



HOUSE OF REPRESENTATIVES

STANDING COMMITTEE ON LEGAL AND CONSTITUTIONAL AFFAIRS

Reference: Aspects of family services

CANBERRA

Thursday, 2 April 1998

OFFICIAL HANSARD REPORT

CANBERRA

HOUSE OF REPRESENTATIVES
STANDING COMMITTEE ON LEGAL AND CONSTITUTIONAL AFFAIRS

Members

Mr Andrews (Chair)

Mr Barresi	Mr Mutch
Mrs Elizabeth Grace	Mr Price
Mr Hatton	Mr Randall
Mr Kerr	Dr Southcott
Mr McClelland	Mr Tony Smith
Mr McGauran	Mrs Vale
Mr Melham	

Matter referred to the committee:

To inquire and report on:

the range of community views on the factors contributing to marriage and relationship breakdown;

those categories of individuals most likely to benefit from programs aimed at preventing marriage and relationship breakdown;

the most effective strategies to address the needs of identified target groups;
and

the role of governments in the provisions of these services.

WITNESSES

BROWNE, Dr Margaret Kaye, First Assistant Secretary, Legal Aid and Family Services, Legal Aid and Family Services Division, Attorney-General's Department, Robert Garran Offices, National Circuit, Barton, Australian Capital Territory 996

HAMBLING, Ms Helen, Assistant Secretary, Family Services Branch, Legal Aid and Family Services Division, Attorney-General's Department, Robert Garran Offices, National Circuit, Barton, Australian Capital Territory 996

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Present

Mr Andrews (Chair)

Mrs Elizabeth Grace

Mr Price

Mr McClelland

Mr Randall

Mr McGauran

Mrs Vale

Committee met at 9.09 a.m.

Mr Andrews took the chair.

BROWNE, Dr Margaret Kaye, First Assistant Secretary, Legal Aid and Family Services, Legal Aid and Family Services Division, Attorney-General's Department, Robert Garran Offices, National Circuit, Barton, Australian Capital Territory

HAMBLING, Ms Helen, Assistant Secretary, Family Services Branch, Legal Aid and Family Services Division, Attorney-General's Department, Robert Garran Offices, National Circuit, Barton, Australian Capital Territory

CHAIR—I commence this public hearing of the committee's inquiry into aspects of family services. I welcome the witnesses, particularly from the Attorney-General's Department, and others who are attending this meeting of the committee. The subject of the inquiry is well known—looking at matters relating to the prevention of marital breakdown. This may well be the final public hearing of the committee. I welcome Dr Browne and Ms Hambling. Although the committee does not require you to give evidence under oath, I should advise you that the hearings are legal proceedings of the parliament and warrant respect as the proceedings of the House itself. The giving of false or misleading evidence is a serious matter and may be regarded as a contempt of the parliament.

I again thank you for coming along today. There are a few things that we wanted to follow up. On the last occasion you were here, which was back on 30 October, you said that at that stage you were hoping that the steering committee would agree in the next few weeks about the evaluation report, which would then be referred to the Attorney-General. I take it that took a little longer than you expected at that stage. The final report was received by the department in mid-December—12 December or something like that, as I recall it.

Ms Hambling—That is right.

CHAIR—When was the final time that the steering committee examined the report?

Ms Hambling—I am advised that the committee met at around about October, although there is out of session communication that went on with the steering committee in terms of approving the final draft, the final copy.

CHAIR—Right. It is just that when the literature survey was sent to us on 28 November, it said that the final report from the consultants was currently under consideration by the department; but then the final report, which is now tabled, is dated 12 December.

Ms Hambling—Yes, 'under consideration', I suppose, by the department and the steering committee, in fact is probably more accurate.

CHAIR—Was not 16 October the last occasion on which the steering committee met?

Ms Hambling—I believe so, yes.

CHAIR—And that was a teleconference, was it not?

Ms Hambling—Yes. You will know more about that.

Dr Browne—The teleconference was the last meeting of the steering committee.

CHAIR—And the previous meeting before that had been a teleconference as well?

Ms Hambling—That is right.

CHAIR—And there has been one face to face meeting earlier in the year?

Ms Hambling—That sounds right, but we can check on the details of the meeting.

CHAIR—I am asking this because whose report is it finally? Is it a report of the consultants? Is it a report of the steering committee? Is it a report of the department? Is it a combination thereof?

Ms Hambling—It is a report of the consultants that has been agreed to by the steering committee to release as a report of the consultants.

Dr Browne—But commissioned by the department.

Ms Hambling—Exactly.

Dr Browne—And referred to the Attorney-General for his agreement to release?

CHAIR—Right. So in terms of the content of it, the content is that for which credit or otherwise is taken by the consultants?

Dr Browne—That is correct, yes.

CHAIR—Have you seen the transcript of the hearing in Sydney with the consultants?

Dr Browne—We have.

CHAIR—You would understand from reading that transcript that a range of serious misgivings, if I could put it that way, were raised about various aspects of the

consultants' report. To take the most obvious one, the literature review is inadequate.

Ms Hambling—That was not the view of the steering committee when it agreed to the release of the document.

CHAIR—We can go through the transcript if you want to, but in the hearing I took the consultants—and the person whose name I cannot remember who did the literature review—through a whole series of articles and books that simply are not mentioned in the literature review. That was simply by going through one shelf in my office. I have since been through a whole series of other things that are not mentioned in the literature review as well. The only explanation we seemed to get for that was, 'We had only 20 days to do it and we just did a sort of search on the web, or whatever, and this is what we found.'

Given that this is the basis of the evaluation and that there are concepts in there which are raised and which are referred to again later in the report, it is fairly difficult not to come to the conclusion that it is very inadequate. That is why I am asking whose is it, because if it is the consultants', that is one thing; if it is the steering committee's, it is another; if it is the department's, it is another. Where should we be saying, 'If we have got problems with it, we can isolate what it is'?

Dr Browne—The position as I would see it is that the department, with the agreement of the Attorney-General, commissions consultants through an open tendering process to undertake an investigation according to set terms of reference. This is standard procedure. We then appoint a steering committee. In fact, chronologically we appoint the steering committee before we appoint the consultants. The usual procedure is that the steering committee participates in the selection of a consultant and then steers the consultancy to ensure that it keeps to the terms of reference. It has some responsibility for ensuring that a satisfactory report is produced. At the end of the day, the report is prepared by the consultants and the views put forward are those of the consultants.

CHAIR—That is fine. I just want to understand where it fits into the scheme of things. It is not even semi-officially a report of the department; it is a piece of work that is before the department, which can be looked at but which can also be subject to criticism. I am not saying we will. I am simply saying that if we were to be critical of some aspect of it, then we are not necessarily being critical of the department; it is critical of the piece of work as a piece of work.

Dr Browne—I think that would be the interpretation that I would put on it. The department commissions the work. It then receives the report and it considers the recommendations and makes further recommendations to the Attorney-General. So it is open to the department to accept or not accept the recommendations. If you have any views that you wish to put, we would be very happy to look at those also.

CHAIR—Can I take you to a few things in it that I have trouble with? We do not—

Mr McGAURAN—Mr Chairman, can I just speak a little about that point of the department's involvement in the report? Are you saying that the steering committee commissions the report that we have in front of us and then has no further involvement until it lands back in complete form?

Dr Browne—No, I am not saying that. I am saying that the department commissions the research. We appoint a steering committee to guide it but the steering committee, while it had representatives from the department on it, also had representatives from the field and some independent academics. The department is very removed, if you like, from the steering committee.

Mr McGAURAN—Does the steering committee involve itself in the course of the production of the consultants' report?

Ms Hambling—Yes. The consultants report to the steering committee at key stages and the steering committee provides comments back to the consultants about the work.

Mr McGAURAN—Did that work effectively or satisfactorily in this case?

Ms Hambling—As far as I know, yes. I know that, in terms of the literature review, there were quite a lot of suggestions that were incorporated from the steering committee into the work.

Mr McGAURAN—So the final draft of the report is to be considered as the steering committee's effort?

Ms Hambling—No, it is the consultants' effort, but it has been accepted by the steering committee.

Mr McGAURAN—The membership of the steering committee was sufficient or satisfactorily composed to properly guide the consultants in this case?

Ms Hambling—In our view, yes. There were one or two people who were not able to continue right through to the end of the process due to overseas commitments and other things, but in our view it was an appropriate steering committee for that enterprise.

Mr McGAURAN—Some departmental people were not able to stay on the steering committee?

Ms Hambling—No. Professor Kim Halford was unable to continue right to the end of the project, and also a representative from the Department of Health and Family

Services evaluation area.

Mr McGAURAN—So you have no concerns about the way that the steering committee operated in this matter?

Ms Hambling—No.

Dr Browne—I have no concerns.

CHAIR—Just on that, you said that it has been accepted by the steering committee, but the reality was that the last time that the steering committee met to discuss it was at a teleconference on 16 October and the final report was still under consideration in November and was not finally dated until 12 December. Is it not a little unfair for the steering committee to say that it finally accepted it? As I understand it, it made comments which were sent—faxed or whatever—to and were looked at by the consultants, but the steering committee itself had no final meeting at which it looked at it.

Ms Hambling—Each would have agreed to the release of the final document.

Dr Browne—Perhaps that practice is not uncommon.

CHAIR—With reservations in some cases.

Ms Hambling—I could not comment. As far as I know, it was accepted.

Dr Browne—The other point to make is that when there is a large committee of busy people, you use those sorts of methods to save extra travelling and the use of people's time. You deal with people over the telephone.

CHAIR—I take you to some things in it. As I said, if we had a couple of days we might get through it all, so I am only picking out a few points. In your submission of November 1996, paragraph 79, you said that innovative and effective marriage and relationship education services and their relevance to the best practice models will also be identified as part of the evaluation. In the evaluation on page 84, a series of what are referred to as 'innovative practices' are set out. What were the criteria for taking those particular services as innovative practices? The second column lists Relationships Western Australia, Anglican Community Service Adelaide—and there are some more over the page.

Dr Browne—Can I make a general comment before we go into that. Of course we are happy to assist you as much as we can on this, but neither Ms Hambling nor I were on the steering committee so our knowledge may not be as detailed as you are seeking.

CHAIR—So you do not know?

Dr Browne—It may be that we could assist you more if you were to give us some questions to take on notice.

CHAIR—Let me say this: given the evidence that the consultants gave us, if these could be described as best practices—and I think ‘innovative practice’ might be a better way of describing it, as the subheading says—it seems to me to be only on the basis of self-reporting. That is, some feelers were put out, if I can use that expression, as to innovative things being done and these are some examples of what has been put forward. There is no criterion by which this could be judged as innovative practice. There is no question about whether or not it is working. It is simply a list of things that one could come up with after a bit of brainstorming, so that one could say, ‘This agency is doing this, and that one is doing that and something else.’ There is no testing of that, yet in your submission you say that the evaluation will provide you as the department with some basis upon which to look at innovation in the field. I do not see how you can make any use of that whatsoever.

Ms Hambling—I cannot find the reference in the evaluation immediately, but my understanding is that it was a much more difficult task and the consultants themselves acknowledged that these were self-reported innovations that were not necessarily what one might call good practice or best practice, as you say, based on any specified criteria.

CHAIR—It highlights one of the problems with the report, which is that you have self-reported innovations and, apart from visiting some agencies in Adelaide and Sydney, no attempt was made by the consultants to actually look at the content of the programs, how they are delivered, their objectives and whether they are achieving them. There is no criterion for that. They did not ask the various agencies that are running the programs to provide copies of their manuals, their objectives, their work sheets or anything from any of their programs. They did not sit in on programs and look at what was actually going on so that they could say, ‘We know what this sort of program is like.’ Only the outside consultant to the consultants had any expertise in the field. Therefore, I find it difficult to know how you can use this report in any sort of constructive way.

Dr Browne—Again to make a general comment, we need to be clear that this evaluation looked at the operation of the subprogram as a whole. It was not ever intended to be an evaluation of particular services and we need to be clear about that.

CHAIR—You can say that, but the recommendations go specifically to the way in which particular services operate. I understand the distinction that you are seeking to draw, but the ramification of this is that you have a subprogram which is a name of something by which the Commonwealth provides funding to agencies in the field to deliver programs, and in reality the subject matter of the subprogram is the delivery of the programs. The recommendations, if followed through in whatever form, will have consequences for the agencies delivering programs. That highlights the problem with this, which is that if it is at that level, a lot of what is in here is irrelevant. If it is going to

have any meaningful use, it has to be in terms of what is going to occur at the level of program delivery. If you are making assessments about the way in which this should be done without having even looked at the programs that have been provided or the manuals which say, 'This sort of program is based on this model with these objectives, trying to achieve this end' and so on, if none of that is done what is the point of it?

Dr Browne—The point of it is to look at the program in more strategic terms. It was never intended to be a service by service review.

CHAIR—If you look at it in strategic terms, the primary recommendation is that we adopt an outlook or a way forward based on three levels of intervention: primary, secondary and tertiary. In the evaluation report, the reference comes from a paper by Kim Halford and Behrens which, in turn, is based on a categorisation from the National Institute of Mental Health in the United States, but there is no critical examination of it. There is no critical discussion of primary, secondary and tertiary. Under examination, Ms Haynes says, 'We weren't basing it on what was in the literature; we were simply basing it on anecdotal evidence.' She takes a concept or a particular language description and uses it throughout the report so that any ordinary reader would have to come to the reasonable conclusion that she is talking about the same words with the same meaning, but then she tells us, 'No, we are not using it with the same meaning.' She concedes that, in some respects, it is like comparing apples with oranges. However, there is not even a critical discussion of primary, secondary and tertiary interventions.

Dr Browne—We are very happy to hear your views and we will take those into account. We will need to look at the report—

CHAIR—I know you are happy to hear our views, Dr Browne. You have read the transcript of what happened in Sydney. Given some of the issues highlighted there about what I can only describe as inadequacies in the review, I am asking you how you can rely on this at all.

Dr Browne—We will need to look at it critically, draw our own conclusions and make our own judgments as to that. We will take into account the views that you have put forward. I am not for a moment suggesting that we will accept the report uncritically; we never do. However, it is a perspective and it does offer some insights. We will be using those to make our own judgments about where the program needs to go.

CHAIR—So at this stage there is no point asking you whether you agree with the concessions that were made by the consultants?

Dr Browne—No, there would be no point at all.

CHAIR—I suppose you do not have to because they are conceded.

Dr Browne—We have not actually had the time yet to go through and do the rigorous analysis that we will need to do to make decisions about what implications it has for the program. We have not yet done that.

CHAIR—There is probably not much point in my asking you anything further about the evaluation, if that is your general position at the moment?

Dr Browne—I do not think it is very useful for us to have a discussion about the content of the report, if that is what you are asking?

CHAIR—I will not speak in the sense of the evaluation itself, but one of the things it raises and which is highlighted by the survey we are doing is that in relation to civil celebrants and the secular agencies—the non-church agencies—there is an extremely low attendance at programs. Even if you take everything they call ‘relationships education’ under that heading—and we will not quibble about what that is; just accept it all—the attendance is still very low. My observation is that it seems that the general response from secular agencies is: ‘There is something wrong with the civil celebrants.’ And the civil celebrants are saying, ‘The secular agencies are not doing enough.’ What thoughts do you have about what should be done? It seems to me that the two need to be brought together.

Dr Browne—I would agree with that. I think there is a real issue there. It is something that we have been aware of for some time and have given some thought to. We conducted a pilot in Melbourne a couple of years ago now—in 1995 from memory—in which one of the services there worked intensively with civil celebrants to make them more familiar with the programs being offered. That pilot showed that there was quite a good response to that sort of approach. At this stage we have not taken that further, but we are intending to look at the results of that pilot and take those into account in developing the community awareness strategy for marriage education. I agree with you that we need to do more work in that area. One of the foci of the conference we are having for civil celebrants in July will be to try to assist celebrants in their understanding of the services available across the whole spectrum of the family and relationships services program and to try to get them to understand what the services do and can offer for the people who come to celebrants to be married, and perhaps to try to work out some ways of establishing better linkages.

Mr McCLELLAND—Do you think there is justification for making it a precondition for registration as a celebrant that they have undertaken some sort of course in this area?

Dr Browne—That is a difficult question. I would distinguish between an awareness and the ability to actually deliver those services. I think there has sometimes been a bit of confusion about that. People think civil celebrants ought to be able to deliver counselling or marriage education. But your suggestion is food for thought, that is, in terms of making people more aware of what is available and having them understand that

the ceremony is only part of a broader relationship that is going to be over the longer term.

Mr McCLELLAND—Perhaps they need something like L plates; you at least have to know the basic rules?

Dr Browne—That is a productive suggestion, and we can give that some thought.

CHAIR—One of the other issues relates to the FAMQIS project. I have read the material on FAMQIS. I still do not comprehend the data collection aspect of that program. Can you explain what is proposed?

Ms Hambling—The data collection will be via a system that we call FAMnet, which is a web based system that will enable organisations to send data on line to the department. That is the hardware side of it. Most of the work that we have been doing has actually been in agreeing to definitions of data. One of the problems with our current data collection is that the data required is interpreted in many different ways by organisations. We have put a lot of work into clarifying what is appropriate data to be collected and ensuring that we have got a common understanding of what that is. We have produced a data dictionary, and we have done that in line with other data collections—the Institute of Health and Welfare, the ABS and so on—so that we have consistent data that will be able to be used with those other data collections.

The other major difference from what we have done in the past is that the information will be provided on a unit record basis rather than aggregated by services. At the moment services basically add up their statistics and send them in to the department six monthly. Then those aggregated figures are put together. We will be getting unaggregated figures that will then produce reports.

Mr McCLELLAND—What is a unit? Is a unit one counselling centre?

Ms Hambling—No, it is actually cases or courses within each agency. So it gives us and the services themselves the opportunity to do a lot more analysis of the information in that way.

Mr McCLELLAND—Will that provide a basis from which you can evaluate which units are effective and which are not?

Ms Hambling—The figures only ever tell you a certain part of the story. In a way, the figures tell you what questions to ask. The figures themselves can conceal a whole lot of other characteristics of a service, including the sorts of things that may be quite reasonable. But, yes, they will. One of the other aspects of the family data collection is that we will be including some fields in terms of the benefits that the clients have achieved through using the services, which is a new aspect of the data collection.

Mr McCLELLAND—My reading of Keys Young at least was that the overall standards for this sector are still in a relatively embryonic stage. Is that a fair comment?

Ms Hambling—Yes.

Mr McCLELLAND—So this data collection is part of the process of developing those standards?

Ms Hambling—That is right. We have agreed on some intended benefits with the sector at the moment, but we are also testing those with clients and consumers. But a caveat appears everywhere that that is something that develops as the field itself develops. We do not see that as being a static thing at all.

Mr McCLELLAND—When the standards for the sector are established, you will then be able to more thoroughly examine the competency of the educators themselves against those standards?

Ms Hambling—They are all related aspects. In addition to the data collection, we have also agreed with the field on a whole set of what you might call standards or what we are calling approval requirements, which are basically minimum quality requirements for services to operate. Part of those include entry requirements for staff. In that discussion there has been a lot of talk about competencies and an acknowledgment that not nearly enough work has been done in that area across the field, and a recommendation from the FAMQIS consultants that the department and the peak bodies in the field put a priority on working together to develop and introduce agreed competencies across the whole of the family relationships field. So there is an acknowledgment—

Mr McCLELLAND—How far off would that development be?

Ms Hambling—I imagine that would be a priority for us to consider over the next couple of years. Work has been done in the marriage and relationship education field in terms of competencies, but no work has been done in any of the other areas. There are other issues to consider in that this program is only part of a broader field of counsellors, social workers, psychologists and others involved in that. So there is quite a lot of consultation and there is a broad range of stakeholders in that process. It is not something we would rush, but it is certainly something that we would be keen to get on to fairly quickly.

Mr McCLELLAND—I imagine that a well intentioned but incompetent counsellor could be more destructive than constructive?

Ms Hambling—Certainly.

Dr Browne—Without a doubt.

CHAIR—One thing that has come out of the evaluation—and it has clearly come out of the analysis of our survey—is the huge discrepancy in funding however you measure it. I understand the qualification that you cannot measure it in any one way. In analysing it, looking at it and measuring it, do you consider it in a number of ways? Do you measure it by participants, courses, course hours and/or total participant hours? There are probably other measures. There are huge discrepancies. I am looking at just one table of course hours and Commonwealth funding. I will take Victoria, because it is at the top of the list. Leaving out the unfunded agencies, it ranges from \$41 per course hour in one agency through to \$710 in another. To take another state at random, South Australia ranged from \$23 to \$340. You can go on.

I understand that, historically, funding was originally based on other criteria. Counselling agencies got funding for education. Then there was the Justice Statement and geographical areas were considered. The evidence that we have is that the geographical areas approach does not work. They do not mean anything, particularly in metropolitan areas. The existing services offer programs across the areas, and they continue to offer programs across the areas. Yes, they will all put in tenders stating that they will service the eastern suburbs, the western suburbs, the northern suburbs, or wherever. They will make efforts in that regard. But, in reality, they are providing a metropolitan-wide service and will continue to do so. Given that the evaluation report says that there are discrepancies in funding—in fact, they hint at cross-subsidisation and the pooling of moneys—and given that it is quite clear on the evidence that we have, I am interested to know whether the department has any proposals to rectify that. If so, what are they?

Dr Browne—I guess there are two issues there, Mr Chairman: firstly, how we deal with the historical imbalances, which we would all acknowledge, and, secondly, whether or not there are any weaknesses in the needs-based approach that we have subsequently developed. I think it is difficult to address in the short period such historical imbalances as, in fact, exist. You would be aware that, before we developed a need-based approach, funding was distributed in a fairly ad hoc approach.

CHAIR—It seemed to me to be arbitrary.

Dr Browne—‘Arbitrary’ is probably a better word. That is going back to the eighties. It takes a long time to redress those sort of imbalances. You have two ways you can do it. You can say, ‘We will start again. We will have a greenfield site. We will identify the areas. Then we will call for tenders. We will contract services accordingly.’ That is an approach that would probably yield you the most equitable result, but which would be very disruptive for services—there would be upsides and downsides in that sort of approach—or else you use new money that comes into the program to try to redress some of the imbalances. I guess it is the latter approach that we have been taking. I should add that when the government provided more money for marriage education in 1996, we did use some of that money to bring some of the least funded services up to a level of \$15,000 a year, I think it was, to give them some sort of minimum viability. We have

done a little bit of levelling up if you like; but there are still large discrepancies.

With regard to the second aspect of your question, I have not myself seen evidence that the regional approach is causing people difficulty. I would be interested to hear a little bit more about where that evidence is coming from. The approach that we have taken is that it makes more sense to deal in units that might make some geographical sense in reality and to not allocate funds in too big an area, otherwise we will get gaps in the large area. We have tried to take an approach of focusing in on the areas where the demographic indications are that services are very much needed. If you are saying that that does not reflect the reality of service delivery patterns, I guess we would like to have some more information on it.

CHAIR—What I am saying is that I think in regional areas it does because, obviously, if you fund a service in Ballarat, Bathurst, Longreach or somewhere else, that has a regional focus. But it seems to me that in the metropolitan areas it does not work like that because if you fund Centrecare in Adelaide, Relationships Australia in Adelaide, the Anglican group in Adelaide or whoever else, they are offering a metropolitan-wide service; yes, they concentrate a bit more on what the tender requires, but the reality is that they are still offering a metropolitan-wide service and the funds are pooled. That is how it went. I am not saying that the approach is totally inappropriate. It seems to me that it does help in regional areas, but I think there is a difference between what is on paper and what is the reality for the delivery of services. They deliver the services and, yes, go out and promote some more in one particular area, but it is basically a metropolitan-wide approach.

Dr Browne—It will be interesting when we start to get better data to examine, because we will be able to plot that. We have been doing that, for example, in South Australia recently with Community Legal Services. We have been able to use the data from the national information scheme there to work out where the clients are getting the services—and, indeed, where they are coming from, because we have postcode information. With better data we will be able to get a better picture of that. The other question it raises in my mind is whether you are saying that it does not turn out quite as you would have planned or whether it leads to some serious inequities.

CHAIR—I am simply saying that what you are saying that you are setting out to achieve may not be achieved in the metropolitan areas, because it does not accord with the reality of the way the services are delivered.

Ms Hambling—Can I also add that, as part of the changes that are coming through the FAMQIS process, we will be moving away from the grants administration model that we have always had in this program, which I think is what has resulted in the sort of situation that you have described. Through a grants model, basically, you fund an activity. We will be moving towards a contract model, where we will be funding for the output for an activity. There will be lots of different options that we will be able to contract on. With

the addition of the better data about where the services are being provided—and where there is an organisation with a large spread across a metropolitan area that would include the venues where the services are delivered—over the next financial year, when all the service agreements come up for renegotiation, we will be talking to agencies about actually documenting the level of service delivery that is expected in that contract. For the first time, we will have a system that is much more accountable against what the agencies are saying that they are doing.

CHAIR—You are still contemplating a supply driven system, are you not?

Ms Hambling—In the sense that we are funding an infrastructure, yes.

CHAIR—Yes. Have you given consideration to a demand-driven system or a combination?

Ms Hambling—Not at this stage—

Dr Browne—Not at this stage—I am not quite sure what you mean. Do you mean people having some sort of vouchers and buying—

CHAIR—It would not necessarily have to be a voucher. It could be that, if they turn up to the agency, there could be a rebate system. It could be a tax deduction system. There are various mechanisms by which you could still have a demand-driven system or a combination. I understand the point you made about the difficulties of transition if you took a greenfield approach. Is there not a middle ground? Is there not a way of saying that, as part of the contract, we will give you an infrastructure based grant which will cover a certain amount. If you are an approved agency you get that. Perhaps it could be adjusted according to whether the agency is rural or metropolitan or according to the number of branch offices the agency has to service or whatever. That would all be a matter of formula and detail. Thereafter, it could be said, ‘We will fund you on the level of service that is actually provided.’ That would be transparent and accountable: ‘You put your data into your FAMnet and you will be paid.’

Dr Browne—You would anticipate, I would assume, that if you had been funding an organisation for its infrastructure for, say—I do not know what period—two or three years and they were not attracting clientele, the department at some point would have to say, ‘We are investing in the services not the’-

CHAIR—‘Why not?’

Ms Hambling—We will have that capacity under the system that is proposed in the sense that the contract will be renewable on the basis of reasonable performance, so for the first time we actually have comparable data on which to make those decisions about which organisations are performing and which are not. It is certainly not the same

sort of system as you are suggesting so the impact—

Mr McCLELLAND—Just on that, you might need a bit more than data, as you previously indicated.

Ms Hambling—Quite.

Mr McCLELLAND—You might need an inspector, for instance, to go out and see how they are actually delivering.

Ms Hambling—A decision, for example, to defund the service would never be made simply on the figures without any further analysis.

CHAIR—Why could there not be a system that says, ‘The Commonwealth contribution to providing the service is X per cent.’ That ranges, too, from a very low to a very high Commonwealth contribution. Why should not the Commonwealth be saying, ‘We will provide, for example’—this is just a figure—‘50 per cent of funding. We will not provide more than 50 per cent of funding.’ Therefore, you would be expected to raise the funding through client fees or through contributions in some other way rather than having a system in which in some cases the Commonwealth might be providing the equivalent of 10 per cent or 20 per cent of funding and in other cases it is providing 95 per cent of funding.

Dr Browne—I suppose the question that would immediately have come to mind was the approach. Certainly, in the way that the approach was taken historically, although it has not been a consistent percentage, there has been a ceiling on it, but not a floor, if you like. The problem that I think might arise with that is that, with the increasing interest within government on accrual budgeting and funding for output, that sort of approach would suggest that you are funding the organisation and you are not, in fact, focusing on the outputs.

CHAIR—No, I am saying what if you provided a base grant—maybe on various formulae—that says, ‘There is enough to open an office and to provide some basic personnel and thereafter we will provide you with funding on the basis of your service delivery measured on such and such a formula, but that is on the basis that the Commonwealth provides up to a level of such and such an amount.’ It is all clear there and it also has the advantage that some demand is put into the system, whereas now you provide funds and say more or less, ‘Go out and see if you can spend them.’ We know that in the way that they spend them there are huge differences in what the Commonwealth is getting for its money, if I can put it that way.

Dr Browne—I can see some attractions in that approach. I suppose the perspective I am trying to bring to it is that, with the Commonwealth moving to accrual accounting in 1999-2000, the focus will be on costing the outputs. If you do it by that sort of

mechanism, you are not really getting the full costing of the output. You are putting some money into infrastructure and there is another layer where you provide the money for the provision of services, but you are not encouraging organisations to totally cost the service that they are delivering.

CHAIR—I would have thought that they would have to.

Mr McCLELLAND—I suppose they would have to be in the right period to be applied regarding whatever level of funding. You would have to factor in that it would be easier for some centres in more affluent areas to charge a higher client fee, whereas in perhaps poorer areas there may be more complexities in case management that have greater difficulty in raising a client fee. So some balance needs to be added into that.

Dr Browne—That is certainly true.

CHAIR—Just on funding, the last time you were here we talked about this new sort of seamless web of the program and I was asking questions about how you guarantee that funding for preventive programs is still maintained. Given the evidence from the evaluation report—which I suspected anyway—that there is pooling of funding, no doubt if there is pooling of funding, cross-subsidisation is going on already. If you are not going to have subprograms as such the question still remains, and I do not feel I have an answer to that. For example, Ms Hambling, last time when I was asking about this, you said that you have been negotiating specifically with the organisation, who might say, ‘We have clients who come to us for counselling but we really think that, if we established a group in a more educative kind of framework, that would be quite useful.’ You go on and say that, no, it is an integration, if you like, of counselling and education as an example. I still do not understand—I remain to be convinced, I suppose—that the moneys, which are small, that go into prevention are not going to in effect be just pooled into something else and end up in crisis counselling sort of management rather than prevention.

Ms Hambling—We will have a considerably better level of accountability under the new system than we have had before in that regard. The example that you quoted there was me talking about a contract negotiation, not about a daily decision of ‘this week or this month we think we might actually ditch one element of our service delivery and move into another’. There will not be that level of flexibility. So in the contract we will agree—the Commonwealth and the organisation—on the range of activities, the range of client benefits or the number of clients. There are a number of different bases on which we can agree, but it would be much clearer—the contract between the Commonwealth and the organisation on what our expectation is in terms of what they deliver.

If, for example, an agency were to say, ‘Look, it is all too hard to do that preventive stuff. We have got six to eight weeks’ waiting lists for counselling’—and this is actually not that far from the truth—‘it is hard to attract people into preventive programs. Really we just prefer to ditch all that and focus on this other.’ From our

perspective, we would be saying, 'I am sorry, but the government needs a preventive focus in this area, so if you want to be funded through this program, this is the sort of arrangement that we need.'

That is not to say that we might not be able to look at some more specialisation within regions. I am hoping that through this new data system we will have a considerably clearer picture of what is being delivered where and we would be able to be more flexible. If an agency says, 'Look, we are an agency that everybody associates with a crisis or with problems, and all the research is telling us that people do not like to go for a preventive service to somewhere that has a problem focus when down the road there is another service that is not in the problem field', that is the sort of arrangement that we ought to be able to incorporate in the new process. When I am talking about the flexibility, I suppose it is at that negotiated stage, but once we have agreed with the organisation it is accountable against those agreed—whatever they are—targets. They might be client numbers; they might be client benefits; if it is a particularly innovative service, it might just be about the activities they do if we do not know what the outcomes will be.

CHAIR—So the total funding of our now subprograms—or they have been subprograms—will still be identifiable?

Ms Hambling—Yes.

CHAIR—We will be able to say that the government is putting X million dollars into marriage education and X million dollars into family skills. Will that still be identifiable as such?

Ms Hambling—Certainly it will be in terms of counselling, education and mediation, to focus on three different levels of service. In a way, we do have subprograms still in the sense that they are different service activities and they will be recognised quite clearly in the new process. It is just that it will be possible to be more flexible in the negotiation about those things.

Dr Browne—I suppose the other point is the target, the particular need of the client—clients have needs in particular areas—we will have, I guess, a more flexible approach in meeting the needs of the client. The focus is on the client and not on the service.

Mr McCLELLAND—To what extent do you think services are actually devolved to suit the needs of particular areas? Do you think they have developed where they are needed or do you think they have sprung up randomly?

Dr Browne—It is a combination. I think people develop a service to respond to what they believe to be the needs in the area, and I would make this comment generally, not just in relation to the family services program. Often the services provided reflect the

interests and skills of the providers as well, and it does not always mean that they have assessed the needs of the community as accurately as they might.

Mr McCLELLAND—This is where your role comes in: to say, ‘This may be a need here, but equally there may be a similar need somewhere else’, and to balance it out?

Dr Browne—That is right. Maybe a very good service is being provided for a particular group in this community but, actually, there is a group of Vietnamese people over here who do not relate to the sort of service being provided. There needs to be some critical evaluation of what is being offered in terms of the needs of the clients.

CHAIR—There is reference to the peak bodies and the Family Services Council. The report of the Family Services Council showed an operational budget of about \$43,000 a year, but then there is the secretariat. Do you have a ballpark figure, if not an exact one, for the operation of the council?

Ms Hambling—There are two staff members—a senior officer and an administrative officer. The total cost would be about \$100,000.

CHAIR—So we are looking at about \$150,000 all up?

Dr Browne—No. That would be including the staff in the \$40,000 you were talking about.

CHAIR—You get three staff members for \$40,000?

Ms Hambling—With the on-costs and so on, I think it would be more.

CHAIR—\$150,000?

Ms Hambling—Yes.

CHAIR—What does the council do that the Family Law Council could not do? If I look at the annual report for 1995-96 and I look at the matters which it considered—Family Law Reform Bill; mediated draft family law regulations; Family Law Bill (No. 2); parenting plans; representing children in family law; family characteristics survey; quality strategy for the family services program—it would seem to me that, apart from the last one, all of those matters were things that the Family Law Council would also examine. Is there a purpose in having it?

Dr Browne—The Family Services Council provides quite a different perspective, I believe, from the Family Law Council. You would expect that a lot of the subject matter with which the two councils deal would be similar, because the services which the Family Services Council is advising on are, by and large, approved under the Family Law Act.

There is commonality of subject matter, but the Family Services Council brings a range of perspectives that are quite different from those of the Family Law Council. Essentially, it provides the perspectives of community organisations that are providing education, counselling and mediation services in the community. I am not an expert on the Family Law Council, but my understanding of it is that its focus is much more on the operation of the law itself, on the operation of the courts and on the operations of lawyers. So they are complementary, in my view.

CHAIR—If the Family Services Council does that, is there any purpose in continuing to fund the peak bodies?

Dr Browne—I think the peak bodies play a different role. Helen may want to comment further on this, but my understanding of the structures is that the Family Services Council deals at a much broader level in terms of advising the Attorney on broad policy issues and on development of the program at a strategic level. The peak bodies in fact represent the service providers. That is a particular perspective that they provide. The Family Services Council has academics and people from other areas of social policy, to put it broadly.

CHAIR—In the evaluation report there was reference to bringing in expertise from outside. One of the recommendations concerned key informants, key people, which, as I understand it, is partly what you are saying the Family Services Council does. You have four bodies, if you count the three peaks. You give \$95,000 or \$100,000 to each of the peak bodies each year and it is \$150,000 for the Family Services Council. There is nearly half a million dollars that gets splayed out. Would it not make more sense to allow the service providers to be represented on a broadened single council, rather than putting money, which they complain is inadequate anyway, into the peak bodies?

Dr Browne—Do you mean the peak bodies represented on the council or having one peak body?

CHAIR—I am saying: why don't you just have one body that the government deals with and some formula by which, if we are going to base ourselves on service delivery, those delivering the services are adequately represented?

Dr Browne—The function of the Family Services Council as it operates at the moment is different from the function of the peak bodies. The council gives, as I have said, broad strategic level policy advice. The peak bodies, in the dealings that they have with the department, are around program management issues and the issues that concern service providers. That would be the distinction.

Ms Hambling—And they provide a service to the service providers, whereas the Family Services Council provides a service to the Attorney-General.

Mr McCLELLAND—I suppose to a degree there may even be disagreements between the two bodies in the sense that the peak bodies may be arguing for some greater resources or prioritisation according to differing criteria, whereas the advice being given to the minister may be inconsistent with that. So it may be part of more an advocacy sort of role that the peak bodies also play.

Dr Browne—The peak bodies have a service provider perspective; the council's perspective is broader. So there is a potential for quite different views to be put.

CHAIR—Don't they generate artificial distinctions, though? The direction you are talking about going in is a service provider direction, yet, because of historical accident, you have peak bodies which represent particular groupings of service providers. The reality is that you have got the peak body representing the Centrecare agencies, you have got the peak body representing the Relationships Australia agencies, and you have got the peak body representing the rest.

One of the things that the consultants say is that there is not enough talking, discussion or integration of ideas across the field—that people are still to some extent caught within the structures, which are largely those peak body structures. If that is a problem, then that sort of structure seems to me to simply continue to reinforce it, because you have the Centrecare conference and the FSA conference and the Relationships Australia conference and never the twain shall meet.

Dr Browne—I wouldn't disagree with that.

CHAIR—Why don't we do something about it?

Dr Browne—What would you suggest?

CHAIR—Let's make a suggestion. Why don't we scrap the funding of the peak bodies, or fund one body, or fund two bodies—one that is preventive and educational, which would be the marriage and relationship education and the family skills, which I think fit largely together into that, and the other would be the counselling mediation. Why don't we have two which are aimed actually at service delivery and say, 'This is what we are really about', rather than have the government funding, if I can be so blunt, little fiefdoms looking after their own interests?

Dr Browne—Given the way the program is now conceptualised, I think there would be more value in having one body that represents service providers than having two or three, as you suggest. I think there is a value in having the direct relationship between the department and a group of people that can speak for the service providers in a broader sense, but there is no magic in three.

CHAIR—I am not saying necessarily, 'Take the money away.' You are giving

\$95,000 to each of three bodies. How about giving \$300,000 to one body and letting it do a decent job?

Ms Hambling—The arrangements with the peak bodies are certainly under consideration. In fact, they were funded for three years, which is up until the end of this financial year. So it is certainly something we are giving our attention to.

Mr RANDALL—It is an excellent suggestion, Mr Chairman. The timing sounds right.

Mr McCLELLAND—On the other hand, service providers are at liberty to form such organisations as they so choose. It might be that they could receive some additional funding, for instance, and pay an affiliation fee to such organisation as they chose to affiliate to as opposed to the department necessarily giving a windfall gain to one that is regarded as the preferable body, which body may not have the overall endorsement of the majority of service providers. So that is another means of the selection process.

Dr Browne—That is true. From the perspective of the service providers, there may be an argument that they would prefer to affiliate elsewhere. From the point of view of the department, there is some value in having the body with which the department can negotiate and consult.

Mr McCLELLAND—Yes.

Dr Browne—That is the other perspective. I take Mr Chairman's point: the three groups we have now may not be the best way of facilitating interaction across the service provider field, and dealing with one body may well be a better option. We would certainly have a look at that.

Mr McCLELLAND—There might even be a provision for a council. For instance, there could be a government representative and a representative from each of the bodies.

Dr Browne—Yes.

CHAIR—Leaving aside how many peak bodies you have, I take it you are still advancing the proposition that there is an advantage in having some sort of peak body representing the field, or bodies representing the field, as distinct from an advisory body to the Attorney-General—that there is a role for both?

Dr Browne—I think there are quite different roles. Would you agree with that?

Ms Hambling—Yes, I do. I think the Family Services Council, whilst it has representation of the field on it, it is only part of it and the other parts are academic and from other fields that provide a broader vision, if you like, of the world in which the

program operates so that we, hopefully, do not become too insular in the way that we look at the way the program operates. That gives us the opportunity to have people who are not deeply involved with the program, if you like, having an overview role and a direct link to the Attorney-General in that respect.

Mr McCLELLAND—The capacity to be a bit more objective, basically?

Ms Hambling—Yes.

Dr Browne—That is right. They offer just a broader range of perspectives, and perspectives outside the service provider perspective. That is the real value, I think.

Mr RANDALL—Mr Chairman, excuse me, I had to go to another meeting. Did you get all the answers you wanted to Keys Young? I apologise for being late.

CHAIR—We discussed that to the extent to which I think we can discuss it for the moment. The civil celebrants discussion paper—how far has that gone? Is there a date on which the results might be available?

Ms Hambling—We are hoping to have some preliminary results for the conference in July. We had over 700 responses to that. We have got a mountain of them in our office at the moment. So it is a considerable task to analyse them and we do not see any value in rushing that. It is a program that has existed for a long time. There are a lot of complex issues, but we hope that we will have some findings, as I say, that we could present in July.

CHAIR—We crossed that only a bit. The questions of the civil celebrants' role in referrals is something which we are likely, I take it, to comment on—not having discussed it with the committee yet. The other one was the Donovan research.

Ms Hambling—Yes, I have the report here to table today. As you know, Donovans did a little bit of extra work for us in relation to men's attitude towards counselling services. That final report is expected in our office today. So I have not got it with me today to give to you but I will forward that as soon as we have one.

CHAIR—I have been briefed on that in a different context. That is a separate pool of money, which is going ahead. In terms of evidence, as a committee I do not think that we have had an up-to-date briefing on that. Is it possible for you to provide us with a briefing paper just so that we have that as a matter of evidence for the inquiry?

Ms Hambling—Yes, I can provide that within a day or so, if you like.

CHAIR—Something like what you were reading from yesterday or the day before would be useful.

Ms Hambling—Yes, no problem.

CHAIR—Right.

Ms Hambling—Mr Chairman, could I also table yet another FAMQIS document, which, in this case, is the final report on the quality strategy. As you know, there were three elements to it: the program development, FAMnet and the quality strategy. So I have that one for you.

CHAIR—Thank you. Are there any other questions? It does not look like there are any other questions. Just for your information, we are hoping that we will be able to table the report in either late May or early June. That is the program we are working towards. It will certainly be tabled by the end of the June session, because who knows whether the parliament will sit beyond that. I would hope that it will be some time in May-June that it will be tabled. Unless something arises in the context of the report, the consideration of which we have not started, because the way in which I have conducted the inquiry is to take the evidence and then look at the report rather than try to do it halfway through—we will be doing that over the next few weeks—I would not expect that we will be having another public hearing. I think we have most of what we need.

The other thing that you may be interested in is, for your information, and I expect we will be publishing it as part of the report, the results of the survey, which we are just analysing now in different ways to try to make sense of it. At the moment, all funded agencies bar one that have promised it have replied, and quite a few unfunded agencies, too. So it will be fairly comprehensive. Unless there is anything else you have to add, can I—

Dr Browne—I would just say that if anything does come up when you are writing the report and there is any further information we can give you, we will be very happy to help. Just a phone call will suffice.

CHAIR—Good. Thank you very much. Can I thank you, then, for not only attending today but as this has been an ongoing inquiry that has stretched out a lot longer than I thought it would at the outset—and probably you did, too—thank you for your assistance and cooperation and for the documentation that has been provided. There were probably some things that we may have had differences of opinion about, but I think that it is very useful that there is a discussion about this. One of the reasons that I was keen to have this inquiry is that it seemed to me that this was an area where there had not been any parliamentary scrutiny ever. I think that it is important that we do put things out there and have a discussion about them, because I think that is the way in which the field goes ahead. Can I say for myself, and I am sure on behalf of the committee, that we appreciate the assistance that you have provided to us. Thank you.

Ms Hambling—Thank you.

Dr Browne—Always happy to help.

Resolved (on motion by **Mrs Elizabeth Grace**):

That the FAMQIS project qualitative strategy final report of December 1997 and the marriage and relationship education market research, volume 1, of the development of a community awareness strategy, February 1998, be received as exhibits to the inquiry?

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

That the committee authorises publication of the evidence given to it at the public hearing today.

CHAIR—I declare this meeting of the committee closed.

Committee adjourned at 10.20 a.m.