

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

**TRANSCRIPT OF EVIDENCE  
TAKEN AT PERTH  
WEDNESDAY, 7 AUGUST 2013**

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

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**Hearing commenced at 10.21 am****SCOTT, MS MICHELLE****Commissioner for Children and Young People, examined:****IRWIN, MS CARON****Executive Director, Commissioner for Children and Young People, examined:**

**The CHAIR:** This will probably be a little bit of a shorter time, maybe half an hour, if that is okay for the two of the members. Whatever it takes, but I think half an hour will probably cover it. We really wanted to make sure that we understand the nature of your work and your program, Commissioner. We wanted to keep and build our relationship with the office. The opening statement from the committee is that 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 and exercise of the functions of the Commissioner for Children and Young People. It is a public hearing; Hansard will make a transcript of the proceedings for the public record. Could you please let Hansard know the full title of any document you refer to for the record.

I would like to ask a series of questions. Have you completed the "Details of Witness" form?

**Ms Scott:** Yes.

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

**Ms Scott:** Yes.

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

**Ms Scott:** Yes.

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

**Ms Scott:** No.

**The CHAIR:** Thank you, Commissioner, and welcome also to Caron Irwin; it is great to see an old friend. Well, maybe not so old! It is good to see a good friend again. Caron and I used to work together on—I cannot even remember what the agendas were, but employment training.

**Ms Irwin:** Young people, employment training of young people.

**The CHAIR:** Yes. So it is lovely to have you both here. Commissioner, I will throw the ball in the ring by asking if you would update my committee on your activities since we saw you last.

**Ms Scott:** All right. I have just written a note on the committee to myself, Madam Chair. I know the last time we met we were talking about someone who was the thinker in residence, Stuart Shanker. I just wanted to advise the committee that WACOSS, following the Thinker in Residence, has been negotiating with Stuart Shanker to bring him back to Perth and they have been successful in doing that. They have just advised me by email this week that they are anticipating that he will be coming back to Perth in February. So I just wanted to let the committee know that. Given the committee's interest, we were going to let WACOSS know that, if members have an interest, and there might be an opportunity to meet with the committee.

I know the last time Stuart was here, the committee actually held a meeting with members of Parliament; it was very well attended. I think about 40 or 50 members from both houses attended

and they were very interested in the self-regulation issue. So I just wanted to let members know that. But in terms of the major projects that we are currently involved with, the first is, obviously, the consultation with children and young people with a disability. I mentioned when I last met with the committee that we were going to have two major consultation methods. The first was an online survey for children and young people who had the capacity to contribute their views that way. We have had almost, I think, 40 young people contribute through that. The second method was funding organisations who work with children and young people with a disability to run a consultation process, bearing in mind that those organisations are best able to assess the capacity and to adopt techniques that will be appropriate to the level of functioning and capacity.

I have provided grants of up to \$5 000. Some 12 organisations have been funded throughout the state. That consultation process has already started—the face to face with kids with disabilities. Each of those 12 agencies is to provide a report to me by early September on the specific questions that we developed. From that, I will analyse what the views of children and young people are and I will produce a report, which will be publicly available, on children and young peoples' views.

As Caron has indicated to me, we hoped that that will also help us set some of what are the priority issues for children and young people with a disability. So what some of the challenges are, but also what are some of the positive things that are already happening here in Western Australia. We know there are challenges, and I will be interested to hear from the children and young people themselves, but there are also some very positive things that happen here in WA and, in some areas, we are a leader. It will be interesting to hear their views. As I said, I will have their findings from their consultations in early September; I intend to report on that.

**Hon ROBYN McSWEENEY:** Which agencies? You said 12; have you got the 12 there?

**Ms Scott:** I have got the 12 here. The NPY Women's Council, the Association for the Blind of WA; the City of Rockingham; Inclusion WA; Senses Foundation; Therapy Focus; EDGE Employment Solutions; Ability Focus, Uniting Care Crossroads; Advocacy South West; parents of children with special needs, that is at Kalparrin; and Springboard Youth and Autism Community Centre.

**Hon ROBYN McSWEENEY:** You have a good cross-section.

**Ms Scott:** So it is quite a range, yes.

**The CHAIR:** Does that include the north west agency?

**Ms Scott:** The NPY Council as well, and it is a range of disabilities. It will be interesting to see what findings there are from that. I think I mentioned to the committee previously when we do other consultations we always ensure that we have a representative group of children and young people we consult with. On any topic, we try to ensure that the views of Aboriginal kids, kids from culturally linguistically diverse needs, or kids with special needs, such as those with a disability, are included. But this is the first time we have just really focused on them. I think that is important.

**The CHAIR:** I have been working with one of my constituents who has a child with a disability who is at Durham Road. She came to me at the beginning of the year concerned because there were no school holiday programs. She works full time and is not a hugely highly paid worker. She is in the community sector so she is not making a lot of money. She has got nowhere for her precious child to go that she can access because Durham Road does not offer that many school programs. That is an issue that she raises with me and we continue to talk on that issue. I would be really interested to see if any of the kids raise what they do in the school holidays with you; that will be fascinating.

**Ms Scott:** Yes, yes, I will be looking at that too. I think that is an issue for parents generally, as the world has changed in terms of parents working.

**The CHAIR:** Single parents.

**Ms Scott:** Exactly, exactly.

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**Hon ROBYN McSWEENEY:** Are these children excluded from after-school care? I should imagine that there would be fairly strict rules and regulations in that if they did not have the workforce, then it is not exactly exclusion because they have a disability; it is exclusion because they do not have the staff on duty to help.

[10.30 am]

**Ms Scott:** I am not absolutely sure.

**Hon ROBYN McSWEENEY:** It would be worth looking into.

**Ms Scott:** Yes; it is a good issue. I imagine the same point you are making is in schools—if you are going to have an inclusive school and a child has particular needs, then they need an aid or an assistant or some level of additional support. The same would apply whether it is child care, before school care, after school care, holiday program. It is something I will follow up, independent of the survey, and talk with the Disability Services Commission about.

**The CHAIR:** Thank you very much.

**Hon ROBYN McSWEENEY:** I know the royalties for regions program gave money for after school care, and that provided for a child with a disability. There have been moves afoot to correct that, but I do not think it is universal—that was in country areas, if there was a child with a disability.

**The CHAIR:** I have some information, if it would help. We have been able to glean a little table of where it is offered and when, and you might like to use that to inform your discussion; is that appropriate?

**Ms Scott:** Yes, that would be helpful.

**The CHAIR:** I will let you know. Sorry to interrupt you. Please go ahead.

**Ms Scott:** Going back to other projects we are involved with; a major one is around youth health services. I have had some discussions with stakeholders over the last six or so months, including the non-government sector and the health department, about the way we deliver services in Western Australia to young people as distinct from children in the early years. The health advisory network, health department and stakeholders have indicated to me that we do not have a cohesive approach in Western Australia. So I decided to undertake some research in that area. I have put out a tender to do that; to do a couple of things. One is to look at what the evidence tells us and what the literature is around youth health services and what are the best models that exist in other Australian jurisdictions, because there are models in New South Wales and Victoria where they have been giving this area a priority—and overseas. The tender was for that person to do a literature review and to do some targeted consultations with young people themselves about what they are looking for in services. From that I will publish a report and use that in my discussions with the Health Department and other stakeholders about what service models we might want to look at here in Western Australia.

One of the concerns is that we might provide something, for example, in relation to sexual health but it is isolated from what we might do in mental health or general health. There is a concern we need an integrated service model. The feedback from the stakeholders, including government agencies, is that this is an area that requires special attention.

At the end of the year an Australian national conference on youth health, adolescent health, will be held in WA. A number of clinical practitioners have told me that one of the outcomes they hope to come from that conference is a greater focus on this issue. We hope to be able to present our findings in the context of that conference coming up at the end of the year. That is another new area of work we have not been involved in before. My approach as commissioner is always to look at what the evidence tells us: let us look at other jurisdictions, what are the strengths, but where are the

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gaps. This is an area where there is a gap, where government and non-government agencies are saying there is a real need to develop further policy in this area.

**Hon ROBYN McSWEENEY:** Given our geographical location it is sometimes very hard to find doctors for adults let alone for young people; they are one and the same. It would be interesting to see, once you get all that research, that we actually put it into practice.

**Ms Scott:** I think that WA has huge challenges. You were talking about out of school care. Then we have health services; mental health services is another. Most of our services are concentrated in the metropolitan area. Every time I go to a regional area people raise it with me. Royalties for regions has been successful in supplanting and extending services in those regional areas, but it needs to be sustained, and there are probably more gaps. Mental health is a good example where in regional areas there are huge gaps. In fact, in some areas it is non-existent.

**Hon ROBYN McSWEENEY:** I would not disagree with you there. It is because of geographical locations that we have trouble. Even with the best will in the world, even with social workers, you can provide loading, you can provide housing, but they actually do not want to go to those areas. I have always liked mobile services, fly-in, fly-out services. I know people do not like them because of the continuity of practice, but I think it is a good thing to have in our locations, and maybe that is the way it needs to go.

**The CHAIR:** Sometimes in the health model it is not so bad to have an independent person going in and out.

Commissioner, at the beginning you mentioned targeted consultations. Who are you covering in the targeting?

**Ms Scott:** We are negotiating with the contractor about that, but it would be young people themselves. As I said, it will be a range of young people, including some in regional areas; Aboriginal kids as well. We want to make sure they are fully represented in the consultation.

**The CHAIR:** I was specifically interested in the GLBT group. I know some funding was given, through the WA AIDS Council, to their project to look at how we talk with those groups, because the suicide rate is so much higher in that group than in the rest of the population. From a health perspective and mental health perspective, I would hope that there would be a capacity for your consultant to talk to people who know how to deal with that group, because they have found that it was difficult for a mainstream service, without engaging with the right people, to do that consultation; so they needed to do a bit of outreach. I am not sure who your consultant is, but it is important that that person, or that organisation, understands how to move out and bring those people in, because they will not come unless you go to them.

**Ms Scott:** Absolutely. In every consultation we have run we have found it is not a passive process. If you rely on hard-to-reach groups to come to you, they do not. You must have positive strategies in place. From our very first consultation on the wellbeing of children back in 2009 one of the specific requirements was that the consultant has to be able to utilise the expertise of others, whether it is culturally appropriate people, or whatever the particular group, to ensure we have their views.

Also we do not want the consultant to replicate other people's work if that work has already taken place. For example, YACWA has done some work around sexual health; it has done other work. We are going to build on their consultations. We are not going to replicate and duplicate. If there are already findings, then the challenge for the consultant is to collect that rather than duplicate that. Our resources are limited. We will not be able to get to everybody, but we will hopefully get to a representative number of people.

**Ms E. EVANGEL:** When we say "young people", what is the age group we are specifically referring to?

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**Ms Scott:** Thirteen to 18.

**Ms E. EVANGEL:** One of the issues that concerns me, especially relating to sexual health—and there are lots of issues that age group is confronted with—is that it might be uncomfortable for children of that age group to discuss these issues with their parents and do they have access to medical assistance without parental supervision, because there may be some issues that are difficult for them to discuss.

**The CHAIR:** It is very cultural too.

**Ms E. EVANGEL:** Yes, exactly. There are a lot of cultural issues that surround that feeling of not being able to discuss particular things with very strict parents or whatever, and do these children have access to that kind of assistance. That does interest me greatly, to ensure that a 13 or a 14 year old is able to talk to a practitioner about something that may be happening.

**Ms Scott:** It is a good point. It is such a complex area, as you say, youth health, but just here you have raised a number of complexities.

**Ms E. EVANGEL:** And GLBT falls under this as well.

**Ms Scott:** Yes, and Aboriginal kids. It is really interesting.

**The CHAIR:** African.

**Ms Scott:** If I could use the mental health analogy: some young kids have said to me they feel very comfortable talking to their parents about some of these issues; some of them do not at all. They do not want to talk in the family about it; they want to talk to someone outside. Some kids are happy to go to the school person they feel comfortable with; some kids are not. I am finding that it is the same as it is for adults—you need a range of services; not one service fits everybody's needs. That is usually the case. So kids who might have cultural issues, there may be issues in the family that relate to their health that they do not want to discuss, then we need other options for them. For other children, they might be happy to discuss those issues. We need a range of options and there will not be one service option, but a range of options.

**Ms E. EVANGEL:** Sometimes these issues occur in households you would not imagine they could occur. I have almost finished raising three teenagers, and was surprised to find out that one of my daughter's friends, who seems to have the most open and wonderful relationship with her parents, had an abortion at 15. I was mortified. I thought, who would have thought that. Her parents did not know about it, and this is a household that I would not have put into the category of this child not being able to go to the family and discuss it; but this child went off and did it on her own. It sent shivers up my spine. I thought, wow, there are so many things happening with our youth and we have no idea. You may think that you do, but you do not.

**Ms Scott:** And what they are carrying themselves, on their own.

**Ms E. EVANGEL:** Then you wonder whether she got the appropriate treatment she needed.

**Ms Scott:** Advice, support.

**Ms E. EVANGEL:** Mental, physical; everything.

**Ms Scott:** An interesting piece of work came out of Victoria recently, which says that youth services are becoming very compartmentalised. That is a good example. They have to go here for their mental health, they have to go there for their medical. We need to look at people holistically, and we need to have holistic services. Even in a case where it is a medical thing, there are all different aspects to it, aren't there? That is another major area.

**Hon ROBYN McSWEENEY:** What we find now is that good medical practitioners know they have to have psychologists on board, and it is coming in at the moment. That is a step forward. They are having holistic services within their medical practices.

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**Ms Scott:** There is much greater awareness of that. But one of the things the mental health inquiry found is that those practitioners often need access to really good expertise, so when they reach the point that they cannot do anything else in relation to a young person, they need access to really good expertise and they need ongoing professional development, and the ability to get advice from someone else or refer the young person. I agree, there is much greater awareness, and general practitioners, particularly in the mental health area, have extended their brief in recent years.

**The CHAIR:** Before we leave that subject, let me continue with another matter. A few years ago Durham Road had a young female student—and of course because it was Durham Road she had complex needs—who was gay. The teachers were well aware of it for very many years. It was difficult for them to get any support and to find anyone in the education system who was, first of all, prepared to, or, second, had the resources to tackle a child not only with profound issues at an intellectual level and physical level, but also this incredibly challenging sexual issue. Those teachers were distraught and they had to turn to their own expertise and, goodness knows, they did not really have any in this area. They were really stuck. I am sure that might be the one in ten, but it is still one in ten that needs that support.

[10.45 am]

**Ms Scott:** That is the feedback from young people themselves when I have travelled to the regions, for example. If they have some of those issues, they can feel quite isolated in a small community, and who do you talk to about it? But even in the metropolitan area, during one of my recent visits to a young people's organisation, a young person came up to me and said she was so frightened of telling anyone and she was frightened of telling anyone at school because she was worried about the repercussions. She wanted to tell me about it, so I think we have a long way to go in some of these areas, but I hope that this opens up discussion; I am not going to say that I will have all the answers, but I think it will turn the spotlight on a particular issue that currently we have not focused enough attention on, so I am looking forward to that work.

**The CHAIR:** When do you think the report will be out?

**Ms Scott:** We think it is November; Caron tells me I am being very optimistic! But we are hoping before the end of the calendar year; that is certainly what we have put to the consultant. We have an expert reference group working with us as well, as with all our projects, and that encompasses a wide range of people with particular expertise in this area.

**The CHAIR:** Wonderful. Sorry, please complete your answer.

**Ms Scott:** All right. There are a few other areas; maybe I could just —

**Ms E. EVANGEL:** Did you say half an hour?

**Ms Scott:** Yes! I shall quickly let you know about other major areas of work. You may be aware of these two major reports I tabled in the Parliament last year as part of the wellbeing monitoring framework. "The State of Western Australia's Children and Young People" measures the wellbeing of children and young people across eight wellbeing domains—education, health, material wellbeing et cetera.

**Hon ROBYN McSWEENEY:** It is a very good report.

**Ms Scott:** Thank you. There are 33 specific measures, and we have a second report, "Building Blocks", which identifies 82 best practice or promising programs here in Western Australia or elsewhere in Australia, that would make a difference to the wellbeing of children and young people. I have started substantial work on edition 2. In 2011 when we did the "Building Blocks" report, the first edition of the programs, the 82 best practice programs, the Australian Institute of Family Studies was contracted. I have just contracted the second edition to the Centre for Child and Community Health, the Murdoch Centre in Melbourne, which has a lot of experience in this area, so we have just started work on that. For both of these reports we had expert reference groups who

were advising us. What we want to do over time with “The State of Western Australia’s Children and Young People”, so every two years, report on how children are faring: are we improving in some domains? Are we declining in terms of wellbeing outcomes for children and young people? The reason that I decided to do this was because we did not have a comprehensive picture here in Western Australia; obviously individual departments keep data but we did not have a comprehensive approach, so this has been really welcomed. We are into the second edition. The other thing which we have really improved and enhanced this year is our training around these reports, so I think the last time I met with the committee I indicated we offered a training program for 50 organisations around how they could use these reports in their work. Agencies have found the data very helpful, so organisations have given me anecdotal feedback that the report is very helpful to assist them in their work and help them to identify what the needs are and what the priority needs are in terms of services and programs. This is also a great resource, because they do not have to reinvent the wheel; I think you raised the issue last time that a lot of agencies do not know about the work of other agencies and they are operating in a vacuum. This has been a great resource for that.

So we offered training to 50 agencies. We were inundated; 150 people enrolled for that session. We ran two sessions of about 50 each, and we also did a webinar for regional areas. We have a wait list for another lot and we are just in the process of contacting everyone on the wait list to see if they are still interested in doing that. The reports were tabled last year, in 2012, and I think it has taken people a while to absorb them, but now there is quite an interest: okay, how can we make best use of these reports? So I think that is what the interest is in the training. We are well advanced for edition 2 and we hope to table it in the Parliament in the first half of 2014. We will offer more training as we go as well, so that is a major piece of work for us.

Another two areas, if I could just mention them. Our work around complaints—we developed some guidelines in 2009, mainly for government agencies: how could they improve their complaints mechanisms for children and young people? Education, Health—those sorts of agencies. We had a good response to the first guidelines and we have worked with agencies to see how they could be improved. We have reissued, just in the last few weeks, a streamlined version of those. We had input from a number of agencies, including Education, the Drug and Alcohol Office, the Ombudsman’s office, Equal Opportunity, and the Health complaints office as well. So we have released those complaints and we are about to run another training session on those in September–October. We have put out the guidelines. We are also publishing, but we want to reinforce it with the training. We are trying to identify in government good practice examples. We have identified some in the Department for Child Protection and Family Support, and they are agreeable to those going on our website, so that we can showcase: here are some positive examples of agencies that are implementing accessible and responsive complaints systems for children and young people. We are in the process of writing that one up from the Department for Child Protection and Family Support; we have a very positive one already on our website from the Education Department, arising from the Blaxell inquiry in relation to the Katanning Hostel issue. They consulted with children and young people themselves about what kind of complaints system should the Education Department put in place so that that does not happen again, so that kids feel comfortable to contact them et cetera. That was a fantastic exercise because they asked kids themselves what it should look like, what the posters should look like, what the service should look like. So we showcased that and that is on our website now. That is what we are doing in complaints.

Around legislation, we have also improved greatly the guidelines. We have had very targeted consultation with agencies such as the Department for Child Protection and Family Support, Health, Education, Police, Attorney General and Corrective Services. When you are developing up policy and legislation, if you are going to take the interests of children and young people into account, you should really do that at the earliest possible stage. So we have developed up guidelines that can assist them to do that in their daily work. On Friday, Caron and one of my other staff are delivering



a training program to about 50 lawyers and policy advisers in government on how they can use those guidelines in a practical sense. We have had a very good response to that. I think I also mentioned at our last meeting that we have approval for professional development points for lawyers, so they will get two continuous professional development points for attending. The Legal Practitioners' Board approved our training program for that, so we think that is another incentive for the lawyers particularly. We are exploring with other professionals, like social workers and others, how we might get some of those professional development points in place as an incentive for professionals to attend some of the training.

Those are some of the major areas; I will just finish with a general comment. Obviously, juvenile justice has been a priority for me since I have been appointed commissioner. Today, the Inspector of Custodial Services and the Auditor General are going to table in Parliament their reports on Banksia Hill. I have obviously met with both those independent agencies and made a submission to the Inspector of Custodial Services' inquiry. I am looking forward to his recommendations and obviously this is an area that I will continue to advocate for children and young people in our juvenile justice system.

**Hon ROBYN McSWEENEY:** Do you actually go out to the prisons and speak to the young people?

**Ms Scott:** I have been out; originally I went to Rangeview and Banksia Hill. Since the incident, I have been to Hakea and Banksia Hill. I did talk to young people on those two most recent visits, but not in a very detailed way because it was very soon after the incident and a number of people had been visiting and so forth. But we have in the past, and we also talked to agencies that were going into those facilities as well.

**Ms E. EVANGEL:** To me, one of the most serious issues for young people in that age group is alcohol and the influence that it has physically, mentally and also behaviourally. I would be very interested to hear what specifically you are doing; it is an absolute epidemic and I cannot see it getting better any time soon. I would love to see a really widespread educational program. I think we need to combine government, schools and the private sector—everybody needs to come together on this. As mentioned earlier, having just returned from Greece, the culture there amongst the young people is just so completely different and positive. Socially, it would be suicide to be a young lady walking around drunk at two o'clock in the morning with their skirt all the way up their thighs, holding their shoes and screaming and yelling. You would just be a social outcast forever, whereas here it is cool and it is the thing to do; it is accepted. I just think this is such a serious issue for us as a nation; I really do, and it all starts very young. Europe has completely different attitude to alcohol; they appreciate it for what it is—one of the simple pleasures in life, whereas here it is all about getting drunk. We see the consequences every single day; they do not just affect individuals, they affect us all, so I would be really interested to hear about that kind of work. It does not have to be now; maybe at our next meeting. It would be a point of interest for myself.

**Ms Scott:** I would be happy to do that. Obviously that is an area that we have had as a priority and we have been working very closely with the McCusker Foundation, so we commissioned a consultation with young people themselves about alcohol and produced a report on it, which I could provide a copy of.

**Ms E. EVANGEL:** I would love to see that.

**Ms Scott:** Kids themselves are worried about it, because they think this is a big issue in the community. Recently I met with the police commissioner; it is a community-wide problem. It is not just about children and young people, it is a community-wide problem. That is a big difference between some other countries and us as well—adults as well as young people. I think it is hugely challenging. I have put out an issues paper and advocated community education. I have also advocated for compulsory education in schools. We have a voluntary arrangement at the moment. I think it is important enough to be compulsory, part of the curriculum. Kids themselves actually said

that they think that kids in the middle years should be educated about it, and we have had some forums with the former department for child protection. Risk-taking behaviour starts then, in primary school, and that is where we need to be talking to kids. Kids themselves said that they did not know all the science about organic brain damage affecting their brain—all of that sort of thing. We need to get that much earlier. The other area, which is a huge need, is parents. Parents are saying that they need that. They are also saying that they need more information, and the kids are saying that they want their parents to have more information about this issue. So I agree with you; it is very important.

[11.00 am]

**The CHAIR:** We have done such a good, I think, thank you Commissioner, I appreciate that too. We have done such a good job with the anti-smoking campaign.

**Ms Scott:** Absolutely.

**The CHAIR:** It has been a tremendous success. It has taken 20 years, but at least there has been that positive outcome. Obviously you are on top of it and aware of it, and if the work just continues. Prior to coming to this I chaired the Perth City Liquor Accord and through that organisation we received some funding to assist in getting a documentary, which was a little film put together called *The Gathering*; I do not know whether anyone has seen it.

**The Witnesses:** Yes.

**The CHAIR:** Is it not a great little film? That was a very small amount of money but the outreach there was just phenomenal, and it just encompasses all the effects of risk-taking behaviour. Little projects like that—because you mentioned your funding of little things—go a long way.

**Ms Scott:** They do. I have about six or eight priority areas and alcohol-related harm is one of them.

**The CHAIR:** I am happy to hear that, thank you.

**Ms Scott:** And it continues to be. We obviously join forces with others like the McCusker Foundation, because they have a mandate in this area. Following on from our consultation and research with young people themselves, we ran a major forum and previous members of the committee attended that. There were about 100 people. It was opened by Minister Morton in the capacity of her responsibilities for the Drug and Alcohol Office and Mental Health. Also, Mrs McCusker spoke about it and the young people themselves spoke about it. We think this is very important and we need to keep focus on that area. I am happy to provide you with a report, our issues paper and those sorts of things.

**The CHAIR:** I think we all agree that it is a massive issue; it is certainly something I feel very passionate about and continue to work hard on. I think in terms of these questions we were wanting to pursue with you, Commissioner, the only other one I might ask you—you might not be able to answer it at all. In light of the fact that there is a review pending that has not been released—we have asked for a briefing from the Attorney General on that in the future and we will see how we go with that—I am still conscious of the fact that we have the Blaxell inquiry recommendations in the background. Is there anymore thinking you have had about resource implications for your office if what was proposed happens? I am not asking you to say you would or would not, but have you had to think about whether your resources are sufficient or you need more or anything around that? Please, if it is not appropriate to talk about it, that is okay, but if you can comment, it would be good.

**Ms Scott:** Obviously when the Premier made the announcement some time ago that that function would come to my office, we did a lot of work because we wanted to look at other jurisdictions internationally and interstate. We analysed all that information and that helped inform my submission to the review of the act. I have indicated that my resources would not be sufficient in their current form to undertake an additional function, if I was given an additional function. I think

we had some preliminary discussion about what that might look like at our last meeting. I would require additional resources and I think that is the view of many stakeholders as well. Their concern would be that they would not want the resources to be redirected from the current focus of issues. That is my position.

**The CHAIR:** Just before we finish, when you said you had done some research and analysis into what is happening in other states and other countries, is there anything available that you are able to release to us about what that information you collected showed you? I am not talking about getting a copy of your submission to the review, I am talking about whether there is an assessment that you have made that you would be in a position to release to us as an oversight committee to inform our thinking on this issue? That would be really helpful.

**Ms Scott:** I did make it available to the Public Sector Commissioner for the purposes of his review, so it might be appropriate.

**The CHAIR:** So we probably cannot have your submission. Is there nothing else that you can provide for us separate to your submission?

**Ms Scott:** I would have to consider that. I will consider that, but at this stage the process was that we prepared the review of the act.

**The CHAIR:** I am just conscious of the fact that when you collect information you might just have a separate collection of literature review or something or other separate to a submission, which would not be compromising your position or your role in any way.

**Ms Scott:** Certainly we did do all that work and it did inform our submission. If you are happy for me to consider what I might be able to provide, I will do that.

**The CHAIR:** Super. It would just help us think about what the options are. Thank you very much, indeed. Anything else?

**Hon ROBYN McSWEENEY:** Just before you go, do you have spare copies of the books on the wellbeing that you could perhaps provide to the committee?

**Ms Scott:** Distribute? Yes, absolutely; okay.

**The CHAIR:** I have got them.

**Ms Scott:** Okay, good!

**The CHAIR:** I know, they are a bit like hen's teeth! Thank you both for your evidence before the committee. A transcript will be made available for you to correct minor errors. Any corrections must be made and the transcript returned within 10 days from the date of the letter attached to the transcript. If not returned in this period, it will be deemed to be correct. New material cannot be added by these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected transcript of evidence. Thank you very much indeed, both Caron and Michelle, for coming and having this conversation.

**Ms Scott:** We will provide the information on alcohol and the reports.

**Hearing concluded at 11.06 am**

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