So, change the existing culture or perceptions of the existing culture of an organisation rather than bringing in a new clean skin clinic; is that your position?

Dr O'Donnell: Yes.

Hon SALLY TALBOT: What I hear you saying is that we give that advocacy role to DCP.

Hon ROBYN McSWEENEY: They have already got it.

Dr O'Donnell: Yes, that is my assumption—that they are not supposed to be the bad guys in my understanding. They are supposed to be supportive of children's needs and rights. That is the view I take, and I assume that is what the department has been set up for. I think by resourcing another agency to, say, give them an advocacy function to walk a child through the process, will duplicate resources, and if it fails, the commissioner's office will then get tainted with the idea that they are

just as bad because they did not improve the process, when we really should have improved the process. That is my concern.

The CHAIR: Very well put. Thank you. In your submission you talk about information sharing between departments being essential to improving the process for investigation of complaints. Would you like to talk a little about that? It is clear you have a lot of experience in that.

Dr O'Donnell: I guess there are concerns about agencies who either make complaints or express concerns about the department for child protection, or vice versa, but there is no real collaboration to discuss those concerns. I know from my research, we wanted to know how many cases of child abuse that were picked up in hospital admissions were then substantiated by the Department for Child Protection and Family Support. That is currently not known, apart from the data that we have. We were able to link those cases to find out how many were substantiated. In effect, they had quite a high substantiation rate. Hospitals would probably not have known that they were referring cases that were very much legitimate and were being substantiated by the department. Also, King Eddy's had no idea how many children had ended up in the child protection system and were put into out-of-home care once their mothers had been allowed to go home with their children who had suffered neonatal withdrawal. We were able to provide that information, and that is really important information in terms of management of those cases and in terms of how we work with those families and what areas we need to improve upon. I think there are a lot of issues where there is not that clear communication which is really necessary if we are going to improve things, particularly with the pre-birth protocols.

The CHAIR: I was just checking my facts; I think the UK is doing that, and it has recently had conversations with this committee about the role it is playing, gathering data around that. The children's commissioner is actually able to activate that data for the benefit of children's wellbeing, so they are involved in a number of studies and generating research around that data that on this occasion you are collecting, which is really interesting.

Dr O'Donnell: We would consider an important role for the commissioner is to talk to children and agencies about how to improve the process around those issues. As researchers it is quite difficult for us to speak to children in care, but the commissioner may have a different availability to do that and may, therefore, talk about what is working in the system and what can be improved in the system. To have that level of support is what is fantastic about the commissioner's position.

[2.40 pm]

The CHAIR: Have you found that you have that level of support?

Dr O'Donnell: Personally, as a researcher, it is still a struggle to get access to the children. I think the commissioner has a greater ability to access those marginalised youth.

The CHAIR: I am sorry, I was not clear: are you getting that support from the commissioner to aid you in that journey?

Dr O'Donnell: I know some researchers are at this point, and we have always been able to go to the commissioner for that support, which is important.

The CHAIR: Can the commissioner go back and access your information when it is completed?

Dr O'Donnell: In terms of the reports we write, yes, they are very much publically available. We are currently working with England on cross-agency data. We are trying to improve the information that we provide back to agencies.

The CHAIR: Are you aware of the Scottish work in the United Kingdom around the named person for a child? What do you think about it?

Dr O'Donnell: Can you explain that a bit more?

Hon ROBYN McSWEENEY: They have about 150 to 200 —

Hon SALLY TALBOT: Every child in Scotland will have a named person who is the go-to person for anything.

Hon ROBYN McSWEENEY: That named person is going to be under stress.

Hon SALLY TALBOT: They pointed out to us that—I do not know what percentage—for the far majority, their named person until the age of five years would be their child health nurse. The named person at primary school would be some sort of guidance officer right through school.

Dr O'Donnell: I think it is interesting that people are trying to find different ways to support children to have their needs met. That is important and what is different to what happened from the Katanning hostel. I think things have moved far beyond that now, and we very much listen to children and their rights. The report stated that things were at a different stage now. If a child were to disclose abuse, more often than not, it would be believed by a teacher. I think the training within organisations is a lot stronger than it was in those days.

The CHAIR: Your submission notes that the organisation is concerned that a complaints function will not meet the needs of those who need it most, including Aboriginal and Torres Strait Islander children, children in care and culturally and linguistically diverse children and young people, and that that may be seen as another failure of the system in its entirety. Do you perceive that there are other failures in the system as it exists at the moment? In other words, where are the gaps? Point us in the direction where you think we should go.

Dr O'Donnell: It is difficult to access services in remote communities and there are a lot of areas where more work needs to be done, particularly to support children's needs and wellbeing. I think those kinds of communities would find it very hard to even contact the commissioner's office; therefore, there is still a quite at-risk population who may not access the commissioner's office for support. That is why it is very important to have culturally embedded strategies within communities to support disclosures and systems in place for those disclosures. I think that having just one management system for how children disclose is very dangerous. There needs to be a comprehensive, across-the-board strategy that is culturally embedded. The concern is that if we just fund the commissioner's office to take on —

The CHAIR: No-one is saying that.

Dr O'Donnell: If it was that, it would be quite dangerous. We need many-pronged approaches to supporting children's needs. Particularly in communities where there may be alcohol and drug abuse, we need many strategies to be put in place to prevent children from being harmed.

Hon ROBYN McSWEENEY: Getting sex offenders out of their small communities would be a good start.

The CHAIR: I am going around in circles a bit, but I want to ensure that it is clear that nobody is saying that the children's commissioner should be the only point to register a complaint of abuse. I think Blaxell was saying that no children's friend has been identified in the system at the moment; therefore, it would be useful in his mind that that gap could be filled by the children's commission—he said by the Ombudsman originally. He thought from his position as a judicial officer that that role is important and that it was not currently there. I know you addressed this before, but could you maybe just go back over it?

Dr O'Donnell: I think it would be more efficient if complaints were dealt with through the current structures, and that those structures are improved and the processes around them improved. If we can get better systems and it is fed back to the community that they have improved, more people are likely to disclose and go through those avenues. Creating a new disclosure mechanism does not stop the commissioner from having people disclose to that office. I guess we would focus on improving the processes currently in place to make them much more child friendly and child safe.

Hon ROBYN McSWEENEY: There is no child friendly when we are talking about sex abuse and disclosure. I think that is probably where the community likes to think there is a nice fluffy, friendly place. As I said to the committee a little while ago, once a child discloses, they cannot go back home because it might be the father who is interfering with that child and the mother might not be protective and you have to deal with that child. If there was a friendly place, protocols would have to be set up and it would go straight back to child protection anyway. I cannot blame Peter Blaxell for wanting a nice child friendly place after what he had been through with the Katanning inquiry.

Dr O'Donnell: I think we would all want for children and our own children that a disclosure would be treated with respect as well as it could be. But you are right, once it has been made, how to deal with a disclosure is very difficult and it is integral to that child's wellbeing. It would be great if we had that, but, like you said, if the offender is a parent at home and there is no support in that family, that will be the most likely outcome.

Hon ROBYN McSWEENEY: It is difficult.

Dr O'Donnell: It is a very challenging area.

The CHAIR: One last question on an issue that I think you started to talk about when you first sat down: the data linkage program that you are involved in, developmental pathways. Can you tell us what that is about and the outcomes you hope to get from it?

Dr O'Donnell: The developmental pathways project has been running for a number of years now. It was originally set up by Fiona Stanley, because she realised that a lot of information was kept within individual organisations but was not shared across organisations to look strategically at how they could improve things, particularly in the areas of prevention and early intervention. One case example is that the Department for Child Protection and Family Support has more disabled children who end up in out-of-home care; however, it did not know the extent or types of disabilities those children had on its database. We can provide that information and look at those children's risk for entry and the age at which they are at most risk. I guess her hope is that we will use this information to strategically help the agencies make better informed decisions and improve policy and process.

The CHAIR: Fabulous, that was really succinct. Thank you, very much.

Melissa, I think we are done, unless my colleagues have anything else to ask. It was a real pleasure to have you come and talk to us.

Dr O'Donnell: Thank you, very much.

The CHAIR: Do not run off, I have to do the formal thing before you go. Just sit there and be amazed.

Thank you for your evidence before the committee today. Our principal research officer, Renée Gould, may write to you in the future about additional matters if the committee wishes clarification as a result of the hearing. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 10 days from the date of the letter. If the transcript is not returned, it is deemed to be correct. New material cannot be added in corrections and the sense of your evidence cannot be altered. If you want to give us any additional information or elaborate, please include a supplementary submission when you return the transcript.

Hearing concluded at 2.48 pm
