

FAIR WORK AUSTRALIA

No.

State of Victoria

and

Community and Public Sector Union

WITNESS STATEMENT OF SUE JAMIESON

I, Sue Jamieson, Manager, Children, Youth and Families, Loddon Mallee Region of the Department of Human Services (DHS) of 74-78 Queen Street, Bendigo, in the State of Victoria, say as follows:

1. I am employed by the Secretary of DHS, on behalf of the Crown, as Manager, Children, Youth and Families of the Loddon Mallee Region.
2. I am authorised by DHS to make this statement. I make this statement on the basis of my own knowledge. Where I state matters based on information provided to me, I believe such information to be true.
3. I have approximately 20 years' experience working in community services and managing programs with a focus on services for vulnerable children, young people and families. I hold the following qualifications:
 - (a) Bachelor of Arts majoring in psychology from Deakin University;
 - (b) Graduate Diploma of Applied Psychology from Swinburne University; and
 - (c) Executive Masters in Public Administration from the University of Melbourne.
4. I have been employed by DHS for 11 years in a range of senior operational and policy roles both in the Loddon Mallee Region and at DHS' head office in Melbourne. I have been employed in the role of Manager, Children, Youth and Families since 6 January 2009. I have senior program management responsibilities involving oversight, performance monitoring

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and development of regional policies for the child protection program in the Loddon Mallee Region, as well as the youth justice and placement and family services programs. I report to the Regional Director of the Loddon Mallee Region.

5. In the Loddon Mallee Region, Child Protection Workers are located at Bendigo, Swan Hill and Mildura. In Bendigo, the Child Protection Workers work in intake, response and in long term units providing case management for children and young people subject to protection orders. In Swan Hill and Mildura the Child Protection Workers conduct response and case management work.
6. Industrial action taken by members of the Community and Public Sector Union commenced in the Loddon Mallee region on Friday 11 November 2011.
7. I describe below the work of Child Protection Workers under my supervision, and the impact that the bans have had (or are likely to have) on that work and, significantly, on vulnerable children in the Loddon Mallee Region.

Intake work

8. There are six Child Protection Workers in the Bendigo Intake Team. Three of those workers are participating in the bans. The bans have reduced the capacity of Child Protection Workers to assess children quickly and, where necessary, to ensure that those at risk of physical or psychological harm are protected.
9. Under normal circumstances, a Child Protection Worker is assigned to each child reported to the Intake Unit for the purpose of undertaking an Intake assessment. As a result, there is usually no delay in the making of such an assessment.
10. By contrast, and as a direct result of the case ceiling imposed under the bans, 216 of the 366 children currently in the Intake Unit (or just under 60 per cent) have not been assigned a Child Protection Worker to make an Intake assessment.
11. On average, the majority of non-urgent cases in the Intake Unit are resolved within 10 days, and no later than 14 days. On the current numbers, I expect it will take well in excess of 14 days to undertake the normal initial assessment. It may take as long as a month for some of these children to be assessed.

12. There is a high risk these children will suffer harm as a result of this delay. For example, the delays in assessment might mean that children whose situation is considered "urgent" are not identified as quickly as they might be, and, as a result, are subjected to further harm. For children in this category, a delay of even a few hours is very significant, particularly when violent carers are involved.

13. As an example, on Monday 14 November 2011 the Bendigo office received a report about three siblings (aged 7, 3 and 1) who had witnessed their drunk father assault their mother. The children's mother fled the house and went to a neighbour's after seeing the father grab something from a kitchen drawer that she thought was a knife. She left the children in the house with the father, who left after the Police arrived. The next day the situation became more urgent as the father reported that the mother was abusing diet pills and alcohol and sometimes snapped at and assaults the children. Unfortunately, as a direct result of the bans, it has become very difficult to organise a visit by Child Protection Workers to these children, who live about an hour away from Bendigo.

14. Another example of the impact of the bans is that there are likely to be significant delays in assessing children who are not considered "urgent", and assigning to them a Child Protection Worker. While these children are not considered "urgent", their vulnerability should not be underestimated. I describe below the circumstances of four children who currently fall within this category:

- (a) There is a 16-year-old boy who is reportedly using drugs with his parents, and with his 15-year-old girlfriend. The boy's mother is selling his medication to make money.
- (b) There are three siblings aged 6, 9 and 12. The 12-year-old is reportedly being hit by her father. She wears long pants to hide the bruising. The children's father has previously been jailed for drug related offences and all of the children have missed a lot of schooling.
- (c) There are four siblings, aged 5, 10, 11 and 13, who have constant head lice, dirty clothes and hair. The children often have no school lunch and are ostracised by their classmates because of their poor hygiene.
- (d) There are two siblings, aged 12 and 15. The 12-year-old removed his shoelaces at school and attempted to strangle himself because he was scared of what his parents

would say when they found out he had sent a topless photo of himself via text message to his girlfriend. The boy has said that his father has previously hit him and made his nose bleed.

15. It is difficult to predict how a delay in initial assessment will affect cases like these. At best, the children involved will continue to suffer the neglect, abuse or isolation described above. At worst, circumstances might escalate, exposing the children to increased risk of harm.

Response work

16. There are eight Child Protection Workers in the Bendigo Response Unit. Five of those workers are participating in the bans involving caseload ceilings.
17. The caseload ceilings have caused a significant increase in the number of children who have not yet been assigned a Child Protection Worker.
18. To illustrate this point, on 8 November 2011, before the bans commenced, there were 297 children being monitored and protected by the Response Unit. Of those children, 118 were not being helped by an assigned Child Protection Worker.
19. As at 15 November 2011, three business days into the bans, there are 338 children being monitored and protected by the Response Unit, 210 of whom are without an allocated Child Protection Worker.
20. Those 210 children are at a higher risk of harm than children who have been allocated to a Child Protection Worker. For example, under normal circumstances cases would be investigated by a Child Protection Worker interviewing the children (often at school), their parents (separately), and other people such as teachers and nurses. Workers also seek protection from the Children's Court (if required).
21. I set out below the circumstances of three of the children in the Response Unit who do not currently have an allocated Child Protection Worker.
- (a) On Friday 11 November 2011, a Child Protection Worker visited a group of 3 siblings, due to concerns that the children were being sexually abused. A Child Protection Worker made an urgent home visit that day and decided that no legal intervention was

necessary. Unfortunately, as a result of the bans, it has not been possible to allocate a Child Protection Worker to follow-up with these children, who remain at risk of sexual abuse

- (b) An 8-week-old baby boy has fractured ribs and it is suspected the injury was intentionally inflicted. The baby's parents deny causing the injuries. The boy is currently staying with a family member, however his parents continue to have with week-long court-ordered access. Due to the bans, it is and will continue to be difficult for DHS to ensure that these important access visits occur.
- (c) Another case involves 2 siblings (aged 1 and 3) who are living with their parents. Concerns have been raised about family violence, the mother's mental illness and neglect of the children. Child Protection Workers visited the parents who agreed to accept help. Since then new concerns have been raised that the children have either been left in the care of a mentally ill neighbour or have been left wandering the streets. The parents have threatened neighbours that if they make a report to DHS they will petrol bomb the neighbour's home. Unfortunately, as a result of the bans, it has not been possible to allocate a Child Protection Worker to investigate these new claims.

22 In addition to problems associated with non-allocation of a Child Protection Worker, children in the Response phase may not yet have had a first home visit. A first home visit is a very important step in the investigation process, because it gives the Child Protection Worker an opportunity to make a comprehensive assessment about the safety and welfare of the child.

23 The extent of the danger faced by some children only becomes clear during or after the first home visit. For example, in a recent case handled by the Bendigo office a school principal reported that a 7-year-old boy had said he was being hit by his mother and her partner. As the boy did not have any visible signs of injury like cuts or bruises, his case was classified as non-urgent. However, when the Child Protection Worker made a first home visit as part of the Response Unit investigation, it was discovered that the boy was being physically assaulted on a regular basis. The boy disclosed being hit to the head. The boy's 3-year-old sister was also being assaulted, and as a result had sustained bleeding to the brain. Both children were removed from their parents' care immediately following the first home visit.

Delays present a special risk to children like this little boy and girl, whose situation can only be fully understood through a comprehensive investigation and home visit.

24 It is DHS policy that "urgent" children receive a visit within 48 hours and "non-urgent" children receive a visit within 14 days.

25 As at 15 November 2011 there were 146 children in the Bendigo Response Unit who had not yet had a first home visit. Due to the caseload bans, many of these children will not receive a home visit within the usual 14-day period. These delays will only get worse if the bans continue. I expect that within a week or two, the waiting time for a home visit may be one month or more, particularly given that December is traditionally a busy period under normal circumstances.

Long Term Units

26 The Bendigo office operates long-term units, which monitor and supervise children who are the subject of a Court order, the Court having determined that these children have already suffered significant harm. In many of these cases the Court has ordered that the children remain with their parents, subject to supervision by a Child Protection Worker and compliance with specified conditions.

27 As at 8 November 2011, before the bans commenced, there were 435 children being supported and monitored by Bendigo's long-term units. Of those children, 340 had been allocated a case manager, with 95 awaiting allocation.

28 As at 15 November 2011, three business days into the bans, there were 433 children being supported and monitored by the long-term units. Within that group, 206 children had been allocated to a Child Protection Worker, and 227 were awaiting allocation.

29 All Child Protection Workers in these units are either involved in the bans or at capacity. The ban on caseloads has resulted in approximately 130 children losing the Child Protection Worker who had been allocated to them.

30. These children are as much at risk as any other children and possibly more so, given that their circumstances have been deemed sufficiently serious to warrant the making of a Court order for their benefit.
31. For example, two young children may have a parent who abuses alcohol and drugs. Their parent may have neglected them in the past. As a result of their parent's alcohol and drug abuse, these children may not be fed or bathed regularly and may turn up to school on a Monday hungry, in dirty clothes and with head lice. In such a situation, a Court may allow the children to return to the care of the parent provided that the parent does not drink alcohol or use drugs.
32. Parents who have alcohol and drug addictions will often relapse. This may not happen straight away but when it does, those children will again be at risk. The consequences could be very serious. The children could be left unsupervised whilst their parent is drug affected. They may be left to roam the streets or become sick and not receive medical attention. For these reasons, a child who is at a lower risk of harm on a Monday, might be at high risk by the following Wednesday. This is why it is crucial that these children are visited and monitored regularly by Child Protection Workers.
33. Based on the figures set out above, over 50 per cent of the children in this very vulnerable category do not presently have an allocated Child Protection Worker. These children are not receiving the monitoring and supervision necessary to ensure their safety and welfare and are at risk of physical and mental harm of the most serious nature. So long as the bans are in place, there is no prospect of the number of children whose cases remain unallocated decreasing, for the simple reason that there is no one to whom these cases might be allocated.

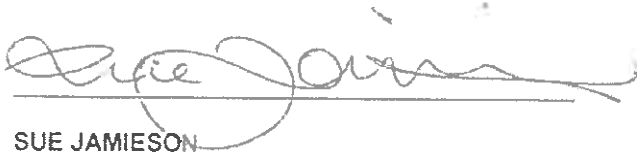
Contingency arrangements

34. In an effort to minimize the impact of the bans on the services provided by DHS in the Loddon Mallee Region, ten departmental staff who have experience in child protection have been sent from Melbourne to provide assistance. These workers are available to answer phones and conduct assessments and home visits.

36 Although the assistance offered by these staff has helped reduce the impact of the bans, this reduction should not be overstated. These employees have experience in child protection, however they generally have not recently worked in a child protection role. For this reason, and because they are from outside the region, they cannot be allocated to individual children.

36 As a result, although the contingency arrangements might reduce some of the risks set out above, they do not address the significant risks that exist for children who have not been allocated a Child Protection Worker, either in the Intake stage, Response stage, or as part of a long-term unit.

DATED 17 November 2011



SUE JAMIESON