

JOINT STANDING COMMITTEE ON THE COMMISSIONER FOR CHILDREN AND YOUNG PEOPLE

INQUIRY INTO THE MONITORING AND ENFORCING OF CHILD SAFE STANDARDS



**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 8 MAY 2019**

SESSION ONE

Members

**Hon Dr Sally Talbot, MLC (Chair)
Mr K.M. O'Donnell, MLA (Deputy Chair)
Hon Donna Faragher, MLC
Mrs J.M.C. Stojkovski, MLA**

Hearing commenced at 9.40 am**Dr MELISSA O'DONNELL****Senior Research Fellow, Telethon Kids Institute, University of Western Australia, examined:**

The CHAIR: On behalf of the committee, I would like to thank you for agreeing to appear today to provide evidence in relation to the Joint Standing Committee on the Commissioner for Children and Young People's inquiry into the monitoring and enforcing of child safe standards. I have just introduced myself to you outside. I will let my colleagues do the same.

Hon DONNA FARAGHER: I am Donna Faragher, member for East Metropolitan Region.

Mrs J.M.C. STOJKOVSKI: I am Jessica Stojkovski, member for Kingsley.

The CHAIR: To my right are our two support staffers, Renee Gould and Michele Chiasson, and Hansard is recording proceedings today. Our Deputy Chair, Kyran O'Donnell, member for Kalgoorlie, is not here today. He has sent his apologies.

It is important that you understand that any deliberate misleading of this committee may be regarded as a contempt of Parliament. Your evidence is protected by parliamentary privilege. However, this privilege does not apply to anything you might say outside of today's proceedings. Before we begin our questions, do you have any questions about your attendance here today?

Dr O'Donnell: No.

The CHAIR: Do you want to make any sort of opening statement?

Dr O'Donnell: I would like to, thank you. Since 2005, I have been conducting research utilising Western Australia's linked government data sets through the developmental pathways project, which was actually established by Professor Fiona Stanley. It was set up to investigate factors that increased risk of child abuse and neglect, as well as the outcomes for children who experienced it. Through the linkage of children's data including their birth, health, education, justice, child protection and disability data, as well as linkage to parents data, and what researchers access is all de-identified, we have been able to gain an understanding of the pathways for children and the impact of adverse social circumstances on children's outcomes.

My research utilising the linked government data has influenced national and state policy and practice in regards to child maltreatment. Fiona Stanley, Professor Dorothy Scott and I argued for a public health approach to child abuse and neglect, which was influential in the federal government's national child protection framework and was actually referenced in the policy documents for the implementation of a public health approach. Using the linked data, in 2009 we published an article in the *Journal of Pediatrics*. It was picked up by national media and it was the first to report an increase in infants born with neonatal withdrawal syndrome, which is an indication of substance abuse during pregnancy and the high-risk of subsequent child maltreatment. We were able to use those findings to present them to the impact of parental drug and alcohol use on pregnancy, newborns and infants working party, who were responsible for policy and practice in this area. We have also been invited to do international comparisons on neonatal withdrawal rates, and we have really highlighted the rise across developed countries and the need to address this as an emerging issue.

We have also been investigating the hospital admissions related to child maltreatment and intentional injuries. That was published in an international journal in *The Lancet*. That was an

international comparison across six developed countries. Despite the many policy initiatives that have been tried, we recorded no consistent evidence of a decline across indicators of the child maltreatment apart from mortality.

In 2015, I was invited to the United Nations, Asia–Pacific expert meeting on the use of data for the monitoring of the 2030 United Nations sustainable development goals, with one of those goals being reducing violence against children. This also resulted in me writing an article for the United Nations technical monitor on how we can use linked data in the monitoring and mapping of indicators, and how it can facilitate the implementation of data-informed strategies to enable more effective progress towards the sustainable development goals.

We have also tried to utilise the linked government data to provide knowledge in other areas, particularly around risk factors. We looked at children's disability types associated with increased risk and we were able to identify that some disability groups were at increased risk, including children with intellectual disability and conduct disorder. We were also able to determine that there were other disability types that did not increase risk, including Down syndrome, birth defects and autism. We provided this information to the royal commission that was looking at the abuse of children with disabilities for understanding the prevalence for those children and to make recommendations including that children's disability needs to be an indicator in our child protection data sets. This has subsequently been included on the Child Protection National Minimum Data Set. Although it has just started, it is still improving.

We have also been able to quantify the risk of maltreatment for different types of maternal mental health disorders. Our results indicated that mothers with an intellectual disability were a group that had a high risk.

We have also tried to improve the emergency department presentation data because, at the moment, it is quite difficult to monitor external causes of injury for children and young people as well as all the population. I have presented this evidence to the suicide data task force, which I am a member of. We have also presented it to the Department of Health to try to improve their data collection. We are currently working on a business case to try to use electronic emergency department records and new computer surveillance technology to identify self-harm, suicide attempts, child maltreatment and assault presentations.

One of the particular research reports I wanted to draw your attention to as well was our recent report on children who have experienced out-of-home care, which was commissioned by the Department of Communities and was requested as evidence by the WA Auditor General. Young people who have experienced maltreatment and been in care, as consistent with international literature, were more likely to have adverse outcomes in the area of physical health, mental health, education and justice. This was true when we compared them to a matched control of young people with no child protection contact but similar demographic backgrounds. It was also the case for most outcomes compared with children who had experienced maltreatment but did not enter care, and Aboriginal children with child protection involvement were the most likely to have the poorest outcomes. This study was utilised by the Department of Communities who are looking at the reforms of children in out-of-home care. We made the recommendation to increase the age of children leaving care to 21 years, which the minister has said we will trial. I was involved in the co-design committee for this trial and I am providing my expertise in relation to the evaluation of the trial in terms of the outcomes for children and young people.

I am also currently investigating the increasing removal rates of infants by the child protection system. There is not really much research evidence in this area—it is still growing—but we have organised an international meeting in Oxford in September this year to really get an understanding

of the knowledge and evidence for policy and practice in this area and to look at areas where we need to provide more evidence.

One thing that is exciting for my team is that at the Telethon Kids Institute we are involved in the development of a child-development atlas, which provides comprehensive maps of development, wellbeing and learning outcomes for children and young people across Western Australia. We are hoping that these maps can inform policy development, service planning, community programs and research initiatives by enabling the monitoring of health, learning, wellbeing and developmental outcomes of the population of children and young people by identifying areas of highest need and priority for targeted service delivery and empowering communities to mobilise efforts to address the challenges they are facing; by sharing data across multiple agencies, facilitating collaborations aimed at addressing complex problems associated with disadvantage; and by providing easy access to timely quality data that can support actions on addressing factors that impact on the health and wellbeing of children.

The CHAIR: Wow! I reckon we could probably spend about two weeks just unpacking some of the material you have just referred to. That is very comprehensive. Thank you very much.

We have a series of specific questions, but we would all be happy to keep this as informal as we can in the circumstances, just to begin to understand a little bit more about the way that your work is reflected in policy making and practice. Can I start perhaps by asking you what is perhaps the \$64 question. My understanding is that none of your research outcomes are contested. It is not a contested field, is it, about the link between circumstance and outcome?

Dr O'Donnell: Yes, the international evidence is so strong that those adverse social circumstances will lead to outcomes that are more negative, unless of course there are appropriate interventions and support in place.

[9.50 am]

The CHAIR: And yet, you referred in that opening statement a couple of times to the fact that we are not seeing improvements. That suggests to me that there is a gap between the theory and the practice.

Dr O'Donnell: Yes, I think so.

The CHAIR: It is not in contesting your theoretical conclusions.

Dr O'Donnell: Yes.

The CHAIR: Can you talk a bit around that? As I say, I guess that is the big question, is it not?

Dr O'Donnell: Yes, and I think that is what is challenging within the government data sets. We have a lot of outcomes data provided by the government agencies, but a lot of the services that are provided often are provided by non-government agency services who do not have great data collection, so we are not really certain on what services are being provided at what time and the comprehensiveness of those services. That is something we have mentioned to basically all the agencies, that we need better data in terms of those things; that will make a difference for those young people. That is why I was quite keen to be involved in the evaluation of the trial of increasing the leaving care age. If we can get a better understanding of the services being provided to those young people in the trial and what is making a difference for those young people, in the hope that when they do potentially roll it out to the rest of the state, we will have a more nuanced understanding of what is actually working for the young people. Really, you do require a triangulation of evidence. Not just the data, but speaking to the young people about what is working

for them as well as the agencies providing services about the challenges of providing the services—the barriers as well as the strengths of the services—that they are able to deliver.

The CHAIR: Do you think there is a weak part of that triangle?

Dr O'Donnell: Yes, because as has been documented previously, non-government services are often asked to provide those services but they do not really have the resources to collect the information required for us to really evaluate what services are being provided. That is a real challenge, I think, for non-government agencies that may not have the existing infrastructure in place to do so, and obviously they are basically putting all their money towards the delivery of those services. So, yes, it is a gap and I think the departments do understand that gap and it is about how we can work towards resolving that.

The CHAIR: Do the non-government agencies see it as another layer of bureaucracy that they are not resourced to provide?

Dr O'Donnell: Yes, I think they do. We have been discussing this with Anglicare and others who are trying to ensure that they are collecting more data so that they can monitor their own outcomes of their services, and hopefully in the long run, yes, we can utilise those data sets to then get a better understanding of what is happening for those young people.

The CHAIR: You are talking about the non-government sector there. Does that also apply to the government sector?

Dr O'Donnell: We have had a lot of challenges in terms of working with the government. We have basically had funding up until, I guess, this year to enable the linkage for the government data sets. We have applied for Australian Research Council linkage grants. At the moment we are awaiting the outcome of another linkage grant to enable us to keep continuing, but at this stage we have only been able to fund the linkage of government data to 2013 so there is a big gap in terms of the current data that is available for linkage. At the moment the government has invested in the T120 strategy, which is fantastic because they are trying to enable that linkage, but at the moment there is no current governance arrangement for researchers to access that data, which we are trying to work with the government agencies to address.

The CHAIR: Is that funding from the state government or the commonwealth?

Dr O'Donnell: Our funding?

The CHAIR: Yes.

Dr O'Donnell: With the ARC linkage grant, it is usually a partnership grant so we do have some funds provided by the government and then the Australian Research Council matches those funds. This current grant, there was less money provided by government for that so we have had to ask the universities for funding for the ARC linkage component of that.

The CHAIR: You are saying the linkage data is there until 2013?

Dr O'Donnell: Yes.

The CHAIR: Can you give the committee a concrete practical example of the sort of data that has been collected and what that is then used for, what practice does it inform?

Dr O'Donnell: There are a range of projects that utilise that data; there are at least 40 research projects utilising that data, from my research which is primarily based on child abuse and neglect, as well as those that are focused purely on educational outcomes or justice outcomes. They are usually utilising data across each of those government agencies to identify the factors associated with those. For example, education data would include NAPLAN results, suspensions, attendance,

demographic factors for those families and children. Then they can utilise that research to look at what is happening for those children and young people in terms of their long-term outcomes.

We linked the data for a birth cohort—from 1980 to 2005 was the original and then it was extended to I think 2010 to 2013. We utilised that data to then look at the factors that led to those poor outcomes as well as any interventions provided by government agencies, which was actually more limited than we had hoped for, but there was a number of ways we could utilise that data. For my research, particularly around child abuse, we were able to look at the interventions provided by Child Protection—in terms of whether there was substantiated maltreatment, whether those children then ended up in out-of-home care, and how long they were in care, the number of placements they had et cetera—to really get a better understanding of the outcomes for those individual young people.

The CHAIR: If you were to look at both NGOs and government—I am just going back to my earlier question about NGOs in particular seeing data collection as another level of bureaucracy or responsibility that they are not equipped to take on—how do you go about skilling up organisations to improve their data collection?

Dr O'Donnell: I think WACOSS is doing a very good job in trying to ensure that the organisations understand the need for collection of data to basically prove their outcomes, and I think they have really tried to instil that as well as utilising other agencies who are already doing data collection—such as Anglicare and others—to really show how it can be done. We have also been involved in giving advice to agencies about the best way to collect indicators et cetera in terms of the evidence base.

In regards to that, it really is an issue of resourcing those components because they do not have the resources to really dedicate to it; they would not have a data entry person really, they would only have the youth workers or social workers on the ground who would then be inputting the information into a system. Which, we know, is time-consuming and often may not meet their own needs but may meet government's needs in terms of monitoring. We have tried to make our resources available also to give them back the results of what we do find when we work with those agencies. I think an example is Kirsten Hancock's research on playgroups and what impact that has had on those children and families. So, yes, I think the more we can demonstrate how the data can be used and the use of it, I think the more uptake there will be.

The CHAIR: It is a great positive reinforcement, is it not, for practice?

Dr O'Donnell: Yes, and that is what we have tried to do with the government agencies as well. Obviously we have been utilising their data for a long period of time and we have tried to show how the data can be utilised in terms of looking at their own outcomes and monitoring those. I guess NAPLAN is a good indicator, as well as the AEDC, the Australian Early Development Census. Originally that was just started as a pilot program and then it has been brought out across the country once it has been demonstrated how the data can be used and for what purpose.

The CHAIR: While you might still have a number of very significant frustrations, I think it is probably fair to say that the kind of information that you have been able to gather has changed policymakers' thinking about these things. The fact that we now talk about early intervention, and "early intervention" is now a phrase that everybody uses I think is largely thanks to the work that you and your colleagues have done over the years. Do you also have a sense that improved data collection can—so, obviously your main focus is on prevention?

Dr O'Donnell: Yes.

The CHAIR: Do you also have a sense that your work makes a difference where children are actually being abused or are in danger?

[10.00 am]

Dr O'Donnell: In terms of the outcomes for children in out-of-home care, we can utilise the data in terms of the pathways for those children and young people. One thing that the agencies were not able to do previously was to link the hospital admission data to the child protection data, so they were not even sure how many of those children who presented to hospital for child abuse and neglect actually received a substantiated maltreatment allegation. By quantifying the data, we were able to show that children who did attend hospital were identified as having maltreatment. The substantiation rates for those children were quite high and we could see that the majority of those were often a first referral. It was really good information, particularly the feedback to the health system, that what they are doing is making a difference and that they are identifying new cases that have come to the attention of Child Protection, and that, yes, the department is taking those notifications seriously. We are able to show that at a population level.

That was important research for those, particularly around neonatal withdrawal syndrome, because we knew that there were always increasing rates and that those children were at increased risk. We were able to show that within three years they would end up with a substantiated maltreatment allegation and, therefore, we really needed more work done in that space of mothers using substances during pregnancy and supporting them across from the birth to the next few years of life. Unfortunately, the funding is still limited in that area, but at least we have been able to identify and demonstrate that this is an area of need that needs to be addressed. That has been a real change that we have seen across countries in terms of maternal substance use. It is not just an issue that Australia is addressing; it is many countries. We have just been speaking to a researcher in Manitoba who met with me yesterday to discuss the rise in meth use in Manitoba, so they are wanting to know more about how Western Australia is dealing with that. I think that it is really important for researchers to have an understanding of what is going on.

The CHAIR: When you look at instances like Roebourne, for example, do you look at that with the data lens and make observations about how situations like that develop, how those circumstances arise?

Dr O'Donnell: I think that is where the mapping has really come into effect, because we realise that there are very much space-based issues in terms of across the state, so regional issues that may be developing that we need to start looking at and addressing. What we are doing is mapping the child protection data, so where substantiations and notifications are occurring, as well as the factors associated with those. For example, we have just recently met with the police who are looking at the Ombudsman's decisions around potential restrictions of alcohol use in the Kimberley. We have been able to provide data about those alcohol-related hospital presentations for children and young people. He is looking also at the police and violence data. For the first time in WA, we have been able to link the domestic violence police data to hospital admission data and to the children's outcomes to get a better sense of what is happening in that area. We have just started that analysis. What we are really trying to do is unpack what are the issues that are happening. They are different across communities, and that is what we really want to acknowledge as well: what happens in metropolitan Perth does not necessarily happen in, say, Roebourne. That is why it is so important to have a regional-based data, and that is why mapping of those datasets is essential in terms of whether the interventions now occurring in Roebourne are having a difference in terms of those regional indicators.

The CHAIR: We have already collected a great deal of evidence just in the last few months. I think every agency that has appeared before us has talked about the challenges. I will just share with you something that the police commissioner said to us a few weeks ago. He said, “I would reaffirm that the Department of the Premier and Cabinet is leading a particular body of work at the moment about data linking and data sharing. I am very supportive of it. I think there is a great need to accelerate that.” So, it is interesting that you referred to police.

Dr O'Donnell: Yes, and just as an example, the length of time it takes to get the data—we have been waiting three years now for our extended alcohol-related harm data. We have only received the health data so far, so we are still waiting on the rest of those datasets. That is a real hindrance for researchers in terms of the length of time it takes to get the data when we really want to work on issues that are current and now. Most of the datasets I am working with are from 2014, which is really challenging for us, and we would like more relevant up-to-date data.

Hon DONNA FARAGHER: Is that delay because of the various requirements in and around access and being able to provide you with that data? I mean, I am presuming that there are set protocols in terms of what information you are allowed to be provided with, de-identified information and all those sorts of things. Is that the main reason that there is a delay, in your view?

Dr O'Donnell: I think there are a number of issues in regard to that. I think the data linkage review, which was held a number of years ago—we provided a whole list of reasons that there seem to be so many delays and there were recommendations made, but, unfortunately, it feels like that data linkage review has not really been addressed or looked at. We have been involved in the data sharing legislation group, so we are on the advisory group to government, but obviously that is a slow process, which we have been involved in for probably the last year and a half to two years. There are also delays in terms of the data linkage branch. I guess their funding is predominantly around the linkage of health data. We have not seen the uptake of the resourcing required across government, so the T120 strategy, I guess, has enabled that to happen in terms of the social investment data resource that is now being created. Unfortunately, a lot of consultation was not done with researchers, which was quite frustrating for us, so it has delayed a lot of the processes. The social investment data resource is only capturing a birth cohort from 1990 onwards, and the research we had linked was from 1980 onwards. We are looking into generational issues in those data sources, but, unfortunately, the data does not go as far back, which is why we have had to request extra funding through the Australian Research Council to enable the extra linkage to occur. Our previous data resource was a cohort from 1980 onwards up until 2014, so we are hoping what government will do is just to extend that cohort, but that is not what has occurred. I guess we have had to go backwards to go forwards in the time taken for that to occur.

The CHAIR: Are you part of the DPC process now looking at improving data collection and usage?

Dr O'Donnell: No, we are not, and I am not sure whether there is a group that is.

The CHAIR: We can put up a picture of the organisational structure.

Dr O'Donnell: At the moment, we have been asked to provide our expertise on the data sharing advisory group to government. That is the only group we have really been officially invited to attend.

The CHAIR: That is specifically looking at children—delivery of services?

Dr O'Donnell: That is looking at all government data sharing. We have tried to enable them to understand the researcher lens in terms of how we need to access government data. As researchers, we have been frustrated, because Professor Fiona Stanley has been linking government data since the 1980s, so we feel like, I guess, there needed to be some time for government to understand those processes. Hopefully, now that there seems to be more awareness and understanding within

government over the past year, I think we will have a better process moving forward. Currently, we have our own research management group, we also have an advisory group and we also have a directors general steering committee. Unfortunately, the social investment data resource does not have a governance group that we can go to for an application, so we have invited Treasury to our meetings to start discussing that arrangement for researchers.

The CHAIR: Michele has found the organisational chart. This is specifically in relation to the royal commission recommendations, and you can see it is pretty complicated! So, as far as you know, TKI is not involved in any of those groups?

Dr O'Donnell: There is potential that there might be a criminal justice working group, but I have not been invited to any of those meetings.

The CHAIR: Okay, and the group you are working on, you are involved in, that is run by Communities, is it?

Dr O'Donnell: No, that is actually from Premier and Cabinet—government.

The CHAIR: From Premier and Cabinet, okay.

Dr O'Donnell: Yes.

The CHAIR: Presumably, that sits alongside this structure somehow.

Dr O'Donnell: Yes, I assume so.

The CHAIR: Do you think it would be of use if there was some communication between the two?

Dr O'Donnell: Yes, I think so.

The CHAIR: I had a feeling you might say that!

Dr O'Donnell: I guess our frustration is that it is a complex process, but in terms of data people on one side and the implementation working groups et cetera, what we are trying to do is to enable the data sharing legislation for us to work across those groups so that we can provide indicators. We have only just been asked to come to a meeting at Premier and Cabinet regarding the indicators that the Premier wants collected. Because we are already collecting those indicators, we are hoping to get to inform those strategies. Usually they are one-off meetings; we were not involved in any processes per se at a higher level that I am aware of.

[10.10 am]

The CHAIR: You have referred a couple of times to the T120 program. Is that a program that is utilising the modern, informed approach to data?

Dr O'Donnell: I believe they are trying to do so. Previous to that, we had had discussions with Premier and Cabinet, because we were hoping that the data sharing legislation, and the government looking at ways that they could utilise the data internally, would enable the government to then take on the ongoing linkage of data. As researchers, we have limited funding, so for us to keep putting the money towards that is quite a heavy investment for us, and to put forward grants. I think they are trying to attempt that. There does not seem to be any particular research group involved in supporting this. We know of the group at Curtin that is doing the social investment data resource and they have been commissioned to do that, and those members are actually on our grants, so we are trying to work together. But there has not been much back and forth, so we are trying to improve that relationship in terms of how we can enable governance arrangements to allow researcher access to that.

The CHAIR: Is that the T120 that you are talking about?

Dr O'Donnell: Yes. It is Target 120 strategy, and within that they are building the social investment data resource to enable it to happen. So, that is the link; sorry, I should have made that clearer.

The CHAIR: If I could just dig down a little bit more into your comments about the data aspect of the program and that Target 120: if you were designing it to collect the data you believe would make a difference over coming decades, what would it look like, that is not happening now?

Dr O'Donnell: I think, at the moment, the use of the government agency data—appears, from the outside, because we do not really know what is being collected; we only hear of it second-hand—we believe is based on the developmental pathways, the data that was linked, that there has been an extension of some of that data. That is great, but we also need to have the service aspects of that data collected—so what types of services those young people will be receiving, the depth of that service in terms of how many times they are meeting or what intervention is being provided—but we are not aware of this stage of that information. We have requested more information from the T120 strategy, so we have invited them to our meetings to talk about it.

The CHAIR: Your concern from your perspective is really that while the data might be adequate and being collected proficiently in a useful manner, there is no overall strategy to ensure that that is the case?

Dr O'Donnell: No, I do not think we have been informed of what their strategy is in terms of that. We have always said we are happy and open to provide our knowledge and expertise, because we know how difficult it is to utilise linked data once you receive it, and that is why we have spent so long training ourselves up on the use of those datasets. It would be great to work more closely with government to enable those strategies to go ahead, because they are important strategies, but also we have expressed concern about the lack of community consultation around the implementation of strategy. So, really working with the young people who will be affected and what needs they actually have is really important, as well as working with researchers who have already been utilising this data for decades, that would be a really strategic move.

The CHAIR: I think it is noteworthy that one of your triangle was the voices of young people. What is your perception of the way that the voices of children and young people are heard in this process of developing policy around data collection of service delivery?

Dr O'Donnell: I was involved in the development of the youth health policy, so we attempted to develop that. We had a number of youth consultations that were held by the Department of Health, and through the Telethon Kids Institute we have a youth advisory group as well, so we understand the importance of that. Also, I guess, for our research we have community reference groups.

For another project we are working on, which is navigating through life in terms of young people progressing through from 16 to 23, in terms of transition from out-of-home care, we have invited young people to be involved in an advisory capacity in terms of the questions we ask and the information we are collecting, and we are asking for their personal linked data. It is important that they are aware of what we are utilising data for, as well as what can be achieved without data, so we can present those findings back and get feedback on things that we may not have looked at. I think that is what is essential in any research program; that is, that we invite those people from those communities to be involved in what we are looking at, because often they come from a different angle. In fact, it was not until our community advisory group told the developmental pathways project that we were missing the housing data and it was a critical link to everything we did that we really approached Housing to enable that to occur. Unfortunately, it took years to get agreements in place, but that has happened with every agency that we approached for linkage—so police. For the Department of Corrective Services, it took a legislative change, which we had to work with them on. We have worked really hard since 2005, basically, to enable the linkage of that data.

That is why I think the community voice is so essential, because often they have an understanding of the issues in their community that we miss as researchers and the data does not necessarily address it. I think that is why it is important to involve them, particularly young people, who are essential.

The CHAIR: Do you work with the Commissioner for Children and Young People and the commissioner's office?

Dr O'Donnell: Yes, we have had a number of meetings, and they have been very supportive of the work I do. If I have any hurdles with government agencies or issues, they are very supportive about how we can work to try to address those, and they have always offered me to come to them when I have had issues.

The CHAIR: Because it is part of the commissioner's statutory responsibility to enable the voice of children and young people.

Dr O'Donnell: Yes.

The CHAIR: I wonder whether we could turn now specifically to the royal commission recommendations. As you would know, there is a specific recommendation about data; I think it is 6.11b, which talks about the oversight body having the function to collect, analyse and publish data on the child safe approach in that jurisdiction. That is now on the screen for you. That is recommendation 6.11, and that is part b. Were you involved in the process that led up to that recommendation? You have already referred to making submissions to the royal commission.

Dr O'Donnell: I do not think we were involved, no. But I have been talking to the national centre for child protection regarding the issues around the collection and analysis of the data, and I guess there are two levels of that. There are the outcomes of what is being implemented by the organisation in terms of children's safety and improving children's safety, but there are also the process issues of how the department is actually changing their processes to enable the safety issues to be addressed. So, yes, we have discussed those two areas.

The CHAIR: You have already talked about the fact that it needed legislative change with one department to enable you to get the data that you require to inform policy. What are the hurdles that are ahead of us if we attempt to implement that recommendation?

Dr O'Donnell: I think at this stage, without seeing what the social investment data resource produces, there are substantial delays in data accessibility. It is possible that the government internally may have better means of doing so, but for externally, we would see the challenges of the time that it takes to produce that data. Therefore, having regularly published analysis of that across those jurisdictions will still take time. I think that within government we know that there had to be some reduction in staff and we know that sometimes those departments lack the capacity to analyse the data. I guess that is why we were hoping that the social investment data resource would also enable the capacity building within government for analysts to be able to work with the data. We are happy to work with them and help support the process, because it is in our best interests to do so as well.

The CHAIR: What are the time lines around that social investment data collection?

Dr O'Donnell: I believe they are attempting to get it finished by the end of the year. That was what we have heard. They are aiming to discuss governance issues by the end of the year around research access.

The CHAIR: Who is driving that process?

Dr O'Donnell: It is Treasury.

The CHAIR: And you are involved in that; that is the group you are working with within government?
[10.20 am]

The CHAIR: Now I am getting confused again. We need another organisational tree.

Dr O'Donnell: The data sharing advisory group is within Premier and Cabinet, who are trying to get the legislation up for data sharing within government and, potentially, to researchers as well, so we have been involved in the consultations around that. Even just recently, we have been providing information about how we have been able to utilise data for public good to try to show the community what positive outcomes we can have. With the development at the social investment data resource, we have not really had any discussions about those, just that they have been very limited.

The CHAIR: So, it is a process driven by Treasury. Do you know who is involved—which other departments?

Dr O'Donnell: I believe its Kurt Simba, who is leading that team.

The CHAIR: We will find out a bit more about that in due course. You mentioned sustainable development goals in relation to, I might say, the object of data collection. Is that how those two things relate?

Dr O'Donnell: Yes. I guess the United Nations are concerned that they have made these quite bold sustainable development goals such as a reduction of violence against children and women. However, to try to implement those across countries, they really need to know are we actually reducing it—so, what data is available for us to monitor those indicators. That is why I am on the international child maltreatment data working group where we are discussing how we collect indicators that are consistent across countries et cetera. There are some standard ones, such as the administrative data of child protection—so, substantiated maltreatment notifications and children removed because of abuse and neglect. There are also other broader indicators such as hospital admissions related to assaults, but also other things, because in a lot of the jurisdictions now, neglect is one of the main reasons children are being removed. We need to get better at determining what those indicators are in terms of how we monitor those even across countries and how can we say, “Yes, we are reducing those issues”, apart from just using those that come to the attention of child protection. We have been discussing how there are some simple indicators that we can utilise across countries, within our own countries that we utilise those indicators. But there are other indicators that we are using such as the Australian early development census to look at how many children are developmentally vulnerable across communities and across jurisdictions and where we can see reduction in those. I think that that kind of work is important in terms of monitoring the outcomes that we are achieving. It is also important in terms of if we are trying to reduce children being at risk for abuse. If we can look at indicators that may show how we are reducing those, then we can inform strategies. If we are implementing a community approach to an issue, are we seeing a reduction across indicators that would indicate that that approach is working? One approach that works in Roebourne is not going to work in metropolitan Perth, so it is a challenge.

The CHAIR: It is an amazing obvious point that if you are going to improve your system so that children are better informed about something, you should have measures to judge whether those things that you have put in place are working. It is amazing how many agencies have never even considered how they might measure the outcomes.

Dr O'Donnell: Yes.

The CHAIR: Yes, I can see that that would be a bit frustrating.

Thank you very much. I have a closing statement. Thank you for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 10 days from the date of the letter attached to the transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary document for the committee's consideration when you return your corrected transcript of evidence. Thank you.

That was very, very rich. It is going to repay a lot of rereading in the transcript, I think. You have given us some great ideas to think about there. The committee appreciates you coming in. Thank you.

Hearing concluded at 10.24 am
