



LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

COUNCIL OF TERRITORY CO-OPERATION

HEARING, WEDNESDAY 3 MARCH 2010, DARWIN

Witness:

Inquiry into the Child Protection System, represented by:

Dr Howard Bath, Co-Chair

Ms Kathleen Chong-Fong, Executive Officer

Mr CHAIRMAN: I declare open this meeting of the Council of Territory Cooperation and welcome Dr Howard Bath and Kathleen Chong-Fong who are appearing before the council in accordance with its terms of reference. This is a closed hearing but it is being recorded. A transcript will be produced and may, at the discretion of the council, be made public. Unless otherwise determined by the council, all proceeds here today shall remain *in camera* and cannot be divulged by anyone present. You are reminded that evidence given to the committee is protected by parliamentary privilege. For the purposes of the *Hansard* record, I ask that you state your full names and the capacity in which you are appearing today.

Dr BATH: Howard Ian Bath, as a co-Chair of the inquiry into the child protection system.

Ms CHONG-FONG: I am Kathleen Chong-Fong, Executive Officer with the inquiry.

Mr CHAIRMAN: Once again, thank you very much for coming. I might mention to members, I have had a briefing a couple of weeks ago with Howard, which was a very fulsome briefing. Today, it is basically allowing other members of the CTC, because I was not there as a CTC member, if they would like to ask Howard, or you would like to give an opening statement about the inquiry perhaps, and questions could come from that?

Dr BATH: The inquiry – we have a handout if people are interested in, basically, what is the board of inquiry, how it was set up, how it is proceeding, and what the processes are. As you are aware, the board of inquiry was officially appointed in December last year. There were terms of reference that were published. The terms of reference, broadly, are to inquire into the child protection system. We took that to mean the entire child protection system, not just statutory services, not just court-related services, but services to do with the wellbeing of children. So that goes a bit broader than actually investigative and risk assessment processes in terms of children.

The inquiry, as you would also be aware, involved three co-Chairs – Professor Muriel Bamblett, a Yorta Yorta woman from Victoria, who runs the largest Aboriginal-run child wellbeing, child protection service in Australia and provides many of the child protection services and out-of-home care for Aboriginal children in Victoria. The other person on the board is Dr Rob Roseby who, for six years, was senior paediatrician at Alice Springs Hospital. He left earlier this year – or was it earlier last year?

Ms CHONG-FONG: Last year.

Dr BATH: Earlier last year, and he is now living in Melbourne, but he has a passionate interest in child protection. He is the third person on the board of inquiry.

The inquiry is going through several phases. The first phase is basically establishing the mechanism for running the inquiry, which means getting our research staff in place, our executive staff in place, and we have to have investigators because of the allegations and complaints that have already started coming in from the public, and our specialist research staff to find out actually what is happening around Australia in this particular area of practice. That is well under way.

Two weeks ago, we held our first public hearings. The public hearings were to inform the public about the inquiry, the terms of reference, and to invite members of the public to nominate issues that they felt the board of inquiry needed to look into. We had over 500 people represented at those open hearings. They were held in the five main regional centres of the Northern Territory.

The second phase of the inquiry is under way now. That includes gathering information to inform the inquiry, inform the board, from a whole range of sources. The information we get in could be that we requested from the department, or the various departments, could be the Police, Education or NTFC, Department of Health – and there will be a lot of information we are requesting from all those departments on what services they are running, what are the costs involved, how do they interact with other statutory and non-government services.

We will be getting information from members of the public through the public hearing system. We have scheduled, from the week after next, we are starting public hearings in Darwin, Alice Springs, Katherine, Tennant Creek and Nhulunbuy. Following that phase, we will be visiting remote communities across the Northern Territory. At the moment, we are negotiating with a number of communities and a number of organisations around visiting those communities. The purpose will be a little different in each community, but the idea is to speak to men and women about their thoughts and feelings about the child protection system, how it might be improved, and how it might work better for remote and rural centres?

At the moment we are calling for public written submissions to the inquiry, and they are rolling in now. Throughout the next month we will be processing written submissions which are coming in from all around Australia, not just the Northern Territory. National organisations like Mission Australia, World Vision, these types of organisations are putting in organisational submissions, as well as Northern Territory-specific submissions.

The next phase will be gathering the materials together, making sense of them, and then writing up. Writing up material will be the last, very intensive phase of what we are doing. Sorry that is a big mouthful, but that is the process.

Mr CHAIRMAN: There would be recommendations you will put to government?

Dr BATH: Absolutely. We have identified about 12 key areas of focus for the inquiry. By the end of submissions it might be up to 15 or 20 areas, because we are still open in terms of the material that comes in. Each of those areas has to be researched. We will compile feedback from members of the public, from academic organisations, from services on the ground, integrating that with what the literature and research is telling us about this particular sort of service, and integrating that into the recommendations from the inquiry, and then formulating our own recommendations on each of those areas. It is a mammoth task.

Mr ELFERINK: Are your recommendations going to have timelines attached?

Dr BATH: Almost certainly.

Mr ELFERINK: There was a bloke named Howard Bath who did a report and attached recommendations; some of those recommendations have not happened yet?

Dr BATH: Which report was that?

Mr ELFERINK: It was 2007.

Dr BATH: The Audit Report?

Mr ELFERINK: Yes, the High Risk Audit Report.

Dr BATH: The audit report was compiled in 2007 for four human service agencies - Mental Health, Age and Disability, Drugs and Alcohol, and FACS at the time. It was looking at a particular area of practice, which was how you assess risk in each of those areas. It did case studies too from the files. I think there were 30-odd recommendations ...

Mr ELFERINK: Yes, spread out over about 20 pages, if I remember correctly. They were not small recommendations. They were ...

Dr BATH: The report was around 200 pages, if I remember rightly, all up. I think 12 or 15 pages ...

Mr ELFERINK: That is what I remember; I have only seen the recommendations.

Dr BATH: There was an executive summary and recommendations. No, at that stage my understanding was most of them were to be put into place forthwith.

Mr ELFERINK: Yes. Now you are investigating the results of that ...

Dr BATH: I am not really investigating that.

Mr ELFERINK: I will rephrase that. However, I imagine you would be turning an eye to some of the issues raised in that report?

Dr BATH: Yes, to the extent they pertain to the child protection system.

Mr ELFERINK: Yes.

Dr BATH: Of the recommendations, I am aware some have been attended to. Some of them have been quite intransigent problems. In other words, they are coming up from my own work as Children's Commissioner. I am seeing some of them still remaining as problems. For instance, one is the whole issue of compliance with timelines around investigations.

Mr ELFERINK: Absolutely, and legislative requirements in that area as well.

Dr BATH: The difficulty there is the legislative requirements are less onerous now than they were back then. I do not know if you have picked that up. Do you know what I mean?

Mr ELFERINK: I know what you mean; the legislation has changed in that time.

Dr BATH: The legislation, in some ways, is a little watered down. I do not know if it was deliberate or an oversight. For instance, the visiting requirements are far less stringent now than they were back then. It is still a major problem for the department to meet the requirements for visitation of kids in out-of-home care; that is an area proving to be very, very difficult for us.

Mr ELFERINK: If the Deborah Melville coronial told us anything, it told us that.

Dr BATH: And actually, that was covered in the audit; the same.

Mr ELFERINK: I suspect the proximity between the coronial and the audit itself may not have been entirely unrelated.

Ms SCRYMGOUR: The actual act or the legislation came after the coronial and audit, so the previous *Community Welfare Act* was actually still in play at that time, I believe, when the audit report was done?

Dr BATH: Yes, it was. It did not actually come into operation until December 2008, so that is a full year after the audit was done in terms of those requirements. So that is one area, that area of compliance has proven to be very problematic for the department. I might add,

every single department in Australia is grappling with the same problem; if you go to Queensland, they have serious problems with compliance; the Victorian Ombudsman just determined exactly the same problem is in Victoria as well. So, we are talking about an endemic problem that is particularly problematic here in the Northern Territory.

Ms SCRYMGOUR: Something I grapple with, and I am sure other members here, is when you talk about compliance, we all know at the coalface of child protection it is a hard job, it is a terrible job, not many people want to do it.

Mr ELFERINK: They do not last long traditionally.

Ms SCRYMGOUR: We know the turnover is quite high and it is hard to keep people, but what have you found during the inquiry in terms of the work the department does with child protection officers to keep them in the system, but also to work with them to ensure they are complying with their responsibilities under the legislation? They are statutory officers with a great deal of responsibility under the act to be making sure that they - and it is not just children in care, it is reports, it is following up or investigating whether a child is at risk - is the inquiry looking at that? I know one thing you are looking at is the systemic failures, which is what the high risk audit went to as well, was looking at that systemic failures, within the system. There is no improvement at all: is that what you are saying?

Mr CHAIRMAN: You have given him a few questions there; there are about three questions in there.

Dr BATH: The first thing, can I say, the workforce issues and workplace issues are a key area of focus for the inquiry. It was mentioned in one of the terms of reference, but we are going to look at it in more depth than what is in the terms of reference. The literature and the research from around the world is suggesting that workforce is actually the fundamental problem in child protection. No one wants to do that job; they will do it for a while, but it is devastating emotionally for many people. Every decision that is made, particularly if you have to remove a child, is a contested decision. So, virtually every decision made to remove a child will get letters to the minister, will get letters to the Children's Commissioner, letters to the Ombudsman, complaining about the decision that was made. Sometimes you get personal threats, so why would you do this year after year when you have to cope with those types of intense responses?

That being said, there are things which can be done to improve the situations. There have been consistent allegations about poor morale, bullying, and the complaints that come in about the child protection system. So we are looking at that. Already, we are getting quite a number of internal staff coming to talk to us about their perceptions of what is happening within the department.

I have to say, if you go to Victoria, if you go to Queensland, if you look at the Victorian Ombudsman, and the South Australian inquiry - it is exactly the same. Part of it is part of the work: you are under pressure, you are under-staffed, you are overwhelmed, morale is a problem within the organisation, retaining staff is a problem. These problems feed on each other.

That issue, I can say, affects every human service organisation here in the Northern Territory. If you go to Education, they will complain they cannot keep teachers, and they cannot keep teachers out in remote areas. That is one of their problems.

I have been intrigued, travelling around the Territory, that if you go to Tennant Creek where we were, the police turned up too. We did seminars for the police and the Education people and, then, the general public. A policeman in Tennant Creek will get free housing;

they will get a \$6000 bonus at the end of the second year; they will get an allowance for electricity, and an allowance for rent or something else; a regional allowance. What does a senior child protection worker get?

Mr Elferink: Their wage.

Dr BATH: They get their regional allowance. This tells us something about how the community values child protection work versus the other work that is happening.

Those people have to walk around the town knowing they are going to come across clients from whom they have had to remove their children. It is not a very pleasant situation to be in. What I am saying is they are working under very tough conditions. They get investigations, like mine at the moment, happening frequently. It is very tough on them and it is very tough morale-wise.

One of the things we are looking at - one of the suggestions is - people join child protection, not because they like children, but because they like to help families. That is why they come. Child protection has become very much focused just on the high-risk cases and finding evidence for court to see if you can remove the kids. That is what it has become, de facto. There is no capacity to actually help the families; to work with them.

Ms SCRYMGOUR: But, if there is an increase in that, of course the focus is going to be on that, it is not?

Dr BATH: Yes, and that is the problem. What other human service systems – even, say, hospitals - will in one year increase its workload by 70%, in the incoming notifications. That is what happened last year in child protection here. Over about five years, we have about 100% increase in the kids in care. This is a massive shift, but you will never get the corresponding increase in resources. Every now and then, you get some resources put in, but it is almost impossible to keep up with the escalating demand, so you are always behind the eight-ball.

So, what happens? A worker who has 30 cases they have to do, what they will do when they come into work, they will say: 'Okay he is a Category 1 case; kids right at risk now'. That is where they will put their energies, so a kid who is sitting in foster care will be sitting there day after day after day, and no one will visit them because they have to prioritise. The case workers have to prioritise every day. They know there is risk happening there, but they have to focus because of the resources and the pressure they are under just on the highest risk. So, at the end of the day, a huge swag of families just gets left.

Mr ELFERINK: Which is pretty much what happened to Deborah Melville.

Dr BATH: That is exactly what happened to Deborah Melville.

Mr ELFERINK: She was sidelined. Here is a quick question. I am an ex-copper and, if I was not being complained about, I was not doing my job - it was an attitudinal thing I carried. I was complained about by lots of people, because a lot of stuff I did was contested. Generally, the contest started after the words, 'You are under arrest' - same sort of deal.

Psychologically though, all of my colleagues and I who were used to working in that environment - and you can use coppers as an analogy. I have asked the question before: if you were going to do an enforcement role - which is, essentially, what child protection is coming from - why are you using people who want to help families? People get into that job with a particular mindset and an expectation. They then are channelled down this very

antithesis of what they wanted to do. Small wonder they get burned out; they are going in with the wrong expectations. Is it a case we are just not preparing these people properly?

Dr BATH: I think that is a really good question, but what I believe is this process has happened by stealth all over the country. It used to be called child welfare. I have been in this field 35 years ...

Mr ELFERINK: It used to be the *Community Welfare Act* in the Northern Territory

Dr BATH: I have run agencies. We call them Child and Family Welfare Agencies. The idea was, basically, it supported families, and child protection was an element of that, but it was not the only element of it. What has happened over the years is there has been more and more of a shift to what they call the forensic side of child protection. So, instead of supporting families, when the system is under stress it focuses just on what it absolutely has to do and what is most critical. So, those people who joined, joined child protection services, basically, because they wanted to help children and families. But, at the end of the day, they find themselves doing just child protection work.

Mr ELFERINK: That is right; they have to be in an enforcement role.

Dr BATH: What the thinking is, right around the world, is that child protection systems around the world are getting it wrong in terms of what the whole work is about. You could have the best child protection system in the world - kids will still die. The reason they will still die is because we cannot predict human behaviour very well, even with the best systems. The only way you are going to do it is to have surveillance cameras in literally thousands of houses round the Northern Territory, watching people and you know ...

Mr ELFERINK: And you still have no guarantee.

Dr BATH: Hundreds of people. Even then you have no guarantee. So where do you put your resources? Do you put them into surveilling families, and removing kids and getting court orders? Or do you put it into the other side of the system, which is to support vulnerable families, to provide services, to provide therapeutic services, with a focus on enabling those families to look after their own kids safely? In other words, it is like what they talk about now is a public health model. Do we just want a casualty ward, or do we want preventative health, teaching families how you look after kids, how you parent kids, how you support kids?

So the system, what has happened in the end is that all those resources have shifted right away from helping families just into keeping some kids safe. What we need is a radical restructure to look at how do we support those families? How do we support communities in creating safe communities, safe families, rather than just help protect this individual child or that individual child? They both are important elements, but you have to have both.

Ms SCRYMGOUR: It is like, I suppose, the hospital system - the demand, people get sick so they go to hospital, but they do not take the time to look at how do I prevent myself from getting sick, so the prevention, which is the cure, no one looks at and no one wants to put the investment in, let alone the money. So because there are so many people that are getting sicker and they are hitting the hospitals, the demand is in the hospital. It is the same with the child protection system.

Mr ELFERINK: There are a couple of things that have come out of that. One is that, if you are prepared to segregate out enforcement to this welfare/support system, at the risk of being a bit blunt, would it not just be better to get people used to enforcement doing enforcement?

Dr BATH: Can I just say, I think it is critical issue.

Mr ELFERINK: It is essentially, but there is another component I want you to turn your mind to, is that if you want to do the welfare thing as well, you are casting an extremely wide net, and it is only wider the more you think about it in terms of, let us say, jobs in Yuendumu, because a home with two working parents can produce a certain amount of income. All of a sudden, you can find yourself making comments about changes to the *Land Rights Act*, so this sort of thing can happen more easily by way of example. Are you going to go that broad?

Dr BATH: No, we cannot. Can I just deal with that one firstly, and then come to the other one.

Here is the reality. The data: you can predict how much abuse is happening in a community, and I am not saying an Aboriginal community, I am saying a community, by a number of indicators. There is a lot of research done on this. They are called proxy indicators. In other words, if I could enumerate the amount of unemployment, the number of young single parents in the community, the state of the housing, if I could look at education, the availability of education and the attendance rates, if I could just look at a number of indicators like that, you could predict, with reasonable certainty, how much child abuse you are going to get in that community.

Mr ELFERINK: Yes, I will accept that.

Dr BATH: The reality is, unless those things improve, we are still going to get a certain amount of child abuse and neglect. In the broad sense, you would have to accept that broader government policy, things like economic development, have a direct bearing on child abuse.

Having said that, you do have to draw the line in terms of what is your child protection system. Whilst acknowledging that all those things are important components, we come down to the next layer. It is not just policy but actually service delivery. At the moment, one of the problems is, a child who is at risk – the department goes and investigates, and they say it is a category 2 at risk. The problem there is, well, what do you do about it? If the child is at Numbulwar, let us say, and the family is at Numbulwar, the child probably needs to be removed, but maybe only for a few weeks while you do support with the family and so on, parent training, or something like that - it is not available. If it is not available then you remove the child. Do you see what is happening? Because the service is not there, you have to.

Mr ELFERINK: In a war zone the most important thing is the casualty ward.

Dr BATH: The problem with the surveillance thing is - you are saying if you could have people to be more or less the police - because welfare is seen as the police already, most remote Indigenous people do not trust it at all, and do not engage with child protection services because they do not trust the mainstream service that it is going to support them and it is seen as the child taking away - people who take your kids away. So, what happens; they do not cooperate.

Mr ELFERINK: That is right.

Dr BATH: The more it becomes just a policing situation, the more it becomes ...

Mr ELFERINK: Alienating.

Dr BATH: ... alienating that people do not engage with. One of the biggest problems in child protection is more to do with the families that fall under the radar, the chronic neglect situations, what we call cumulative harm – face problems of cumulative harm. Cumulative harm rarely reaches the threshold for child removal. What are your enforcers going to do? It does not reach the threshold to remove a child, yet the evidence is telling us over time that child is at greater risk of being seriously harmed than a kid who is maybe slapped around a few times.

The difficulty with an enforcement role is you are not doing anything to actually help the families. All you are doing, at the end of the day is, in the extreme cases, you are protecting the kid from direct harm, in the very extreme. You are not actually helping the very large range of families that need assistance.

Mr ELFERINK: That is the nature of law enforcement. When somebody is driving a car drunk you are dealing with that offence, and you are doing that in isolation - with a review hopefully no harm comes to them or some other person - but you remove the person from the source of risk and take them to the cells.

Dr BATH: I agree.

Mr ELFERINK: Essentially, if you are taking the enforcement approach, you are actually arguing, well that is what you are doing with these kids; you identify a kid that is up to there in seven shades of the proverbial, and we are going to pull him out of there.

Dr BATH: I agree, and there is always going to be a certain percentage of kids in the system where that has to happen.

Mr ELFERINK: As you are saying, this now has become almost the exclusive focus of the organisation.

Dr BATH: It becomes what the system is; just that, because ...

Mr ELFERINK: Has the point come where we resign ourselves to the fact that is just part of what the system does, and we should actually delineate between one and the other? You get your welfare people over there, and you get an enforcement section which just enforces.

Dr BATH: Yes, that is what I am trying to say. I can see the logic with that, but the problem is you are going to have less cooperation than what you get now. No one is going to be telling you anything. The family is not going to be telling you something, or, if it is a relative, they are not going to be cooperating with you because they see you purely in terms of law enforcement.

Mr ELFERINK: That is right. What I am saying is if you create that separation, then your welfare provider, those people that are looking at cumulative harm, they are the people that are not tainted with this brush. 'It is that mob over there, that mob; they are the ones who are taking the kids away. We are here to help you look after this kid here'. So you have separated your enforcement wing from your welfare wing.

Ms SCRYMGOUR: That is happening to a certain extent. I believe what you are saying is not a bad idea. I believe part of that is being trialled at Maningrida where you have those family workers working with families. They try to do that nurturing and get the trust of some of those families. The only reason I say Maningrida is because that is where there was that terrible child rape of that young fella.

In some instances that type of work is happening. Where it is falling down though, Howard - and I was going to ask you a series of questions because I would like to talk to the inquiry, from an elected member's point of view - the family workers, whilst they are doing that work in two of my communities, there are referrals from the level John is talking about to where it should be a reportable offence. Nothing happened.

I know people say Aboriginal people do not trust the system, or they do not trust the police, or they do not trust this group of people because they have this fear of welfare. That has changed. I can say without any doubt that has changed on the ground in the communities. Women, and even some men, realise the only way they are going to tackle this stuff is by talking about it. So many of them do go to coppers - if you have ACPOs on the ground, they do go to the ACPOs and talk to them, but it places ACPOs in a really bad position if they are related to those people, and when a report is made to FACS, that is where it breaks down. Getting someone from FACS to go out to that remote community - people are saying: 'Why didn't people in that community in Maningrida report that young fellow was being raped?' Well, they had been reporting, and they had told the system, but the system let those families down; no one followed those families up and checked on that young man who was being abused.

Dr BATH: That is right. We have had a terrible situation in the Northern Territory where, I believe, because of the lack of effective intervention services - this is just my theory, and eventual hear what people say at the inquiry, because we are just about to start the public side in terms of giving us information - the bar has become ridiculously high to get services for child protection. In other words, you have to see bruises, and you have to have evidence of sexual abuse before any action is taken, whatsoever. In other words, I have to say, the courts have a role in this. The workers tell me: 'What is the point of writing a recommendation for intervention when you know the courts are going to reject it?' And every statutory intervention has to be signed off on by the court. If the court is not accepting that a kid with chronic neglect needs a statutory intervention, the workers cannot do it, and the workers cannot do the intervention because the courts are not approving it. So, the courts actually set the bar, the intervention threshold for workers. People think it is just for welfare worker. It is not. Everything they write in terms of recommendations has to be agreed to by the magistrates.

Ms SCRYMGOUR: That is part of the myth that has been put out there, because that was the problem with the *Community Welfare Act* as well as the care and protection of young people - that the minister ultimately has the power to remove - well, the minister cannot; you have the delegation but you have to apply to the court to have that child removed; and that is a problem, because the system cannot respond as fast as it should to remove the child.

Dr BATH: That is right, and I hope that our inquiry actually addresses that issue. Can I just say one more thing about something you said? If you think back on all those kids who have been seriously injured or have died in our system, it is quite instructive. Not one of those kids would have been picked up by a policing system - that is the problem with what you are suggesting. I can see the logic in what you are suggesting, but in the tragedy of Deborah Melville, there is no way a court would have approved an intervention to remove that child from that house.

Mr ELFERINK: She already had been removed and placed there.

Dr BATH: What I am saying is, that has become a neglect situation. Those matters that have been investigated over the years almost invariably fall into what we call cumulative harm, a situation of cumulative harm. The problem is there are hundreds of families, Indigenous and non-Indigenous, where the risk indicators are virtually identical. In other words, there is alcohol use, there are problems with domestic violence, problems with

unemployment, overcrowding and that type of thing. There are hundreds of those families, and what are we going to do with those families? Are we going to just wait around until a kid dies, or are we going to provide tailored services to ensure that, at least, they are offered the therapeutic and the family support and the family intervention services which are available?

That seems to be, ultimately, the choice we have, because the system at the moment can remove kids at immediate risk - it can do that, that is one of the things it can do. The trouble is, most of the kids who have died have died from the effects of cumulative harm and the unpredictable confluence of factors that happen in a tragedy – a boyfriend might come home drunk one day, mum is not coping, or something like that. You get this confluence of factors you cannot predict at any time. That is the difficulty. So, there is a logic to the policing side of it, as I said, that makes sense. However, my fear would be you just would not change the number of deaths and serious harm happening, because we cannot predict that. The only way we can truly affect that is to truly change the conditions for those families.

Mr CHAIRMAN: That applies to things like going to prison as well.

Dr BATH: Yes, it is.

Mr CHAIRMAN: Thank you, Howard. There are probably a lot of questions we could ask. Do you want one last one, John?

Mr ELFERINK: No, no. It is just the issue of the Ombudsman having indicated some reservations about your position on the board. Those comments have been back and forth at a public level; there is nothing that can be added here. I have some concern the report that came out in November - was it last year ...

Ms SCRYMGOUR: November – oh, this is ...

Mr ELFERINK: The admissions staff.

Ms SCRYMGOUR: Oh, yes, the intake, yes.

Dr BATH: The intake.

Mr ELFERINK: I am concerned that has been held over until the completion of your inquiry.

Dr BATH: I thought it was tabled.

Mr CHAIRMAN: The other day, yes.

Ms SCRYMGOUR: Yes, Kon tabled it. That was the report Kon tabled in parliament.

Mr ELFERINK: Oh, he tabled it?

Mr CHAIRMAN: Yes, that is the draft ...

Mr ELFERINK: In which case, I will wind back the clock and withdraw my reservations, because I got what I wanted, obviously.

Ms SCRYMGOUR: No, he tabled it.

Mr CHAIRMAN: But it is going to be included in the final report as well. Is that correct?

Dr BATH: What the minister asked us to do is to provide the final report on intake, along with the report of the inquiry. We already have a whole lot more information from members of the public and professional groups about the intake services. So, the report I did at that stage was involving the data we had at hand, because the report was to be in by the end of December.

In hindsight, as you know, if you remember at the time there was a series of events, and things overtook each other and, eventually, they asked for this inquiry to be established. However, that was after I had been asked to do the other. I think in hindsight, one option might have been for the minister to ask this inquiry to examine intake, rather than to do a separate report.

Mr ELFERINK: I imagine those things ...

Ms SCRYMGOUR: But would you not be able to do it if you are looking at the functioning of the current child protection system?

Dr BATH: We are going to do it; we are doing that.

Ms SCRYMGOUR: You could do the intake as part of that, could you not?

Dr BATH: Absolutely, and it is going to be a key focus because, already, quite a lot of people have made comments about the intake system. There is going to be a lot more data on it.

Ms SCRYMGOUR: Yes, that is where I am interested. When is your Darwin hearing? I thought I saw ...

Dr BATH: The Darwin hearing starts the week after next, on Thursday.

Ms SCRYMGOUR: If I wanted to come to that, I would just ring the secretariat?

Dr BATH: Yes.

Ms SCRYMGOUR: The other thing, Howard, I have been approached by a number of child workers who work within the Northern Territory government system. They have been told they cannot give evidence at that. There is protection for those workers?

Dr BATH: There is absolute protection. Somewhere around the place, there is a bit of a mythology that people will not be protected. The *Inquiries Act*, establishes inquiries - it is the highest form of inquiry the Northern Territory has. It does not have Royal Commissions; it has inquiries under the *Inquiries Act*.

Witnesses in the inquiry have every protection that a witness has in the Supreme Court. So, if anyone is harassed, prevented, or obstructed from giving evidence, or having given evidence, the perpetrator can be subject to proceedings for having interfered with witnesses. It is just not possible. It is possible for it to happen, but there are all those protections.

I have to say, we have had a number of staff from statutory organisations saying they are afraid there will be repercussions. They want to discuss with us how they can give their evidence in privacy, in confidentiality, *in camera*, so there will not be any repercussions. Some are quite happy to give it openly; others have asked us not to reveal their name, and we have agreed to do that. We can do that under the *Inquiries Act*; people can give evidence *in camera*, so there is no one else able to be in the witness room. They can ask for

their name not to be used at all. We have actually already done that with a number of people.

We have also agreed if someone is concerned about it, we can talk to them about security arrangements. In other words, we can arrange so they do not have to be walking in and out of the front door of the premises. There are things we can do to actually ensure that ...

Ms SCRYMGOUR: Okay, I will ring your secretariat ...

Mr ELFERINK: I think we have wasted enough of your good and valuable time, and I appreciate it.

Mr CHAIRMAN: Very pleased that you have come in today. I know you are extremely busy.

Dr BATH: We are at the moment.

Mr CHAIRMAN: Thank you very much.

HEARING ENDS
