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Official Committee Hansard

**HOUSE OF
REPRESENTATIVES**

STANDING COMMITTEE ON FAMILY AND HUMAN SERVICES

Reference: Impact of illicit drug use on families

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HOUSE OF REPRESENTATIVES
STANDING COMMITTEE ON FAMILY AND HUMAN SERVICES

Wednesday, 20 June 2007

Members: Mrs Bronwyn Bishop (*Chair*), Mrs Irwin (*Deputy Chair*), Mr Cadman, Ms Kate Ellis, Mrs Elson, Mr Fawcett, Ms George, Mrs Markus, Mr Quick and Mr Ticehurst

Members in attendance: Mrs Bronwyn Bishop, Mr Cadman, Ms Kate Ellis, Mrs Elson, Mr Fawcett and Mrs Irwin

Terms of reference for the inquiry:

To inquire into and report on:

How the Australian Government can better address the impact of the importation, production, sale, use and prevention of illicit drugs on families. The Committee is particularly interested in:

1. the financial, social and personal cost to families who have a member(s) using illicit drugs, including the impact of drug induced psychoses or other mental disorders;
2. the impact of harm minimisation programs on families; and
3. ways to strengthen families who are coping with a member(s) using illicit drugs.

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Committee met at 10.19 am

CHAIR (Mrs Bronwyn Bishop)—Good morning. I declare open this public hearing of the House of Representatives Standing Committee on Family and Human Services for its inquiry into the impact of illicit drug use on families. Today the committee will take evidence from the Department of Families, Community Services and Indigenous Affairs. The committee is interested to hear the department's role in strengthening families and communities in the face of illicit drug use. The transcript of what is said today will be posted on the committee's website. This hearing is open to the public.

Before we swear in our witnesses we are going to watch a DVD, which all the members of the committee have got. We will be watching an extract of an international drug conference held in Washington in 1992 and the speaker is Mr Bill Stronach, from Victoria, who is now the CEO of the Australian Drug Foundation.

An extract of a DVD was then shown, and the text read as follows—

'Our Foundation believes that if we are really going to have any significant impact we have got to focus on social and political legislative change. And we know quite clearly that the formation of public opinion and the gathering of information in relation to alcohol and drugs within Victoria is gained through three main sources. One is the police. Another one is alcohol drug health agencies. But by far the overwhelming source of information which obviously is related to attitudes is the media.

We've focussed as an organisation quite clearly strategically on the media. We've employed journalists, not to churn out press releases but to get in there as subversives and work with their colleagues in the mainstream press. And that's been done through developing, very slowly and very gently a level of trust, a level of credibility. More importantly, the ability to respond, because the press want instant answers and they want instant responses. So we've got 24-hour availability of those journalists and what we're finding now is that in the last eight months over 50 percent of the mainstream printed and radio and television reporting on alcohol and drug issues has now been generated by the Foundation, or has been filtered through it.

It's a wonderful opportunity when the press ring up, as they invariably do, with some sensational story, asking for comment, for us to talk, often for an hour, and try and turn that around and get the reporting perhaps presented a different way. Because we know that the nature of reporting that we've seen in the past has been sensational, it's been inaccurate, often dangerously inaccurate, and it's not always but by and large, focussed on those drugs which are illicit and their usage within Australia, and the harm caused by them is miniscule compared to the legal drugs.

So we're having a significant impact there I believe and I think that's an exciting project. So the thrust of the Foundation is to move via the media the public perception which we hope will move towards legislative change in those areas that we would see as desirable.'

CHAIR—I think it is important that we saw that DVD, of which we have all had a copy, which was presented as an exhibit in Perth as part of evidence given by a witness about the way in which part of the drug industry presents its case.

Mrs IRWIN—Chair, you have just stated to us why the DVD has been admitted as an exhibit, but what is the relevance? This is a DVD of a conference that was held 15 years ago in

Washington, in 1992, with no official title, program or other details available. I feel that this is an attempt to discredit witnesses and submissions to this inquiry by showing that DVD.

CHAIR—No. The DVD was presented as evidence of the way in which the media is manipulated by those people wanting to put a particular point of view. Mr Stronach is very much part of the drug industry, as I have called it, so I think it is fair that we know where he is coming from. That is all.

Mrs IRWIN—So politicians do not put their point of view to the media—is that correct, Chair?

CHAIR—I am only saying that he said ‘we’ve employed journalists, not to churn out press releases but to get in there as subversives and work’, and I think that is very important.

[10.24 am]

HAZLEHURST, Mr David, Group Manager, Families, Department of Families, Community Services and Indigenous Affairs

PRINCE, Ms Gwenda, Branch Manager, Youth Bureau, Department of Families, Community Services and Indigenous Affairs

RUNDLE, Ms Vicki, Branch Manager, Child Care and Children's Policy, Children's Group, Department of Families, Community Services and Indigenous Affairs

WILSON, Ms Michelle, Section Manager, Youth and Family Services, Youth Bureau, Department of Families, Community Services and Indigenous Affairs

Witnesses were sworn or affirmed—

CHAIR—Welcome. Would you like to make an opening statement?

Mr Hazlehurst—Yes, thank you, I would like to make a brief statement. In broad terms, the Department of Families, Community Services and Indigenous Affairs aims to improve the lives of Australians by helping to build the capacity and wellbeing of individuals, families and communities, including Indigenous families and communities. As the committee would know, we do not have specific responsibility for health or direct law enforcement in relation to illicit drugs—these are the responsibilities of other Commonwealth agencies and state and territory governments. However, FaCSIA does contribute to some strategies, especially those of the Council of Australian Governments such as the National Illicit Drug Strategy. While state and territory governments have a major role in family support—for example, through their responsibilities for child protection, out-of-home care, intensive family support services and preschool—they are also major providers of housing, hospitals, education, accommodation support and community access aspects of disability services. Nevertheless, in that context FaCSIA have a number of programs and services that assist families affected by illicit drugs. We have a wide variety of programs that support vulnerable families in particular and that, while not specifically directed towards the issue of illicit drug use, would nevertheless provide support to the same families. In that regard we also continue to work closely with other government agencies to ensure better targeting of our programs and services.

So, as noted in our submission, what we have provided to the committee really goes to the committee's third term of reference, looking at the ways to strengthen families that are coping with members using illicit drugs. We were conscious that our submission was quite broad ranging in that it covers a very wide range of the department's responsibilities. On that basis, we had to think about who would come to this hearing today because we could potentially fill the whole side of the table here but everyone would then only have a little to say. So we chose me as the person in the department in charge of family assistance, family relationship services and child support issues; Vicki Rundle, who has policy responsibility around children's issues and child care; and Gwenda Prince, who has responsibility for youth issues and, in particular, that component of the National Illicit Drug Strategy that the department has responsibility for—a

relatively modest component but the strengthening and supporting families component of the strategy. Naturally, we are happy to answer questions.

Mr CADMAN—As a point of clarification on family relationships: does that relate to the work done by the relationship centres, which come under Attorney-General's Department? How does that fit in?

Mr Hazlehurst—The Family Relationships Services Program is a jointly managed program between the Attorney-General's portfolio and the FaCSIA portfolio. The Attorney-General's side of the program focuses particularly on post separation and the FaCSIA side of the program focuses on strengthening families that are still together.

Mr CADMAN—Your part of the show is not getting a lot of emphasis.

Mr Hazlehurst—We believe we have had quite an emphasis; in particular, the family relationship centres are now a gateway into both sides of the program, not just the post-separation side. You may not be aware that FaCSIA actually manage the whole program. We do the contracts with the providers on behalf of the Attorney-General's Department.

Mr CADMAN—Looking at the prospect of establishing a centre at Parramatta, I know Unifam would be interested because they have an office there. I did not realise you were involved in that.

CHAIR—Yesterday, we heard evidence from the Institute of Family Studies that they have done quite a lot of work about identifying risk factors in children who come from abused backgrounds and from chaotic families—Professor Dawe also uses that term—who then go on to take drugs as they grow older. I think we have to be very careful that we do not say that all people who take drugs come from dysfunctional families, because they clearly do not. We have had plenty of examples of magnificent families where one kid goes wrong. When you are developing strategies for how you give back-up to families, I hope you make that distinction between the different sorts of families. The help that is needed is going to be vastly different in the different circumstances.

Mr Hazlehurst—Yes.

CHAIR—How do you formulate your policy to deal with those differences?

Mr Hazlehurst—In broad terms, I guess we have two very broad streams of assistance that we provide to families. One is of course the financial assistance that is provided to families through things like family tax benefit, and that is means tested. To the extent that there is targeting around support, it is simply on the basis of income—means tested arrangements for family tax benefit, childcare benefit and that sort of thing.

CHAIR—I hope you have better criteria than that.

Mr Hazlehurst—In terms of financial assistance that is the way in which that assistance is targeted.

CHAIR—But that assistance is given to families in order that the families can provide for their children. It has nothing to do with drug policy.

Mr Hazlehurst—No, indeed. The other types of programs that we have are services. The approach that we take in general in relation to service provision is that we fund the non-government sector to deliver those services to families.

CHAIR—What sorts of services do you fund and how much money do you spend?

Mr Hazlehurst—It depends on what you would like to include. We have many millions of dollars going into services to support families. For example, the Stronger Families and Communities Strategy, over four years will be around \$500 million.

CHAIR—Could you refresh our memories about what sort of services you are delivering for \$500 million?

Mr Hazlehurst—I will ask Vicki to provide some detail on that.

Ms Rundle—The Stronger Families and Communities Strategy has four streams. As David said, it is a strategy of \$500 million over four years. The first component is Communities for Children, which I will describe in a little bit more detail in a moment. The second one is called Invest to Grow. The Communities for Children component—I need to check my figures and confirm—is around \$140 million over four years. The Invest to Grow program is around—

CHAIR—But what does it do?

Ms Rundle—When it was set up the government decided that it would select communities which displayed a level of disadvantage in areas where there were a number of families and children. When they did the demographic profiles of communities around Australia and had the money available, the department picked 45 communities around Australia and rolled out 45 Communities for Children sites over a period of four years. We went to tender for facilitating partners. These are mostly major non-government organisations such as Mission Australia, Anglicare and the Smith Family. There are a number of them. I could supply the list of 45 sites later.

CHAIR—That would be good, thank you.

Ms Rundle—They subcontract to local community service providers. The aim is to try to map what goes on in that area for families and children, generally under five years of age, but of course families have other kids in the family besides kids under five who benefit from some of these things. The model is one that looks at integrated services in that local area for all of the families and the children who need assistance. The sorts of services that you can get range from parenting support to a mobile playgroup to some early intervention services for kids who might be at risk.

CHAIR—Such as?

Ms Rundle—There could be counselling for kids who need it. It could be that some of the children are in families where there is drug abuse. Those parents might get additional parenting support, for example.

CHAIR—Let's stop there with the counselling. How do you know what counsel is being given? What is the message that is coming out? We had a young man sit at this very table and say that he was nearly destroyed by a counsellor who told him it was okay to take these drugs at the weekend. How do we know what messages are going out there that we are paying for?

Ms Rundle—We do have a number of ways in which we evaluate the services, but that level of detail is something that we expect to be managed by the local service provider, which would also provide professional supervision for those services, and we would have a contract. We do have contracts with the facilitating partners, they deliver on broader outcomes, and that level of detail is what is provided—

CHAIR—Do you ever audit it or check at all?

Ms Rundle—We do. There are local evaluations also happening at each site.

CHAIR—Done by whom?

Ms Rundle—Our local evaluators have been selected through various procurement processes but predominantly—

CHAIR—Would you have a list of all those?

Ms Rundle—I can certainly give you the list of the 45 sites.

CHAIR—But they are not actually delivering a message. They are subcontracting out to other people and we do not know what they are saying. We do not know whether what they are doing is good or bad.

Ms Rundle—I will check for you. I am sure that we are able to get the list of all of the local evaluators but I would need to go to the facilitating partners.

Mr CADMAN—I agree with the chair—unless we really know what the outcomes are, we do not know whether we are wasting our money. Are the programs negative or positive? What are the real outcomes? Unless we can measure outcomes, why do it?

Mrs ELSON—I have two of those programs in my electorate, one on each end. One goes very well. The other has been hijacked by the state government and most of our funds are going into programs they should have been running. That is where I have a problem with whether the department is actually checking that the funds are being spent in the community rather than the state government hijacking the funding to run programs that they are responsible for.

Ms Rundle—I would like to make a comment about that. I am sure you would appreciate that it is really tricky going into a community and trying to integrate everything that goes on in that

community for the benefit of families. That by necessity does mean that you need to work with the local state and territory services as well as the ones that we have a procured.

Mrs ELSON—I know that. I am just saying that these programs were run by them previously and suddenly they have tagged into—

Ms Rundle—That is something that we have been looking at in our evaluations. Remember that this is a four-year program; it does not finish until July 2009.

CHAIR—That does not matter. We want to know what is happening now.

Mrs ELSON—Both those programs have nothing to do with drugs; I am just saying that the two programs in my electorate are to do with under four-year-olds who may be a bit slow or not getting the proper nutritional input from home and things like that. I do not know of one program amongst the two in my electorate that supports parents that have drug problems.

Ms Rundle—That is probably correct in that the whole idea of the model is that this is run in the community, not by government but by a community facilitator with other community providers working out what is required. So it is very much a community owned model.

CHAIR—They are lovely words. There is a lexicon for all this, isn't there? We all talk in proper phrases that have meanings for people who talk to each other about those 'problem people'. Those problem people are part of us and we have a responsibility to those people. We have to know that the money we give is doing good things.

Ms Rundle—That will be the case; I really want to make the point that the evaluation is designed—

CHAIR—Who does the evaluation?

Ms Rundle—The evaluation is done by the Social Policy Research Centre of the University of New South Wales. It is a \$5.3 million evaluation over the same period of the strategy—

CHAIR—Have we got anything yet?

Ms Rundle—We have some very early findings about what things are working and what is not working in communities.

CHAIR—Can you tell us about those?

Ms Rundle—I am not able to at the moment because they are not published.

CHAIR—Maybe we could do that in camera. We could fit in a time when you could tell us about those outcomes and what trends you see.

Ms Rundle—I can tell you that the early indications are that people are finding that the integration of services is really helping them access other services. People at risk are being

targeted and families who need extra help are being referred on for extra help. They are the early findings.

CHAIR—Are there any early findings about illicit drugs?

Ms Rundle—I really would need to take advice on that because it does not sit in my area; it sits in somebody else's area at the moment.

CHAIR—Who is that?

Ms Rundle—They are not at the table. As David was saying, we are here doing our best to represent the department as a whole.

CHAIR—This is about illicit drugs but you did not bring the drug person?

Mrs ELSON—The programs as I see them in my electorate—and I have two massive ones—have nothing to do with drugs.

Ms Rundle—No; that is right.

Mrs ELSON—If they find a parent who is on drugs and the children are being affected by it they refer it to the state or somewhere. They do not actually deal with it in this program because that is not what it was designed to do. I am just getting it back on track—they were not designed to do that.

CHAIR—Do we have a program that is designed to do that?

Mr Hazlehurst—We have one very specific program that relates to the National Illicit Drug Strategy. In broad terms our services are about strengthening families in general. Obviously, if drug issues come up—

CHAIR—It is very good to know that there is an evaluation process; I think we would be interested in hearing about that.

Ms Prince—The program that we look after is part of the National Illicit Drug Strategy, and it is called Strengthening and Supporting Families Coping with Illicit Drug Use. We had about \$13.6 million allocated by government in the 2004-05 budget.

CHAIR—Haven't we spent it all yet?

Ms Prince—We are getting close. There is no trouble spending it, I must say. Essentially, the program aims to provide support to families who are coping with or at risk of illicit drugs and substance abuse. It aims to assist parents, grandparents, partners, kinship carers, children of drug using parents, families with young people affected by drugs and young people in families as well. You can see that it is essentially aimed at all the subgroups within the family constellation. The delivery mechanism is that we deliver through non-government organisations 20 projects that are spread across all Australian states and territories, giving effect to the broad aims. There

are a variety of service delivery models that include parent support services, case management, family counselling, brokerage services and therapeutic group programs.

Some of the projects target the whole family; others are directed to specific subgroups in families, such as children with drug affected parents or grandparents or other groups. Each service is built around the provider delivering a family focused early intervention service. They need to work also with their local service system, and they do. Of course, we require them to run a well-managed service in terms of governance and good management. Because this program is supporting families who are already exposed to coping with illicit drug use, we step into the space where that has already happened and our focus is very much on helping the families. The idea is to support them so that they can keep the family viable and strengthen it. That is basically an overview for you.

Mrs ELSON—What are the names of those programs?

Ms Prince—It is called Strengthening and Supporting Families Coping with Illicit Drug Use, and it is part of the National Illicit Drug Strategy.

Mr CADMAN—But there are only 20 sites.

Ms Prince—Correct.

Mr CADMAN—Can we have a list of those, please?

Ms Prince—We can give you a list of those.

Mrs ELSON—I have not heard of them in my community. When I try to access help for families like you are describing I cannot find that service anywhere.

Ms Prince—I will not read the whole list to you but I will give you a feel for how they are distributed across Australia. We have one in the ACT; five in New South Wales, but that includes two programs that have a national coverage; three in Queensland—

Mrs ELSON—Can you list the three in Queensland?

Ms Wilson—There is DRUG-ARM, which operates a project for families of young people. It is very much an early intervention project. It is in Toowoomba, Warwick and Stanthorpe. There is the Kurlingui Youth Development Association, which is an outer northern Brisbane project that works with Indigenous families. And there is Queensland Injectors Health Network, which works in Brisbane metro and in Maroochydore shire. That works very much in conjunction with their treatment program, which is funded through the Department of Health and Ageing treatment program.

Mrs ELSON—How do they determine where these centres are going? The three that you have listed there are not where the population that needs help is located. Is it one that is applied for rather than one that the government—

Ms Prince—Yes.

Mrs ELSON—If you do not apply for it you do not get that service in your community.

Ms Prince—When the announcement was made in 2004-05 there were two ways in which the organisations were funded. The first stage was through a nomination process from the Australian National Council on Drugs and there were initially about eight, I think, projects funded under that provision, with some caveats around them being financially viable and all those sorts of things. Then in 2005 there was an open tender process conducted where 13 further organisations were appointed. So the money was allocated to these projects for a four-year period. Because the allocation of projects happened two or three years ago the program might slip a little bit below the level of consciousness.

Ms Wilson—Shall we finish going through the list?

Ms Prince—We have three in Queensland which we just talked about. We have one in Tasmania. We have five in Victoria, and that includes two that have a national reach, so there are probably three that particularly service Victoria. There are two in South Australia, three in Western Australia and one in the Northern Territory.

Mrs ELSON—You say that they are four-year programs. Do they report after four years exactly what their outcomes have been, or is their reporting done on a yearly basis?

Ms Prince—Obviously when we fund them we have certain terms and conditions within our funding agreements which essentially define the context and the services that we want them to deliver. They agree to that when they sign the funding agreement. Every year an annual work plan is done by the organisation. They really spell out to us what they intend to do to give effect to the program in their location and with the particular group that they are working with. We approve that work plan, usually at the beginning of the financial year, and there are milestones and all sorts of things. During that year they report to us on a periodic basis on how they are progressing against those things, and we release grant payments around achievement of those things. At the end of the year they provide us with a report against their annual work plan and various other documentation around use of money. That is essentially how we do it. At the moment we are in the process of evaluating the program as a whole.

CHAIR—I look at this list of people you have given money to and the one thing I can say is that the message that will come from them will not be consistent. They will break into two workings.

Ms Prince—Right. Can I ask which list?

CHAIR—This one in your submission. They are the ones we are talking about—the 20.

Ms Prince—Yes, okay.

CHAIR—When this goes out, the difficulty is in what it is telling the people to help, because different people and organisations will be giving different messages. Government members on this committee will agree with some and opposition members will agree with others.

Ms Prince—I will answer you in general terms. When we set up the funding agreements and appoint these organisations to deliver these services, we set out, through the funding agreements, what those organisations are supposed to do.

CHAIR—What are they supposed to do?

Ms Prince—Various things according to different organisations.

CHAIR—What is supposed to be the aim for these kids?

Ms Prince—These projects look after and support families in different subgroups within family groups—

CHAIR—Yes, but what are they trying to do for them?

Ms Prince—They will do a variety of things. Perhaps if we took you through a number of projects that might help you to—

CHAIR—If there is a drug problem in the family, is the aim to get anyone who is on drugs off them and to prevent anybody else getting on them?

Ms Prince—Those would be aims. The initial—

CHAIR—No, not would be then; that should be ‘the’ aim.

Ms Prince—The first objective—because there is already a drug problem within the family, otherwise they would not be presenting or in this space—is to support and strengthen the family to cope with the drug problem. Part of that will be about, to use the technical term, ‘demand reduction’ where we get the family members off the drugs, because obviously the—

CHAIR—Is the aim to get them off them or only to reduce?

Ms Prince—That would vary according to different circumstances.

CHAIR—No. That is the problem.

Ms Prince—The ultimate aim would be to get family members off drugs because family members will perform and be more functional and their wellbeing will improve when they do not have drug affected family members.

CHAIR—On this list you will have groups that will say, ‘The aim is to get people off the drugs and to get them functioning again as a proper unit and to prevent anybody else going onto them.’ You will have others that will say, ‘It is okay to have drugs around and we will just minimise it so that we reduce the harm.’ What is it you require of them? Do you have a pro forma of what you require? Can we have that?

Ms Wilson—Probably the most useful document we could provide to you is the document that we use as our tender documentation to select providers. We have three funding priorities, and we have a main aim of assisting family members rather than a treatment aim. This part of the National Illicit Drug Strategy—

CHAIR—Sorry, I do not understand the distinction. How can you help them if you do not treat them?

Ms Prince—We believe ours is not the only service supporting these people, so our primary objective—

CHAIR—I understand that but I am interested in what you do. I will ask the other people what they do but I am interested in what you do.

Ms Prince—Our program helps the families who are around these people.

CHAIR—Yes, but I want to know how. I hear, ‘We go there to help, we do this and that,’ but I want to know how.

Ms Prince—Perhaps we could talk about the grandparenting program in Tasmania, which would give you an example of how that program helps.

CHAIR—We would like that other document.

Ms Wilson—Yes, certainly.

Ms Prince—We could talk to you about the Odyssey program in Victoria, which takes another approach. We are happy to do that.

CHAIR—It is a case in point.

Ms Wilson—Could I give you a couple of examples of the sorts of projects that we have got that might give you a bit of a picture of what the program does. One program I would like to highlight is the Grandparents Raising Grandchildren project in Tasmania, which assists grandparents to work together to cope with raising grandchildren because the parents are unable to raise their own children—

CHAIR—And they are unfit.

Ms Wilson—for whatever period of time. The project provides a range of services for grandparents raising their grandchildren that promote effective responses to problems and issues that they face and that promote connectedness for grandparents and grandchildren, increasing health and wellbeing and improved quality of life for all family members.

CHAIR—That is terrific, but what do you actually do?

Ms Wilson—One thing that they do is have groups of grandparents working together to talk about issues that they are facing in raising their grandchildren.

CHAIR—It is like playgroup?

Ms Wilson—Not necessarily, no.

Ms Prince—It is a peer support group.

Ms Wilson—It is a support group. They have activities for children, but they also have grandparents working together. The service also assists grandparents to access some of the other services that they might need—for example, if children need counselling then they assist in that way.

CHAIR—Again I ask the question: what is the counsellor going to say to the children? What guidelines do you put in place? What is the message you want the counsellors to give to the children?

Mr Hazlehurst—In that context, as I understand it, the service provision is not being provided to the children, it is being provided to the grandparents.

CHAIR—Okay. What is the message to the grandparents?

Ms Wilson—It is a message of support and—

Ms Prince—Strategies to help them cope with the situations that they find themselves in when they become a parent, effectively, again. As we understand it, they feel very supported by talking to other people in the same circumstances because—

CHAIR—You mentioned strategy. What sort of strategy would you give them?

Ms Wilson—The project works with groups of grandparents and individual grandparents who are in that situation.

CHAIR—And you give them a strategy. What is the strategy?

Mr Hazlehurst—It would be things like how to best engage with the school system, which will have changed a bit since they brought up their own kids; how to engage with the health system, which also will have changed since they were bringing up their children; issues like how to access other—

Ms Prince—Services or payments.

Mr Hazlehurst—Or parenting information. It will be ways of connecting grandparents into the services that will be available for—

CHAIR—Guiding them on how they can get the access to the services that they are required to get.

Mr Hazlehurst—And it will also be how to talk to their grandchildren in a way that will be different from the kinds of relationships they would in general have had with their own children perhaps 20, 30 or 40 years previously.

Ms Prince—Usually the grandchildren have been in fairly traumatic circumstances when the grandparents take them on, so there would be an adjustment period, and so other advice would be on how to help the grandchildren through that period.

CHAIR—We took evidence from Mothercraft, so we know what they face. It is pretty daunting, and they need a lot of help in order to cope. They have done their bit and here they are doing it all over again, very often in the face of a parent who is drug addicted still trying to come back and interfere in the child's life. They face many problems in trying to deal with that concept, too.

Ms Prince—Absolutely.

Mr FAWCETT—I have a real concern with a number of these programs and I would be interested in your evaluations and auditing. Do you have a breakdown of what costs are actually attributed to services provided versus PR, reporting, facilitation, referral and governance? In a number of programs we see people, who are funded through the government, produce really nice reports and advertising and do a lot of facilitation and referring, but the person at the end of that chain who needs the help is referred on to a service that is not funded by us and does not have the capacity to respond in a reasonable time frame. I would be interested to know whether you had the figures or whether you planned to get the figures to see what percentage of this money is actually funding the person delivering the service versus all the infrastructure behind it. Lots of that churning just results in frustration because there is a six-week delay. This is applicable to the Family Relationships Support Program that sits behind the FRCs as well. There is a real frustration on behalf of people who have to wait three months for some counselling because we are not actually funding the counsellor, or we are not funding resources that perhaps non-qualified counsellors can use in the interim, but we are funding lots of other things.

Ms Prince—On the very first part of your question, we do not have those figures with us, but one of the things that we require our services to do every 12 months is to give us a budget. Within that budget we would be able to make an assessment about where the money goes in terms of proportionality. We do not have those figures with us at the moment but we would be able to provide them.

CHAIR—Perhaps you could let us have them.

Ms Prince—We would be able to give you those figures. We could look across all our agreements and get a sense of the proportionality of how the money is used.

CHAIR—To follow up on David's question, what percentage do you consider acceptable to a facilitating organisation which then does all the contracting out? What percentage of the money that you give them do you consider to be acceptable for administration?

Mr Hazlehurst—It does vary, depending on the nature of the service that we are actually buying from the organisation. For example, on the specific model that you were referring to,

Chair, was what Ms Rundle was referring to around the facilitating partners for the Communities for Children.

CHAIR—Let us talk about this one, because it actually deals with drugs.

Mr Hazlehurst—Okay. It is a different model.

CHAIR—Ms Rundle's is excellent, it may have side-effects that are helpful and keep kids out of it, but this one is actually dealing with it.

Mr Hazlehurst—In that case, the percentage that would be regarded as acceptable would be lower than the one that Ms Rundle was referring to before—

CHAIR—Put a number on it.

Mr Hazlehurst—because there is no contracting out being done in relation to those services; they are actually the ones delivering the service. As a general rule of thumb—

Mr FAWCETT—If I can just interrupt, you said 'delivering the service', but in the discussion that has flowed around there they talked about the fact that it is actually groups of grandparents coming together and talking and realising that some of them may need to go and get counselling. The counselling is actually the service. Who is funding that? I am assuming it is not this program.

Mr Hazlehurst—No, that is correct. I guess it depends, program by program, on what the purpose of the program is. I appreciate your observation that sometimes the purpose of the program might not be to deliver some of the services that might be needed for those families. In some cases those services would be the responsibility of state and territory governments. In some cases they would be the responsibility of the Australian government—for example, family relationship services would be the responsibility of the Australian government.

CHAIR—But these programs are the Commonwealth's responsibility, and we have taken it.

Mr Hazlehurst—But the nature of those services may in fact be to support the families to connect with the other services that are available. In many instances, families tell us that the difficulties they face are that they do not know where to get the support they need. So in circumstances where it is clearly the Australian government's position that the primary responsibility for delivering those services rests with the states and territories, it may nevertheless step in and provide some support to make sure that the families are getting access to the services that they need or are even aware of them, particularly with grandparents.

Mrs ELSON—Is that what your reporting should show up at the end? I know that in most of these programs you pay for a facilitator, because that is what is missing in a lot of these support groups in the community. They do not have someone who sits there all the time and accesses where these services go to. But when you do pass someone on, when this facilitator passes someone on to a state or another department, does your reporting show whether these people actually got that service? What is the purpose of putting the facilitator there in the first place if we cannot provide the services that we recommended they move on to? That happens in my area

all the time. Yes, we have these great people who are being paid a wage to tell people where to go to get help, but the help is actually not there, because the state government has not expanded on that.

Mr Hazlehurst—We would anticipate that, in general, evaluation of programs such as this one, but others as well, would pick up those sorts of issues. If, for example, on a systemic level—even in a particular location, or across the board—it was clear that referrals were going into services whether there were really long waiting lists or that sort of thing, we would expect to know about that. It might sound as if I am splitting hairs here, but that might not necessarily tell us that the program that we were delivering was doing a bad job. It might actually say that that program was working extremely well, but there are other things that need to be provided in order to provide an overall outcome.

Mrs ELSON—I have seen a report that went back to you on a program that we funded, and it looked on paper as if our community really needed that, and they did, because it showed that the service had 2½ thousand clients: ‘This is who we serviced this month or this year.’ They sent that back to the department and they got re-funding, but they actually could not provide any service to those people who accessed their referral service because, where they were sent for referrals, they were not getting any help. So that is what I am saying. When they say that they have had 2,000 clients, do you check that those 2,000 clients actually got help at the end?

Mr Hazlehurst—Let me answer that in two ways. We would not, in general, try to collect that information around the general monitoring of that program. Doing that, we would spend more on running the program than we would on the actual services going to people.

Mrs ELSON—I understand that. So you would evaluate that program as being successful, because—

Mr Hazlehurst—But, in the evaluations that we would do of the effectiveness of the program, we would expect to pick it up through there. In the general monitoring of whether a particular provider was delivering what they were supposed to be delivering, it would be unlikely—other than through their general feedback, rather than performance information. They might provide, as many of our providers are obliged to do, general feedback not just on the numbers they dealt with but on what other issues have come up in that funding period, such as referring people into services where there was no prospect of them getting a service.

Ms Rundle—I think there is another key thing too, David, which is that we do not collect client-level data because it is just not appropriate that we would collect client-level data which would give us that, but the service does.

Mrs ELSON—Well, that is where there is a problem, because you do not know who is on the book.

Ms Rundle—But the service does. The point that Mr Hazlehurst is making is that the service does, and it is that answer to our bigger question that we would get. But it is not appropriate, and in fact it can be—

CHAIR—Why is it not appropriate?

Ms Rundle—It actually can be a deterrent for many people to access services if they think that their information is going to places and being accessed by people who do not need to have it.

CHAIR—But, hang on; they are already on your books. They have come to you and said: ‘We need some service. We need this. I’ve come for help.’ They do not know that you are not going to provide the service.

Ms Rundle—No, that is correct. But that is at the local level, as Mr Hazlehurst was—

Mr Hazlehurst—They have come to a community service provider, not to the government.

Ms Rundle—Yes.

Ms Prince—I can just clarify one point in relation to this program. We have an evaluation underway, and it is due to report to us at the end of August. Part of the evaluation is in fact that the evaluators are talking to some of the clients, and—

CHAIR—Gosh, that’s radical! That’s amazing! I am very pleased to hear that.

Ms Prince—Well, there you are. We have also asked each of our—

CHAIR—It sounded like the hospital with no patients.

Mrs ELSON—But, if they do not have to record the names of those who have come to them, how can you go back and talk to them?

Ms Prince—The services have contacted clients and given them the opportunity to be part of the evaluation if they would like to be. We do not have a right to force people, as you know, but if they—

CHAIR—Why not? Why don’t you mandate that the service has to provide you with that information?

Ms Prince—I am not sure whether we can under law—privacy and things like that.

CHAIR—Tell me which law would prevent it.

Ms Prince—Privacy.

Mr Hazlehurst—There are privacy issues.

CHAIR—Don’t name the privacy law—it is used as the biggest screen of everybody who wants to deny doing something.

Mr Hazlehurst—There is a historical reason for why things are set up in this way. The way in which many if not all of these programs have started has been in providing support to non-

government organisations who, to varying degrees, have already been involved in this area and delivering services to their clients—not the government’s clients; their clients. As a general rule, they do keep—and we expect them to keep—records of the clients that they are servicing, the families that they are providing services to, but there has never been a requirement that they provide that information back to the government.

Mr CADMAN—But you do not even go to a seminar without a feedback form. Even at that level, you get feedback of some sort to know whether your program has been satisfactorily delivered.

Mr Hazlehurst—Yes, and the services would monitor their performance in that way. What I am talking about is the actual personal information of people. If I can just give you a brief example of how difficult it has been to move into this space, we are now, through the Family Relationships Services Program, collecting a lot of that personal information because, for the first time, we are actually trying to track the families through what is now a multipart system, a new service system for families that includes things like the family relationship centres and then various support services that hang off the family relationship centres, tracking them over time. The only way we can do that, of course, is to have that personal information to be able to identify people.

CHAIR—Correct.

Mr Hazlehurst—This has caused enormous unease within the sector about—

CHAIR—But change always does, Mr Hazlehurst.

Mr Hazlehurst—Indeed.

CHAIR—You are starting to make sense. You are starting to say that the government has this very good program, and this time you have a model to see whether it is doing what it is supposed to do—and that is very good. Can we make that play on a bit?

Mr Hazlehurst—I am making the observation that moving—

CHAIR—Causes waves; of course it does.

Mr Hazlehurst—into an area in a way that starts to have the government holding personal information across a range of services that are not actually delivered by the government is new territory.

CHAIR—A lot of those people who are using those services already have all their details at Centrelink.

Mr Hazlehurst—Yes, but they would say that they do not have information about the fact that they are accessing services to do with a counselling issue or that sort of thing and that the privacy issues in that are new. As you say, change always causes some pain—

CHAIR—And I would think that the people who would be making the most waves would be the people who have thought that this is their intellectual property, that this is theirs: ‘You just give me the money; we’ll do the good works, and don’t you butt in.’ That is where you will find the most resistance.

Mr Hazlehurst—What we have been sensing, of most concern to us, is the point that Ms Rundle mentioned before that we do not want to just have services for the ‘worried well’, to use a health expression; we are actually trying to make sure that our services meet those who most need them.

CHAIR—That is why we are asking the questions.

Mr Hazlehurst—They are the most likely families to be nervous about access to their personal information being provided back to the government. So what we are concerned about is not setting up a system in which the very people we are most trying to help are further discouraged from actually accessing the services, because it is already hard enough to provide good outreach into the community to pick up the people who most need this sort of support.

CHAIR—There is absolutely no point in doing it if you do not know that it is actually happening for them.

Mrs ELSON—There is a message out there amongst certain groups in the community that you can get funding for this and you do not have to be accountable. That is around the communities. I hear it all the time—because, under the Privacy Act, they cannot access your records of your clients. So you can put in that you are servicing 2,000 clients a month, and you might see one. But you do not have the rights to go in—there is no accountability as far as saying that we actually do these things. In what you are doing with Relationships Australia, you are showing a little bit of accountability, which means that people have to provide the service. They do not have to do it if no-one is going to come around and check that they are doing it.

Mr Hazlehurst—These are certainly issues that we are vigorously pursuing now, primarily in recent times because Minister Brough in particular has asked many of the same questions: ‘How do we know that we are actually making a difference?’ So the tightness around our program management is dramatically increasing. I would make the observation, though, that a balance always needs to be struck in how you go about measuring the impact of these programs because, as I say, if you really want to do it properly, it will cost you more than what you are putting in to deliver the services.

Mrs ELSON—But you might get outcomes. I have seen government put things in when we as members of parliament say, ‘Our communities need this.’ We get all excited because the funding comes out for it and then we see the wrong people in the community grabbing it to keep themselves in a job.

Mr FAWCETT—It really comes to the nub of the issue in that for many years now—over the span of a number of governments—what is involved is this concept of needs based funding. It sounds very good, egalitarian and appropriate but, in actual fact, we see organisations which have become very expert at maximising the need in their community rather than building on strengths. We have seen organisations go from being predominantly service delivery. They tell

me this themselves. They rue the fact that they now have increasing percentages of their staff who spend their time developing submissions for government to get funding and changing what has been very successful in terms of meeting need on the ground to fit with government guidelines as opposed to saying: 'There is a need. We'll find who is best addressing the need or we will let a new contract for someone to come and meet this need.'

What happens instead is that people are self-generating, if you like, capacity, sometimes duplicating and sometimes undoing very effective work in order to meet need. I think there is a better way for us to look at allocating funding and measuring outcomes as opposed to what you are talking about which is ramping up levels of governance and compliance that make that aspect more burdensome and expensive than the actual service delivery. I think there are better ways to do it than the needs based funding that we currently pursue.

It is a big subject; we could talk for months about it. The feedback I get from people on the ground, who are not getting services from the service providers themselves, and from other people, who are providing services very effectively and getting good outcomes, is that they have chosen to go down the path of no government funding because they recognise that it actually constrains their delivery and the focus of their effort to the point where they become ineffective. I think we can do it a lot better than we have done over the last two decades.

Mr Hazlehurst—I think Mr Brough would be in violent agreement with you.

CHAIR—To put it on the record, I think Mal Brough is speaking great words of wisdom, which is giving hope to a lot of people. We might see transparency start to develop, stop talking in jargon and start talking in realities. We really do, as I said earlier, talk in set phrases which have specialised meanings for people who communicate with each other. But out there, people who are 'them', who need the services, are not part of that inner circle. I think Mal Brough is trying to make sure that they are.

When I was Minister for Aged Care, I created something called Carelink. A region was set up and a provider was contracted and it was their job to make sure that they gathered together all of the services related to aged care and respite for disabled people as well. It was their job to keep that up to date all the time. There was one single number you could ring, which would put you through to the area you were inquiring about, and you could get all the information that was there. One of the things we hear from people who come in here and give us their story is that they are desperate. Their child is taking drugs; where do they go? They have no idea. If there were some organised point where they could go and where all those services could be linked in, what would your opinion of that be?

Ms Prince—The Communities for Children component, while it does not go quite as far as your model, is a model which is a little bit like that. The facilitating partner in a region is meant to essentially look at the service system.

CHAIR—This was a whole program. It went all over the state with brochures and advertising just for drugs.

Ms Prince—I was saying that we already have a model that is not quite as complete as your model but the Communities for Children is that kind of a model.

Mr Hazlehurst—But not with a focus on drugs.

Ms Prince—I think that there are very many dimensions around the treatment—

CHAIR—Never mind the dimensions, what about the idea?

Ms Prince—I am trying to say to you that there are many levels of government to be essentially brought on board for something like that so it would depend on the cooperation of all of those levels of government.

CHAIR—We managed it in aged care, which was very iffy-buty and full of all sorts of good people doing good things.

Mr Hazlehurst—Speaking for our part of the picture, the sorts of things that are available that are similar to what you have described—not actually funded by the Australian government, funded by state governments—are parent lines.

CHAIR—This is one national number. It is just one number. That is all they have to learn.

Mr Hazlehurst—Yes.

CHAIR—One number and it puts you through to where you are in each different region.

Mr Hazlehurst—The point I am making is that in relation to something like drugs the responsibility is not just with the Commonwealth, so having one national number for the Commonwealth—

CHAIR—Excuse me, but you do not understand the model. The model is that the Commonwealth would contract with a provider in each region—I cannot remember the precise number; it might have been 45—and that person would be responsible for contacting all the services available in that region. It would not matter whether they were local government, state government or private sector; it would be the lot—everything. They would collect all the information that relates to people who have a child on drugs or who are themselves on drugs.

One young man told us it took him seven years to get off heroin. Every now and again he would get a window of opportunity. If he could have reached the phone and somebody could have seen him then, he could have got off, but there was no such person so he went back to the drugs. He finally came off them at about the usual age, 28 or 29, he is in business for himself and he is a successful human being. He could have been successful several years before, but there was no-one.

Ms Prince—The comment I am trying to make is that the two front levels of that model, which are essentially the one number and then a person in each region, are the first two steps in that process. If what happens back of house does not work and coordinate well, that person will run into a blockage two or three levels down the system.

CHAIR—But you have all these other programs which they are going to plug into and which we will get evaluations on—all these things you are talking about here, which I have never heard of before—

Mrs ELSON—That is because you do not have them in your electorate.

CHAIR—Yes, we do. We have drug problems in my electorate for sure.

Mrs ELSON—I am not talking about drugs; I am talking about the Stronger Families and Communities Strategy.

CHAIR—We have problems like that too, but all the programs in the submission that we are talking about would be accessible.

Ms Rundle—I have been with the Australian government only a year and I came from the jurisdiction of Tasmania. Once upon a time I looked after drug and alcohol services, amongst others. That jurisdiction and many of the others as well—and you may know this already through your inquiry—have their own mechanisms. Most of them have telephone lines. I am aware that Tasmania, for example, has one which is a clinical advisory line for people working in the area—doctors, nurses, psychologists and others—for counselling and treating people, and there is a separate one which is for families to ring up and say: ‘We have just found something that looks like cannabis in our son’s bedroom. What do we do?’

CHAIR—What do you say?

Ms Rundle—I am not the counsellor; I am just explaining the service. Where I am going with this is to pick up on Mr Hazlehurst’s comment on the parenting lines. I think what you are describing has a lot of merit and makes a lot of sense, but you would need to see what currently exists, because it may well cut across and sometimes it can be quite confusing. It would need to pick up—

CHAIR—It is confusing. We keep hearing that it is confusing.

Ms Rundle—I meant that you would need to consider each of the systems in the states and territories.

CHAIR—No, they would all plug in. They would be plugged in in each region.

Ms Rundle—Yes. That would be a task in setting up such a line.

CHAIR—Somebody might ring up and say: ‘I have this enormous problem. My child is now aggressive and I fear for my life. What do I do?’ They would be told, ‘There is an organisation called Toughlove. This is their phone number. Ring them now. There will be somebody who will talk to you.’

Ms Rundle—Yes, and that is exactly the sort of service that I am talking about.

Mr Hazlehurst—Might I make the observation that I think what is frustrating you at this point is that we are doing what good bureaucrats always do, which is to say, ‘The answer to your question is: yes, that sounds like an interesting idea.’

CHAIR—Exactly.

Mr Hazlehurst—Good bureaucrats always will then come up with the five things that you would need to think about in implementing that idea. Often those are then expressed as reservations which might be interpreted as attacking the idea.

CHAIR—Perhaps I got used to dealing with those and cutting through.

Mr Hazlehurst—We can certainly see the merit of the idea in principle. As good bureaucrats we are then thinking about how you would make that work and, as a result, it might sound like we are having a go at the idea.

CHAIR—Maybe you could talk to the folk in aged care. They will tell you.

Ms Rundle—That was very successful, if I might say so.

CHAIR—Thank you. Seriously, we might ask them if we can have some cross-fertilisation. I do not know who would run it; maybe it should be Health.

Mr Hazlehurst—It would be.

Ms Prince—I think it probably would be, because we have only very small, specialised programs in this area.

CHAIR—Heaven forbid, we could have an IDC!

Mr Hazlehurst—As long as I do not have to chair it.

Ms Prince—We will make sure it does not go in the administrative costs, though.

Mrs ELSON—Yes.

Ms Prince—We do not want too much money spent on it!

Ms Wilson—Some of our strengthening families projects do that on a very regional basis but it is not national—

CHAIR—No, there are lots of itty-bittys right across Australia. We hear that down in Tasmania you have something or other that I have never heard of and somebody else has something else, but it is very diverse and dispersed.

Ms Prince—When you think about the delivery of programs at all levels of government, for the last 20 years we have had a trend in which we engage third-party providers to do that. The

system is now maturing and we are starting to see where some of the strengths of those models are and where some of the problems are. Committees like yours are in a very good position to comment on the systemic issues and, as lawmakers, take those into the parliament through the government processes to try to improve the next generation of programs. This program, for example, is under evaluation, as we have explained to you. The results of that plus other advice that is given to our minister will help him decide whether to recommend it for further funding, whether to change it in some way, whether to have certain requirements of funded organisations and so on. I think it is that sort of debate that we are plugging into.

CHAIR—What we come down to—and you have listened to all of our questions and we have all had the same kind of theme—is, at the end of the day, what does all this, which is big at the top, do for the individual at the bottom? How do we evaluate it and make sure that that person is the beneficiary? That is why we are doing it—to help those people. In the meantime we have built some big empires along the way, haven't we? Nonetheless, I like your model of the family support centres. We would be interested to hear some more about that because it might be a model that could be applied across the board.

Mr Hazlehurst—We would be happy to provide some information to the committee about that. We will talk with our colleagues in the Attorney-General's Department. As I explained before, we jointly manage the program. The family relationship centres themselves technically are the responsibility of the Attorney-General, but we administer the program together so we would be happy to provide that information.

CHAIR—That would be good. If no-one has further questions, I thank you very much for your evidence, which has been very beneficial. Your model, Mr Hazlehurst, is something I look forward to seeing a lot of. I now declare this meeting closed. Thank you for your attendance and thank you also to Hansard.

Resolved (on motion by **Mrs Elson**):

That this committee authorises publication, including publication on the parliamentary database, of the transcript of the evidence given before it at public hearing this day.

Committee adjourned at 11.29 am