

7 June 2002

Our ref Jane Sanders

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Hon Jan Burnswoods
Chair, Standing Committee on Social Issues
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Ms Burnswoods

Inquiry into Child Protection Services: submission by the Shopfront Youth Legal Centre

The Shopfront Youth Legal Centre is a free legal service for homeless and disadvantaged young people aged 25 and under. The Shopfront has been operating since 1993 and is a joint project of Freehills, Mission Australia's Sydney City Mission and the Salvation Army.

The Shopfront represents and advises young people on a range of legal issues, with a particular emphasis on criminal law. Many of the Shopfront's clients are former state wards or are currently under the care or supervision of the Department of Community Services. In addition, some of our clients have been involved in care proceedings as parents of young children.

For the majority of our clients, involvement with the care and protection system has been a very negative experience. We do acknowledge that there are many children who have positive experiences with the Department of Community Services and the child protection system. These people do not come to our attention, presumably because they function relatively well in society and do not need the assistance of a service such as ours. We hope that these people are the majority.

However, there is a significant minority of young people who have been failed by the child protection system and who have a fear and mistrust of DOCS. We will explore why this is so in this submission.

1 Why do our clients have negative experiences with DOCS?

1.1 The relationship of our clients with DOCS workers

For the majority of our clients, involvement with the care and protection system has been a very negative experience. For many who were placed in care or under

supervision as children, it appears that DOCS has failed to meet their needs. A substantial number of our clients have had numerous foster or residential placements, which have broken down, and as a result they have become homeless during their teens. Others say that the Department did not meet their material needs in terms of financial support or basic necessities such as clothes and housing, and most say their emotional needs were never met.

Many of our clients see DOCS not as a source of support and security, but as an uncaring bureaucracy, to be feared rather than trusted. It is always very concerning to us that many of our clients express a real fear of DOCS. Some of our clients have stated to us that they would rather be involved with the police than DOCS. Again, this is alarming when we see in our day-to-day work what the Community Services Commission has described as “the drift of children from care to crime.”

This fear and mistrust articulated by our clients is compounded when ex-wards have children of their own who are then removed or placed under the supervision of DOCS. We have some clients in this situation who are so emotionally scarred by their childhood experience with DOCS that they refuse to work with the Department, even if this means that they lose the opportunity of having their children restored to them. Most of our clients in this position express a belief that the Department is discriminating against them and monitoring them because they were wards themselves.

We acknowledge that DOCS often has to make very difficult decisions, and to take actions which will not be popular with the parents or children concerned. It would be naive to expect that child protection workers will always be liked or respected by their clients. However, the extent to which many DOCS workers are feared and even despised by our clients is a signal that something is fundamentally wrong.

1.2 The relationship of our clients with Juvenile Justice Officers - a comparison

Many of our clients who are, or have been, in care have also been involved with the criminal justice system. These young people often have had Juvenile Justice Officers when placed on bonds or probation orders. Like DOCS workers, JJOs often have to make decisions that do not always please their clients - for example, including unfavourable material in court reports or initiating proceedings for breach of probation. Despite this, most of our clients report good relationships with their JJOs and speak of them in respectful terms. Many see their JJO as a source of support who is able to help them in times of need with such issues as accommodation, Centrelink payments and counselling.

Clearly, DOCS and DJJ have different roles and it is not always meaningful to compare them. However, we believe it may be useful to explore why many young people have good relationships with their JJOs and bad relationships with their DOCS case workers.

We can suggest a number of reasons for this. Firstly, most of our clients have the same Juvenile Justice Officer for a relatively long period of time, even if the client moves between different parts of Sydney. In contrast, many of our clients have had numerous District Officers, partly because of a very high turnover of DOCS staff and partly because of frequent changes in accommodation in different geographical areas. This makes it very difficult for young people to establish a

rapport with their DOCS worker, or even to know who their case worker is at a particular time.

Secondly, JJOs appear to be better trained and resourced than DOCS workers. They have a lower caseload and it appears that they are able to devote more time to supporting their clients. It is our experience that JJOs are often more successful in finding accommodation for their clients, even for those young people who have serious psychological, behavioural or substance abuse problems. It is our view that these issues reflect problems with the resource levels and management of the Department of Community Services.

It also appears that DOCS has a very different culture to that of the Department of Juvenile Justice. As stated, many of our clients are more terrified of DOCS than they are of police. We suggest that seemingly small matters, such as the appearance and layout of DOCS offices, may make a significant difference to our clients. Most DOCS offices look like fortresses and are very unwelcoming. To our young clients in care, this may well reflect the culture of the organisation as a whole.

2 Lack of priority given to adolescents

We work with many adolescents for whom there are child protection concerns. In these cases it is often very difficult to get DOCS to become involved and to provide an adequate level of service.

We acknowledge that DOCS does have some good programmes targeted at adolescents, staffed by case workers who have the specialist skills to work with this client group. Examples include the Kings Cross Adolescent Unit and the Cabramatta Street Team. We are also aware of some specialist adolescent case workers in community service centres. However, these are not enough to meet the needs of all adolescents.

With the limited resources available to the Department, we do acknowledge that priority must be given to younger children who are generally more vulnerable. However, there are adolescents with very high needs who are at risk and who do not receive assistance from DOCS. Sadly, these young people often become enmeshed in the juvenile justice system. Ironically, we see cases in which this is often to the benefit of young people in care or in need of care, as they generally receive greater support from a Juvenile Justice Officer than from a DOCS case worker. This is not a desirable state of affairs.

2.1 Lack of appropriate accommodation

Many adolescents who are in care, or in need of care, become homeless because of a lack of suitable accommodation and support. The situation is worse for those with behavioural problems, disabilities, mental illnesses or substance abuse problems. Foster care is usually not an option; refuges are not always equipped or resourced to deal with their complex needs, and they lack the living skills to live independently.

We often see young people who are in care, or in need of care, spending time on remand in a detention centre because DOCS has not found them appropriate accommodation.

DOCS often attempt to solve the accommodation crisis by placing young people in motels, often for weeks or months at a stretch. Whilst this is acceptable as a short-term crisis measure, it is not an appropriate medium or long-term solution.

We share the frustration of many DOCS case workers, who simply cannot find anywhere else to accommodate young people, particularly those who are “difficult”. DOCS needs to implement some more long-term measures to provide accommodation to children and young people in care. “Dumping” them in SAAP services is not the answer. Nor is re-opening institutions like Ormond and Minali. Money spent on motels or serviced apartments could be much better spent investing in houses or flats, which would provide a more stable and home-like environment. We are aware that this has been done in some areas and appears to be quite successful if accompanied by adequate case work support.

2.2 The drift from care to the juvenile justice system

We note that numerous reports have recorded a link between children in care, homelessness and the criminal justice system. As far back as 1989 the Human Rights and Equal Opportunity Commission report, *Our Homeless Children* (commonly known as the Burdekin Report), reported a substantial number of children and young people become homeless while still under State guardianship. The report describes an inadequate transition between being a ward to being independent in the community, as many homeless young people are either wards or ex-state wards. The report cites a study that draws a clear connection between being homeless and crime: “Homeless young people engaged in a wide variety of offending, from avoiding fares on public transport to robbery with violence in order to survive or supplement their income.”(p. 54) and: “Even those homeless young people not engaging in crime according to the study are very likely to come to the attention of the police.” (p.54)

In 1996 the Community Services Commission cited homelessness as a significant contributing factor leading to youth involvement in the juvenile justice system (*“The drift of children in care into the juvenile justice system”*, Community Services Commission, December 1996). The report stated that “wards are fifteen times more likely to enter juvenile justice centres than other members of the juvenile population, and this does not account for all those wards who are under supervision orders, who are between 16 and 18 years, let alone wards who commit offences without being charged.” (p.48). The report went on to say, “The history and circumstances leading up to and surrounding a ward’s contact with the juvenile justice system creates a picture of: unstable and inappropriate accommodation; high support needs ... aggressive behaviours; poor educational experiences and outcomes; or very limited access to specialist services or early intervention programs; and a lack of advocacy and support.” (p. 48).

Again in 1999, a report of the Community Services Commission continued to state that “wards are over represented in the juvenile justice system.” (*“Just Solutions - wards and juvenile justice”*, Community Services Commission, March 1999) The Report states that there is increasing evidence that “experience within the care system exacerbates, or at least fails to reduce, these risk factors.”(p. 14)

It also appears that ex-wards are over-represented in the adult criminal justice system. The final report of the NSW Parliament Select Committee on the Increase in the Prisoner Population (November 2001) makes some reference to this. Whilst

the Committee did not gather data on this issue, it refers to several submissions and studies which suggest that a large proportion of prisoners have been in state care. It cites a submission from the Positive Justice Centre, which in turn cites a survey by the Department of Corrective Services which estimated that 30% of female prisoners had been removed from their families as children (see paragraphs 4.27-4.31 at pp. 25-26 of the report)

Despite these reports, our service continues to see these issues confronting state wards or children in care. There appears to be a continuing lack of available accommodation for state wards or homeless young people, particularly when they are facing criminal proceedings. Children or young people in care charged with criminal matters have difficulties even accessing refuge accommodation. Many young people in this position find themselves remanded in juvenile detention centres because of DOCS' failure to provide accommodation.

The 1999 report of the Community Services Commission confirmed that many wards find it difficult to get bail due to a lack of available accommodation and a failure by the DOCS officer to prioritise finding the young person accommodation. The report states, "The slow response times of DOs can have the effect of leaving a ward in custody for weeks despite bail being available should suitable accommodation arrangements be made." (*Just Solutions- wards and juvenile justice*, Community Services Commission, 1999, p. 75). This report stated that DOCS' failures contravened Rule 17 of the United Nations Rules under the Protection of Juveniles Deprived of their Liberty (1990) which states that detention before trial should be avoided if at all possible and efforts should be made to find alternatives (p. 76).

A case example: Lisa

Lisa is a young Aboriginal girl who was first referred to the Shopfront Legal Centre when she was fifteen years old. She had been charged with some minor criminal matters. Lisa came from a family that was very dysfunctional; one parent had a serious problem with alcohol and other family members had spent time in custody. Lisa was made a state ward when she was eight years old.

After a kinship care placement broke down, DOCS were unable to find Lisa any suitable long-term accommodation. She did the rounds of various refuges, but she did not last long in any of them. This was mainly due to Lisa's developing behavioural problems as a result of her disadvantaged childhood, which were worsened by the destabilising environment of a crisis refuge.

Eventually DOCS decided that the only option was to accommodate Lisa in a motel with a youth worker supervising her. This arrangement lasted for several months, without any apparent attempt by DOCS to find her a more suitable "home" like environment. Lisa was basically being kept in a "holding pattern", with the youth worker being little more than a babysitter. She was not receiving any proper casework or any counselling to address her behavioural problems and long-term needs. DOCS were spending huge amounts of money to keep Lisa in this motel - money that we suggest would have been better spent setting up a more appropriate long-term form of accommodation.

Not surprisingly, Lisa eventually got fed up with staying in a motel and left to go back on the streets. Shortly afterwards, she was arrested by police for committing some offences. Although the offences were relatively minor, Lisa was refused bail because she had no stable accommodation and had failed to appear at court in the past. The Children's Court granted her bail on the condition that she reside as directed by DOCS. However, DOCS did not find accommodation for Lisa. It appeared to her solicitor that DOCS were in fact relieved that they did not have to look after her and that she was "someone else's problem" for a while.

After several weeks on remand in a juvenile detention centre, the court released Lisa with a non-custodial sentence. Lisa now had a Juvenile Justice Officer, who seemed to offer her more support, and command more respect, than her DOCS case worker. Eventually DOCS secured private rental accommodation for Lisa, and after a few months she went interstate to live with one of her siblings.

3 Children and young people who suffer abuse whilst in care

Many of our clients report experiences of sexual and physical abuse whilst in care. Many young people we represent report being placed in families by DOCS, and members of the families later abusing them, physically, sexually and emotionally. These clients often gravitate toward Kings Cross in their adolescence and develop substance abuse problems. Further, these clients believe that DOCS have not shown caution or care in placing them with families, or provided adequate monitoring of these placements, or contact with them whilst in care.

The 1999 report of the Community Services Commission (*Just Solutions - wards and juvenile justice*) referred to a serious lack of stability faced by wards in care. It showed that 75% of the young people studied had three or more placements while in the care of the State. It is questionable whether or not a child in care can form adequate bonds with families when subjected to multiple placements. It is also the case that this may well place them at greater risk of abusive treatment. The same report stated that approximately 50% of the young people studied did not complete Year 11, and just under 50% were unemployed one year after leaving wardship (p. 42). These figures reveal an inability of DOCS to meet the needs of children in its care.

A case example - Samantha

Samantha is a young woman who was sexually abused between the ages of 13 and 15 years by a carer. At age 13, Samantha was placed in the care of this person in accordance with an (informal) arrangement overseen by the Department of Community Services and Samantha's estranged mother. Shortly after her placement with this carer she was subjected to regular sexual abuse, almost on a daily basis for a period of approximately two years.

The carer was an ex-DOCS worker and was working in youth services at the time that Samantha met him. The DOCS file referred to this placement as only an "informal" arrangement, however, the Department was actively involved in placing Samantha with the carer. A file was kept by the Department of Community Services during the time that Samantha was resident with this carer.

After a short period of time the carer's wife became very concerned and she notified DOCS four months after Samantha was placed with the carer. She stated to the DOCS officer dealing with the case that she believed Samantha was being sexually abused by her husband. The response by the DOCS officer was that the wife of the carer was only bitter about the breakdown in her relationship with the husband. There was no investigation by DOCS despite clear allegations and concerns being put by the carers wife. The mother of Samantha also notified the Department of Community Services believing that her daughter was the victim of child sexual abuse by the carer. No investigation ensued. Two years later Samantha was charged with a serious assault upon the carer. She disclosed two years of constant child sexual abuse by the carer.

When Samantha came to the attention of DOCS at the age of 13 she was clearly "a child in need of care" without anywhere to live. There was an irretrievable breakdown in the relationship between mother and child. The Department of Community Services became involved and facilitated what they called "an informal arrangement" between Samantha and her new carer. This arrangement in itself breached the Children (Care and Protection) Act 1987 s42(1) in that it was essentially an illegal fostering arrangement. The two notifications in relation to Samantha, one by the wife of the carer and one by Samantha's mother were not dealt with adequately. There was not investigation and as a result Samantha continued to be sexually abused for another two years.

A case example: Tony

Tony is a young aboriginal man who is the victim of a serious sexual assault when he was aged only two years old. After the violent sexual assault he was hospitalised for approximately ten days and repair surgery was required.

After his time in hospital Tony was returned to the Aboriginal community in which the assault occurred. He says that he does not have a conscious memory of the sexual assault, however there are ample medical records of this assault. Tony says that he remembers being sexually abused constantly from about the age of five years. The Department of Community Services had knowledge of the sexual assault which took place when Tony was two years old, as did the police, however nobody was charged or convicted of the sexual assault.

Tony says that he was the victim of further child sexual assaults until he was twelve years of age. He remembers involvement of the Department of Community Services, and their records confirm this. He says that he suffered from extreme neglect, lack of food, physical abuse and sexual abuse during his childhood. Further, he says that his mother had a mental illness and his father was a violent alcoholic. Despite this horrific sexual assault at the age of two years which DOCS was well aware of, and despite continuing DOCS involvement in his life, he continued into early adolescence being the victim of child neglect and child sexual and physical abuse. It is arguable that this is a very clear case in which, from the time of the child sexual assault at the age of two years, the Department

should have been put on notice that Tony was a child at significant risk of abuse and neglect, and as a result DOCS should have put in place adequate child protection processes.

4 The experiences of young parents who are confronted with DOCS intervention

Our clients who are young parents of children who are brought to the notice of the Department of Community Services consistently report communication problems with DOCS officers. Our clients express feelings of being badly treated, not supported as young parents and not listened to. Many of our clients are experiencing great distress at being separated from their children, they are desperately missing their children and believe that DOCS do not provide them with adequate contact with their children, supervised or unsupervised.

Many young parents are deeply concerned about the emotional trauma experienced by their children who are separated (often only on a temporary basis), and believe that DOCS adopt a very clinical approach to calculating what is "reasonable contact". Often it appears that DOCS resources are the sole determinant in what sort of contact parents have with their children during the course of care proceedings. Our clients' experience is that a distinct lack of resources (particularly in those cases in which supervised contact has been ordered) very often results in inadequate contact with their children, and consequently a damaging of the bond between parent and child during the separation period.

Young parents report feelings of anger and resentment toward DOCS, as well as feelings of disempowerment and conflict. Many young people state that DOCS should understand their feelings of loss, as parents whose children are taken away, but rather, they say they are dealt with by DOCS with complete insensitivity. In many of these cases the children are returned to their parents after a temporary separation period, and the parents take with them very negative experiences of DOCS intervention. This is expressed in very strong terms by those young parents who have also been wards or in care themselves, and who believe that they are being monitored by DOCS only because they themselves were previously in care.

A case example: Mary

This case involved a 21-year-old woman, Mary, and her twenty month old daughter. The Department of Community Services removed the twenty month old daughter from Mary's care in the following circumstances:

Mary's relationship with the father of the child was breaking down. She was not coping well and on one occasion she contacted a suicide prevention line. On a second occasion whilst speaking to the father of the child on the telephone she threatened self-harm and took anti-depressant tablets threatening to overdose. She asked the father to come and collect the child who was asleep in her home at the time. The father rang an ambulance who attended, took Mary to hospital and the ambulance officers then contacted the Department of Community Services in relation to the child.

It should be noted that Mary was the sole carer of her daughter since the child's birth. The father had only intermittent involvement with the child

during that period. The Department of Community Services did not have any records of previous neglect or abusive parenting by Mary. The two instances of threatened self-harm relating to the relationship breakdown with the father were the reasons why the Department removed the child from Mary's care. DOCS initiated court proceedings and the child was not returned to her mother for approximately seven months. The child was returned on the finalisation of the care proceedings.

During that seven month period in which court proceedings were on foot the Children's Court Magistrate consistently ordered liberal access be granted to the mother, Mary. The Department of Community Services decided to interpret those court orders regarding liberal access very conservatively. The mother was given only 3 hours a week access to her child by DOCS for approximately four months. This period of time was distressing to both mother and child.

Prior to these two incidents of threatened self-harm there had been no notifications or allegations of neglect or abuse by Mary. The contrary evidence presented to the Department in the form of affidavit evidence from significant involved persons of good reputation was that Mary had always been a devoted and loving mother. She had also been a child in the care and protection system.

Mary felt that the Department was interrogatory and unsympathetic to her. She felt that the needs of her child to continue a strong maternal bond with Mary were not prioritised, but rather a lack of resources determined the extent of contact with her child. The DOCS officer dealing with this matter said to her solicitor that this matter was not a high priority to her at the moment because she had a heavy caseload. Mary found it extremely difficult to communicate with DOCS about her concerns for her child and to be believed when expressing her intentions to access community support in her role as a single mother.

Despite the fact that the Children's Court continued to order liberal contact between mother and child, DOCS continued to take a restrictive view and only allow three hours a week contact between Mary and her twenty month old daughter. Finally, four months later the Court was compelled to make specific orders for extended contact, given the previous interpretation by DOCS as to what was liberal contact. The matter was concluded four months later; consent orders were filed in which the father and mother entered into a joint custody arrangement. Both the mother and father agreed to accept the supervision of the Department of Community Services.

Since the final Court date, despite the alleged serious concerns of DOCS, which formed the basis of the separation between mother and child, DOCS has not had any contact with Mary. This is over one year ago.

5 Lack of appropriate complaints and appeal mechanisms

Our clients complain about the lack of independence of the complaint mechanisms as they relate to the conduct of the DOCS officers. From our experience the complaint process is an internal one. When a complaint is made the case worker is the only person interviewed by the investigating officer. This

officer, who determines the complaint, is generally a staff member of the same office. The complainant or complainant's witnesses are generally not spoken to or interviewed. A further complaint to the NSW Ombudsman appears to adopt the same process.

It is our view that there is no independence or transparency in the process, and the complaint procedures are in breach of natural justice principles. The complaint process adopted does not allow complainants to be heard and therefore fails to accurately examine the complaint. Clients have a right to a fair hearing to address the full circumstances of their complaint. DOCS fails to allow for hearings and therefore ineffectively deals with the accountability of its officers generally.

We note that the Community Services Commission provided a more effective review mechanism before its jurisdiction was restricted to relate only to *services*, and not the child protection *functions*, of DOCS. We understand that the Commission's jurisdiction will be restored to allow them to scrutinise DOCS' functions, but this will involve the Commission being subsumed into the Ombudsman's office. We are concerned that this may dilute the Commission's independence and its capacity to fully investigate complaints.

Continuing with the case of Mary

Mary lodged a complaint to DOCS after feeling that the DOCS officer had treated her unfairly, and in doing so caused both her and her child undue hardship. In response to this complaint the department failed to properly investigate her charges. The manager at DOCS chose not to speak to Mary or Mary's family to gain further information about the problem. Instead, the manager spoke only to Mary's caseworker. The internal procedures that were used to respond to Mary's complaint failed to provide Mary with any mechanism to provide her evidence such as a hearing or interview.

After feeling that her complaint was inadequately dealt with Mary lodged a complaint with the NSW Ombudsman. Her complaint addressed DOCS' internal complaint process and its inadequate handling of her grievance. The NSW Ombudsman found that DOCS provided a satisfactory explanation of its actions and the department acted in a reasonable manner. When Mary's solicitor contacted the Ombudsman complaints officer to express dissatisfaction with this finding, the response was along the lines of "Well what does she want? She's not going to get her child back." This suggests that the Ombudsman's office had missed the point of Mary's complaint, which related to the manner in which DOCS had treated her, and not the eventual outcome of the court proceedings.

6 DOCS' conflicting roles: family support and child protection

Under the *Children and Young Persons (Care & Protection) Act*, DOCS has several roles, including:

- providing support to families in need or in crisis;
- child protection, which may include removing children at risk from their families;
- organising substitute care placements;
- exercising the parental responsibility of the Minister.

We note that this last function has been modified by the enactment of the *Children and Young Persons (Care & Protection) Act 1998* and the appointment of a Children's Guardian. This initiative removes some of the inherent conflict between DOCS' roles, and aims to ensure that children under the parental responsibility of the Minister receive adequate care. However, we are concerned about the delay in proclamation of the provisions relating to the functions of the Children's Guardian. We submit that these provisions need to be proclaimed as a matter of urgency so that there is adequate monitoring and review for children in care.

We still believe there is a potentially serious conflict between DOCS' family support and child protection functions. Many young parents report feeling confused and betrayed by DOCS officers when they switch between these roles. Many of our clients have been told by DOCS case workers "we are here to help you, not to take your child away", and they are encouraged to confide in the case worker. Unfortunately, it seems that DOCS often imposes stringent conditions upon the parents (eg. drug treatment, urinalysis, counselling) without providing the necessary support for the parents to fulfil these conditions. In some cases the children are later removed by DOCS. It is not surprising that parents feel betrayed and form the impression that DOCS was never serious about supporting them in the first place.

We recognise that the child's best interests are paramount and that children may have to be removed if they are at risk. However, we believe that DOCS often does not make a sufficient effort to support the family before making the decision to remove the child. Secondly, we believe that parents often receive mixed messages from DOCS about their role.

In some cases, better communication and role clarification may help to ease this tension. However, we believe that this conflict might be better addressed by separating DOCS' family support and child protection functions.

A case example: Peter

Peter has a developmental disability and came into contact with the Shopfront when he was eleven years old. His younger sister Anna had made some allegations against him, which were vague but appeared to disclose that he had indecently assaulted her. The JIT team investigated the matter but no criminal charges were laid because the evidence against Peter was not strong and there was also a strong possibility that a court would find him not guilty due to the presumption of doli incapax.

When DOCS became involved, they immediately removed Peter from the family home, but in doing so they made sure that they communicated with Peter and his mother so that they understood what was going on. Peter was placed in foster care not far from his family home so that he was able to keep attending the same school and to have frequent contact with his mother. He was allowed to have contact with his sister but only under DOCS supervision. Two separate case workers were involved - one to support Peter's sister and mother and another to support Peter. We observed that Peter's case worker was a very good advocate for him and worked hard to ensure that adequate services were in place to assist him.

This is an example of how the child protection system can work well if roles are clearly clarified, proper communication is maintained and adequate resources are provided to ensure that vulnerable children and families receive adequate support.

7 Summary and recommendations

As stated earlier in this submission, we do not claim that our clients represent the majority of people who have had dealings with DOCS. Nevertheless, there is a significant number of people who have been failed by the child protection system and who have had very negative experiences with DOCS, both as children and as parents. Rates of homelessness and criminal justice intervention among current or former state wards is well documented and occurs at an unacceptably high rate.

In our opinion, the greatest impediment to improvements in the child protection system is a lack of resources. There has already been much attention devoted to this issue in the media and in the course of this inquiry. The additional allocation of funding to DOCS in the recent State Budget is welcome, but is insufficient. According to recent media reports, the amount allocation to each “child at risk” report is only \$800, as opposed to \$2,000 several years ago. Whilst we acknowledge that there may have been an increase in reporting of trivial matters since the categories of mandatory reporters were broadened by the new legislation, we still believe that the resources allocated to investigation of reports is grossly inadequate.

While there is such a lack of resources, it is inevitable that the needs of adolescents will continue to be largely ignored, and that children and young people with behavioural problems will continue to be placed in the “too hard basket”. Past experience and research has demonstrated that inadequate family support and child protection services is a major contributing factor to juvenile and adult offending. The fact that our State government is prepared to pour large sums of money into police and prisons, while providing grossly inadequate funding to DOCS, is nothing short of a disgrace.

Apart from the resourcing issue, there are some other matters which need to be addressed. We have commented adversely about the culture of the Department. This is partly a consequence of a lack of resources and the high workload and stress levels of DOCS staff. However, we suggest that there are some improvements that could be made without a massive injection of funding.

As a starting point, we believe it is crucial to redesign DOCS offices so they look more welcoming and less institutional. This could be done without great expense and without compromising safety and security. We suggest that DOCS could draw some guidance from the Commission for Children and Young People about the design of child- and youth-friendly space.

We also recommend that consideration be given to separating the family support and child protection functions of DOCS. This would help ensure better role clarification, and also that requests for assistance would not always be put on the back burner by case workers dealing with reports of children at risk.

We also recommend that DOCS re-prioritise its spending on accommodation for children and young people. If more money was spent establishing sustainable

accommodation options, it is reasonable to expect that the need to place children in motels would diminish.

Finally, we recommend that the out-of-home care provisions of the *Children and Young Persons (Care and Protection) Act 1998*, including the functions of Children's Guardian, be proclaimed without further delay.

Yours faithfully

Jane Sanders
Principal Solicitor