

**EDUCATION AND HEALTH
STANDING COMMITTEE**

**INQUIRY INTO THE ADEQUACY AND APPROPRIATENESS OF
PREVENTION AND TREATMENT SERVICES FOR ALCOHOL AND
ILLCIT DRUG PROBLEMS IN WESTERN AUSTRALIA**

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 18 AUGUST 2010**

SESSION TWO

Members

**Dr J.M. Woollard (Chairman)
Mr P. Abetz (Deputy Chairman)
Ms L.L. Baker
Mr P.B. Watson
Mr I.C. Blayney**

Hearing commenced at 10.01 am**MURPHY, MR TERRY****Director General, Department of Child Protection, examined:**

The CHAIRMAN: On behalf of the Education and Health Standing Committee, I would like to thank you for your interest and your appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia. You have been provided with a copy of the committee's specific term of reference. At this stage I would like to introduce myself, Janet Woollard, and other members of the committee: Mr Peter Abetz, Mr Ian Blayney, Mr Peter Watson and Ms Lisa Baker. We have our principal research officer, Dr David Worth, and John Pollard; and Moira at the moment from Hansard, and the Hansard staff will be changing.

This committee is a committee of the Assembly of the Parliament. This hearing is a formal procedure of Parliament. Even though the committee is not asking you to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. As a public hearing, Hansard staff are making a transcript of the proceedings for the public record. If you refer to any document or documents during your evidence, it would assist Hansard if you would provide the full title for the record. Before we proceed to the questions we have for you today, I need to ask you a series of questions. Have you completed the "Details of Witness" form?

Mr Murphy: Yes.

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

Mr Murphy: Yes.

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

Mr Murphy: Yes.

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

Mr Murphy: No.

The CHAIRMAN: Terry, thank you very much for coming along this morning. You have had an opportunity to look at the term of reference of this committee, and obviously we are very interested in hearing from you what is happening in your area in relation to problems being experienced in the community with children because of alcohol and other drugs. As I have mentioned to you the other week when I had a briefing on another bill, the committee has just returned from hearings in the Kimberley where, I guess, for the first time we became—I certainly became—more aware of how very damaged children are becoming because of alcohol and drug problems.

[10.05 am]

I guess it has been in the news for many years, but when one sees some of those problems and hears about them first-hand, it is not quite the same as reading about it in *The West Australian*. Could you tell us what your department is doing, what recommendations have been made your department, and what is coming up from your department that you are doing to try to help children who are being physically or sexually abused, left homeless and all the problems that arise because of the alcohol

and drug problems? Would you like to make a submission first? If it is all right with you, committee members will interject and ask questions as we go along.

Mr Murphy: Definitely; that is absolutely fine. To answer in the general, this has been something that both the Department for Child Protection in its former guise as the Department for Community Development and the Drug and Alcohol Office have been working on for some time. It might help the committee to know that prior to holding this position, I was the chief executive officer for the Drug and Alcohol Office and spent a long time in that sector. First, the context in which child protection and drug and alcohol intersect is reflected in the fact that, based on a research study we did more than five years ago—we have no reason to doubt that the information is still current—some 57 per cent of child protection clients have drug and alcohol problems. The reasons for coming into the child protection system are always multiple. Drugs and alcohol are factors in 57 per cent of those cases, as I said. We often refer to the “holy trinity” of drugs and alcohol, mental health and domestic violence as the three big causes of family dysfunction that give rise to the need for child protection intervention.

When I was at the Drug and Alcohol Office, we commenced a process of building what I would describe as robust and formal linkages between the systems. This is reflected in memoranda of understanding between each of our district offices and each of the community drug services or drug service teams that cover the whole state. Those community drug services —

The CHAIRMAN: Before you carry on, could I maybe ask if you could provide the committee with a copy of the memoranda of understanding between those departments?

Mr Murphy: Yes.

We have those memoranda of understanding in place with all community drug services and drug service teams. In the metropolitan area those services are called community drug services to differentiate them from the teams in the country. In the city they have integrated the Drug and Alcohol Office government services with doctors and nurses, and that non-government lead agency for those services that provides counsellors. In the country they are teams, because they are counsellors only. That is the main interface. Although there are specialist services for youth and women, detoxification and maintenance therapy and residential rehabilitation provided by Next Step as part of the Drug and Alcohol Office, those community services are the best entry to the whole range of services. That is why I have concentrated on those linkages. In addition, we began a process back then, and it has come to fruition over the subsequent years, of all drug and alcohol agencies having a child protection policy.

[10.10 am]

So that policy is designed to draw their awareness to child protection issues. The criticism, and you see it in the public commentary still, is that drug and alcohol services are philosophically and operationally focused on the adults who are their clients, and they work with them, focused on all they need to get over the addiction, whereas we are focused on the safety of the children, and then it is the parent’s responsibility to ameliorate the problems that might give rise to our concerns. We have a different focus, even though we both have to work with each. So, the policies are designed, really, to shift that focus somewhat in drug and alcohol services.

The CHAIRMAN: In relation to that, though, we know that there is a lack of people working in mental health and drug and alcohol services in an area like the Kimberley. But for the stuff that they do have in the Kimberley, is it automatic then, from your memorandum, that when they are dealing with someone, that they notify child development services that this person or someone from this family has a drug or alcohol problem? Do they notify you that there are children and does someone then come in and check on those children; or how does the memorandum work? Is the memorandum worth the paper it is written on? What does it actually do?

Mr Murphy: Look, I think it is a more educative effect than mandating reporting. It directs the agency to give attention to the welfare of the children, refers to the linkages with the local district office and how those connections should be made, and in what circumstances then, a referral to the Department for Child Protection should be made. Where there are doctors or nurses in the drug and alcohol service, of course, they are subject to mandatory reporting requirements under the Children and Community Services Act, where if they have a belief that a child is subject to sexual abuse at this stage, and the government has anticipated that will be brought into all forms of abuse and neglect in the life of this Parliament, then they have to report to us.

The CHAIRMAN: But that is that this end of the spectrum. What about at the other end of the spectrum, so not when they think that a child is being physically or sexually abused, but when they know that this person has three children and this person has an alcohol problem. Nothing happens in relation to —

Mr Murphy: Well, it is not that nothing happens; it is a matter of building those professional relationships and linkages so that there are referrals and there is joint case management for the benefit of both the adults overcoming their addiction and safety of the children.

The CHAIRMAN: But it does not happen automatically?

Mr Murphy: No it does not happen automatically, and we would not advocate for it to be so, because —

Mr P. ABETZ: It would be massive.

Mr Murphy: It would be massive, there would be a risk of overburdening the system and simply churning people who would fall below our threshold of intervention at any rate, and we do understand and respect that drug and alcohol services need to have a trusting relationship with their adult clients and understand that that is not promoted by: “You’ve got kids—right, you’re off to child protection.”

Mr P.B. WATSON: Terry, can I just ask a question? When we were up in the north, in Broome, Fitzroy and Derby, they were saying that at night the police were the ones picking the kids up in the streets. There is no child protection service after five o’clock at night, apart from a phone call. To me, the most vulnerable time for children would be at night; there needs to someone else doing that service. What are your comments on that?

Mr Murphy: I think that is a bit of a caricature of the actual situation, and I do have a brief description of the arrangements between ourselves, police and corrections for kids on the street at night, where it is the child-protection issue and where it is youth on the streets, somewhere between the continuum of socialising and running amok.

Mr P.B. WATSON: We are talking about five-year-olds and six-year-olds on the streets.

Mr Murphy: If there was a five or six-year-old on the street, we would expect to be notified of that and to take action. I could not be clearer about that, and that does happen. How it works is: yes, people have to ring a call centre based in Perth and staffed 24/7. That enables us to look up the child’s records, the family and so forth, and if it is a police officer, for example, to ask them: “Do you know that this child normally lives with such-and-such? Have you been around there to return the child to that place? Are things okay?” It is quite reasonable, I think, to deal with us over the phone and provide information on that basis, and the police who are out there, on shift, to take children home on occasion. Now that said, if there are protection issues—that is assessed through that phone call by expert child protection officers—we have somebody on call, in those areas 24/7, and they will be contacted and will come out and take whatever action is necessary.

Mr P.B. WATSON: Terry, can I just say that a lot of those police stations are only probably open until six or seven o’clock at night. There is on-call for the police, so does that mean that in that

vulnerable area between whenever they finish until probably two or three in the morning, there is no protection for those children?

Mr Murphy: Well look, I could not agree that there is no protection for the children. We have taken a more targeted approach where there are issues of kids on the street. Halls Creek, Broome, Kununurra—in all those places we have, either on a temporary or continuing basis, instituted night patrols by our staff. In Kununurra, we are out there Thursday, Friday and Saturday nights and that continues. Halls Creek —

Mr P.B. WATSON: So what hours do they work to?

Mr Murphy: I will refer to my notes. Late, seriously late.

Mr P.B. WATSON: Just talking to the police up there, they feel that in these communities they have taken that responsibility, when they have other issues. Say there is only one patrol car on duty and that patrol car is taking a child home or looking for a place to take it, the rest of the community is not being serviced in the way it should be.

Mr Murphy: To answer your question, in Kununurra it is 9.00 pm to 1.00 am, Thursday Friday and Saturday. I think there is a judgement to be made here about what is the most efficient use of resources. I understand calls for us to have an after-hours service, from that argument. Certainly in the time I have been in the agency we have increased on-call allowances, we have bolstered the on-call system so the senior officer is always available and ready to go out, and we have undertaken these night patrols—as I say they are on a targeted or continuous basis.

Mr P.B. WATSON: Is it a funding issue?

Mr Murphy: Look, it is a matter of cost effectiveness, it really is. If the government made a decision that we should run a service through the night or into the evening, then we would find things to do. I personally do not think that that would be the most efficient use of that sort of investment; I think we could better use it. Because what we do get, is just as you put it, individual police officers saying, “I had to take a child home”, or “It’s not my job to take a child home.” But it is not a bad role for police to do that, if they are the ones out there and they know that if there are child protection concerns they can call us out as well and we will take over.

[10.20 am]

The CHAIRMAN: Can I just —

Mr Murphy: I might just talk about one other thing before we lose track of this. A really important development for us in terms of the key agencies working together—ourselves, police and corrections for older youth—is the expansion of the approach youth justice has in Geraldton and Kalgoorlie. There are big youth justice teams there who work into the evening and that have some emergency beds for kids who are on bail. It is important to extend that approach to the Kimberley and the Pilbara over the next 12 or 18 months. That will make a big difference, we think, to the cooperative work of the agencies and having fewer visible older children on the streets. I must reiterate—please forgive me if it is a reiteration—that if there is a five or six-year-old out on the street, we would expect to be called and to be out there.

The CHAIRMAN: How long would it take your workers to get out there if they are called?

Mr Murphy: It should be between half an hour and an hour. In Halls Creek, Broome or Kununurra, where everyone is very close and essentially there is no travel time, by the time someone has rung Crisis Care and an assessment is made, information is collected and our worker has been called, it should take between half an hour and an hour.

Mr P.B. WATSON: That is an hour of the police resources gone.

Mr Murphy: That might have to be weighed up against providing a lot of FTE staff members to save that one-hour resource.

Mr P. ABETZ: It may actually be better to invest the resources to work with the family to prevent these kids from being out there. That is the other side of it.

Mr Murphy: That is exactly right. At this stage, that is a judgement we would make. If I may add an anecdote, because Roebourne is another place that I did not mention where we have instituted these night patrols with the police on occasion. I was there the night they were on patrol a couple of months ago, and I talked to the workers the day after. They were all in at nine o'clock, which was pretty impressive. I asked them how many kids they saw on the streets the night they were on patrol. The day before, we had been told by the police that there were five and six-year-olds out on the street. I asked how many kids they had seen and was told that they had seen none. I am not saying that there is misinformation, but single instances can, or even a number of —

Mr P.B. WATSON: One is one too many.

Mr Murphy: Sure. It is where you come back to what is the most cost effective and efficient way of getting them back home and linking them to the services they need.

Mr P.B. WATSON: Who should we believe? Should we believe the police who are on the streets every night or the people, like yourself, who say they have been out and there are none there? We are the committee that is investigating what is safest for the kids. Is it a matter of "you say, he says" and they continue to be on the streets, or do we have a solution for it?

Mr Murphy: What I am trying to do is put some of the anecdotes that go around in perspective. It is not to say that it does not happen, but there is a risk of multiple individual cases becoming the norm. What we are finding is that in terms of child protection, it is not the norm. That said, go to Kununurra or Broome and you will see older youth on the streets. If they were my kids, I would not want them to be on the streets; I would want them home with me. They are out there in numbers and are causing disquiet amongst the community. That is a more regular phenomenon. I will also provide to the committee a small account of our strategy in Kununurra to deal with youth on the streets, which is multifaceted.

The CHAIRMAN: What age do you consider a youth to be?

Mr Murphy: From 12 up.

Mr P.B. WATSON: Would it be good to work with the police and ask them to keep a record of the number of young people they see on the streets over the next three months so that the myth can be settled? Over a three-month period, it will not hurt much to ask the police to look in their log book and see how many young people of a vulnerable age there are on the streets, and then to come back to us. If that is not the case, what you are doing is working, but if they are still there, maybe you and the police can get together to sort out the issue.

Mr Murphy: I think that is a very reasonable suggestion. One thing our district directors are instructed to do is form relationships with all the other agencies and people in the community they need to deal with. The first of those relationships is with the police superintendent. I am confident that we work very closely with the police. That said, I appreciate that individual police, on occasion, would prefer that we were in the car next to them. That is why, as I say, we do that either on a continuous basis in Kununurra or on a targeted basis in some other communities.

The CHAIRMAN: The Commissioner for Children and Young People in the past two years in her annual report has recommended that the government provide safe houses. Would this not address many of the problems? Why has this recommendation not been implemented?

Mr Murphy: We would consider that we are acting on that in so far as I mentioned the youth justice team expansion in the Kimberley and Pilbara and the ones that are already operating in Kalgoorlie and Geraldton. Each of those will have beds for kids who are on bail and who would otherwise be in the cells. Those kids can be young. They will also be open to using those beds for —

The CHAIRMAN: Five and six-year-olds?

Mr Murphy: They will also be open to using those beds for 10 or 12-year-olds, if needed, and that is the best place for them. At the same time, we already have hostel accommodation in Roebourne and Broome—some of them are being processed, unfortunately—Kununurra and Halls Creek.

The CHAIRMAN: Do they take five and six-year-olds?

Mr Murphy: Yes, they take five and six-year-olds and we use them for just that purpose if need be.

The CHAIRMAN: So you have a hostel in Kununurra and Broome that can take five and six-year-olds?

Mr Murphy: Yes.

Mr P. ABETZ: The police did not seem to be aware of that when we were there.

Mr P.B. WATSON: No; they said that they were full. The one in Broome was full.

The CHAIRMAN: What happens when it is full?

Mr Murphy: We will look for family members or general foster carers. You are absolutely right; the hostel in Broome has been overwhelmed. The hostel has places for 10 or 12 and the last numbers I saw over the past couple of weeks were that there were 19 and 23 people there. You can manage that increase in the number of little kids by bringing in extra child care staff, but it does mean that the hostel gets full. We also have been running a targeted recruitment campaign for foster carers in Broome in partnership with the Kimberley Stolen Generation Aboriginal Corporation, which I think is a very neat historical juxtaposition. That has been terrifically successful, to date. It takes months to get a foster carer recruited and ready to take kids because of all the checks and training and so forth. We have had enough inquiries to give us confidence that we will have some general foster carers in Broome in a very short time, some of whom will be used for emergency replacements. It is about building up our hostels and group homes. We have additional group homes being built in Kununurra, Wyndham and Broome. We are cleaning up our hostel in Roebourne and building up our foster carers so that we have an emergency replacement capacity.

The CHAIRMAN: So you will not be introducing safe houses then?

Mr Murphy: We consider our hostels and group homes to be safe houses if they can take emergency replacements.

The CHAIRMAN: The information provided by Minister McSweeney to the Council this week shows that in February this year, of the 617 children not yet assigned a case worker, 20 per cent, or 127, were in the Kimberley. What is being done to get more DCP staff in that region? Could you provide by way of supplementary information the business plan that the department will have put to the government in terms of FTE requirements in the Kimberley region, the other regions and in Perth, please?

Mr Murphy: You are referring to the 617 cases that we have on our monitor list out of around 6 000 open cases at any one time, if not more. It is less than 10 per cent. In Victoria recently, the Ombudsman's report indicated that Victoria had a monitored case load of around 22 per cent.

[10.30 am]

It will always be the case that families, not necessarily children, come to our attention and are prioritised not to have a case manager but to have some tasks, referrals or specific support provided, but not be case managed. I would certainly prefer that number not be over 10 per cent, but 10 per cent or under is a very different situation from the one I compared it with in Victoria.

With respect to the Kimberley, over the past few years our FTE numbers have increased by 89 per cent. It is phenomenal. We have divided the east and the west Kimberley into two separate districts so we have a clear focus in those major regional centres, such as Kununurra, the associated towns

and the associated remote Aboriginal communities. To be frank, if we doubled our staff in the Kimberley they would be just as busy as the existing staff are because there are endless amounts to be done. The level of social dysfunction—and we can trace its roots back a long, long way—that we are seeing in the Kimberley, to a lesser extent in the Pilbara, certainly in the Goldfields, and to a lesser extent in the Murchison, although not insubstantially as you get into the backblocks of the Murchison, is not such that social services can readily ameliorate every family problem.

Once again, as I say, I have for your information a brief note on a five-point strategy targeting youth on the streets in Kununurra. The minister made a press release on this at the end of last year and the delay in giving it to you is because I have updated it. One of the things we did under that strategy was to use our income management tool, which at that time was available to us only in Kununurra and a couple of city districts. It is a pilot under commonwealth legislation in conjunction with Centrelink and funded by FaHCSIA. We literally did a sweep through known families and houses in Kununurra and we put about 150 families on income management. That was between the end of last year and the start of this year. Those families will be on income management for 12 months. We are seeing some positive results on that but we are not seeing it fixed.

Mr P.B. WATSON: Terry, was that voluntary?

Mr Murphy: Compulsory.

Mr P.B. WATSON: So what was the effect? Out of those 150 families, how many do you think were happy with it?

Mr Murphy: The effects are mixed. Certainly, income management does provide a stopgap where those families have their rent paid —

Mr P.B. WATSON: I think it is a great idea, I just wondered how many were voluntary. How many approached you out of those 150 —

Mr Murphy: None.

Mr P.B. WATSON: None?

Mr Murphy: They are where we have gone knocking on doors and said, “Hi, we are here to assess and engage and so on and make a referral to Centrelink for compulsory income management.” What tends to happen is that they are all angry at first—all of them—but as their rent is paid and there is food on the table and they are not being humbugged for gambling and grog money by other members of the family, a significant number of them get happier about it. We would anticipate, as has happened with other people who have been on compulsory income management, lots of those going on to voluntary income management or at least locking up a lot of their money through Centrepay with Centrelink as they come off. That said, those families live in extended families and we have not cut off all the grog or stopped all the gambling. But, as well as income management, a number of those families are subject to strong families, which is interagency case management, and a number of them have been engaged in responsible parenting programs, and I am very confident that it has prevented us taking children into care when they might otherwise have had to be.

Ms L.L. BAKER: Terry, would you be kind enough to elaborate on the strong families model for the committee?

Mr Murphy: Strong families is I think in some ways the gold standard of interagency case management. It is quite an old program developed by the department for—whatever guise it was in the 1990s, family and children’s services maybe or maybe it was community services before that? I sometimes say to my staff that we were the poor relief department in 1882; we still are. So strong families is led by the department and we have strong families coordinators but they are formal interagency agreements with education, health, drug and alcohol, mental health, corrections, housing, and WACOSS for non-government agencies, so that if a family is identified as just totally not coping but lots of agencies are involved, it is about pulling them all together, the coordinator

actually sorting out who is the lead agency and then what the others will all do in support. It is a very family-friendly model. Families often comment to us that it is making sense to them and they are getting some service that actually has traction for the first time. It is about the stickability of that lead agency because these are very frustrating families—we will want to bounce you out!—but it is about the lead agency sticking with them even when the results are not necessarily forthcoming. A group of senior officers oversees that from each of the agencies and it is about overcoming some of the barriers to providing services, such as housing and maybe additional tenancy support so that they are not booted out of a Homeswest house and the like. I mentioned that there was a gold standard —

Mr P.B. WATSON: Sorry, what percentage of people have you found in the Kimberley get kicked out of Homeswest houses for not paying their rent?

Mr Murphy: No, I could not answer that. I think Housing would be the one to access that information. Interestingly, that strong families approach, really, we are adopting a Victorian model of organisation of service but that relies on the same thing; an alliance of agencies, all of whom may be seeing families at the moment, to actually have a common entry point and identify case management by an agency within that alliance as we roll out what we are calling family support hubs under the state plan for family support services.

The CHAIRMAN: What would be the breakdown in terms of Indigenous and non-Indigenous families?

Mr Murphy: In strong families it is about two-thirds Indigenous families.

Mr I.C. BLAYNEY: Is that across the state?

Mr Murphy: Yes.

The CHAIRMAN: When was the last business plan put into the government in terms of FTE requirements for the Department for Child Protection in each of the regions? When would the last one have been presented to the government?

Mr Murphy: Since the review of the former Department for Community Development by Prudence Ford, the government, under the last one and this one, has accepted that the department is funded according to a model of demand that was developed by the department with the Department of Treasury and Finance. So we have a very robust model that estimates demand in the coming year for all our services—children in care, child protection cases and broader family support cases. When all the figures go in, it pumps out a percentage in each of those areas that is applied to the funding in each of those areas. That gives us a dollar figure to meet our growth. That takes account of not just service delivery FTE but all the backroom FTE that supports it and so on. For the past three years we have been funded according to that demand growth model. The department then has a resource allocation model, which very similarly looks at levels in a district—which is what we are focusing on—the current FTE, the amount of work coming in, the number of children in care and, therefore, the relative needs of those districts, and they are allocated FTE accordingly.

[10.40 am]

The CHAIRMAN: Okay. But that does not mean that resource allocation is meeting the needs of the demand growth. The minister said in the Legislative Council this week that DCP has about one to two caseworkers per 1 000 children in most regions.

Mr Murphy: Sorry, I missed that number.

The CHAIRMAN: Information provided by Minister McSweeney to the Legislative Council this week indicates that the Department for Child Protection has about one to two caseworkers per 1 000 children in most regions.

Can you send us a copy of the demand growth model and also the resource allocation for the FTEs? Whilst you are saying that it is worked out with Treasury, we know from research that we have

done into health funding from Treasury that it does not always work out in the best interests of the community, and it looks like this may not be working out in the best interests of children. What does your department believe the official target should be for those working with children? We want to see the statistics for each of the regions. We were told that there were not enough staff. But I should say, Terry, that we think the staff you have are doing a wonderful job.

Mr P.B. WATSON: Yes; they are.

Mr Murphy: That is good to hear. I appreciate that.

The CHAIRMAN: We have nothing but praise for what you do.

Mr P.B. WATSON: There are just not enough of them.

The CHAIRMAN: We just do not feel that there are enough of you out there. We want to see how funding is allocated to this area and we want to see the statistics for each of the regions. Could we have, for east and west Kimberley, the figures for last year's requirements and the figures for the requirements requested this financial year and the following financial year, bearing in mind we want to see how that equates with population growth: are you able to provide us with that?

Mr Murphy: Most of that. I will explain what will come.

The demand model—what it is, how it is constructed and so on and so forth. And that will include taking account of population growth, which is one of the factors that feeds into it.

The CHAIRMAN: Do you have a problem providing us with that?

Mr Murphy: No.

The CHAIRMAN: Right.

Mr Murphy: And then the total FTE allocation by district and the allocation —

The CHAIRMAN: So the resource allocation by district—by region?

Mr Murphy: Yes; I think the way to answer your question is to show the total in each district, and that can include—as has been tabled in Parliament a number of times—figures for caseworker FTEs or the card-carrying officers who have statutory powers; service delivery FTEs, a broader range of staff who provide services such as responsible parenting and case support and the like as well as the statutory officers; and then the total FTE figure. And then the figure for the 2010–11 allocation.

The CHAIRMAN: No; we do not just want the 2010–11 allocation. We want to know where the gaps are. We want to know what is required at grassroots level to help these children. Where are those gaps?

Mr Murphy: As yet, I cannot give you the demand estimates for 2011–12 because they are based on data that is not yet in. The figures are based on data from a number of years, but we really have to wrap up 2009–10 fully and feed that data into the equation to be able to estimate 2010–11.

The CHAIRMAN: Maybe we can just have the deficiencies for 2009–10 and the deficiencies for 2010–11.

Mr Murphy: To be precise: we do not calculate that we need X number of FTE here, here and here. The demand model is based on a gross growth in children in care and so forth. The secondary element is that allocation by district based on the district's individual work factors.

The CHAIRMAN: Okay. Getting back to that allocation: we know that Treasury, when it came to health care funding, went for minimum population growth. Again, it might well be that in this area Treasury is going on a minimum child-abuse rate or a minimum children-in-need rate, rather than the rate the actual figures show.

Mr Murphy: We are very happy with the model because it takes in population and socio-economic disadvantage, and also the historical trends in child protection notifications and the numbers of

children in care. We found, three years ago when we first introduced the model, that those rates of growth were very high. Following the Ford review, the number of children being brought into care increased massively; we were on a growth path of around 10 or 12 per cent. That rate has since diminished: the current rates of growth in the number of children that we are bringing into care are not too far out of population growth. They are at least in line with historical trends. The demand model, because it takes in a number of years and does not just react to any one year's variation, really attenuates that sharp drop so the projected growth is somewhere in between. It also takes in other factors. We have made changes to it along the way. We have increased the input for leaving care: we have the legislative capacity to assist children in care until they are 25. So we have adjusted that input. Certainly, I think it very reasonable to anticipate in line with government policy that next year's demand modelling will look at the Pilbara population growth because there is a deliberate government policy that the population in the Pilbara increases. We will really have to build that into our model.

It is a pretty robust model and we do adjust it along the way. If I can answer in a more global way as well, I really appreciate you recognising the good work that our staff do. I think they do incredible work. What we ask of our staff in terms of the emotional rough sea over which they have to travel every day and in every interaction with the public —

The CHAIRMAN: I think that their skins must be thicker than ours—and ours are thick!

Mr Murphy: It is amazing.

Mr P. ABETZ: They burn out quite regularly, do they not?

Mr Murphy: Well, you have to take care of them. I think that we are a lot better at that than we have been, but it is a continuing challenge.

Mr I.C. BLAYNEY: On average, burnout is at five years, I think.

Mr Murphy: We have people on the frontline who have been there a good amount of time. We celebrated one of our executive director's fortieth anniversary in the department the other day—so we have a lot of lifers in the department, which is very encouraging.

In terms of what we need to do the job, I guess I would say that where we are now as a department compared with where we were prior to the Ford review is beyond comparison.

Mr I.C. BLAYNEY: When was that? What was that review?

Mr Murphy: That was delivered in March 2007 and most of the review took place in late 2006.

I mentioned an 89 per cent, I think, increase in staff in the Kimberley.

The CHAIRMAN: I think that you are on the way—heading in the right direction.

Mr Murphy: It has been a 60 per cent increase since the Ford review. We are certainly experiencing in some districts spikes in the work coming in and people are too busy. But it is absolutely the case that we could double our staff and still be just as busy, because you really —

Mr P.B. WATSON: Is that bad?

Mr Murphy: No. It is hard to work with the people that we work with, and the more you do the more chance of success you have, but you can just keep pouring it in. I am really pleased that, along with the demand model and post Ford, the number of cases an individual worker is allowed to carry has been capped—through an industrial agreement that we have subsequently formalised—at 15 per worker. Now, the average caseload per worker is more like 13—it is between 12 and 13.

The CHAIRMAN: But the minister said this week that DCP has one to two caseworkers per 1 000 children in most regions.

Mr Murphy: I think that figure must be referring to the number of population.

Mr P. ABETZ: Yes, that is the population figure.

Mr Murphy: The population of children.

Mr P. ABETZ: DCP is not working with 1 000 kids in each region; that would be impossible.

Mr Murphy: Then we would be snowed under!

Mr P. ABETZ: You would be totally snowed under.

The CHAIRMAN: Then what was the capping for?

[10.50 am]

Mr Murphy: Fifteen cases per worker, but the average is between 12 and 13 at any one time. It varies in districts. It means that a worker will have 15 children in care. Workers at the front end who work with whole families when they first come to our attention—there is a lot of assessment work and, perhaps, child protection investigations—have a lot fewer cases; hence, the average of 15 down to between 12 and 13. In working out how much we need, it is being able to maintain that caseload level, which is about right. Internationally it seems that the consensus is that 12 cases is optimal; therefore, between 12 and 13 is okay, and the cap for 15 children in care is good. But that must be balanced against the number of monitored cases. As I said earlier, having 10 per cent or under is critical. It was not so long ago that we had triple that number. We were carrying 1 500 monitored cases out of an open caseload of around 6 000. That presents enormous risks for the families concerned and the potential for burnout for our staff, because the frustration of not being able to get to that work is enormous. Those monitored cases do not just sit in a filing cabinet somewhere, à la New South Wales, if I may be so rude. They are actively monitored; some will have tasks being done, some will have referrals being made and some will be purely monitored—let us see where they are at in a couple of weeks and if things are still a bit ropey, we had better move on them. They are all regularly reviewed and prioritised against other cases.

Mr I.C. BLAYNEY: I was interested to hear you say that the model that seems to work is the Victorian model as the lead agency.

Mr Murphy: Yes. It has a child-first system, which we call family support hubs.

Mr I.C. BLAYNEY: It is not relevant to our inquiry, but I will still ask the question. Every now and again we hear of horrific cases in New South Wales, particularly in Sydney. Why is that? People say that DOCS has failed or whatever. Does New South Wales not use a similar model? Is the problem a lack of staff?

Mr Murphy: I welcome this question. We have had a woman by the name of Eileen Munroe with us for the past couple of days. She is currently reviewing the English child protection system. I told our staff that she is England's Prudence Ford. We are very fortunate to have her through some of our connections. Today she is meeting with the Ombudsman and people from the Child Death Review Committee. She made the point very strongly and it is simple a fact—I say this to all our new staff—that tragedies happen in this business. As Eileen put it yesterday, among the 20 phone calls that we receive on any one day, we do not have the clairvoyance to tell when a child may die from cot death or when a woman may not attend a medical appointment when everything else seems okay. Tragedies happen. There is no way that the state can assume the responsibility for families to prevent all risk for their children. That said, we have pretty robust systems and we are a lot stronger than we were three years ago and we are a vastly different department from the one that we were three years ago. I believe our assessment and intake systems are strong. Our approach to child protection through the framework we have adopted—it is called the signs of the safety—supports critical decision making among the emotional turmoil of dealing with families. It is better than anything I have seen around the world. It was developed here in Western Australia, but implemented in the US and the United Kingdom before; only three years ago it was rediscovered and we adopted it holus-bolus. We have good systems and we are less vulnerable to that risk than was Victoria, New South Wales and the Northern Territory recently, to name the jurisdictions that were severely criticised and subject to review after our Ford review. The risk is never totally

eradicated. Unfortunately, England has made a number of mistakes in the way that it set up its child protection system. Its system is based on rules, regulations, reporting, accountability and central direction. Its social workers sit behind computers 80 per cent of the time filling out forms when they should be with families—hence the review.

The English review comes after a very ugly incident involving the death of “Baby P” two years ago. That case was an instance in which a number of agencies had contact with the family concerned. The family deliberately hid its pathological child abuse from the authorities. The communication between the agencies, notwithstanding a lot of formal agreements and meetings, was not satisfactory, as it was described. The agencies were talking—no, they were shouting at each other and telling each other what to do. The child protection workers were scared off. The checks and balances within the child protection system did not allow for the critical questioning and decision making that is necessary to properly intervene in a case. I am trying to draw a distinction between tragedies that cannot necessarily be predicted and, therefore, prevented as opposed to those in which a system is not operating effectively enough to intervene when tragedy is predictable. It is a grey distinction, but I am confident that our system has been built to deal with predictable risks well. However, as one of my predecessors put it to me, you never know when the hand grenade is going to roll down the corridor in our department. If a department like ours is unfortunate enough to get three of those unpredictable, unpreventable deaths in a short period of the time, the politics changes very quickly. Sometimes that is fair enough. It was fair enough before the Ford review and in some of those instances that were the catalyst for that review; however, at other times it has not been necessary. How we survive that depends on the robustness of the system as judged by you, our peer agencies and the public.

The CHAIRMAN: I will bring this hearing to an end. Committee members want to ask many more questions, some of which relate to children on the street and what houses and services are available, where they are located, the hours they are available and the number of children they can cope with. We will send you further questions along with your transcript.

Thank you for your evidence before the committee today. The 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 attached to the transcript. If the transcript is not returned within 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 not 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 the corrected transcript. Thank you.

Mr Murphy: I will table the two papers I referred to, which may help answer some of those questions. Thank you.

Hearing concluded at 10.59 am