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PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY

**THE HON P. D. CUMMINS, Chair
PROF D. SCOTT OAM
MR W. SCALES AO**

GEELONG

10.01 AM, WEDNESDAY, 18 MAY 2011

MR CUMMINS: Take a seat and we will commence our day's event. The Panel most warmly welcomes all of you for being here today. This is our first public sitting in which we are receiving submissions from you. As you know, the Premier announced the Inquiry on 31 January and we have to have our report in by 4 November. On 28 February we had a formal public sitting in Melbourne just announcing our processes but we didn't take any submissions from anyone, so this is the very first sitting in which we are taking submissions from you and we're going to proceed throughout regional Victoria and the Melbourne and metropolitan area over the next two months receiving submissions, so we're very pleased to be here.

I would like, on behalf of the Panel, to acknowledge the traditional custodians of the land upon which we meet, the Wathaurung people, and pay my respects to their elders, past and present, and look forward to their elders in the future as well, and we pay our respects also to elders from other communities who may be present. I am very pleased, and indeed honoured, to invite Auntie Marlene Gilson of the Wathaurung to welcome us to the function.

AUNTIE MARLENE GILSON: Good morning distinguished guests, ladies and gentlemen. Hello, my name is Marlene. This is Wathaurung land. As a Wathaurung elder and traditional owner, I would like to welcome you to my country. On behalf of my ancestors, elders past and present, welcome to our land. The Wathaurung people are part of the colonisation. The creator of the Kulin land and its people (indistinct) ancestor spirit known as Bunjil the Eagle. He still watches over the land today. For us, the Aboriginal people, the land has a spiritual connection; it's our mother, Mother Earth. The human spirit is born from our land and returns to it upon death. The land was our supermarket. We may be from different cultures, but we are one people, Australians, and may we walk in unity. Thank you. Enjoy your day.

MR CUMMINS: Thank you, Auntie Marlene. We are privileged to have had you and we speak in unison with you. I'd like to say a little bit at the start about how we are going to proceed today. We have come here because we want to hear from you. We are here to listen and we invite all of those who wish to speak to us to register, as a number of you have, at the back of the hall so that we can put it in a proper sequence and give everyone a proper amount of time in which to make submissions to the Panel. As you know, this is a very important Inquiry into a specially serious matter and we take our task with deep seriousness, so we do welcome you for being here and we welcome your input to the Inquiry.

As you know from our terms of reference, and I'm sure you're familiar with these general matters, the way the government set up the Inquiry was to look at the system as a whole and to provide positive solutions for the future, so that's

our brief. We are not briefed to look at individual cases, or individual organisations, or to look back to the past to allocate blame or liability. As you know, often in inquiries, like Royal Commissions or an Ombudsman performing their functions, the focus is looking back to see what went wrong and to allocate blame or liability, perhaps for processing then through the Courts.

Our task is quite different. Our task is to look at the system as a whole and to make positive solutions for the future. You may well say, "Well, how can you look at the system without looking at individual cases?" and of course we understand that, we need to look at the data, but we don't investigate individual cases, like perhaps a Royal Commission or an Ombudsman would or, indeed, a court would do if there was a court proceeding on foot. So we do, of course, look at the specific data but we don't investigate individual cases as such. You may say, "Well, that's rather a severe limitation because you're not looking at individual cases and identifying them and investigating them or individual organisations." But when you think about it, it is worthwhile looking at the system as a whole if you want to get holistic results from them because when we put in our Report in November, we want to produce something which can give a better system for the future and that's what we're really aiming to do throughout this Inquiry, so if you bear those criteria in mind we would be most obliged to you.

We're conducting a Public Inquiry and this is a public hearing so let me just say a couple of words to you about the consequences of it being a public hearing. As you know, when you go to court - I sat in court for many years - whatever is said in Court is privileged from being sued for for defamation and the reason for that in a court is so that evidence can be given about individual cases without defamation flowing from it. Now, that doesn't apply here because this isn't a court hearing or even a Royal Commission, it is an Inquiry. That means that whatever is said here is in public and therefore the ordinary principles that you can be guilty of defamation or you can incriminate yourself - I'm sure none of you will, but I'm just telling you the rules - those principles do apply to a public hearing, so please bear that in mind. I don't say that to threaten any of you; on the contrary, I'm saying it to you in fairness to all of you so that you know this is not a court of law and you don't have the protections you would have if you were giving evidence in a witness box, so bear that in mind. Also that this is looking at the system rather than individual named cases.

The other thing is this: as you know, the *Children Youth and Families Act* makes very specific provision that you can't identify a person who has been through the Children's Court system, and they are very extensive prohibitions, even identifying their school or their age, let alone their suburb or address. It's a very extensive prohibition. That, of course, as you know, is designed to

protect children and young people; it is a protective provision, but it has specific application here where you might want to be speaking about an individual case as an example of the system. Make sure you don't say anything which would identify a person in a specific case, bear in mind that there is that provision in the Children's Court Act where you must not identify or tend to identify a person who has gone through the court process.

As I say, that first thing I said to you about there is no privilege here like there is in court, it is designed to protect you, to be fair to you. The second point I make, that you can't identify individual cases, is designed to protect children and young people. So they are not restrictions which are negative, they are really designed as protections and I'm sure that we all speak with the one voice and the one spirit in this room that what we are here about is protection.

I'd be very pleased, as the Panel is, to invite our first submitter to come forward, who is Gerard Jones of MacKillop Family Services, and allow me to provide proper chairs so this can happen. Gerard, if you would come forward and take a seat here. We'll use the microphones. It's a bit difficult, ladies and gentlemen, to look two ways at once, so the speakers courteously are addressing us but you'll be able to hear them because we've got proper microphones and we'll proceed on that basis. So, Gerard, if you'd be kind enough to commence, we'll take it from you.

MR JONES: Thank you. We would also like to acknowledge the traditional owners of the land, the Wathaurung people, and pay our respects to their elders and any other elders here today.

My name is Gerard Jones. I'm the acting CEO of MacKillop Family Services and this is Nick Halfpenny, who is our senior policy officer who has been involved very much in writing this submission that MacKillop has put to the Panel and several other submissions we've been a part of as well.

MR CUMMINS: Thanks, Nick, welcome as well.

MR JONES: I also mention the fact that up until probably two and a half months ago I worked for the Department of Human Services and was the manager of residential care and sector development and intimately involved in the development of therapeutic care in Victoria for a number of years with the sector. I mention that because we're going to, in our time today, concentrate on two aspects of our submission and two aspects we'd like to talk to the Panel about with regard to out-of-home care and those are therapeutic care and education, so I'll start with the therapeutic care.

A little bit of background on MacKillop Family Services, we're a leading

provider of services for vulnerable children, young people and their families in Geelong here, in Melbourne in two regions, western Sydney and Wollongong. We provide services in Geelong and we're the largest provider of out-of-home care services in Geelong, including home based and residential care, which includes therapeutic care, disability services and education and training services as well as some youth support services.

I wanted to talk about therapeutic care and to use a definition which has been developed right across Australia by each of the departments across Australia; it was led by some work that was done in Victoria last year and came out of a national conference that Victoria ran on therapeutic residential care, so I'm going to use that definition and then speak to it and speak to it in terms of why it's so important for children and young people in out-of-home care to be receiving therapeutic care.

So I'll firstly start off with the definition itself which is, "Therapeutic care is care for a young person in an out-of-home care setting that responds to the complex impacts of abuse, neglect and separation from family. This is achieved through the creation of positive, safe, healing relationships that are based on a sound understanding of trauma, attachment and developmental needs." That is the base definition but what we felt when we started to develop the definition, that we needed to provide a whole lot more detail because I think there is a lot of the use of the word "therapeutic" in lots of different settings and it meant something in particular in Victoria and I think it's pretty common right across Australia in terms of what it means, so I'll work through the elements of that and try and give you some examples of what I mean.

There are at the moment a number of different therapeutic programs running in Victoria with out-of-home care young people, so there's the Circle program, which is run in each region. There is 12 young people in each region in the Circle program. Then there's therapeutic residential care pilot projects which are run, I think there is 12 of those across the state as well. I'll draw on some examples from those projects in terms of explaining some of the concepts.

The first element of that definition would be that foster carers and residential care workers - and they're the key to this - are trained and supported to provide the specialist care and guidance required to assist in addressing a child or young person's every day and exceptional needs and/or developmental delays. The training and support are absolutely critical and what we've found - and I should also mention that there is an evaluation of therapeutic residential care which is probably about three-quarters of the way through now, so we actually know what's working and what's not - and what we've found that is working is the training and support of the staff and of the foster carers is absolutely critical.

5 This work with young people, this therapeutic work, is all about the every day interactions, it's about dealing with the trauma in the every day interactions with young people and recognising that trauma in the behaviours that we see - and we know that many of the children we deal with, well all of them are traumatised, that's why they've come out of home and into the child protection system - but many of them are extremely traumatised and their behaviours reflect that. So the staff themselves, the resi care workers and the foster carers themselves need training initially and also ongoing support, and the model in 10 Victoria is a number of different providers provide that support, but particularly Take Two provides that support within the pilot projects and within the Circle programs, along with Australian Childhood Foundation.

15 Secondly, therapeutic care is supported by quality assessment that presents the young person with restorative experiences through safe, nurturing relationships in an emotionally regulated and consistent environment. What I've done in this is pick out some of the key words and the quality assessment is a very important part, so we need to understand. If we're going to work with a young person who is traumatised, we need to understand the trauma, so the 20 assessment part of that is absolutely critical; it's about understanding each individual young person and what the triggers are to their behaviours, so the assessment part is critical and then the emotionally regulated and consistent environment is also critical.

25 One of the things we do in the system is that we often move young people around the system for good reasons, in terms of demand here and demand there around placements, but the consistent environment is proving to be such a critical point. What we know from our pilot projects is the average length of stay so far in the two years we've been running the pilot residential care 30 projects is 16 to 18 months. Now, that is very unusual in a residential care environment and what you get then is the opportunity to do that intensive 24/7 work over and over and over and get those measures through in terms of the healing process.

35 Thirdly, therapeutic care focuses on hearing a young person's voice and responding to their unique presence and understanding their experience and the meanings behind their behaviours. So again the same point I guess really, that we've got to do the assessment, we've got to understand the behaviours and then work with that. It is very counter-intuitive work. It is quite different from 40 normal parenting, from normal youth work. It's not the rewards and sanctions-type approaches. They don't work with kids who are so disregulated by the trauma and neglect that they've experienced, so it is quite different from that and it is difficult work and needs to be supported by people who really understand what they're doing. But we're finding now after two or three years

of working this way that the foster carers and the residential carers are really starting to understand how the young people are thinking and they're being supported in that through, as I said, workers from organisations like Take Two.

5 Therapeutic care aims to strengthen young persons' connections with their family, community and culture. There has been some wonderful examples of family reconnection - and I think this is a point that MacKillop would like to make very strongly - that we believe there needs to be a lot more family work done with young people in the care system. I don't think agencies feel they've
10 had the permission to do a lot of that. Through the therapeutic pilots we've been able to do a lot of family work, some of the pilots have family therapists working as part of the team and there has been some extraordinary outcomes around young people, if not returning home, at least having amazing connections with their families.

15 I will use an example. There is one pilot, [REDACTED] where there is a group of [REDACTED] siblings, they've been removed from their family and there has been this amazing reconnection made with their mother. [REDACTED]
20 [REDACTED] their mother is part of their lives. Their mother comes to the home where they live every weekend, cooks dinner with them, you know, there is amazing reconnections that never would have happened if we didn't have staff who are working in such a trauma-informed way with the children and then bringing the mother into the environment, so it's really powerful stuff in terms of the future of those young
25 people.

Therapeutic care aims to prepare and support young people to transition to less intensive options. That's also a critical point. What we believe is that there are a range of intensities required for therapeutic care. There is certainly the most
30 intense part and probably the pilot projects would represent that, but there are less intensive models then which young people can move on to and I think that's important to understand in terms of costs as well, that not all of the therapeutic care needs to be at the most intensive model, but there is certainly a period of time - and it looks like that's something around two years - that many
35 of our young people would need to be in those intensive environments. MacKillop runs one of the less intensive models and we're having really fantastic outcomes from that in terms of young people being connected to the home they're living in, to being re-engaged in school, reductions in offending behaviours, those sorts of things are all coming out of that less intensive pilot
40 now that MacKillop is running in this region.

Just finally, therapeutic care is underpinned by organisational congruence. I can't stress how important that is, and it's not just organisational, it's system congruence; that everybody has to be on board with this because it is hard

work. DHS and the agencies need to work closely together and what we find is that particularly with MacKillop in Geelong, where we are partially funded and we're not protected from the sort of Friday 5 o'clock placements which happen in this system because of the demand in the system, the system needs to be
5 very focused on bringing kids in in a staged way and exiting in a staged way for the thing to work and that's about that congruence and congruence within the organisation, everybody has to be on board with it.

So just in conclusion for this first part, I would say that there is some fantastic
10 work happening, it's been happening for a significant period of time in Victoria. It is now well supported by research and MacKillop strongly believes that we need to expand that. At the moment, 10 per cent of children in the residential care system receive therapeutic care and about 5 per cent in the foster care system. That certainly needs to be expanded so the whole system is
15 therapeutic, given that I've also talked about levels of intensity. I'll just hand over to Nick to talk about education.

MR CUMMINS: Thanks, Gerard, that's most helpful and I particularly like
20 your point about congruence. Nick.

MR HALFPENNY: Thanks, Gerard. I'd like to focus on the issue of
education for children and young people in care. In particular, I'd like to draw the Panel's attention to a policy document produced by the Department of
25 Education and Early Childhood Development from 2010 called Pathways to Re-engagement Through Flexible Learning Options. This policy document was produced after extensive consultation with the sector in 2009, a consultation conducted by KPMG.

I guess the goal of this particular policy document is to develop a consistent
30 and evidence-based policy framework for flexible learning options aimed at increasing engagement of children and young people, particularly vulnerable children and young people in education. We are strong supporters, MacKillop are strong supporters of this particular policy document, but we're not certain of its status under the current government, so we'd like to emphasise the
35 positives in this particular document.

While this particular policy doesn't focus solely on children and young people
in out-of-home care, it focuses on vulnerable children more broadly, we believe it is strongly relevant to children and young people in out-of-home care
40 and certainly reflecting the document - I think it is on page 4 of the handout there - the particular document identifies children and young people in out-of-home care as being at the highest risk of disengaging from schooling. This certainly reflects our own experience and also the data reinforces this.

I think in terms of engagement in schooling, only 77 per cent of children and young people in out-of-home care who are of secondary school age are enrolled in school. This percentage falls to 57 per cent for those children and young people aged 15 to 17. This is for enrolment, those figures are for
5 enrolment. We would suggest that the figures for attendance are actually substantially lower than that. Again, for all school-aged children in out-of-home care aged 5 to 17, it does suggest that up to 10 per cent of those children have experiences of suspension or exclusion from school.

10 Also, I guess for the outcomes for those children and young people in out-of-home care who are in school, the data suggests that those children and young people are not faring well. Approximately 41 per cent of grade
15 6 children in out-of-home care are rated well below or below the expected standard for reading. Just under half or 49 per cent of children and young people in out-of-home care are rated below or well below the standard for writing. 48 per cent of children and young people in grade 6 are rated below or well below the standard for numeracy. Similarly, for year 9, students in
20 out-of-home care, 55 per cent were rated below or well below for maths, so there is strong evidence of not just disengagement from schooling, but also for those who are engaged in school, that the outcomes are not very positive.

If I could just move to the next slide regarding the policy framework that's proposed in the DEECD discussion paper. It proposes a four-tier model of services to respond to vulnerable children and young people. Tier 1 refers to I
25 I guess the provision of a diverse range of educational programs within the school, particularly targeting the different learning needs of individual children.

30 Tier 2 refers to initiatives focusing on preventing disengagement from school among students who may face a range of risk factors associated with disengagement, and by those sorts of interventions it mentions things like school-based mentoring programs, breakfast or homework clubs, those sorts of initiatives for those kids who may be struggling for keeping them in school.

35 Tier 3 refers to short-term intensive programs delivered on the school site to address issues that are preventing a child or young person's full engagement from school, so those students that are on the cusp of disengaging from schooling for issues maybe such as poor concentration, low self-esteem, learning difficulties, behavioural issues or other risk factors. Again, in the
40 document it emphasises that these three tiers of intervention should be delivered within the school site.

It then proposes a fourth tier of service supports, which is specialist education services providing complex and intensive services and supports in order to re-

engage children and young people who have disengaged from mainstream schooling. MacKillop in Geelong and MacKillop Education at St Augustine's provides this kind of service, which is a targeted, time-limited intervention to get children and young people to transition back into mainstream schooling.

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MacKillop believes that there is real, strong value in this sort of four-tiered approach. What we would say is that many of these services are already existing in Victoria, but they are patchy in many areas and the pathways to and between these particular services are not clear and often times uneven.

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Creating pathways such as this, such as proposed in the document, and particularly in line with recent government initiative to conduct education assessments for all children and young people entering out-of-home care, I think these are a valuable initiative to try and improve the outcomes for children and young people in out-of-home care.

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Just finally, I'd like to make mention of three initiatives targeting vulnerable children. Firstly, I'd like to talk about the partnering agreement between DHS and the Department of Education and Early Childhood Development. This is a particularly valuable initiative targeting children who are in out-of-home care.

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In particular, there is requirements for schools to develop individual education plans for students who are in schools, who are in out-of-home care in their school and also for the schools to convene student support groups for each of those children in out-of-home care in that school.

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Now, they are excellent initiatives and they provide excellent wraparound supports for those students, but again our experience - and again this is reflected by the data - suggests that these haven't been implemented evenly across the state. Individual education plans are in part in place for just over half or 56 per cent of school-aged children and young people and just over two-thirds or 69 per cent of children and young people in government schools have had a student support group convened. Now, those two initiatives are meant to be requirements and compulsory, but the compliance rates are not that great.

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We would note that there is a revised version of the partnering agreement about to be implemented that includes, in addition to government schools, the Catholic and independent schools. In extending the coverage of the agreement, we strongly support this and we also hope this proves an opportunity to actually recommit and reinvigorate those key strategies of individual education plans for each child and young person in out-of-home care and also the convening student support groups.

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Secondly, while not focusing solely on children and young people in out-of-home care, the student engagement policy from 2009 we believe is also

a very valuable framework aimed at keeping vulnerable children and young people connected at school. We particularly support those measures in the policy to promote school attendance and to tighten the processes and accountabilities in relation to school suspension and school expulsion. We understand the expectations on schools have not been fully supported by some in the education sector. We believe this is unfortunate because it is precisely the sort of support required for vulnerable children and young people to stay connected at schools and to achieve better outcomes. I think it works very much hand in hand with the partnering agreement strategies and initiatives.

Just finally and briefly, I'd like to make mention of two excellent resources developed by the Office of the Child Safety Commissioner targeting kindergarten, primary and secondary school staff and those resources are the Calmer Classrooms document and also the Great Expectations document and they focus, linking to what Gerard was saying earlier, they focus specifically on how to best work with children and young people who have experienced profound trauma and how that trauma might be manifest in the classroom and how to respond to that trauma in the classroom. We think they are fantastic documents and we believe more could be done to further their implementation in schools right across the state. There are some schools that do it very, very well. There is other schools that haven't progressed that far. Thanks for your time today.

MR CUMMINS: Thanks, Nick. That's terrific. It's excellent to hear you focusing on education. We know that's the most productive key and it's good to hear it identified by you and targeted. Now, members of the Panel might wish to ask Gerard or Nick questions.

PROF SCOTT: Yes, I have a question, Nick. In relation to the individualised education plans, what would MacKillop's view be about how the implementation of such plans should be assessed? Because it's one thing, of course, to have a plan, it's another thing to implement it. Have you got experience or ideas about the assessment of the implementation of the IEP?

MR HALFPENNY: I think the IEP and the student support groups are pretty much hand in glove in terms of the development of strategies because you're not just talking about supports in school, you're talking about supports at the residential unit or the foster home as well, so it's a whole-of-student approach to learning and to education, if you like. I think in evaluating those - it's a good question - there needs to be clear goals associated with each individual education plan and I think it would be a matter of tightening up the convening and the chairing of those student support groups to make sure that those goals that are in individual education plans are being met and the outcomes are being reported as well. I think you don't want this sort of thing to be

quarantined inside a document, you want those outcomes to inform the continuous development of that instrument.

5 MR JONES: Can I also say that part of the issue is the lack of range of flexible options. So it's all very well to have an individual education plan, but if the options aren't there, so if part of the plan is that the young person should go to a school like MacKillop Education, for example, and there is nothing like that in the region, then they can't do that. So, you know, part of the issue here is widespread implementation of flexible learning options for all students who
10 are disengaged and obviously we're particularly concerned with the out-of-home care young people.

MR HALFPENNY: One final question is I guess data on outcomes, education outcomes for children and young people in care is often patchy. We have
15 snippets of data and we have some particular signposts to the poor outcomes, but improving that data collection would also give us some insight into how we're progressing.

20 PROF SCOTT: Thank you.

MR CUMMINS: Mr Scales?

MR SCALES: Nick, can I just continue with the discussion around education for a moment, we'll come back to the out-of-home care in a minute. What
25 you've said about education is really interesting because I mean what we see in the education system, of course, is this sort of differentiated capability at the child level that we see not only for those that we might be inquiring into, the kids that are really highly vulnerable, and we have a whole bunch of other cohort, primarily those from low socioeconomic backgrounds that exhibit
30 many of the same characteristics that you describe here in your document, you know, they find it hard to learn, they might have a whole range of capabilities that don't allow them to learn in a particular way.

35 What I want to do is try and differentiate that group from the group that we're inquiring into and try and make a distinction between what the educational needs of the group that we're talking about now, those that are really at risk, and those that might be unable to receive this sort of educational capability over time. Can you help me with that? Can we differentiate? Can we unpack the onion a bit more and talk about what might be the differences that we might
40 think about in those two quite separate cohorts.

MR HALFPENNY: I think one key difference - and this relates a bit to what Gerard was talking about - is the real need for the kids in out-of-home care, for that structure, routine and predictability in their schooling. I think for young

people in out-of-home care often the key transition points, which are traumatic enough for all kids, whether that's from kindergarten to school, from primary to secondary school, for kids who have experienced trauma, they present particularly more profound problems.

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I think, as I mentioned before, the individual education plan can't be solely isolated to what happens in the school grounds. There needs to be a focus of what happens in the residential care unit or the foster home. I think in talking about to differentiate the cohorts, I think often times the needs are often the same. There is kids in school with their biological parents that have experienced trauma, so it's a bit more difficult to tease out specific needs, but I think the primacy of that structure routine, and particularly accesses to specialist services, is paramount. I'm not sure whether that answers the question.

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MR SCALES: Can we keep this discussion going just for a little bit longer. I mean, as you know, in an educational context one of the greatest predictors of whether a child is able to receive that educational message is the relationship between the child and the parent and the way in which the parent loves or finds it difficult to embrace the love of learning and all of the things that go on with that. Of course, what you're talking about in out-of-home care, and particularly circumstances where kids are being shifted around, the likelihood of that emerging, I presume, would be rare. Have you given any thought to, when you get to the causal effects of the inability of a child to pick up the importance of learning in a broader context, have you given any thought to how we might reinforce that in a systems way that replaces what a child in a normal, loving environment would get, just simply because of the normal love or learning that goes on in that environment. How do we think about that and how do we think about that systemically?

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MR JONES: Yes, if I could answer. It ties absolutely back into the therapeutic care element that we've been talking about, and to give an example - and I don't know how we replicate this one in the community - but one of the pilot projects is the Hurstbridge farm project where there is eight young people on a farm at Hurstbridge and the Department of Human Services is running this pilot, and also onsite is a school run by Baltara School and there is an amazing correlation between the two things. So what's happening is that the therapeutic work that is happening in the homes on the site is being replicated in the classrooms and there is a very close link between the teachers and the staff who are working in the homes. What we've seen is young people who, for the most part, have had disengagement from grade 3 or 4 from education now going to school every day, but the staff in the school are employing the same strategies with them as the people in the home. So they are bringing together the sort of care and the love that the staff have for them, along with the teachers and

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they're able to do that because it's onsite and they're able to talk about it every day. Now, replicating that in the community is more difficult, but certainly the other pilot projects would show that the take-up of school and the attendance at school has improved enormously and there is lots of data to support that, so
5 there's something about, you know, creating an environment for the young people where they live that can flow through to education and it's strengthened even more if the educational environment picks up the therapeutic care, so resources that link (indistinct) like Calmer Classrooms are a very important part of that.

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MR SCALES: Can we keep just chatting about this. What you're then implying, it seems to me, is that even if - and I don't want to put words in your mouth here so I'm looking for your experience in this context - but what you seem to be implying, Gerard, from those comments is that even if we have
15 dislocation through out-of-home care, we should try and minimise the dislocation at the school level. Is that what you're arguing?

MR JONES: Yes, absolutely.

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MR SCALES: Therefore, would it be another stretch then to say that we should somehow do what it is that Nick's talking about and that is to try and find a way which the Department of Education - forget about which school the kid goes to and which systemic level, whether they go to government, Catholic or independent schools - that we somehow have to find a way which would
25 link the kid with the school even though they might be moving around. I mean is that what's at the back of your thinking here, or am I reading too much into it?

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MR JONES: Partly it's the stability and, you know, young people make those connections wherever they are, so if they're going to school they make connections with kids and teachers and so on and if you pull them away from that, they've got to start all over again and they start to give up. So partly it's about stability, but it's also about just making the link with the school then
35 between the work that we're doing with them in the home and what actually happens at school.

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MR SCALES: I want to come back to that, but let's just stick on this other issue about - and I'm sorry to be a bit pedantic about it - but I mean I'm conscious that the real world that these kids operate in are going to be ones where they will often find themselves with different out-of-home care placements. What I'm trying to get from you in a sense is, how do we - we prefer not to have it, but when we have it, what do we do to ameliorate the consequences? I suppose that's what I'm trying to tease out. I want to come back to the system in a minute.

MR HALFPENNY: I think you have to minimise, there is going to be that disruption, but I don't think - we've got to the point where we're doing our best to minimise that disruption. As Gerard said, we've got to build on the connections where they are. If that connection is in the school, it should absolutely stay at the school. I think that's the one thing that attracted MacKillop to the DEECD Policy Pathways document. That the first three tiers of interventions it talks about there are in their school and it's about building their relationships in that school because that's the primary site of connection for most kids, their school. So anything that can actually build and maintain or stabilise that, we support.

MR SCALES: Could I then move on to, on this page that you've given us around education - thanks for that, it's helpful - I'm struck by what seems to be the emphasis on the student, the child, which is completely appropriate, but I'm hearing you talk about the system as well as the child. I'm wondering whether you might want to expand on how the system might need to change to accommodate the need of the child that you've articulated in this particular slide.

MR HALFPENNY: MacKillops participate in the development of a joint response with Anglicare; Berry Street, Victoria; VACCA; the Salvation Army; and the Centre For Excellence. One of the strategies we talked about or we promote in that document is expanding the objects of the *Children Youth and Families Act* to actually include education services and early childhood services and also other human services like mental health and drug and alcohol to actually bring a greater focus in those particular areas; in particular, I guess in regard to what we're talking about now, to bring a greater focus in educational purposes on protecting the best interests of the child and as it is expanded in the act. So looking at stability, development, making sure that those services, in the spirit of the act, actually attend to the best interests of the child. So I guess at a system level that is the sort of overarching broader way of bringing those services into focus solely on the best interests of the child; it's a system response to the particular needs in the best interests of children and young people, so that's one thing we do propose in that response. So I guess that's a system-wide initiative, looking at the individual child or the needs of the individual child. Is that the sort - - -

MR SCALES: Yes, that's true, but again because we're in a dialogue here, let's just keep it going for a moment. Again, if you were to talk to educators, the thing that educators worry about most is they're being drawn away from their role as an educator. In discussion with educators, you find that they, particularly in government schools, they're playing the role of doing what you were suggesting before, providing kids with breakfast; at the other end they're

providing kids with time to be able to do homework at school; many of them are quasi-psychologists, they're doing a whole range of things that go beyond what they would have expected their role would have been as an educator. So what I'm trying to come to grips with is how do we find a way by which we
5 take what is an education system and either inculcate or bolt-on a process that enables them to meet the needs of children? Does that make sense?

MR JONES: Yes, and I think there are some really good models of that and, you know, Nick made the point in his presentation that a lot of the answers or
10 maybe all the answers are out there in terms of education and so schools like our school, MacKillop Education here in Geelong, like the Pavilion in northern region, Berry Street schools, what they do is exactly that, they bring together those two elements, so they bring together I guess the social work element and the teaching element and they meet so well that it's not, you know, to the kids it
15 wouldn't be discernible, but all of their needs are being met through the school.

Now, it's very intensive because most of the children and young people in out-of-home care need significant case management, it's not just a bit of a service here and a bit of a service there, it's actually full case management and
20 responses, so it is intensive and the four-tier approach, probably in that fourth tier where we're talking about kids coming out of the mainstream into something else is where it really reaches its peak, but those sorts of responses can work in the normal school system if the schools are resourced in that way. To some extent they are through disability programs and so on, but a lot of the
25 kids in out-of-home care miss out on that sort of stuff, even though they have significant factors which affect their ability to learn and in their behaviour and so on within the school. What we need is the support in the school and then for some kids outside the school, but those two things can work together and there are some excellent examples of how that's working in Victoria at the moment.

30 MR CUMMINS: Any further things?

MR SCALES: Not on education.

35 MR CUMMINS: All right. What about out-of-home care?

PROF SCOTT: Just a brief one. If you had any further information on the way that therapeutic care may have influenced recruitment, retention and morale of residential care workers and foster carers, could you please forward
40 that to the secretariat.

MR JONES: Yes, we can, and there is some very interesting stuff in the interim evaluation report from therapeutic resi care, there is some very interesting stuff about how long staff are staying and how incredibly improved

staff satisfaction is. Just anecdotally, there was a comment made the other day about our Circle carers here in Geelong and they all were asked a question, "Well, if you weren't part of the Circle program, would you be a foster carer?" They all said, "No, I wouldn't be. Now that we've had this sort of support" -
5 which was therapeutic specialist support and additional training - "now we've had that, we would never go back to not having that," so it's really changing people's views and I don't know the data, but I'm sure if we had the data on retention in foster care programs, the Circle program would stand out in each region as having retention of foster carers because they're much more satisfied
10 with the role they're playing.

MR CUMMINS: Anything else, professor?

PROF SCOTT: Thank you. No.
15

MR SCALES: Thanks for this nice little summary about therapeutic care, that was very helpful - and I understand that this is a summary so I fully understand why you wouldn't have covered it - but you make a comment that says, "Workers should be trained and supported to provide the specialist care,"
20 et cetera. What do you mean by that? What are the practical elements of "trained and supported" that you had in mind there?

MR JONES: Okay. Well, currently in the pilot projects - no, in Victoria there is a two-day training module for every residential care worker, which is a sort
25 of, you know, intro to trauma and attachment disorder and so on. The pilot projects, all of the staff had five days of training, so that's the initial training that the staff had, so seven days, which is quite a significant amount of training specifically about their own pilot projects, but then I think the real training happens in the ongoing work that the therapeutic specialist does with the staff
30 in their reflective practise sessions which happen weekly.

So the therapist sits down, the therapist who has done assessments on the young people, so understands the young people very well, has a very strong knowledge about trauma and the impact of trauma, sits down with the staff and
35 they look at all the situations that are happening in the home on a weekly basis, they reflect on those, they think about other ways to do it and that's ongoing training which is so powerful. We've also got follow-up training in a more formal sense, but it's that interaction between the specialist and the staff on the ground, and this also happens in the Circle program in foster case, that makes a
40 difference.

MR SCALES: It seemed to me though that what you described in terms of therapeutic care was a very important discipline, discipline in the broader sense of a professional discipline.

MR JONES: Yes.

5 MR SCALES: And that it's hard for me to conceptualise how you would be
able to do all of the things that you are expecting that residential care worker to
do to be able to identify what those needs might be, to be able to make the
appropriate referrals to various specialists and so on with a relatively small
amount of training. So that's what I was trying to get behind, I was really
10 wondering whether you were describing a whole new discipline that ought to
apply supported by quite substantial and sophisticated professional training to
be able to make therapeutic care actually work in practice.

15 MR JONES: Certainly I think that one of the things we've noticed with the
analysis of the staffing profiles in the therapeutic residential care pilots is that
there are a higher number of people with tertiary qualifications, so what you've
got is people who are - and I'm not suggesting that it would only be those
people who can learn this, actually a lot of great resi workers don't have any
particular formal qualifications - but I think what we're seeing is an ability for
20 people to conceptualise and to think about something different and then to
implement it with the support of somebody who is incredibly experienced.

25 Now, certainly I have the personal hope that one day we have a tertiary
qualification in Australia which is something that workers can aspire to which
is around, and there is a qualification in Europe called social pedagogy which
is around learning to work with young people in residential environments, and
part of that would certainly be an in-depth understanding of therapeutic care.
But what we know is that the workers that we have, who are fantastic people
from all sorts of backgrounds and all sorts of qualification levels, are learning
30 how to be therapeutic care workers and doing a wonderful job of it and having
an enormous effect on the outcomes for the young people in those pilot
projects.

35 MR SCALES: The only other point I'd like to make, which I don't think you
covered, although you said that all of out-of-home care ought to be therapeutic
care, I was wondering whether you felt there were gradations of that.

MR JONES: Yes.

40 MR SCALES: Because it seemed to me that that doesn't seem logical, in a
funny sort of a way, to have every child actually be subject to exactly the same
form of care, so did you want to just expand on that a bit?

MR JONES: Absolutely, we'd agree and, look, I don't know the percentages,
but my sense, from the work we did in the last four or five years, is that maybe

it's about 40 per cent of the system needs to be quite intensive, which would be where most of the pilot projects sit. There is probably another 40 per cent of the system that needs to be less intensive, and I think the model that MacKillop runs in Geelong is one of those less intensive models and we're having great
5 outcomes for kids, but it is certainly less intensive and I see that it would be a flow-on from more intensive to less intensive. Then there is probably 20 per cent of the system, and it is probably towards the leaving care end of the system, where the young people just need a lot of support, but they've come through a therapeutic environment over a number of years and they're living in
10 the world in a way that works for them, as opposed to where they came into the system but, look, those percentages I think that needs a lot more research and that would be part of what comes out of the evaluation of the pilot projects.

MR CUMMINS: Gerard and Nick, the Panel thanks you for your presentation
15 and your submission and I am sure the community thanks you for your commitment. We've been very pleased to have you.

MR SCALES: Sorry, could I just ask one other question. Not in part to do with this, but in terms of building the capacity of the system you had a whole
20 section on that, but it didn't really give us any sense of how much you felt the system needed to be rebuilt or built. We don't need to do it now, but I mean I'd like some really practical understandings, particularly with regard to out-of-home care, was how many more beds do you think we need, what type of beds and over what sort of time frame. It would be really helpful, certainly
25 if I anyway, could get a sense of that so we could scope, you know, what are we really talking about here rather than - I mean I think we all accept that there is a need to increase resources - but what does that look like in practice from your perspective?

MR CUMMINS: A bit of homework for you. Thank you so much, Gerard
30 and Nick. Thanks for coming. We are very pleased now to invite to come forward Gabrielle Nagle from Glastonbury and Donna Hughes from Bethany. If you'd come forward, thank you very much. Take a moment, just settle yourselves in and I'll just pour you a glass of water and if you'd perhaps like to
35 start and go in the sequence that you'd like to take it in and we'll ask you a few questions. You just take it as you wish.

MS NAGLE: Firstly, we'd like to comment that Glastonbury Child and
40 Family Services and Bethany Community Support have put in a joint submission from a regional perspective and so at this presentation today Glastonbury will speak on our own behalf, and Bethany will do the same, but to recognise that we work in partnership, and extremely cooperatively, as we do with MacKillop Family Services, who are also based in this region.

MR CUMMINS: Yes.

MS NAGLE: Glastonbury, you might be familiar with, is a long-standing organisation in this region. It commenced operation in 1854 and the
5 organisation has a commitment to vulnerable children and young people and families, and particularly to disadvantaged communities. We provide a range of services, from early intervention through to out-of-home care. The activities that we work on with our own internal funding are very much focused on prevention and promotion of a positive life course outcome for children.
10 Donna, on my left, is the general manager of client services and Donna won't be able to speak today because she's feeling a little bit unwell and I've got a bad back, so if I have to stand up I do apologise.

MR CUMMINS: Well, thank you both for getting here.

MS NAGLE: Thank you. This morning we want to talk about five key
15 points: prevention and early intervention; family services; regional and rural issues; workforce; and our piloting out-of-home care, in particular the therapeutic service, which actually we'll go into a bit more practical depth than
20 what Gerard described.

Firstly, we've had over 10 years of experience in an early intervention program for young children. The focus of this response some time ago was recognising that there were more younger children coming into our out-of-home care or
25 foster care system. This morning, as we were leaving, I was privileged to come across an infant who was in the process of going to access and she is one of a very large family, the rest of the family are interstate, and it just reflects that the carer that's been supporting this child, this child is over her 60th young child that's she been caring for as part of supporting our organisation, so that
30 probably reflects for me on a personal level the value of the carers that work with our organisation, but the issues that we experience, being a regional provider, and the fact that sometimes families from interstate do end up in a rural regional environment, attempting perhaps to disappear, but we're very privileged to be able to work with volunteers in a therapeutic capacity that care
35 for very small children, certainly demonstrating the commitment that we have and the long-standing quality service provision to small children.

The first thing that we would like to emphasise is the requirement for an evidence-based practice to the early childhood services that we provide. We
40 actually are recruiting now staff who are trained in early childhood work, as well as welfare, social work and youth justice type of work. We have a curriculum, which is actually based on international evidence. We have actually had a range of awards and supports in relation to the outcomes of our work. We actually work with academic institutions to actually demonstrate pre

and post-improvements in relation to child's developmental capability, as well as behaviours and integration into community, particularly from a parenting and attachment perspective, and ensuring that parents have the capability to be supported into the community with available universal services, maternal and child health, community groups, playgroups and so on.

We recognise that this type of work assists in reducing social isolation. We have spent the last two years reinventing the program and recognising that even though we've focused mostly on the three-year age group and above towards preschool and school age, we are actually now reducing the age cohort to zero to three years and focusing and being much more targeted of working with special needs groups, whether they're aboriginal families, families who have recently arrived as refugees in terms of settlement, particularly in the Geelong and Colac areas, and also with younger parents and generally isolated young mothers.

What we're doing there is actually trying to introduce a fun, positive approach to working with them collaboratively from an early childhood perspective and then transitioning them into mainstream services, but at the same time referring to family services, through Child First if needed, or a range of our other programs. So the perspective that we're progressing towards is much more on prevention and early intervention, as opposed to significant levels of high-end intervention.

Our plan for that program is to demonstrate a social return on investment, to make sure it's sustainable. It is not government funded at a state level, but we do receive a very small amount of money from Federal Government. It is well recognised that this program works and we would actively support the resourcing of that between the education system and the human services system.

Just to give you a very brief example, we have introduced physical play into the program a couple of years ago and, working with an academic institution, we identified that - and we focused on boys in this instance who had limited gross motor and coordination skills - through introducing a more physical outdoor play activity, significant repetition, we found that there was significant advancements on their gross motor and coordination. So what we've also done, apart from recognising that it's really important to focus on the developmental age of the child, early childhood staff are actually assessing the children when they come into the program because previously we'd focus on their chronological age, but as we're dropping down to a lower age cohort, we're identifying what the developmental age is, which we have recognised as substantially different from what their chronological age is, and actually introducing learning games to work with a parent so that over a period of time

we can actually get them towards what we would see to be reasonably normal milestones.

5 Another example is a grandparent who is caring for a child who had substantial behavioural and developmental delay. We were able to work with that grandparent prior to kindergarten entry and with a range of strategies so that when the grandparent was taking the child to kinder and then on to school, she was able to communicate more effectively in relation to the needs of the child and support the child and the kindergarten and school community in working
10 more effectively with the child.

Another example in relation to our capacity to provide very practical specialist activities from a cultural perspective, there is an existing Aboriginal playgroup in the northern suburbs of Geelong. We were able to modify our program and
15 our service went to the playgroup, as opposed to the playgroup coming to the service. Another example is a culturally and linguistically diverse community, we established a playgroup and were able to, with some volunteers from that community, as well as our staff and interpreters, work with a large group of the community, with small children, and through a process of signing, interpreting
20 and play activities that were culturally appropriate we were able to work around a range of developmental activities, but also in relation to transitioning them to mainstream services that are available in our region such as kindergarten because it was actually a foreign concept to them.

25 So in closing in relation to that, we believe that by introducing such services, we were able to commence continuity of care and also provide that type of service for our family services and our out-of-home care program because we actually have the skilled early childhood practitioners. We also will be developing into a more multimedia approach, so that it is actually more
30 available in rural areas. We recognise that this is the type of activity that should be supported at government level by a combined education human services intervention and we're looking forward to their support into the future.

35 Our family services program has been going since the early 70s, and that has been internally funded until transition to a Child First program. The Child First program, in terms of family services, we recognise now that the families that we work with have got multiple and complex needs and that the main themes that we experience on their behalf is the profound mental health issues and family violence issues, and underlying factors such as substance misuse, single
40 or large-blended families, inadequate house, unemployment and limited education.

Some of the important issues for Glastonbury is that we're able to combine the work that we do in family services with a range of group activities that are

internally funded or supported by other funding. For example, disability, working with children in a group activity around drug and alcohol, or young people with same-sex attracted or infant mental health services, so at a regional level we have a wide range of partnerships with a range of other organisations.
5 So where we lack access to multidisciplinary skills in-house, we actually work with other organisations at an operational and strategic level to ensure, wherever possible, resourcing of these families is met.

10 The difficulties that we do experience now, however, is trying to forecast and actually respond to demand management. We funded on the number of hours of service and seeing a number of families per year. However, what we've identified over the last 12 months, in particular, is that the families' needs in terms of the number of hours of service are increasing because their complexity is increasing. Glastonbury has participated in a pilot called Family Coaching
15 and we're in the first year of this type of work.

We have found a number of really positive early outcomes, one of them being that what the families require is actually much more intensive one-to-one in terms of a specialist worker and where we are finding there is consistent
20 themes, profound mental health issues on the part of usually the single parent are isolated, there is substance misuse and long lasting, and sometimes the client has actually come out of the child protection system in the past. Whilst we recognise that's the reason why we do the work, what we have been able to do is focus on attachment parenting, routine and modelling intensively. What
25 we recognise is that whilst it's a model, it really is an extension of the type of work that we're currently doing, but in terms of our family services work we don't have the opportunity to work as early as possible and that could well be because the referrals are coming through later because the complexity is multiplied and the needs of the families are much more at crisis level, as
30 opposed to early in the course of concern.

We mentioned that we do provide out-of-home care, and that is the historical foundation of our organisation. Gerard Jones from MacKillop mentioned a pilot where Glastonbury has supported a group of [REDACTED] siblings. I'd just like to
35 recount on a very practical level some of the things that from a solution-based approach that we've seen to be extremely positive.

40 The children have been maintained in a family unit. When they came into the residential program, they were all identified to be profoundly developmentally delayed and some of them actually were categorised as having a disability. They were all in school. The carers actually attend school, as a parent would. They go on holidays with the carers. Their developmental milestones are towards normal expectations. They receive additional assistance from health services like the speech pathology; we have mentors in tutoring after school;

they maintain reasonably normal routines; they do have access to one biological parent on a routine basis. The span of the life course of the [REDACTED] is transition to adolescence from preschool to primary school. We do find, however, that there is a significant amount of intensity in the assistance from their behaviours. They have been profoundly neglected over a considerable period of time.

Whilst we recognise that the work that Glastonbury has put in has actually gained recognition throughout the state, we struggle at two levels. The first is that when the organisation took on the care of these children, we were funded [REDACTED] We're still funded for [REDACTED] and so we fund, through our own resources, the care and support [REDACTED]

The roster model that we have for the children is completely inadequate and we are working now with the Department of Human Services to see if we can transition to a more effective model. The reason I mention that is that when the children came into care, [REDACTED] [REDACTED] so the requirements of their care needs after-hours and on weekends has increased and also prior to school. The physical environment they're accommodated in isn't a dedicated therapeutic environment; however, the level of effort and resources that we put in to ensure a therapeutic approach in some ways obviates that physical environment.

In terms of recruitment, retention and morale of our staff, and also our work with education and health services on behalf of the children, what we do is actually put in much more time around supporting the carers because generally they come into our organisation with a certificate from TAFE and they go through an intensive program to ensure that they actually have the foundations and framework of a therapeutic approach. From a morale point of view, we have very frequent team meetings and care management meetings, both with the carers and some of the time with external support. We recognise from a workforce point of view that there is a requirement for our organisation to have a therapeutic coordinator and have a higher 11.13.01 (indistinct) skill. We've internally funded that for a period of time and weren't able to progress that. What we have been able to do is actually introduce a therapeutic approach in our other residential facility and also in our home-based care and the achievements and successes have actually been well demonstrated in a more practical level, as opposed to a scientific level.

The issue for Glastonbury in relation to the care of these children is that the model, whilst it works now, will need to be modified over a period of time. We have actually got a pilot for a defined period and it has been identified that

they're required to be maintained in a sibling group [REDACTED]
[REDACTED] so our organisation is looking to
how can we care and support these children in a family unit [REDACTED]
[REDACTED]

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Just to highlight some workforce issues. Recruitment and retention in a regional environment can be seen to be positive in that we do have quality education facilities, we do have quality services and there is a transition between different organisations if staff wish to live in this environment.

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However, there are some issues. There is a significant number of organisations with small numbers of staff. We believe that we require a significant volume of staff and a range of career opportunities and at different levels.

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We recognise that we need to have skills in terms of therapeutic training, we need to have specialists in terms of education and access to health support. We can't afford to have a multidisciplinary team; however, we do have access to other skill sets and a good example is that we co-locate mental health staff onsite with our other staff, so we accommodate those types of requirements.

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We do have the opportunity to be able to enable staff to enjoy working in early childhood and out-of-home care, so we're actually a large enough organisation to provide that experience for them to their requirement, but we really believe that there is a couple of things that would be of significant advantage: a graduate program and also ensuring that there is a career path for clinicians that actually want to practise in the long-term, as opposed to going into a management or a leadership role.

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Finally, in relation to regional and rural issues, from a planning point of view one of our major issues is that the information that we provide is not our own and so as a community service organisation it's very difficult to plan and forecast the demand pressures because we receive that information maybe twice a year, and from an organisational point of view it is always a complex task and sometimes there is a significant amount of guesswork.

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We recognise that when you're in a regional and rural environment the capacity of any organisation to survive and provide evidence based and quality work is difficult. A very good example, there is a rural town where there is a high need and there is a number of organisations providing services; however, one of the major services is not provided by a community service organisation and so we recognise that there needs to be some type of justification on the scale and size of organisations, particularly for regional and rural areas, and that also reflects recruitment and retention because we do like to ensure that we can provide a significant number of hours to staff if they're living in rural areas, but at the same time some level of not so much obscurity, because if you live in a rural town you want to enjoy that, but at the same time what we recognise is that we

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can provide a generic hub so that there is not an adversarial approach to providing services to children and young people.

MR CUMMINS: Certainly.

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MS NAGLE: A very good example recently of our ability to work effectively in a partnership approach in a regional area, we undertook a therapeutic education workshop for our community partners and one of them was Victoria Police. The comment was that they had an increased understanding of trauma and the strategies in relation to the way that they might case manage some of our clients and that it was their intention that they would ensure that their operational officers would attend this training, particularly when they worked with the children that we were involved with.

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Very briefly, Glastonbury, like all other community service organisations, is accredited to provide these types of services through DHS; however, accreditation is not funded. One of the difficulties that we experienced is that we are required to be trained in the aboriginal cultural framework. However, we don't have the capacity at a local level to get that training at this point and that has taken nearly two years for that to almost come to fruition. We work closely with the Wathaurung Aboriginal Co-operative who are developing a child and family service, and it just means for organisations such as Glastonbury that we remain part-met on a standard where in practice we've been doing that work for a considerable period of time.

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Glastonbury has introduced a strong focus on quality and risk management and we actually have significant evidence where particularly in out-of-home care and in part of our family services by introducing a therapeutic approach in partnership with a range of risk mitigation activities. We've had significant reductions in the number of DHS reportable incidents, particularly categories 2, and obviously category 1.

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Another example of our capacity to work closely with a range of other services is that we work with resettled migrants and we are able to provide that service to them. Some of the complicating issues are resourcing and interpreting that's affordable and that's practicable; that is a perennial issue for organisations such as ours where we actually do a variety of different work for different groups and we're unable to source an adequate level of funding for the need of the community that we're working with.

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MR CUMMINS: That's terrific. Thank you, Gabrielle. Donna, is it convenient for you to adopt what Gabrielle has said?

MS MATHERS: Yes.

MR CUMMINS: All right, thank you. I hope you're both all right there. Thank you so much. I particularly liked, Gabrielle, your graduate program and career path matters that you have identified, that's most helpful. Members of
5 the Panel, would you like to ask Gabrielle, and perhaps Donna notionally, by asking Gabrielle, any particular matters you'd like to raise?

PROF SCOTT: Thank you, yes. You mentioned adult specialist services, like adult mental health and drug and alcohol treatment services, I'm wondering in
10 this region if there is any exemplar, a particularly promising example of the way in which children's services and such adult specialist services are able to work together effectively in the best interests of children and their families? That might be of value for the Inquiry to know about.

MS NAGLE: Well, I can offer two examples - and I should say the background. I actually come from a health background and community services, as opposed to a social work background and we do work very closely with Barwon Health, which had been my previous employer, so that local relationship always is of assistance. We work with the adult mental health
20 service where their client might be the parent and our client might be the child, so we actually have a co-located mental health worker. We also have a federally-funded program, which is an Outreach program, around mental health and substance abuse, so the children of parents who are receiving adult mental health services or drug and alcohol services, and we also have a partnership
25 with Odyssey House, it's a program called Kids in Focus. That program actually focuses on again people in a group capacity with parents who have mental health or substance use.

In terms of an exemplar, what we have done at an academic level in terms of
30 evaluating a joint partnership arrangement, we focused on the child's experience in relation to living in a family that had mental health and/or substance use and the focus of the group activity looked at a range of extrinsic issues that could be improved. Interestingly enough, whilst there was lots of positive factors, the internalising factors were seen to be much more beneficial
35 in terms of the way that they interpreted, you know, violent behaviour; the way that they managed their own locus of control. We're working on a paper which we're hopefully going to get published in a referee journal, that's a substance abuse referee journal with an academic institution, so I can provide that paper to you.

40 PROF SCOTT: That would be helpful.

MR CUMMINS: Thank you, Gabrielle. Excellent. Anything else, professor?

PROF SCOTT: No, thank you.

MR CUMMINS: Mr Scales?

5 MR SCALES: I've got a number of things I want to ask you, if I could. The
first thing you raised was this question about early intervention. Now, a
number of the submissions that we're getting are talking about early
intervention. I'd like to try and understand how you think that ought to happen.
10 In the back of your mind are you thinking about another form of statutory
intervention? Give us a sense of what's at the back of your mind here.

MS NAGLE: Firstly, we'd like to think it would be a pre-statutory
intervention, definitely. So in the most practical sense, the family is identified
15 either prenatally or by Maternal and Child Health, referred to our organisation,
for two reasons: one, it could be a Child First-related issue, and/or it could be a
developmental issue. So what we are hoping is that, from a resourcing point of
view, if we pick up the family early enough, we can work with them on
parenting attachment and developmental milestones, really basic repeated
20 activity and go from an isolated parent who might have had negative exposure
to education, negative exposure to community-based services, whether they're
universal or whether they're secondary, like our services, and transition them
into what would be normal community engagement activities, and then to
positively transition the child and the parent into a kindergarten environment
and enable them to develop up a social group which is supportive of them.

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Whilst you might see that happening in suburbs where families are reasonably
cohesive, they have had effective modelling and parenting themselves, we are
actually transitioning those concepts into areas where that might not actually be
available. For example, we've had families where they've gone from
30 unemployment, to education opportunities, to employment opportunities, and
so we've taken some elements of the Sure Start program in the UK, modified
some of the US-based Abyssinian curriculum, so we've sort of taken an
abridged version. What we've also found, and this is from our staff on the
ground, that what they might do in one suburb or postcode might be quite
35 different from another suburb or postcode, and so what we do is we modify it
to the needs of the area and we also modify it by township and in rural
environments. So it could well be that we do more one-on-one in the home and
then transition them to a supported playgroup. Some things that limit us is the
40 infrastructure and the community facilities that are available, but generally
speaking if we can get working positively with the family early enough, we
find that they won't necessarily appear in our family services program.

MR SCALES: Yes, and a lot of other people are making a very similar point.
I suppose I'm trying to understand the extent to which some form of

compulsion or compunction comes into play. I mean clearly what you're identifying requires a degree of self-reflection on behalf of the families.

MS NAGLE: Yes.

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MR SCALES: Putting aside just the fact that, as you know, professionally we all identify families where you might be able to predict that the child is likely to be vulnerable, but it doesn't fall within the category of coming within the ambit of the law, at least not at that point. It seems to me that what the sector is suggesting, sensible as it is, also requires another step, which is actually the logical step, is should there be another step in terms of the state, broadly defined - us collectively - stepping in and saying, "Well, you don't have any longer, Family X, the ability to decide for yourself what might happen in these circumstances." That almost seems to be what's implied because in a sense some of these services are already available for the reflective family that realises they're in trouble, but we're not talking about those families, are we?

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MS NAGLE: No, I'm not, Mr Scales.

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MR SCALES: So tell me how you see that early intervention actually working for those families who aren't reflective enough on their own circumstances to know that they're putting their child at risk, but you as a professional can see that that child is at risk.

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MS NAGLE: Okay. Just very briefly, Mr Scales, one of the things that we see that could be of help is to actually create playgroups or kindergarten for three-year-olds and under for disadvantaged communities who are recognised by, you know, ABS data, recognised by Australian Early Childhood Development Index and actually introduce a combined early childhood education program with some sort of social welfare underlay. It's the way that you promote it in a public health perspective, that this is actually normal, it is not an adversarial requirement, but it is actually something that is available and

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MR SCALES: I want to come back to your definition of public health in a minute because it didn't seem to cover those sorts of issues, but let's put aside that sort of primary/tertiary/secondary approach to public health model. Let's just focus on this other issue about early intervention for those children that this Inquiry really is focusing on, those highly vulnerable children, how do you see that working?

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MS NAGLE: Well, some of the children that we work with in our early childhood service actually are referred from out-of-home care and family services into it and so I couldn't give you a percentage - - -

MR SCALES: But that's not early intervention, in your context.

MS NAGLE: No, absolutely not.

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MR SCALES: That's what I'm trying to understand.

MS NAGLE: Yes.

10 MR SCALES: What does early intervention mean for you in the context of vulnerable children?

MS NAGLE: Early intervention generally means that we've identified that the parenting and attachment that might be recognised by a universal service, whether it's a GP, maternal and child health, maybe it's a family violence issue, it might have come out of Child First, so there are definite issues that are actually parent related that have a significant and negative impact on a small child. So it might come out as potentially failure to thrive in terms of an identified maternal and child health issue; it might come out as a family violence issue; or it might come out as that the client actually identifies, "Well, look, I really need some help. Are there some playgroups around that I could join? I'm a bit isolated," and that might be disclosed to maternal and child health. So when our early intervention service comes in, it doesn't look like an adversarial, it looks like a fun, learning games range of activities that actually engages the parent and actually teaches them, either in the home setting and then over a period of time into a group setting, so that they're actually interacting with other parents, generally mothers, in a comfortable non-adversarial and non-discriminatory environment. I can't really explain it any other way than that.

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MR SCALES: No, that's helpful. I mean you can see in a sense our dilemma when we're looking at a system and one can very easily recognise the need for early intervention. The question is, how do you go about it? What do you do with people who say, "I don't want to have a part of that."

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MS NAGLE: The interesting thing, Mr Scales, is that because we're not government and we actually promote the work that we do as very much just a normal type of activity that you can join in - - -

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MR SCALES: Join or not.

MS NAGLE: - - - and it's free and it's about fun, it actually is the best marketing tool that we've got, and we don't brand it, we just do it surreptitiously through a community development framework.

MR SCALES: Can I move through a few other things?

MS NAGLE: Yes, sure.

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MR SCALES: Can we then bounce off that issue of public health, your sort of definition of public health. I don't want to read too much into these, but it seemed to me that your sort of definition that you gave to us is a very narrow definition of public health model and I'm wondering whether that's what you really meant, or whether you felt that a public health model in your own mind was much broader than this and you seemed to be alluding to it, I believe.

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MS NAGLE: Mr Scales, in our written submission, or in our verbal presentation?

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MR SCALES: Yes, in your written submission, page 8.

MS NAGLE: Okay. I should have also brought my glasses today too.

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MR SCALES: Let me truncate the discussion slightly. There were four dot points and they were primary and prevention education and some media campaigns and so on. Yet it seemed to me that at least my reading, and helped by Dorothy I might say, about this whole area of the public health model is a very broad approach - - -

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MS NAGLE: Yes.

MR SCALES: - - - that goes way beyond what I might describe here as sort of a public education/public information approach to a public health model. Is that what you are thinking about in your own mind about a public health model for - - -

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MS NAGLE: Well, I wouldn't sort of classify it as my own mind because what we did, as two organisations, we got the staff group together and, generally speaking, it was just below middle management and upwards. We had two workshops, one management level and one sort of very collective, and it was identified cooperatively in relation to what they saw as a broad public health model for the industry and from their experience, and bearing in mind generally speaking in the room was only social service clinicians I guess, not necessarily, you know, public health experts.

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MR SCALES: Okay, thank you.

MS NAGLE: But we recognise in a regional sort of setting some of the issues

that we deal with for vulnerable children, families and young people is definitely not well understood and is not clear and we believe that it's really important at different levels to articulate some of the issues that we work with, but also we are very much focused on working very cooperatively with corporates, we get support from Shell and they support us in our early intervention program, as they do Bethany in another area and so we do have commitment at a corporate level under obviously an international structure of Shell, but we would like to enhance that because for us it is a very good way to send out a message.

Another good example is that Geelong Grammar Private School have supported Glastonbury last year by fundraising \$40,000 and that's actually to purchase books for our early intervention program, and so by using a range of strategies we're able to engage the broader community and those two are very good examples of what we perceive to be an element of a public health model, but not necessarily in a service provision sense, more of an awareness.

MR SCALES: In your commentary you made some very sensible points about demand and about your inability to be able to anticipate demand, respond to it and so on and then in your submission you did something not dissimilar. Can you give us a sense, of from your own perspective, what is the current situation. I mean you talked about waiting lists and so on. Do you have waiting lists for your own services?

MS NAGLE: Yes, we do.

MR SCALES: Can you give us a sense of what they are?

MS NAGLE: Look, I - - -

MS MATHERS: About four weeks.

MS NAGLE: It's about - thank you, Donna - four to five weeks. We do have a range of demand management strategies, sort of like the on-hold type of system, but I guess the issue for us is twofold. That because we're unable to resource our own information system and we actually use departmental systems - actually, the ability for us to actually get the information back out and analyse it and make sure it's timely is actually nigh impossible at this point - but at the same time we actually have developed practical strategies. I wouldn't say that they're successful because we've got no way of measuring them.

MR SCALES: You make the general point about data in your submission, which was very helpful, so thanks for doing that, but it wasn't clear what you

had in mind. Did you have in mind that there would be some published data by a government on an annual basis that would look at the likely change in demand, where that's going and to help you to forecast, what did you - - -

5 MS NAGLE: Mr Scales, we actually do get the data on an annual basis and we get it a little bit more frequently. But at a regional level, for us to plan our workforce and our service delivery models and able to respond in a timely and an effective way to balance up what work we do from a crisis perspective through to an early intervention, we need that information on a weekly basis.
10 The other element to it is that our region is a growing region and that our service might go in a hundred kilometre radius, and that's in its broadest sense, and so what I would prefer to have is a bit of economy of scale around being much more place based in that our staff actually recognise what the local supports are, as opposed to them going from, I don't know whether you know
15 our geography, but from Lara, to Torquay, across to Portarlington - and the Ring Road is fantastic for some things - but at the same time the issue for us is that our staff need to be aware of the community-based infrastructure in a variety of different areas.

20 MR SCALES: You also talked about a shared framework for how you meet the needs of vulnerable children - which was a really helpful diagram, by the way, so thanks for doing that - but when I read through the dot points, you seem to be implying, and again I don't want to overemphasise this, but you seemed to be implying that the way to go about this was almost to have
25 something like a caseworker per child or family to be able to find a way of being able to make the best use of all of those services in the way you described it. Am I reading too much into it?

MS NAGLE: Now, I'll have to get Donna to speak on this one.

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MS MATHERS: It's certainly not what we were implying.

MR CUMMINS: Do you want to just say it to Gabrielle and she'll tell us? Do you want to do it that way, just quietly tell her.

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MR SCALES: They weren't implying that.

MS MATHERS: No.

40 MR SCALES: Okay, that's fine.

MS NAGLE: Maybe if I could leave that question to Bethany to respond to?

MR CUMMINS: Yes. Well, we're going to ask Grant and Kathryn after the

break, so we'll pick that up with Grant.

5 MR SCALES: Then, finally, you also seem to be in your commentary and also in your submission, you seem to be implying that economy - these are my words, not yours - but economy of scale and scope really matters - - -

MS NAGLE: Yes.

10 MR SCALES: - - - for organisations that are providing services to families and children. What's implicit, however, is you're suggesting that unless there's an organisation with a particular size, with a particular capability, they probably shouldn't be doing the sort of work which is, as you've described it, much more complex today than it might have been and so on. Again, am I reading too much into what you're suggesting?

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MS NAGLE: No, you're actually on the money, Mr Scales.

MR CUMMINS: You've nailed it there.

20 MS NAGLE: Absolutely.

MR CUMMINS: Mr Scales tends to nail it.

25 MR SCALES: That's controversial.

MS NAGLE: Glastonbury recognises it is. However, as a long-standing organisation in this region, we believe 2011 and the judicial review, along as many other reviews, whilst it is controversial, to be committed to actually providing good life course outcomes for children, we can't see any other way.

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MR CUMMINS: Anything else, professor?

PROF SCOTT: No, thank you.

35 MR CUMMINS: Gabrielle, thank you so much. I have a warm thanks to both you and to Donna. I don't think it's been easy for you to get here today, and we doubly appreciate it for that reason. Thank you also for the work you've done before this, as you've alluded to a couple of times through your presentation. We're very grateful for that because the preparation does require a lot of demands on you and we value it very much, so our warmest wishes to you both.

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We'll take a 10-minute break because we've been going since 10 o'clock, and then we'll have the pleasure of hearing Bethany after that and then we'll take

the lunch break then, so Gabrielle and Donna, thank you very much.

MS NAGLE: Thank you.

5 **ADJOURNED** [11.42 am]

RESUMED [11.54 am]

10 MR CUMMINS: We'll commence with Bethany. Ladies and gentlemen, we'll commence now, if you'd like to come forward. We are very pleased now to invite Grant Boyd and Kathryn Howe from Bethany to address us. We've had the benefit of written submissions and, Grant, we'll be very pleased to receive your verbal submissions.

15 MR BOYD: Thank you. We would like, before we begin, to acknowledge the traditional owners of the land, the Wathaurung people, and pay our respects to their elders, past and present.

20 As Gabrielle has mentioned, we've made a joint submission together with Glastonbury Child and Family Services. Bethany, similarly, is a long-established organisation in the region. We commenced in 1868. We provide a very wide range of services, including family services, Child First, Kinship Care, housing and homelessness services, family violence, men's services, problem gambling, parenting programs, family relationship services, 25 school-based programs, supported playgroups and disability services, so we come from a very broad base.

We are the Child First auspice and the family services alliance lead in the region. I think we would like to start by saying that this region has I think been 30 considered a success in terms of its implementation of the reforms in Victoria over the past five years or more. We think there are good partnerships and effective collaboration mechanisms in place across the sector with the agencies and also I think notably with DHS. We believe there are a number of strong learnings that can be taken from the region and we detailed some of those 35 projects in our submission and we're happy to provide further information on any of those projects, but today we'd like to talk about four things and some pick up on the earlier conversations. Those things are Child First and demand issues, family services and early intervention, the broader issue of service integration and some issues around pricing structures within the sector at the 40 moment.

Barwon Child First was implemented in the first round, in 2007, and has been externally recognised for the success that we have demonstrated in the implementation, and particularly in partnership development in the region. The

region in 2004 actually conducted a project called Working with Families project which scoped out the sort of state of play at the time prior to the reforms and did some work to establish the three catchment areas leading up to the implementation of Child First, so there is some information and evidence
5 about how the system worked for children and families prior to the reforms that existed in this region.

The introduction of Child First we think has led to many improvements, particularly around referral pathways. It's helped to define provider roles and
10 responsibilities and focus in the support of vulnerable children and families in the region. We understand that the KPMG work that is being undertaken at the moment, from what we hear through this sector, is providing some evidence that the Child First reforms are having a positive impact on diverting
15 vulnerable children from child protection and also increasing our system's capacity to support families. However, having said that, we believe that the system is under significant pressure and unless some of the resourcing issues that we'll talk about in a minute are addressed, that some of these gains that are evident are at risk.

We want to just focus briefly on Child First funding just to demonstrate some of the issues around demand and how resources are linked to demand, some of
20 the points we've made in our submission. Child First funding in the region is relatively modest and it was set at about 178,000 in 2007 and with an annual allocation of 250 targets. Child First now in the region sees in excess of
25 1200 children, but it still operates off a relatively small funding base of about 385,000. However, within the model there is approximately I think 160,000 that is taken out of family services funding to add to the Child First funding to keep that entry point operational.

The point that we would like to emphasise is that there is a need, particularly in
30 the entry point to the system, which is what Child First is for community, to look at mechanisms that link funding to the catchment area demographics and demand. So we have a model at the moment which is historically based where targets and funding levels were set prior to the reform. There has been little
35 review or a further injection of funding into Child First and we think that's a considerable problem moving forward in terms of how that system might operate.

What that has led to, we believe, has over time led to a reduced capacity to
40 intervene at the needed levels for complex families, increased pressure and stress on staff to meet a demand that continually outstrips capacity and limitations on Child First functions, including the timeliness of response, and also the thoroughness of the response in some instances. Further to that, we would argue that additional investment is needed into the front end of the

service to provide capacity to meet demand in a catchment sense, but also to increase the capacity to manage the risk of vulnerable children and their families and increase the capacity of the system to better link and engage with universal services, such as education, health, early years, but also specialist adult services such as family violence, drug and alcohol and mental health, and we'll talk a bit more about that.

The issue of funding services on a demand basis links to our next point that we'd like to cover, which is the issue about family services and early intervention which has been discussed a little bit with Glastonbury's presentation. We believe that since the inception of the reforms there has been a shift in the focus of family services. In terms of early intervention, the family service target group, or the work that family service agencies do is shifting up to the tertiary unit of the system. So looking back five or 10 years, family services had some capacity, or we would argue a greater capacity than now, to do work earlier with families, with families that weren't at the high end of the risk continuum but were a little bit lower down, do some earlier work with those families to prevent the progression of those issues leading to more tertiary and more intensive responses.

Data now presented to the sector by the department would demonstrate that the family services client group is fundamentally the same in its make-up as the child protection client group, so our argument is that we are now dealing with a much more complex higher risk group and we have lost the capacity in our family services system to do that earlier work to prevent the progression of families to the pointy end, so our regional experience is that our intervention focus has shifted to those more complex higher risk families.

To address the question of what early intervention might look like, we think that across the continuum there are probably three areas we need to focus on: one is how it can strengthen the capacity of our universal services such as education, health, early years, to better identify families at risk and children at risk, to do some groundwork with those families early on; then we need to strengthen our family services or our secondary services systems so that those services can engage earlier, that they can engage more effectively with the universal services; and we then need to look at how that links to our tertiary end of the system. We believe family services can play an early intervention role and has significant capacity to expand that work if there were more resources allocated to that part of the system.

There are a number of projects that we've identified in our submission which point to this: one is the Northern Suburbs School Hub Pilot project. This project is an interface between education and family services; it places a worker, a family services worker, in four schools, primary schools in the

northern suburbs of Geelong, and it does some early work with those schools, so it's a way to bridge between two systems. So part of our argument is looking how - and we refer to that diagram, Mr Scales, that you indicated earlier - part of our submission is about how we might link these elements more effectively, rather than have these systems operating separately. So we believe there is a role for family services to do more of that sort of work if there was an increase in its capacity, more work to link with universal services, more work to link with some of the specialist services.

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However, to do that there are some issues around the funding structures obviously, that family services need to be funded on a demand and catchment basis in order for us to do that. The growth strategy and the allocation of funding has been in part, we believe, based on those issues, but I think the general issue is that there's just not enough money in the bucket to provide a level of response in family services actual client.

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The shift in our focus to more complex families has also put pressure and has changed the way in which we work. So we now find that there is a group of families who have complex and acute issues that require long-term interventions, but our capacity to work for longer periods has been diminished. However, having said that, we do have some examples of when that work is done, and we run a program called NEWPIN, which is an intensive program for mostly young mothers and children where they attend a centre-based program where we provide several sessions a week intensive work with those parents around some of the fundamental skills: parenting in particular, relationship attachment, development.

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That program is undergoing a second evaluation, but it had an evaluation conducted by the Centre For Community Child Health a little while ago and the benefits of this work are really clear in that evaluation. Of the 24 parents who were in that program, there were no further re-notifications to child protection; there was an increase in participation by the children in the early years program, so preschool, et cetera; and there was an increase in access to training employment by the mothers. So intensive work earlier on of this nature can have multiple benefits: it can assist parents with pathways out of poverty by access into employment in training; it can assist children access to universal early years services; and it can prevent further re-notification to more intrusive, intensive and expensive protective service interventions.

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The next point we'd like to make is a broader point around service integration. As I mentioned, we provide a wide range of services, including homelessness services, family violence, relationship services, work with men, work in schools, et cetera. We believe this is a significant opportunity to better integrate service responses for vulnerable children and families by some of the

current structures within departments, particularly within the Department of Human Services, but also in others inhibit this arrangement, as do the way in which program outputs are reported up to the Department of Treasury and Finance.

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The current 1 DHS agenda of service integration we think is moving in the right direction and believe that should be pursued so that we can, as providers, look at how we might combine various buckets of money. So in our example, if we're working with a family that has support from a housing program, that has support from a family violence program, that has support from family services, that we would have greater capacity and flexibility in how we might apply the resources, and in that case from DHS, to wraparound a service for that family with a focus on the measurement by funders and ultimately government being on the outcomes, not the outputs, which are typically things like number of families or hours of service. So we believe that that agenda should be pursued and issues around service integration are part of, I suppose, the complex environment in which we work, but we believe there would be many benefits to clients in having greater flexibility.

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The last issue we wanted to highlight was some issues around pricing in the sector. Funding models for family services, Child First and out-of-home care we don't believe fully cover the real cost of service provision and in the main community service organisations are providing these services on behalf of government in the context of the development of integrated system with view to divergent from child protection, stable arrangements for children and outcomes for families.

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Workforce models. The pricing and workforce model currently within family services is based on a middle level social and community services worker. We do acknowledge that there was a price review and a significant increase in price. However, the workforce model that the price is based on now is out of step with the degree of complexity that we are experiencing with families, so capacity for workforce models to include things like psychologists or senior practitioners within the funding model are not achievable, so we do believe that the pricing structures need to reflect the complexity of clients.

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Another significant issue in relation to price and the way in which the system works is there has been significant focus in Victoria on system integration over the last five years. Our alliance with As Partners does extensive work in partnering, in networking and ensuring that those relationships are effective both within the alliance and more broadly with health education, adult mental health services, et cetera. However, the pricing structures do not reflect this. For example, in the Barwon subregion there is approximately \$3 million worth of funding coming into Child First and family services, of which about half

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a per cent is actually allocated to network alliance activities within the network, let alone outside the network. So there needs to be recognition in funding models of the work that's required to integrate the system, which is very complex.

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Other pricing anomalies within the sector include, for example, the recent development of the new Victorian Kinship Care model which has seen the transfer of some of the work done by the Department of Human Services into the sector, which we believe is a very positive direction. However, 12 months in we now have a pricing difference between family services and Kinship Care, given that the program was let out on the basis that the Kinship Care program would be funded based on the family services unit price, family services unit price went up but the Kinship Care prices remained at about \$69.90, plus CSI, compared to the family service unit price of \$80.20 per hour. So we now have another anomaly in pricing structures and, in fact, as a provider it's the same workforce for both services. There are some additional requirements in a program like Kinship Care in terms of costs for things like on-call, but we don't have consistent pricing structures across what are really two parts of the same system and we think that that's an issue that needs to be addressed in the system since moving forward.

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Like probably many of our partners, there is a level of subsidisation that needs to go into the provision of government-funded services and that Kinship Care service is just one example. They are the key points that we wanted to emphasise. We do have a number of innovation examples in our submission that we'd be very happy to provide further information.

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MR CUMMINS: Thank you very much, Grant, that's most helpful and very well targeted, if I may say so, and relevant. Kathryn, do you wish to add anything to what Grant has said, or you adopt what he said?

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MS HOWE: No, that's all right. It's been a collaborative process obviously and so I'm happy to just answer any more detailed questions.

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MR CUMMINS: Excellent. Prof Scott.

PROF SCOTT: I've got two questions. One relates to service integration and one relates to the last point just made about community service organisations subsidising costs. The first one is to what degree do you think the potential for integration with two health services, in particular, antenatal services and maternal and child health services, including the enhancement of maternal child health service, has been achieved in this region?

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MS HOWE: Well, in relation to maternal and child health, like they are one of

our seven partner agencies within the alliance and within that that then also gives us probably more ready access into some of the expertise or in the (indistinct) services and across the universal maternal and child health. The City of Greater Geelong is a partner agency in the alliances there and an active member and so I think that focus upon how family services workers and how maternal and child health workers and the enhancement maternal and child health workers can actually come together to provide a response for a child and a family in need, and particularly that focus.

Our data, I think it says approximately 45 per cent of the clients who come through family services are under the age of five and so there is some very strong cohort there about our service intervention. There is a range of, you know, each program that works within the alliance bring together a whole range of strategies and projects and programs that they set up and so that gives us access and I suppose expertise to keep building upon that.

I think that the limitation in it is really about some of those, as we were talking before, about some of the targets and the outputs that each program is supposed to attend to sometimes creates some barriers about how much time or capacity to be able to provide a more integrated response. We're doing quite a bit of work at the moment and doing some work with child adolescent mental health programs as well, about looking at care teams and maternal and child health family services, out-of-home care and the CAMS programs are looking very much about how we can come together to provide those services and provide the individualised care response that each child or family needs, so we see the maternal and child health a key program in that. The limitation of it is around the funding available, how we can extend it further.

PROF SCOTT: And antenatally, given that I'm assuming most babies in this region are born in this region - - -

MS HOWE: Yes.

PROF SCOTT: - - - at the hospital, what capacity is there for the identification of vulnerability antenatally and an effective referral to be made to family services?

MS HOWE: Yes, and I think like with Child First, child protection and Barwon Health, we have regular liaison and it's actually around particularly focusing upon the antenatal and the support for referrals for unborn children and post-birth, about what that service response should be and very much about our work working with the emergency department, but particularly the maternity services about how we can be working more readily and identifying those vulnerable mothers or expectant mothers so that we can be getting those

services in earlier.

5 There is also an example, and we probably haven't emphasised it so much in this, about some work that we're doing around expectant mothers or mothers with children up to the age of two, parents who have an intellectual disability and the service response and that level of service coordination and identifying, I suppose, some of those deep concerns that each of the providers have around making sure that those children are receiving the proper care. So we're doing some work with La Trobe University in developing a model, but we've brought 10 in Barwon Health and the maternity services are very key players in that, along with maternal and child health, child protection, a whole range, disability services, family services.

15 PROF SCOTT: Thank you. The second question I was going to ask was about the degree to which Bethany analyses the extent to which it is subsidising services its funded to provide to children, particularly in out-of-home care, so children where the State is the parent. Not necessarily now, but would you be able to provide the secretary to the Inquiry with data on the degree of subsidisation that might be occurring in the out-of-home care 20 services you provide.

MR BOYD: Yes, we could. I mean we can provide that simply from our budgets.

25 PROF SCOTT: That would be helpful, thank you.

MR CUMMINS: Mr Scales.

30 MR SCALES: Could I talk to you about Child First for a moment. You made the point that Child First is clearly an entry point into a range of systems and in a way Child First is a response to one of the issues you make, which is how do you integrate the systems, but I was a little confused about, within that framework, about it being, if you like, a referral service for other services and what seemed to be coming through was a suggestion that it ought also be a 35 provider of tertiary care. Have I got that wrong?

40 MR BOYD: No, it is. It's the intake point, information point, initial assessment and then referral out through. So when a child comes through Child First, they're then referred out to the appropriate organisation.

MR SCALES: Then in that sense help me to understand the under-investment then in Child First as a referral point, as distinct from I think the other point you were making, which was there needs to be more resources in the individual agencies that are actually providing the services that are referred to them by

Child First. Help me to understand where is the need for the increased resources in that, if you like, that service of referral.

MR BOYD: It's in both, Bill.

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MR SCALES: Yes, but let's focus on the first one, Child First, and its referral service and what is it that's created the increase in demand there that requires the increased resources? Help me to understand that.

10

MR BOYD: The increase in demand I think is driven by the reforms and the integration of the system and the promotion of that system and the integration throughout the broader service system.

15

MR SCALES: So the increase in the demand for resources, financial resources, is because of the increase in demand for services? So it's about more people to assess, is that the - - -

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MR BOYD: That's right. It's about more referrals, more people to assess. Population growth is another driver of that demand.

25

MR SCALES: Okay, so basically just more people. Now, help me to understand, I think you're also making an interesting point about demand - and correct me if I'm wrong - you seem to be saying, if I take this in a sense as a pyramid, you're saying that the people at the top of the pyramid are roughly remaining - these are my words, not yours - remaining roughly the same, but their needs are increasing. So am I right to interpret that, if we try and join a few dots here, so the number of referrals that come to the DHS and others for children who may be in need of care and need and that are vulnerable, that doesn't seem to be changing very much, but you seem to be then implying that those at the top of the pyramid are having such complex needs that this is creating an increase in the need for resources. Is that what I'm hearing?

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35

MR BOYD: Yes, that's partly right. When you look at the families that family services work with that come via Child First, what we're seeing there is an increase in the complexity of those families, so multiple presenting issues requiring more intensive interventions, so that has meant that the resource base we apply to do that work is under pressure because of the increasing complexity. There is also some growth, through population, but a lot of that is around that increasing complexity and the capacity to work with the families that are a little bit less complex, but might be heading that way, has been diminished because we need to be putting more time into that topic.

40

MR SCALES: I understand that. That then leads me to the model of Child First because it seemed to me that when I look at Child First quite

dispassionately, just trying to understand the model, it seemed to me that it was appropriately structure designed for the latter rather than the former; that is, in a sense if you've got children where you can readily identify one or two needs, then you're to refer it to an agency that can supply the services based around those one or two needs and it seems to me that it may not be necessarily a model that necessarily as easily applies itself to complex needs. Am I right there or wrong there, or am I misinterpreting that?

MS HOWE: I think one of the issues is when it was set-up, it was around about diverting children who didn't require child protection intervention when at that threshold and about assessing those families that those kids then progress into that system. The language, and very much around the framework, was around earlier intervention. Child First has become a relatively successful platform and something that's been a platform of interest for many other program areas, such as housing, and it makes sense because our data says that 48 per cent of the families coming through have family violence issues and 28 per cent of drug and alcohol, so in fact our interface with those service systems is logical to do it. But what we have been left with is we've got a family services definition of the target group which is very wide, you can just about get any family in because it's about any level of vulnerability, but we're having to actually withdraw from those families and to be able to cope with the demand you actually keep going further and further towards the pointy end.

What we haven't had also progressively with that development and that evolution that's occurred over these last five years is actually any change in I suppose our model that actually enables you to actually be able to say, "How can we more effectively harness the resources?" Because family services is a player, it's only part of the solution, but we're actually having to become more and more the coordinator. The workers at the coalface, they're trying to actually be doing a lot of casework, they're doing the doing, but they're also having to do a whole lot of case management and service coordination. That's a real tension, that's a real battle, so that's I suppose how the model needs to keep progressing with the nature of business. Our other issue is what's happening for those families back here because you're having to actually have more needs to be able to tip the scales and get into family services.

MR SCALES: It sort of mitigates against the early intervention model, doesn't it, in many ways.

MS HOWE: Yes.

MR SCALES: Help me to understand why Child First has been successful in meeting the complex needs of families where, say, some of DHS for example,

where some of its broader services may not have been able to be quite as successful. What is it that makes it different? What is in there inside the organisation and the way in which you operate that makes that - - -

5 MR BOYD: I think part of the success for Child First is that it's a partnership
model, so there are seven partners in the region, including the Department of
Child Protection program, so part of that is about looking at the system as a
system and the work that that alliance does in integrating the elements of that
10 system within family services and Child First and child protection and also out
to your universal services, so I think that's a key element of its strength.
However, the point we were making before is that the resources that are needed
to develop that integration, build on it and keep that connection going are not
sufficient and the pressures we're now feeling with the increasing complexity
of clients, the capacity to do all of this work, as Kathryn says, is very difficult.

15 MR SCALES: Again, I'm trying to join the dots with your submission here,
but that didn't seem to be incidental to the point you make about how you
allocate resources throughout the system. Getting back to the question that I
20 raised earlier on that diagram 1 that you referred to, as I said earlier, I really
valued that, but that seemed to be taking you a bit further than what you went
in your submission in that if we think about Child First and what you've just
said about Child First and the need to have a governance arrangement that
takes the family or the child, tries to understand these complex needs and then
find a way by which you take these disparate organisations - I mean that in a
25 very encouraging sense - that have become outstanding in providing individual
services, but bring them together in a way which provides the child or the
family with this body of support. It seemed to me that what you were
suggesting here needs to go sort of almost one step further or otherwise it
becomes not unlike government services that treat them individually, so I'm
30 trying to get a sense of how that works and how we might reinforce that in the
way in which we bring the system together.

MS HOWE: I think it's very good to have that sharp, acute look at it. In
looking at this model, I suppose what we were trying to demonstrate there was
35 the complexity and the continuum of the system and how we need to have
much stronger - and what mechanism because we haven't gone to, I suppose,
the operationalising of it and that may be part of your question, about how
those linkages and how that permeability that allows fairly complex systems to
be able to have some stronger linkages and focus upon what's happening for
40 vulnerable children.

We have to be careful here that you don't ask the impossible and I think that a
lot of the submissions that you will have in front of you have looked about the
capacity of the universal service system, which is already under considerable

pressure, about what it can do, but the capacity of the universal services system to be able to understand the needs of vulnerable children and where they may fit within that and that we need to probably look at some boost to that area to allow those children to be able to more strongly adhere and engage in those services and then hopefully get through their episodes or period of intensity that they need so they can return into that system and stay within that.

I suppose when we were looking at that, is that we had better opportunity about the focus of what those three levels of the service system to be able to focus and think about, where their place was in responding to vulnerable children in Victoria and so how we actually had them as part of the focus. The operationalising of it is - - -

MR SCALES: And I think that's what I'm trying to drive at really and trying to understand, how do you operationalise that because I mean one of the comments that has been made to us about Child First - without question, people are supportive of Child First, so that's not an issue - but they say that some services that really go to the heart of addressing the vulnerability of children lie not in children services per se, they're often in adult services. The moment you bring in more of these services, things like mental health services, issues about housing, issues about all of these other things, you then get a completely different sort of model that has to be operationalised, and I suppose that's what I'm trying to understand, is how we might think about that and how might we be able to support that operationalising of that system in a way which meets the real needs of those vulnerable children as well as the needs of families and so on.

MR BOYD: We did provide some information there around a project we did with housing around the linkage between the Child Protection and Family Services and housing services interface. I think part of this is about how can we make those services, such as housing, adult mental health services more family focused and child responsive so that they are better placed, so that if a family are referred to a mental health service, that mental health service has an understanding and consideration of the child's needs and the child within that context. So part of it is about ensuring those services are orientated in the right way, part of it I think is about creating capacity within those services to create the linkages because what we find, families move in and across. So they might be engaged in a universal (indistinct) family, they might be engaged in mental health services and so forth. There is a lot of movement between elements of the system and so we have to create capacity within the agencies that work in those systems to understand that complexity and to be able to respond to those families in an appropriate way, so a lot of it is about trying to reorientate some of those other systems to better understand issues around child vulnerability. I think we talked in our submission about the need for an overarching framework

in Victoria that looks at the issues around response to vulnerable children across the varying departments, you know, such as housing, education, health and DHS.

5 MR SCALES: Can I switch to another set of issues. You made quite a sensible point about pricing and the way in which pricing doesn't cover the full cost of the service, and that's understandable. You, in addition to that, made again a quite sensible point about - my words, not yours again - the question about innovation that's going on within many organisations, including Bethany
10 of course. It seems to me that one of the great advantages of having community-based organisations involved in this sort of work is that they can experiment outside of full funding by government. It gives you the ability to do things that governments may not feel uncomfortable about doing.

15 I'm trying to join these dots that says if the sector feels as though it's more than simply - and I don't mean that in any pejorative sense - a service provider, but is also an innovator, where is this balance in terms of funding as an innovator as well as a provider of services, core services now, on behalf of the community through government? It seems to me it's not incidental to this
20 discussion because even some of the pilots that you were talking about, really important pilots - I'm a bit concerned they tend to be pilots rather than being incorporated into the ongoing sort of network of service provision - but put that aside for a moment, help me to understand this sort of dual role of sort of community-based organisations to be able to do this and how funding might
25 work in that context.

MR BOYD: Bill, we would see the role, from our organisation's point of view, as having capacity to do both. I mean we utilise a lot of community support, a lot of philanthropic funding, a lot of in-kind donations from the
30 community, corporates and whatever, to do exactly that, to innovate, to develop new programs, programs like supported playgroups, homework clubs that we have - we were a partner with Shell through their social investment program, for example - so we see that as a very important part of our fabric as an organisation, having that independence and capacity to generate funds to do
35 that, to innovate, to incubate new ideas.

In relation to government-funded programs, when it's core business of the State, things like Child First or family services or Kinship Care, then our position would be, when providing those services on behalf of government, the
40 price needs to reflect the full cost of provision. When it doesn't, that then threatens both the viability of those services, but also of the organisations that provide them, so it is a bit of both. Many of the pilots that we've quoted in our submission are funded by DHS, so there is innovation funded by government, there is innovation funded outside of government and I think what we try to do

is to bring that together in the best way we can to provide the best services at a local level.

MR SCALES: Phil, can I follow this through, please?

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MR CUMMINS: Yes, please.

MR SCALES: It seemed to me what you were alluding to also is what I might call a regulatory framework that surrounds this. If I look at what governments do in other sectors - let's take electricity just for a moment, and I'm not suggesting it's analogous - but what they'll do is they'll say to an electricity provider, "We will run a ruler over your costs and either say, yes, they are appropriate, or not." It seemed to me that what's missing in some of the discussion so far is how we might overlay this cost story with a regulatory story that might give both the community and government comfort that the costs that are applying in particular circumstances are the appropriate costs.

Now, I don't know whether you've thought about that in the context of the system, but I'd be interested in your views about whether there is a gap. I mean let's take, for example, let's say in some form of out-of-home care that we believe that better practice is a particular form of out-of-home care not unlike you've described and others have similarly described. It seems to me the next step might be that if governments say, "Yes, that's the appropriate model," then there might be a quasi regulatory overlay over that to ensure that that is appropriately funded. Was that what you were alluding to, or something else?

MR CUMMINS: If you want to take that one on notice, you're welcome to and you can put in a written submission further if you'd like to because this regulatory overlay point, you might want to have some further - - -

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MR BOYD: Yes, we'd be happy to do that.

MS HOWE: Yes.

MR CUMMINS: But if you'd like to answer it now, you're welcome to, but I think you might want to take that on notice, give it a little bit of time and pen to paper.

MR BOYD: We shall.

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MR CUMMINS: Or fingers to the typewriter.

MR SCALES: That's fine. Thank you.

MR CUMMINS: Nothing else, Dorothy?

PROF SCOTT: No, thank you.

5 MR CUMMINS: Grant and Kathryn, thank you so much for coming forward. We are most obliged to you for your joint written submission and for your presentation orally here today and we wish you both well.

MS HOWE: Thank you very much.

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MR BOYD: Thank you.

MR CUMMINS: We'll take a break until half past 1. We'll then continue at half past 1 with Victoria Legal Aid.

15

ADJOURNED [12.38 pm]

RESUMED [1.30 pm]

20 MR CUMMINS: So commencing this afternoon's session, we are very pleased to have Pat Tainton of Victoria Legal Aid here. She's the managing lawyer of the Geelong office. I've had the benefit of seeing the value of the work that Legal Aid has done over the years and the support it has provided to the community and, indeed, to the court so, Pat, we're have pleased to have you here. We've had the benefit of an overall submission from Legal Aid, but as I understand it there's a specific matter you'd like to address and you're very welcome to proceed and we're pleased to hear you.

25

MS TAINTON: Thank you so much for the opportunity to make this verbal submission to the Inquiry on behalf of Victoria Legal Aid today as an addendum to our written submission previously. Victoria Legal Aid is an independent statutory authority with a mandate to provide to the community improved access to justice and legal remedies. We are the major provider of legal services to socially and economically disadvantaged Victorians. Our child protection program provides services that promote the interests of children and young people where the Department of Human Services believe they are at risk with an aim to assist children and their parents to reach safe, workable and sustainable care arrangements by their informed participation in decision-making.

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40 Implicit in our investment in our child protection program is our belief that the broader community interest is served by having children grow and develop in a safe, secure and conflict-free environment. Our submission to the Inquiry today is in response to term of reference 6 regarding possible changes to the

processes of the courts, referencing the recent work of and options put forward by the Victorian Law Reform Commission.

5 Victoria Legal Aid recommends that the 24-hour time limit for bringing safe
custody matters to court provided for in section 242(3) of the *Children Youth
and Families Act* should be maintained. Currently, in about 50 per cent of
cases, the Department of Human Services initiates protection applications by
safe custody proceedings where they have been working with the family for
9
10 nine days or less from first contact. Approximately 40 per cent of the time the
department has been working with the family for more than 30 days before the
safe custody removal is effected. About 80 per cent of the protection
applications are initiated by apprehension or safe custody removal without a
warrant.

15 If the apprehension occurs at a time which allows the parties to attend court
before close of listings, which in the metropolitan area is 2 pm, or in rural areas
the time varies, the child must be brought straight to court, unless he or she is
too young to give instructions. The matter will then be immediately listed. In
other situations the child must be taken to a bail justice, with the parents given
20 the opportunity to attend. The bail justice may make an interim
accommodation order. Parents and children have the opportunity to oppose
any removal or suggest options for a parent to leave the home, et cetera. The
matter must then be listed at the court on the next working day. Currently,
approximately 50 per cent of children removed by apprehension are returned to
25 the family home and to the parent or parents by the court on an interim
accommodation order on the first court date less than 24 hours after
apprehension.

30 The State's removal of a child from his or her family home or home
environment is a serious intervention and can be seen as comparable to placing
a person in custody. For a child, removal in these circumstances can be
compared to being remanded. They may be deprived of their liberty to go
home and can only make a preliminary case for themselves without the
evidence being tested. Victoria Legal Aid submits that such an intervention
35 must only be sanctioned if the removal is based on a demonstrated need, which
can be tested by legal representation at the first opportunity and urgently
required for the safety of the child in circumstances where safety cannot be
effected in any other less intrusive manner. The current practice of the court is
to allow a submissions contest at the first mention. This allows parties to make
40 submissions without adherence to rules of evidence about the best interests of
the child, the need for removal and alternative means of safeguarding the best
interests of the child pending further determination of the facts and appropriate
plans.

In its submission to the Victorian Law Reform Commission last year, the Children's Court identified four key factors in the nature of the harm caused to children by such a separation, being: that the nature of such an intervention into families that are often in crisis means that such removals are invariably extremely distressing, the removal often happens in situations of confrontation and stress to which the children are exposed; psychological harm is caused to a child if separated from their primary attachment figure for more than 24 hours; particular harm is caused to babies or infants who are wholly dependent on their mothers, extremely fragile and vulnerable in their attachment and may still be being breastfed. The distress caused is even greater when siblings are separated from each other.

The Children's Court strongly rejected the idea of extending the 24-hour time limit and noted that: the court regularly receives expert opinion that the risk of psychological harm to a child who is removed from his or her primary attachment figure and kept separated from that figure for periods greater than 24 hours far outweighs the benefits which may be achieved by extending the current maximum period. It is the court's view that the earlier a child and the parents have the right to have the decision reviewed, the less is the risk of separation distress being suffered by the child.

The Children's Court rejected suggestions that the Department of Human Services require further time to prepare their case or making disclosures to the parents or for the adults to cool down, asserting that from its experience the department are not usually underprepared in submissions contests at first mention. The Children's Court comments that the reasons given for a possible extension of time appear to primarily be convenience based and adult-focused rather than child-focused and directed to promoting the best interests of the child.

The Children's Court Clinic in its submission to the Victorian Law Reform Commission similarly noted that: to retain the present timeline helps to ensure that the child is not held in distress any longer than needed. It is a child-centred response. Were one to suggest a longer time before the matter is brought to court, it is a system's cosseting response. It is the child, not the system, which needs to be protected. Therefore, Victoria Legal Aid recommends that the 24-hour time limit for bringing safe custody matters to court should be maintained.

MR CUMMINS: Thank you very much for that. That's very clear, if I may say so, and very well focused and as I said at the start, we appreciate your directing your submission and attention to a specific matter in the general context of the overall submission of Victoria Legal Aid. Are there any questions for Pat, bearing in mind that that's the basis of her coming forward

today that you'd like to ask, Prof Scott?

PROF SCOTT: Only whether is it known if the data in this region differs from the statewide data that has been provided here?

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MS TANTON: No, I don't know whether that analysis has been undertaken. No, I can't answer that.

PROF SCOTT: Thank you.

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MS TANTON: I can inform the Panel, if you would like me to, have my colleagues in Melbourne answer that question.

MR CUMMINS: Thank you, Pat, that would be helpful. Mr Scales.

15

MR SCALES: I gather the majority of the reason for this is because of the potential psychological injury to the child?

MS TANTON: Well, that is right. I mean we would submit that the earlier a child is able to be reconciled with its family the better, given the social science perspective on the damages that can afford to a child if the child is separated from its primary attachment.

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MR SCALES: It wasn't clear from - I mean we only just received these so it's hard to - - -

25

MS TANTON: Yes.

MR SCALES: But I was trying to link that with some of the larger submission that you gave to us, which seemed to be suggesting that we ought to be moving away from what might be broadly described as adversarial approaches to the court system. This seems to reinforce or contradict your submission, which says, "Let's get away from adversarial, let's look at alternative dispute resolution approaches." If you could just help me to understand how this approach, which is very black letter law, very potentially adversarial, compares to what it is that you had in your other submission, which says, "Let's try and get away from that. Let's talk about alternative approaches."

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MS TANTON: In an ideal world, we will move right away from an adversarial position, but there will always be times when children are in need of immediate protection and in those times you can't set an ADR process in train. It's immediate, the risk to the child is immediate and the department in its wisdom will remove the child by apprehension. It's in those cases that we're arguing that they should be brought before the court at the earliest possible

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occasion so that the court has an overview of the department's removal of the child and the reasons for it. But in all other cases we advocate that primary dispute resolution, ADR, would be the way to go so that people have an opportunity to resolve their differences at an early stage and at the front end, rather than at the crisis end.

MR SCALES: If the concern of Legal Aid is the potential psychological damage to the child, why wouldn't it be more logical to say, "Let's get a psychological assessment of the child," to see whether anything beyond the 24 hours might, in fact, cause psychological damage; rather than to go to black letter law? You see it seems to me that again what you were trying to suggest in your larger submission was again, "Let's get away from black letter law, let's look at the child, let's put the focus on the child, let's not look at principle per se, let's try and find a particular solution to the need of that particular child." So help me again with that, how is it consistent, or maybe even quite specifically, what about the idea that it's the psychological report about the child which drives the issue, not necessarily the legal rights approach, which I think is implicit in this.

MS TANTON: Well, I would suggest that once you have a position where a child has been apprehended, it's not always going to be possible in a short period of time to have a psychological assessment of that child, certainly not within a 24-hour period. If that child is suffering from distress of being separated from its parents, how can you then undo that distress if you have to wait - and I would assume that the system is not going to work any better, that there is always a waiting list for people to get psychological assessments at the best of times - so unless you have a Panel of experts who are there at every court to do an assessment for every child who is apprehended, it's not really workable.

What is a given is that there will always be occasions when children are apprehended, children are at risk, so you do have the black letter law and we're pushing for the black letter law there because it is important for a court to have an overview of the decision that the department have taken to remove the child from its family, and in all other cases where the department is interested in a family and is starting to work with a family, we would advocate a primary dispute resolution to try and resolve the differences before it actually gets into the court system.

MR SCALES: So it's really targeted at this discrete matter.

MS TANTON: It is targeted at this discrete - - -

MR SCALES: Understood. Understood.

MS TAINTON: - - - and there will always be apprehensions. Unfortunately that's - - -

5 MR SCALES: So it's really a special case.

MS TAINTON: It's a special case.

10 MR SCALES: Understood. The psychological harm that you're referring to, which was actually picked up from submission number 46 to the VLRC in the Children's Court, was referring to "overall experience" of - - -

MS TAINTON: The overall experience of the professionals who come before the court and have given evidence to the court, and they're taking notice of that.

15

MR SCALES: Yes.

MR CUMMINS: Any other questions?

20 MR SCALES: Not about that, I had other questions on the broader submission, but I think if that's not appropriate to talk about that then probably we should move on.

MR CUMMINS: All right.

25

MS TAINTON: I'm happy to endeavour to answer any questions you have, but as I said, I'm not particularly briefed to answer to the entirety of our submission, but I'm happy to endeavour to.

30 MR CUMMINS: Before we lose the benefit of you, let me ask you this, because I know you've done work on this. How do you think the new model conference is going?

MS TAINTON: Well, I am such an advocate for the new model conferences.

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MR CUMMINS: I thought you might be.

40 MS TAINTON: I was very fortunate to be part of the working group with Justice and the Department of Human Services and the bar and the private sector. I came in late into the process and that working group worked towards putting the model of the new working model conferences together and overseeing them. I can draw some similarities, I'm a family lawyer, that's my area of practice, and I draw heavily on the similarities between the round table dispute management conferences that are run through Victoria Legal Aid, it's a

similar model. The benefit of the new model conferences is that it's often the first time a family or a party has sat down with the department with the benefit of having their advocate with them. The fact that they have their advocate with them has the benefit of empowering them in many cases, it also has the benefit of the advocate being able to reality check for the person and give them legal advice throughout the proceedings. What I am told, it's coming back to the working party, is that the parties are all very happy with the way it's working. I understand there is really good results coming from the new model conferencing and I would like to see it rolled out further, as it will be eventually once there is appropriate accommodation at the courts in Melbourne.

MR CUMMINS: Accommodation is a big question, of course.

MS TANTON: Accommodation is a huge question at the moment, and I appreciate it takes a lot of resources, but it's an amazing model and I could only recommend it.

MR CUMMINS: So it's well worth pursuing.

MS TANTON: Very well worth pursuing.

MR CUMMINS: Thank you. Any other matters?

MR SCALES: Let me just focus on the broader submission from Legal Aid. There is reference to specialist courts - - -

MS TANTON: Yes.

MR SCALES: - - - which is sort of interesting. Does that imply also that we should develop a sort of broader labour market with specialist lawyers for those specialist courts?

MS TANTON: There is at the moment - the Law Institute is in the process of - - -

MR SCALES: Accreditation.

MS TANTON: - - - accreditation for children's lawyers and that's a very exciting concept and I'm sure that people will take up that option, so it encompasses any lawyers who are dealing in any type of children's law.

MR SCALES: From the point of view of this review, this Inquiry, ought it be something that we ought to turn our minds to about whether in fact people who

are not appropriately qualified to be involved in those specialist courts oughtn't practise in those courts?

5 MS TAINTON: May I just have a look at our submission. I think that there is something on point in relation to that in the recommendations.

MR CUMMINS: While you're looking at that, clearly you'd need a bridge because you might find there's a hiatus between the past situation.

10 MS TAINTON: It's going to take a while.

MR CUMMINS: It's a developmental thing, otherwise you'll cut people off at the knees, so you work towards it.

15 MS TAINTON: Ideally, you would work towards it. It's not going to happen overnight because, quite obviously, it's a new accreditation, it's going to take some years for everybody to sort of get to the point where they can actually do the course.

20 MR CUMMINS: So, Pat, is the bottom line really that that's what we should be working towards, but it will take a bit of time.

MS TAINTON: I would agree with that and I'm sure that - - -

25 MR SCALES: One of the reasons I raised it is that one of the things that's been mentioned to us in other environments is that there seems to be a relatively shallow labour market for lawyers in relation to the Children's Court and I suppose what I was trying to do here was to link what seems to be currently a very shallow market for lawyers and many lawyers with many
30 cases, obviously contracted out by Victorian Legal Aid, and the ability to take that step that's recommended here by having specialist courts. Did you want to give us a sense of your own thinking about that?

35 MS TAINTON: I'm not able to respond on behalf of Victoria Legal Aid in relation to that, I'm not briefed on that, but I agree that there is a shallow market. It's not a jurisdiction that attracts a lot of lawyers. The lawyers who are in the market are overworked. It's a very challenging jurisdiction, as you would all appreciate. I don't know what the answer to that is to encourage
40 more people into that area of practice.

MR SCALES: But it is an important issue for this Inquiry in a sense because even now with some of the submissions that we're getting, they do allude to the fact that the operation of the Children's Court isn't as efficient and effective as they would want it to be and some of it seems to go back to this inability to be

able to get legal representation, sufficient of it to be able to make sure that the number of cases that any one lawyer might have, particularly in the sorts of situations we were talking about earlier, it's a crisis situation, people find themselves in the courts and so on.

5

It seems to me that it's not incidental to the broader issues that we're talking about, and particularly given that one of your recommendations is to have an approach not unlike the approach in New Zealand, where there is representation in terms of the approach that's suggested there, but it almost demands a much deeper, much more informed, more highly qualified set of legal practitioners that can operate in that environment. I mean you might want to just take that on notice. I mean I don't expect you to have an answer to that today.

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MS TANTON: Yes, I will take that - and I haven't looked through, I know there is a mention of it somewhere - and if you could direct me to that I would be appreciative, Mr Scales.

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MR SCALES: The one I was referring to was the specialist list, which was on page 19 where it talks both about specialist sexual abuse cases in the Children's Court and then special Koori lists. Admittedly, again like many of the submissions, I understand that these tend to be truncated and they're summaries of the range of ideas, but it did seem to me that the general point about the scope of the market in which lawyers operate, particularly in Children's Court arrangements, is missing out of this submission and it does seem to me that it's incredibly important that from a Victoria Legal Aid perspective that that be addressed, or else it's hard to see how your work could be done effectively and efficiently.

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MR CUMMINS: It probably links it all with the Law Institute and with the Bar.

MS TANTON: Yes.

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MR CUMMINS: I mean what I think you're really moving towards, Pat, is that we need to really up the whole thing.

MS TANTON: Yes.

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MR CUMMINS: And specialisation is one part of it, making it more valuable - - -

MS TANTON: That's right.

MR CUMMINS: - - - making it more worthwhile for people to go in it is all part of it.

5 MS TAINTON: It's all part and parcel because - - -

MR CUMMINS: That's how it works.

10 MS TAINTON: - - - I do have to say - and I've worked in Melbourne and observed the practitioners in Melbourne over the last six months - and the private practitioners in Melbourne who are practising in the area are very experienced in the jurisdiction. The same people are doing it day in and day out; that's not to say that specialisation would enhance those skills. Encouraging more people to practise in the area - - -

15 MR CUMMINS: Very important.

MS TAINTON: - - - is very important and that might be an initiative through the LIV and through Legal Aid and so forth and so on because there is a small pool at the moment.

20 MR CUMMINS: That's right. It's a small pool and we understand what you say.

25 MS TAINTON: And it's resourcing - - -

MR CUMMINS: Of course.

MS TAINTON: - - - and everything comes into - - -

30 MR CUMMINS: And I think there is a culture there, too.

MS TAINTON: There is a culture.

35 MR CUMMINS: I think culture is very important in encouraging people.

MS TAINTON: There is and part of our submission also deals with the importance of multidisciplinary training and I think that when that gets up and running full pelt, and it's really starting very well, that it will break down a lot of that culture, particularly in the Melbourne Children's Court.

40 MR CUMMINS: It's done that in Perth.

MS TAINTON: And it's starting to do that. There's a lot of very goodwill and very good work being done between Legal Aid and the Department of Human

Services and, indeed, in June we're having a two-day multidisciplinary training conference which will bring professionals from both disciplines together for two days, to work together, to understand each other's values, to understand each other's training, to focus on childhood development and trauma and so forth and it's not going to happen overnight, but I think it will happen.

MR CUMMINS: And it's very valuable work.

MS TANTON: Yes, it is exceptionally valuable work. Legal Aid has a secondee in at the Department of Human Services and has had for 12 months. Our lawyers are undertaking the New Beginning training with the new Department of Human Services lawyers and that's an amazing step towards cooperation and we will, likewise, be inviting the departmental lawyers and workers to participate in our training, so the relationships are flowing beautifully and I think more of that type of work will lead to better culture shifts down the track.

MR CUMMINS: I entirely agree.

MS TANTON: And management is totally committed to it and there is some very, very goodwill going on.

MR SCALES: It seems to me that Legal Aid has a really important role, not only to provide appropriate legal representation for people in the circumstances we're talking about, but obviously in addition to that is the custodian equality of the services which are provided. The submission didn't go into too much detail about how Victorian Legal Aid looks at the quality of the services which are provided, how they talk to lawyers that may be not achieving the level of quality which you might regard as being appropriate. I suppose again I raise this because if we've got a relatively small group of people that are operating in this area, how do you manage all of that? You may not have the substantial ability to be able to impose some disciplines on lawyers that are maybe not performing as well as what you would like. Do you want to give us a sense of that?

MS TANTON: And that is something that our director is quite aware of and has been turning her mind to of very recent times. We certainly can quality control our own staff, and we have quite a lot of lawyers who are working in this jurisdiction, but I can refer that back to my director with your liberty because it is something that she has been turning her mind to and I'm not privy to what steps she is proposing to take.

MR SCALES: Because I think again, certainly from my point of view as I'm trying to think about these issues, I'm trying to understand what the regulatory

framework might be in general and it seems to me that in this area we ought not exclude the sort of broader regulation quality assurance, quality control processes, as we wouldn't exclude it when we're thinking about other providers of services to vulnerable children.

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MS TAINTON: Yes, and we are very aware of that and, of course, the accreditation would take care of part of that concern when it's up and running and people actually avail themselves of it.

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PROF SCOTT: I have just one more thing, and that relates to the broader submission, and it's around situations where direct representation of a child is not possible due to the maturity of the child. It would be helpful to know a little more about how you would form an understanding of the best interests of a child who is not mature enough to give direct instructions, the criteria that would be brought to play in relation to gleaning the best interests of the child in a child protection context, not a family law context.

15

MS TAINTON: Yes, I appreciate that. I would imagine, and I haven't worked as an ICL in a child protection context, but if I can draw some comparisons to the way in which an ICL works in the family law context. The ICL gathers the evidence, looks at all of the evidence, looks at the strengths of the families, looks at the protective concerns of the department, looks at any professional advice, psychological advice and so forth that has been provided in relation to the child and then having in mind the legislation and to what the legislation directs the judges or the federal magistrates to take into consideration, forms a view of what he or she believes to be in the best interests of the child and then puts that view across to the judge or federal magistrate, who ultimately makes the decision taking into account that recommendation, but also taking into account all of the other evidence as it falls. Does that answer your question?

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PROF SCOTT: Yes, in general terms, but in a child abuse and neglect matter I think that it would be interesting to know more about the practice in detail that is used by those who have a role in the best interest representation, not necessarily right now, but it's an area that would be helpful I think to know more about.

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MS TAINTON: My understanding is that there's only been some 33 in the last few years - - -

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PROF SCOTT: Yes.

MS TAINTON: - - - so there's not a great deal of expertise to call upon.

PROF SCOTT: That's right.

MS TAINTON: One of the recommendations that we are making is that all practitioners who are representing children should receive training in child trauma and childhood development so that they have that skill set to bring
5 when they're representing children, either on an instructions model or a best interests model. They would need that armoury if they're going to be making judgments about what is in the best interests of a particular child. I think without that particular training, they would find it hard-pressed.

10 PROF SCOTT: Indeed.

MS TAINTON: I don't think I could answer it any more than that and, if you wish, I can have my colleagues expand on what their views are there.

15 PROF SCOTT: That would be helpful.

MS TAINTON: Yes.

MR CUMMINS: Thank you so much, Pat, for coming forward.

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MS TAINTON: It's my pleasure.

MR CUMMINS: We are obliged to you and the community is fortunate to have you.

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MS TAINTON: Thank you so much. I wish you well with your Inquiry.

MR CUMMINS: We're now going to proceed to the benefit of having submissions by individual persons, one of whom has put in a written
30 submission as well and two others who are making verbal submissions directly to the Panel. Persons making individual submissions are most welcome to come forward, we wish to hear from you. We wish to get the benefit of your insights. You will, of course, appreciate that we cannot investigate individual cases in the past, that's made clear by the Premier at the start of this Inquiry,
35 but we still would like the benefit of your insights and understanding in order that we can look at solutions for the future, we can look at improving the system.

I will just say a couple of things to you individual people in fairness to you
40 because I want to protect you in relation to what you might wish to say so that you don't get yourself into any legal difficulty. As I said first thing this morning, a couple of you were here, a couple of you weren't. This is not a court of law and so you don't have the normal protections that you would have in a court of law. Giving evidence here is in public, it's just the same as stating

it straight to a newspaper or on television, it's in public and you therefore can be subject to the principles of defamation and you can be subject to the principles of self-incrimination, so bear that in mind. We put up on our web site that any individual who likes to come before us - and as I repeat, we do
5 welcome you - you might want to get your own legal advice beforehand, but you are now all here so I am simply saying it to you generally, that you are not in a court of law where you are protected from defamation or self-incrimination, that's the first thing. I'm sure you appreciate that.

10 The second thing is a different matter and it's special to this Inquiry. The media know this, they've got good lawyers, very good lawyers in my view, and they are well aware of their own legal situation, but not all citizens in the community are. Under the *Children Youth and Families Act* by section 534 it is prohibited to publish the name or anything which might identify a child who
15 is the subject of a court order, or who has been the subject of a court order, or who has gone through the Children's Court process and that includes past tense, not just current cases. So you mustn't identify any individual person. Now, that under the Act doesn't mean just don't name them, it means you don't publish anything which might identify them, including things like "my
20 daughter", or "my father", or some expression which could link them to you, or even the area they live, or the sort of occupation they might have, all of those things are prohibited by the act. "Publish" means saying in public, not just putting it on a piece of paper, but it includes broadcasting or telecasting or saying in public, which this room is, this is a public room, so please bear that in
25 mind.

In order to assist you, so that you can give your submissions without breaching that important provision, I think the best way is just not to use your first names or your surnames. When I used to empanel juries over many years, we used to
30 say Juror No. 123 or juror No. 456. It sounded very strange at first because that was their juror number, but people very soon got used to it and they were just called by number because, again, that was a matter of ensuring privacy for the juror who was serving, so in this case I think I'll just call you Mr A or Ms L, whatever the name might be. You'll know who you are and we'll just
35 call you that and then you can give your submission without the concern of identifying people you might have in mind, so don't identify anyone. But if you look at the system and you bring your experiences to bear on the system, we want the benefit of your experiences so that we can look to the future, so I do encourage you to bear that in mind. It's not always easy to do but it is
40 important and, in particular, not only generally, but also for your individual situations, I do want you to be able to go away from here safe and sound and not in any legal difficulty. I'm sure you'll understand that.

Ms L, I think you are the first one and you helpfully put in a written

submission, so if you would like to come forward we would be very pleased to hear you. Thanks, do come forward. Just take a seat and settle yourself down. Thank you for your written submission and you'll understand I'll just call you Ms L and we'll proceed upon that basis. Now, bear in mind that we're not
5 investigating individual cases, but we do want the benefit of your insights into the system and how we can make it better, so if you take it from there. Thank you very much.

10 MS L: My insights into the system is the only way you'll make it better is to eradicate it.

MR CUMMINS: Wholly?

15 MS L: Wholly.

MR CUMMINS: Tell me how and why.

20 MS L: It's legalised child abuse, the system. I actually was on the phone this morning to the minister - am I allowed to mention minister's names?

MR CUMMINS: So long as you don't identify any families and children.

25 MS L: All right. I was on the telephone - I wrote a letter to Minister Wooldridge on I think it was 28 March. I received a letter back stating basically - well, it's attached, actually, the letters are attached to the submissions.

MR CUMMINS: We've read your material.

30 MS L: Indirectly it gave no answers to my questions and it actually made me - I was quite offended in the questions I was asking because the answers came back and basically he felt sympathy, but that was about the extent of it. But this morning, because the minister or Andrew Cootes hadn't rung me back, I rang through again this morning. It was good in some ways because she is
35 writing on behalf of, or wrote to me on behalf of Minister Wooldridge, she couldn't be bothered answering my phone calls the first time. Today, she is not there. Nobody could answer my phone calls, except for a Bill Frost, who was the welfare worker from DHS. He can't help me.

40 MR CUMMINS: What do you propose to do? If we abolished the system - if you say it's legalised child abuse - if we abolish the system, would you put something in its place, or would you just let everyone cope as best they can and the weakest go to the wall?

MS L: The weakest are going to the wall. I live in Corio. You have no idea exactly how many times in the past 20 or 15 definite years I have been told that we're disadvantaged. I have moved there 37 years ago. We weren't disadvantaged. We have so many - and I am allowed to use the word parasites - telling us we're disadvantaged, putting their hand up for funding - and I'm sure they would have been here at some stage today or I'm positive they'll be all writing submissions - putting their hand up, telling us how to parent, how not to parent, telling our children how they should behave, how they shouldn't behave, telling our children they can be disobedient and, when all else fails, then you can put a hand up and you can end up in the system.

MR CUMMINS: Well, what do you do - - -

MS L: Because this is actually my case study and mine wasn't under a court order and I'm allowed to speak, I can actually use his name - he doesn't mind that - but I won't use it. The problem is that the whole system is designed to ruin children and it has been since the act of 1864 in Victoria.

MR CUMMINS: Why do you think it was designed to ruin children?

MS L: Because nothing in there in the act, and if you look at all the work houses, et cetera, from way back then, and even in England before that, everybody used - it was for cheap labour. Now what they do is the system uses the children in care, and it doesn't matter what level it is, to actually keep themselves in jobs.

MR CUMMINS: So it's a sort of self-generating industry, is that what you're saying?

MS L: Yes. It's all written in all the DHS literature. My house - I have now, I measured it out - 15 by 15 foot of DHS literature from since 1997, actually some goes back earlier, but definitely the ones that I've picked up from 1987, it's - - -

MR CUMMINS: All right, we understand the point, that you say it's, in effect, a self-generating industry, a sort of cottage industry which is looking after itself. We follow that argument. Do you think there are any children in need of protection?

MS L: If they are in need of protection, I honestly, since 1998, if I saw any parent abusing a child, I would not report them because by the time the system is finished with the child, the child ends up 50 times worse, some in some cases dead. I know of cases, they no longer have their children. Then the DHS washes its hands and all its affiliate organisations, they all wash their hands and

then they move on because the system decrees that more children will be coming through the system. So therefore I honestly, for me, I would never report anybody, no matter how abusive.

5 But on top of that, in my submission today, the teaching fraternity no longer know how to teach - except to teach the kids how to take drugs and have sex with everything around the place - and I believe now it's going into preps, I know from two of my children now from the school, from last night. So we have a perpetual education system that can't teach children A, B, C or to read, 10 to write. Nothing, except sit on computers and play games, so we're going to have angry parents. I know, I have two children that are angry parents because of the education system, not because they're bad parents, and they aren't bad parents, but the education - - -

15 MR CUMMINS: Are we going to abolish the teachers?

MS L: I think it's time we had a really good look at how the teachers are educated. I'm married into a teaching family and I know that from my now deceased in-laws, I have all their books. How they were taught, I now know 20 that all you need is a social working degree and six months fast-tracking, I think it's called, to get a Dip Ed, and no wonder half the teachers can't teach because most of them - I know from 1991, entrance into Melbourne Uni for primary school was, under the old Anderson score, under 200. If you were looking to be a civil engineer, you needed 264 and some of them, according to 25 one of my children, even if they - because the numbers were so low in the Education Department because teachers didn't want to go in any more, and I now understand why, they just took anybody, so you didn't even have to pass to get into the education system. So we now have a generation of teachers who can't teach, who have no idea how to teach because in order to teach a child 30 you've got to actually have the understanding to get to that level at the beginning of the year to finish. So then you get angry children, disruptive children, you get angry parents who then, according to teachers, become threatening and these are the same people mandated to report a parent if they happen to slap a child, yell at a child, scream at a child, whatever. So we have 35 a teaching system that's mandated to report on parents, but not report on each other. We have a child protection system that reports on parents or takes the reports and deals with it, but the child protection system, as you're proving, knows it's in a cesspool but they're not mandated to report on each other. The medical profession are just as bad. They dope you up, they dope up our kids, 40 our grandkids, call them unruly, call the parents unruly, send you to parenting classes that are actually designed - I've attended a couple as a grandmother and I can't believe, if I parented my children like that, I'd be now locked up somewhere and my parents would be probably in prison or gaol.

MR CUMMINS: Well, there is two separate things I think, Ms L. One is identifying failures in a system, whether it's a child welfare system or the teaching system or the medical profession - and I imagine you might hold the same view about the legal profession if you got to that. It's one thing to
5 identify failures, and that's very important we do identify failures and we don't just fall for propaganda or self-generating industries, but the second question is - and I'd really be assisted by your answer to this second question - do we do more than abolish things? I mean do we put something else in its place and, if so, what do we put, or what should we do? Assuming you're right, what should
10 we do about it?

MS L: I would just let people - basing it on my own personal experience where we went for help, by the time the help had finished, we had two years of a lost child, nearly died and that was the help we got from the so-called people
15 that are out there to help and protect and they protected the child, believe me, they made sure we, as a family, even the siblings, couldn't get to the child. They protected the child, but they didn't protect the child from all the paedophiles, the perverts, the drug dealers, et cetera, et cetera. They actually encouraged that and I'm - - -
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MR CUMMINS: We do need to protect children from the paedophiles and the perverts and the drug dealers, as you rightly have said - - -

MS L: But you can't, they work in the system.

25 MR CUMMINS: Well, they'll need to be eradicated out of the system, won't they?

MS L: They can't be eradicated out of the system because in 2005 you made
30 sure, the government made sure, when all of a sudden we get a defamation, which actually we've had previous ones and that's why I know why I got solicitors' letters threatening. That's why I don't care if people threaten me with solicitors' letters, it just shows their hand, that they weren't the people that did it and I've had quite a few. The people that did it actually weren't there to
35 protect the child because if they were, I would not be here, sitting in front of you now and I wouldn't have a folder of letters to all the agencies, et cetera, because they were definitely never there to protect the child, or anybody else's child. I mean my child is as healthy as they're ever going to be, but there are lots that aren't, there are lots that are totally into drugs that are messed up
40 totally by the same system that stole our son and I will say "our son" because I personally don't care. Probably I'm sure that they'll all be baying, they've all been baying for the homeless allowance, they've all been baying, putting their hands up for funding. Because no children, the realities of this world, if the system doesn't have children, they don't have a system. If we don't have a

system, there's going to be a lot of unemployed people.

MR CUMMINS: All right, we understood that. I follow that.

5 MS L: Well, you asked me about what you can do. You can't do anything in a cesspool and you can't create something that hides everybody. The Defamation Act hides all the pedophiles and the DHS - - -

10 MR CUMMINS: All right, I understand that, when you're talking about the cesspool. If you could start again - I'm not just trying to clean out the cesspool, I understand your argument - if you could start again, how would you do it?

MS L: Stop telling parents how to parent.

15 MR CUMMINS: What if parents are abusing their children, do you just look the other way?

20 MS L: It depends on what "abuse" is. If you read today's submission, I am now, as a grandmother, confused of what abuse is. Abuse now has come down to you can't shout at your child - - -

25 MR CUMMINS: Let's assume that the abuse is that the father is belting up the mother in front of the child, yelling at the child, hitting the child, or the father is having intercourse with the child. Do you just stand back? Surely you don't.

30 MS L: Well, you surely don't, but then again that happens and what's happening to the children now? You have everything since 1989 has been put in place. We have a wonderful system that doesn't need tightening up, and that's what I think this whole Inquiry is about personally, I don't think it's there to protect the children. I think it's to tighten - - -

MR CUMMINS: Well, we're not here to perpetuate - - -

35 MS L: Well, that is my opinion, all right.

MR CUMMINS: We're not here to perpetuate, I can assure you, Ms L.

40 MS L: That is exactly what I feel. I'm giving you my opinion, right, and I've had that said to me so many times, it's my opinion - it's a good put-down line - but the realities are that if that wasn't occurring, or even if it is occurring, why is it occurring? What's gone wrong with the system? We have parenting programs, we have social workers that I think I've counted up now there is an amount of social workers that could probably counsel seven or eight types of fleas on fleas on fleas on fleas on my cat because that's all we've been

promoting, is social working.

5 By now, we should be living in Utopia. If the child protection system was
supposed to be what it was, if all the services were supposed to do what they
supposedly do - and realistically they don't have to do what they're doing, but
then they just, there's no law that says what they're doing is wrong - so we have
parents, I know as a grandmother, the literature that came home via the
maternal health, I was to butt out of my children's lives. Now, that come from
maternal health, "because your children aren't going to be parenting like you
10 are." So if you have a child protection system, what's it set up for? As a
grandparent - and it's literature that gets handed to everybody. You are thrown
out of hospital now - and I'm going around in a circle, but that's all DHS is, is
circles and circles and circles. That you have, from the time somebody gets
pregnant, nowadays you get thrown out, I think two days, five days if you've
15 had a caesarean. The maternal health that's supposed to be there are more like
little Hitlers nowadays, most of them that I've observed, than what they used to
be, which is there as a backup support if you didn't have family. You have to
comply with all these rules and regulations. If you don't inoculate your
children, you're committing an offence; if you don't take the doctor's advice
20 you're committing an offence; if you don't breastfeed then you're committing
an offence. It may not be law, but it's still the same.

25 If I was a parent now, I don't know how I'd cope and I probably might end up
being a parent who might be very abusive to my children because basing it on
just my life, I can see that I had a good education, even though as a third form
drop out I had teachers who cared, teachers who knew how to teach, but I can
see now that the rot was starting to set in in the mid 60s and by the 70s the rot
had totally set in. We had, to quote my husband - and he won't mind me
quoting this - we had a teachers union that was worse than the Metal Workers
30 Union and the Builders Labours Union - - -

MR CUMMINS: All right.

35 MS L: - - - and so you've got all of these mixes in here, all these people are
mandated to report a parent if they hit their children, if they think they've hit
their children, if they think the husband has hit the wife, but then there's all
these other services on the other hand that are supposed to be helping the
parents, but all they do is actually help themselves to the funding and then end
up separating the parents because under DHS, unless I'm mistaken somewhere,
40 DHS, as soon as somebody reports you, they must investigate it, the child, if
they've actually been misinterpreted, and the teachers do prompt, doctors do
prompt. Then the child ends up a mess, the parents feel guilty, they start
accusing each other, then they start to yell and scream and then you've got the
next lot, the State Government has been actively encouraging alcohol, it's

obsessed with alcohol and alcohol does create violence in most people, drugs.

MR CUMMINS: Well, we understand these are more general issues of alcohol and gambling, that's another one, we understand that.

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MS L: These are all part of child abuse so if you've got all of these people actually then mandated to report people who are actively encouraged by the State Government to take illegal drugs, because I've got enough literature on harm minimisation and this morning I woke up to hear somebody now is

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MR CUMMINS: Just go back one step if you would, Ms L. You touched upon mandatory reporting. Would you say that there should be no mandatory reporting, or do you simply say that it's gone too far?

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MS L: I think no mandatory reporting. I look back to my second child, who used to bruise very easily. I didn't realise until a few years ago that I was always being quizzed by maternal health and my doctor because she was always - she's like me, I had a broken arm and you have no idea what my arm looked like. The doctors were horrified when they had a look at it because I

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bruise easily, but I realise that 37 or 35 years ago that I was starting to be quizzed back then as to whether I was an abusive parent or not. The fact that my actual daughter ended up with kidney failure because of the medication the doctor put me on without explaining what it would do, brought her on early, created a kidney problem, a lung problem. When I was having problems with that particular child, I was sent to parenting classes, still no help from the medical profession, and it was only through now a friend who actually said that I should go and see a specialist because she had actually one kidney rotting and my GP - - -

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MR CUMMINS: All right.

MS L: - - - so if you're going to look at my cases, I would abolish mandatory reporting because I personally think teachers aren't capable. Doctors certainly are abusive, I know that. You have no idea how many people want to give me drugs just for a broken arm and they thought I was nuts and they continually pushed. I know that from people with children - - -

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MR CUMMINS: Well, you wouldn't wind it back, you'd just eliminate it because it's just not productive, you say?

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MS L: Yes, it's not productive.

MR CUMMINS: All right.

MS L: It's not protecting - - -

5 MR CUMMINS: We understand that.

MS L: - - - and it was never set up to protect the child, so if you want to start - - -

10 MR CUMMINS: Even if it was, you say it doesn't work. I follow that.

MS L: It's definitely - well, if it was working, you wouldn't be sitting there now, unless the object is to really abuse kids and then you would be sitting there now.

15

MR CUMMINS: All right, Ms L. Look, thank you. We have read your material so thank you for coming forward.

20 MS L: And I'm sorry about the photos, half of the photos didn't come out from the first submission.

MR CUMMINS: Thank you anyway. Mr A, we'd invite you to come forward next, if you would be so good. Just take a seat, Mr A, and just settle yourself in. As I've said generally, we would be very pleased to have the benefit of your insights. Just make sure you don't identify anyone, and I'm sure you can do that by keeping it general, but we do want to hear what you would like to say, so you just press ahead, Mr A.

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MR A: All right. Yeah, I only heard about this Inquiry yesterday afternoon, so it was a bit of a rushed job to sort of organise to get here and jot down a few notes. My submission or concern is, you know, regarding the system, I think the system is broken.

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One of the main things I would like to see is when there's disputes between family, parents, family or carers and DHS, at present there is no independent body to go to to get anything reviewed or oversee anything. I know there's VCAT, which is largely a legal system; there's the Office of Child Safety Commissioner, I have spoken to them and they cannot do anything unless they get asked by the minister to look at it. I actually spoke to the Office of Child Safety Commissioner and, you know, they explained to me that it is not normally their role to look at, you know, individual cases, and I read that before I rang and I said, "Yeah, I understand that." After speaking to them for about an hour about, you know, what was sort of going on they said, "Look, I would advise you to ask the minister to ask us to review this," which I did and

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that hasn't been approved. So the Office of Child Safety is not an independent body, so what it really needs, at present - - -

MR CUMMINS: So there's a gap in the system.

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MR A: There's a gap in the system. At present there's a, you know, sort of everyone says, "Well, you can go to court." Now, I'm sure the lady here that was from Legal Aid would probably, hopefully she would agree, but I have rang Legal Aid and if you own a family home, you cannot access Legal Aid. So Legal Aid is only for people who have holes in their pockets so to speak, so that's not an option for most people. So it comes down to a lot of times, when there's a dispute with DHS, it comes down to a case of who has the most money. DHS obviously has the backing of the state legal system. Normal families do not, you know, they have to take out mortgages and they don't know how long cases can last. I mean, of course, with the backing of the state legal system, I mean they're pretty deep pockets there.

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It is certainly not a level playing field when it comes to any disputes. I don't think that is a benefit of children, families or the community at large. I mean whoever wins a case concerning disputes over children shouldn't come down to who has the most money. I use the example of, you know, if it's a poker game and if there's no limit on the stakes, I could have four aces, you could have a pair of 7s, but if there's no limit, you're going to win with a pair of 7s, so basically that's what it comes down to.

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MR CUMMINS: That's unfortunately a general problem about the difficulty that if you're in that group where you've got a bit too much for Legal Aid but not enough for the legal system, that's always been a problem in the law and we understand what you say about that.

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MR A: Before the last election I had a few conversations with the now minister and highlighted this problem and, you know, she said she was calling for an independent body to look after these things. That hasn't happened. If you put in a complaint, which I have, you can put in a complaint to the Prime Minister about a region. The only response you will get is from that region, so in a sense it's a bit like me complaining to a fox about eating me chickens. Now, that problem was also discussed with the minister prior to the election and the election has gone, you know, what, seven months ago and nothing has changed.

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I can appreciate the frustration of the last person doing the submissions, but I mean this is something that should be resolved by an independent body. I mean it would be a huge benefit in a lot of cases because at the end of the day a lot of these things, the only real winners are solicitors and lawyers. So if there

was an independent body to review these things and look at what was done right and what was done wrong, because I'm not saying the parents are right all the time and I'm not saying DHS is right all the time, but sometimes there is a ground in between. That is not investigated properly. The investigation
5 sometimes isn't done properly. We can't always assume that what DHS do is right all the time. I mean it is clearly not. In some cases it is. At present there is no body where you can go to put in a complaint and get a fair hearing unless you put up X amount of dollars to go to court.

10 MR CUMMINS: Right. Well, we've got that point and it is an important point, Mr A, because you've taken the situation as a system and looked at a matter in the system you've identified, so that's correct within our terms of reference, so take us to your next point.

15 MR A: The other thing is the Legal Aid, when you were talking to the Legal Aid lady, I think someone was asking about a legal age of when a child can have legal representation. A child under the age of seven can have their own legal representation. Now, I just cannot believe that a child under seven can
20 have a clear view and understand the legal system enough to give clear instructions to a solicitor. Because how the system works at the moment, a child doesn't have to actually make any allegations, someone can make allegations on their behalf. If a child is never ever spoken to, the child can be interviewed by, you know, police, CASA and all these organisations and not repeat anything that was supposedly said that someone else reported, yet there
25 is no proof, the system at present doesn't need any proof to make assumptions.

MR CUMMINS: That's again another systemic point. You say that, number one, a child in a particular circumstance mightn't be capable of giving instructions, and your second point is that often a matter proceeds without the
30 child giving instructions either way in terms of proof, so we follow that argument about the system. Do you want to say anything more about that?

MR A: Also, we heard people today from different organisations. In Geelong there is Take Two, there is Bethany and a few other things, they're supposed to
35 be support agencies, but they're all funded by DHS, they're all funded by the same people. So even though they're supposedly - people are told that they're independent, they're not independent if they rely on funding from the same source as the people who refer people to, so there is a lacking of support of true support of individual, independent support. Because at the end of the day if
40 I'm getting paid by someone, at the end of the day when it comes to the crunch, I have to beat their drum and that's exactly what is happening.

MR CUMMINS: So that's really a lack of financial independence, you say.

MR A: Well, it's a bit like the Office of Child Safety Commissioner. I mean they are controlled by the same minister who controls DHS and these other support agencies like Take Two and Bethany and so on that have spoken to you today. When I was speaking to the Office of Child Safety Commissioner, I mean they said, you know, "We've got our hands tied." I said, "So, in other words, if there's any concerns about how children are being treated whilst in DHS control, you can't do anything about it?" They said, "No." I said, "When they end up in a body bag," I mean as some have, "who has to investigate it then?" They said, "We do." So I said, "So virtually you can't do anything until - - -"

MR CUMMINS: Until it's too late.

MR A: "- - - until it's too late, until they're in the body bag?" and he said, "Well, yeah, that's about it." So there's a - - -

MR CUMMINS: That's a lack of structural independence, so you've got the two legs, really the same point, but in two different applications. You say it's a lack of financial independence and it's a lack of structural independence. We understand that argument.

MR A: Now, with the system at the moment, families do not have any confidence in the system, so they don't have any trust in the system. They will not give any true feelings or sometimes any truth because they fear the system as it is at the moment because, you know, there really is a lack of support and I heard the frustration, the sheer frustration from the last person on the submissions. I mean, you know, I sympathise with those people and I'm sure if - I only found out about this by accident - but I'm sure if people were aware of this Inquiry today, there'd be a lot more people wanting to give submissions. I only found out by accident and a lot of other people I spoke to, they had no idea that this was on.

MR CUMMINS: Well, it's good that you've come along because it does help us to see issues that people want to raise. Are there any other particular issues you'd like to raise with us, Mr A? We've understood what you've said so far.

MR A: Well, that covers pretty much. I'd just like to get an understanding of where these submissions go from here.

MR CUMMINS: What happens is this: we listen, we're really here to listen, and we're going to listen to various points of view and we're going to work through the evidence, we're going to analyse it, consider it and then by November we have to put in a report saying, "We think this should change" or "that should change," and one of the things we'll be taking into account is what

you have said, like we will with others. When I say to you, "I understand what you say," it doesn't mean I agree with you or disagree with you, I'm just on the receiving end and it's very important that people do listen and we're listening and in the end we'll make a decision as to what we think should happen, but it all helps, Mr A.

MR A: I mean because I only found out about it yesterday afternoon by mistake, is there any way of better communicating these inquiries to the general public so they can participate?

MR CUMMINS: We do advertise and we do put it in the local media, it doesn't always mean they get to everyone unfortunately, but we do actually advertise them and I'm glad you picked that up, so can we say thank you very much.

MR A: Can I ask where was it advertised?

MR CUMMINS: It is advertised in the Geelong Advertiser, so it was in there, so thanks Mr A and good wishes to you.

Now, there is another citizen who I will also call Mr A who I think arrived later today, so if he could come forward and have a word as well. Thanks, Mr A, come forward and take a seat. Because you might have missed this, I'll just say it for you. We're not looking at individual cases, Mr A. We're not an Inquiry into the past, we're looking at solutions for the future, that's the first thing. We do welcome people's insights, if they've had experience of the system, to give us insights about what they say could be improved in the system.

The other thing, in particular, I want you to appreciate is this: there is a prohibition, Mr A, in identifying any people, like children or parents or anyone who has been through the Children's Court or who has been the subject of an Order, not only in the present but also in the past, and it is a very serious prohibition. So we would like to hear your submission, but do not identify anyone, that means don't name them, but also don't describe them by saying the suburb, don't describe them in any way so that they can be identified because that is prohibited by the law and I don't want you to get into any strife with the law, so you tell us what you'd like to tell us without identifying people.

MR A: Well, I agree with everything Mr A said, for starters. Well, point one, this is a DHS matter, so DHS should probably send a letter out to every person that is involved with DHS to advise them of these meetings. That would be the perfect scenario, so that way everyone who is actually involved in the system could be informed, not by accident, as I was done so also.

MR CUMMINS: All right, well, we picked that up. There are three or four things that the first Mr A spoke about: he said that there is a gap in the system because if you're rich enough to get a good lawyer, good luck to you. If you haven't got any money much at all you might get Legal Aid, but a lot of people are stuck in the middle.

MR A: No, if you're not rich, yeah, well that's it. If you're not rich, you may as well walk away.

MR CUMMINS: So you agree with that point - - -

MR A: Oh, guaranteed.

MR CUMMINS: - - - that there is a gap there.

MR A: It's not a gap. It's a hole.

MR CUMMINS: All right. Well, it might be a yawning hole, but he said that you do need a structure put in place, like an organisation or an entity, that was his point. You agree with that?

MR A: I do.

MR CUMMINS: You agree with his point about publicity, you think it hasn't been - - -

MR A: Not at all. I've personally been dealing with DHS for the last week and no-one mentioned it to me.

MR CUMMINS: Right, all right. Another couple of things that the previous citizen said were that a lot of organisations - he was too polite to put it this way - but he said they're sort of on the drip and they're not really financially independent.

MR A: True.

MR CUMMINS: Do you want to add anything to that?

MR A: It's the same. It's true. It's all under one umbrella.

MR CUMMINS: That one umbrella point was the final point that your predecessor made, namely, that there was no real structural independence; not just financial independence, but structural independence. What do you suggest we ought to do about that? What's the solution to it?

MR A: Give funding. You see even if the government was to give funding, it's still under the government. I'm not a hundred per cent - look, I've only just found out half an hour ago about this. If I'd have known a bit earlier - - -

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MR CUMMINS: You would have had more time to think it through.

MR A: Yeah.

10 MR CUMMINS: Well, we understand that, but the first citizen this afternoon, Ms L, she really took the approach that the whole thing really - she didn't use this word - but she really was saying that the whole system is really corrupt.

MR A: Yeah, I'd say that too. I've said it.

15

MR CUMMINS: All right. But unless you're just going to abolish the system and, in effect, leave everyone to their own devices - - -

MR A: Well, that's what's actually happening.

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MR CUMMINS: Well, some people will do well and some people will do awfully badly.

MR A: Yeah. No, that's true too.

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MR CUMMINS: If you put another system in place, are you going to simply replicate the problem? You'll still have government funding, which means you've got problems, as you say, of independence, so what do you do about all of that?

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MR A: There actually needs to be people held accountable for their actions or inactions and negligence.

MR CUMMINS: That's fair enough, all right. Well, what do you do if people do the wrong thing? Is it just a matter for the police, or is there some intermediate step where before you get to the police where you might try and rescue the situation? What do you do?

35

MR A: Let's say a parent is fighting for their child and DHS does as they please and doesn't do anything what the parent says or doesn't let the parent have any say and the child's behaviour regresses worse and worse and this continuously keeps going on, at which point does someone stand up and say, "What are we doing?" There needs to be someone that does that because there isn't.

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MR CUMMINS: So what would you suggest, like some - - -

5 MR A: Well, there needs to be someone that actually stands up for the child, not for the government, not for the parent, but for the child and says, "What's going on? Why is this still going on? Why is this child getting worse?"

10 MR CUMMINS: What about, say, the Child Safety Commissioner, doctors, the legal profession, does that come into it at all or would you, in effect, have simply another body of some sort put in there, like an independent body?

15 MR A: It's got to be independent. It has to actually be public. It has to be open. It can't be in-house because in-house just shuts everything down and no-one knows nothing and no-one talks. The government say what they're saying and that's it. They don't explain anything. They put forward one reason. They don't have to explain themselves and they're not held accountable for anything that goes wrong and they push the blame on everyone else but themselves. No-one stands up and says, "Yeah, I did it," or "why am I doing this?" The ombudsman doesn't do anything. You ring up - - -

20 MR CUMMINS: I was going to come to the ombudsman and say does that solve the problem at all, or not?

25 MR A: Which part, the Ombudsman?

MR CUMMINS: The Ombudsman, yes. No use either, all right.

30 MR A: Even though you ring the ombudsman to say, "I've got an issue with DHS," and they tell you, "Ring DHS about it."

MR CUMMINS: All right. So there is that gap, you say, in the system.

35 MR A: Then I've also rang and said, "My child is on the streets and I can't get in contact with anyone from DHS." And they go - and also I want a letter from them and they say, "Well, you've got to give them three weeks to reply." Do you know what can happen in three weeks?

MR CUMMINS: We do.

40 MR A: Three weeks. I mean when DHS steps in, they come in on the day and they do what they like, without knowing anything, without taking any background, without asking any questions. They do as they please. Yet when it's them under scrutinisation, you have to wait three weeks, and even then you're lucky if you get a reply.

MR CUMMINS: All right, well you say that system isn't working.

MR A: The system's broken. It's a farce.

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MR CUMMINS: Are there any other steps, Mr A, you would take to fill that gap that you and the previous speaker have said is there?

MR A: None that I could say on here.

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MR CUMMINS: All right.

PROF SCOTT: I wonder if I could ask a question.

15

MR A: Yes.

PROF SCOTT: In some places, like in New Zealand, there is a way of bringing families together before a matter ends up say in the Children's Court and the extended family is invited, so not just the parents, and depending on the age of the child, sometimes the child or young person can participate themselves, but the whole of the extended family. So that the family is actually in the majority of the people sitting around in a circle and there would be a child protection worker and there might be someone from another organisation or whatever who has had a close involvement with the family - - -

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MR A: Yeah, fair enough.

PROF SCOTT: - - - independently chaired - well, some people would argue about how independent the chair is - but for the sake of the argument let's say it's independently chaired. Do you think that in some situations something like that would help solve some of these problems before they got to a point - - -

30

MR A: Oh, without a doubt.

35

PROF SCOTT: - - - that we needed to be in the Children's Court and then fighting each other in a legal sense.

MR A: For sure. Yeah, guaranteed. I'd put money on it. That, I'd put money on. Not fighting DHS. You go to court, you get siphoned. I'd rather keep me money and give it to me daughter.

40

PROF SCOTT: Thank you.

MR CUMMINS: All right, we've identified that. Are there any other matters,

Mr A, that you want to raise? You haven't had much time.

MR A: Yeah. No, I haven't. I was going to say, "I could have been here all day."

5

MR CUMMINS: Fair enough. All right.

MR A: Well, also, who do you call if it's not in your best interests or in your child's best interests to call the police or DHS? That's a real serious matter. That's like a right-now-this-day matter.

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MR CUMMINS: All right. Understood that point.

MR A: Like today would be good to have an answer too.

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MR CUMMINS: No, we're listening at the moment. We'll give our answers in November, Mr A.

MR A: Yeah, I know, but I actually need an answer today.

20

MR CUMMINS: Well, we don't give advice, but we understand the point that you have raised. All right, thank you for coming forward on such short notice.

MR A: Not a problem.

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MR CUMMINS: Thanks, Mr A.

MR A: Good on you.

MR CUMMINS: We have another citizen who will be here shortly, so we'll take a break in the meantime.

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ADJOURNED

[2.51 pm]

35

RESUMED

[3.29 pm]

MR CUMMINS: Well, P, thank you very much for coming forward and also for coming straight from work, so we're obliged to you for that. I'll just go through a couple of preliminaries, P, because they're important for you, as well as for us. This is a public hearing, which means that whatever you say can be published, so you might bear that in mind. It's not a private session because this Panel sits in public, so you might like to bear that in mind.

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The second thing is this, it's not a court. When you go to court, you have

5 protection against being sued for defamation or incriminating yourself or things of that sort. In a public sitting like this, those protections don't apply. I'm sure it won't affect you, but I'm just telling you the position. So bear in mind that we don't have a privilege against self-incrimination, we don't have a privilege against defamation, so bear those ground rules in mind.

10 Finally, and this is important I think, I don't know your personal situation and I don't want to ask you, but there is a very strict prohibition by the *Children Youth and Families Act* that you cannot identify any child that's been through the Children's Court. This has always been the subject of a court order, present or past, and you can't publish that identification. "Publish" means speak in public about it, not just put it in the newspaper, but speak in public, which this place is, so that's a very strict prohibition.

15 Now, we've had a number of citizens who have come forward, and I'm sure some of them have had personal experience of the system and they've been careful not to name anyone in the system, including not naming them by saying "my grandchild" or "grandmother" or something like that. So what we suggest is no names, no identification. We can all still identify the problem in the
20 system if you want to raise a problem with us without needing names or identification, so we do welcome your input. What we are concentrating on is the system, not individual past cases, but the system and how to make it better for the future, so if you could bear that in mind and I'd be very pleased to hear what you would like to put before us, P.

25 MR P: Good. Thank you and thank you for the opportunity. Just quickly by way of background, I'll just sort of mention that my family have fostered children for 45 years, mum and dad, and at one point they also fostered retarded children, so there was four of us in the little house down there at
30 Drysdale with foster children and retarded children and us four probably trying to kill each other sometimes, I guess, us four little kids, so mum and dad have given me a great experience with children so they've always been a passion of mine.

35 What I was hoping to do today, and certainly taking on board your comments, Philip, and certainly am very mindful of everything you said is just share an experience with you without obviously reliving the experience and trying to re-prosecute the issues, certainly just to the extent of sharing with you what's happened and then, of course, coming to the outcome and with that outcome
40 and that experience hopefully putting forward to you some areas where I think some policy changes can be made with a view to make the system better, obviously with a view to protecting children. Certainly with my background, with the fostering children I've been involved in a particular experience some years ago - which is all finished with now by the way - I was horrified and it's

just been a real passion of mine since then to try and have some sort of input to make the system better for children.

5 Hearing that on the radio today I rang straight up and here I am. In fact, I rang my wife to go and get my suit. I said to the lady down there (indistinct) accountant and I own a firm in Geelong, but I said, "No, I want to come in the Rip Curl pants and Rip Curl top just to be not someone with a suit and tie" because I want to share my experience at a very human level with you without sort of dressing up and having the things that most people wear.

10

MR CUMMINS: Certainly.

15 MR P: So just by way of background, there was an incident where a child was 10-years-old had come home and complained about being abused by his father. The process was engaged and solicitors were engaged and, of course, the Department of Human Services were then notified and the normal process happened. They investigated and they then wrote their letter, their outcome, which obviously then becomes part of the court process and then as the process went along the court obviously had then their independent expert, if you like, assess all the parties and that report was then put back to court.

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25 Ultimately what happened in this particular circumstance is - essentially what happened is that the DHS formed that there was no - or they couldn't conclude that there was any abuse and they, in fact, wrote on their correspondence that it should be encouraged from the parents to actually encourage this child to see the father, notwithstanding that the child was bitterly complaining about being abused. The lady who interviewed the child and both parents spent about 20 minutes with the mother, about an hour with the father, produced a report which was something like 55 pages, I think from memory, and of course that was tendered back to the court as being the expert opinion, and really the strength of the court case is on that document and on the circumstances which relate to that document, which in effect took 25 minutes of this lady's time and an hour of the other person's time.

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As the matter concluded, it was concluded outside court, it didn't actually proceed to court and the way it was concluded was one of the parties involved had a fairly good vision, I guess, and a fairly reasonable intellect and what he concluded and what he thought to do was to get the most eminent person in Victoria to assess the child, and that happened - perhaps not the most eminent, but one of the most eminent and the courts recognised as a very eminent person, a guy in Melbourne, a psychologist up there.

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The child was taken to that person over a period of a year and a half and in the end the situation resolved that it wasn't a question of alienation whatsoever

from the mother's perspective, which the court psychologist had put in her report and DHS had alluded to, it was quite the opposite. It was a situation where the father had an acute narcissistic personality disorder. So, of course, whilst no-one in the end will ever know whether the child was abused, only the child and the father would, if you read the - no doubt Dorothy would know all about the narcissism and things of that nature and generally in that type of situation, you know, it's probably more than likely that the abuse might have actually transpired.

10 In the end, the child hasn't seen his father at all for five years. The child is now 16, 17-years-old and hopefully at some point he will have some type of reconciliation as the child becomes an adult and can deal with those issues. But unfortunately the situation was that DHS were proposing to put this child back into an environment where most probably he would have been abused or possibly been abused. The report from the report writer to the court - and obviously the judge can only take the evidence which is presented to the judge - and I'm not critical of the judge in that sense, but I'm critical of the system how it feeds into the judge for the judge to make that decision. The judge would have been faced with a report which was written on the basis of seeing the mother for 25 minutes and seeing the father for an hour and on that basis the recommendation from the report writer was that the mother lose custody all together for a month and the child be put back into that environment where again most probably has been abused for openers and let's see where it goes from there.

25 None of that ever happened because luckily on the mother's side she has remarried and she's got a guy who has got a fair bit of money and he paid to see the psychologist in Melbourne and the psychologist in Melbourne had enough intellect and enough ability to see through the issues and it took him a while, he couldn't resolve it overnight, and after many, many consultations he come up with a recommendation that the child should not see the father whatsoever.

35 So I guess what I want to bring to this forum is two things: firstly, if the child didn't have enough guts, I guess, and fortitude to say no, he's not going to see the father and stand up for what he really believed and what he really felt, he might have had to go back into that environment, so that's number one, and a lot of children haven't got enough - and I don't blame children for that, I'm not critical of them - but I'm just saying that this particular child had enough, you know, guts to say no, but the system was trying to force this child back and the moment that DHS made the assumption that there's nothing wrong in terms of abuse, the big wheel of the system starts to turn. That whilst they bring their independent assessor later on, the wheel starts to turn and the wheel starts to make the presumption that nothing's happened. So the focus becomes on

what's wrong with the child, as opposed to an alternative and that's exactly what's happened.

5 Now, again, without being critical of Philip and his colleagues - and they can only assess the material as presented to them under the rules of evidence in the judicial system - it's extraordinarily unfair when you've got a person at DHS who in this case is completely outsmarted by a competent narcissist. She probably goes, you know, to some of the local people who have all sorts of - they've been in a cycle of violence and she probably sees all sorts of areas
10 where mum and dad are going to war with each other and they see horrific things - but it's not the case all the time. So of course this girl was just pitching outside her league.

15 What I've learnt out of all this is what we need is more competent people on the front-line and my experience with DHS and certainly the people dealing with this particular matter, they just weren't up to it. Not through not trying, no doubt they're obviously nice people having to try their best, but they were just completely out-stepped by a competent narcissist.

20 MR CUMMINS: So, P, what are we looking at then in terms of - if you say this original person from DHS was fooled, obviously you've said more than once "not enough time put into it" in terms of the 20 minutes and the one hour, the woman/man. I presume you say more than just, "This one got this one wrong," you're really saying that they need better what? Better training? More
25 time on the job? What are you coming to?

MR P: Yeah, I guess what I'm coming to is certainly while I'm not a psychologist or an emeritus professor, I'm an accountant, so that's certainly not my forte. But having said that, looking at it as an outsider looking in, I would
30 find it extraordinarily difficult to believe that someone in a 25-minute consultation could come up with - and they might well do - but on the balance of probabilities on a number of occasions over a whole range of different cases, could come up with a correct answer in a 25-minute consultation with someone. I couldn't believe that as a reasonable person. If I applied the
35 reasonable person test, I could not believe that could be the case.

40 So what my thoughts would be is to get more eminent people involved and if it costs the State more money or the Federal Government more money, so be it. It's about protecting the children. So I think it has got to be better resourced, we've got to get better qualified people involved and they've got to be able to spend more time in cases like this because I think what's happened, and the experience I had, was that this lady was extraordinarily busy. It was rush in, rush out. She probably had, I don't know, half a dozen cases on during that particular day. They met out here at Bethany. She was running half an hour

late to start with. The centre closed at 5 o'clock or quarter past 5, or whatever it was, so everyone's rushed out at the one time and, with respect, the whole thing was a joke and if it wasn't so serious, it would be a joke. It was a disgrace. She was there for 25 minutes and it was a rush, rush, rush job and as a consequence of that there's a 55-page report and that's fed into you blokes in the judicial system. Now, you don't know those things, you're not interested in those things. You're just interested in this report and that's all you read. The things that feed into you guys when you get to sit and preside over these things needs to be looked at in a big way.

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MR CUMMINS: I understand your point. That if it goes wrong at the start, it tends to stay wrong through the system. I follow that.

MR P: But it does and that's where I'm critical of DHS, I'm critical of the system at DHS. Because whilst DHS say that the DHS system and procedure and what they do is different to Family Court and there is a delineation or separation between those two things, that may be so, but in reality that's not the case because in reality that sets the precedent, that sets the agenda. So when they write back their report, they can say what they want to say, they can say that it's separate and they can say all those things, and in some ways it is, but they cannot deny that once that letter is written back and there is no evidence of abuse and the parents should really encourage this child to see his father, it sets the agenda, it really does and in some ways the system has failed the father too because what happens after that point, the whole wheel turns and they start looking at the child. What's the problem with the child? Instead of saying, "Well, perhaps there might be a problem with the father," and they've failed the father too, they really have, because if the system looked to the father to help the father with his issues, which no-one in the process did, there would be more chance of reconciliation because all the child is seeing is nothing's happening with the father. So if there really has been this abuse, the child's not seeing any change from the person who has perpetrated the abuse, so the child keeps the brick wall up, so if the child could see some sort of change from the father's perspective and the system spent time doing that, that would foster genuine reconciliation and foster some sort of, you know, relationship going forward, but the system doesn't and the system failed that child demonstrably.

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MR CUMMINS: It seems to me, P, that the critical thing coming out of what you've said is it needs to be addressed properly at the first step.

MR P: Yep, and at the first step with DHS and certainly with respect to the report writers because it's my understanding that the courts have a range of report writers, but I would be - and you can probably correct me if I'm wrong - but I think they probably have a limited number. Probably the cheaper ones who write the reports, and they're very, very quick and they obviously turn lots

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of them over. So I think probably more resourcing, probably not scared to spend a bit more money with guys who are perhaps a bit more expensive and a bit more qualified and bearing in mind the report writer involved in this particular case was ex-DHS and she spent 15 years there so, you know, it was the blind leading the blind really.

MR CUMMINS: There are always issues about the training, level of training, higher degrees in terms of the input at the start, plus of course enough time to do the job properly, plus a career path in the job, plus money in the job. That's clearly a threshold set of issues, P. As you say, once it goes off the rails at the start, it's hard to get it back on the rails, for the reasons you've said.

MR P: Very much so, yes. But, as I said, in the end the fellow in Melbourne, he spent time and it takes time. This guy couldn't work it out overnight. It took him months and consultation after consultation until he worked it out.

One other thing I was going to say and put forward as a way which I think would certainly help with these types of things. The different agencies don't talk to each other under their privacy and all those types of things. In this particular case, and this is a bit unique to this case, but I'm sure that doesn't stand-alone, that there was issues of child support, there was issues of Centrelink and all these other issues and the father is going to child support and putting in 500-page applications and all this sort of rubbish.

Now, to my way of thinking, if all those things become exposed in the one big cake, if you like, all of a sudden these guys who are making the assessments, the psychologists and others, if they start seeing someone putting in like 500-page applications into various agencies for a net difference of \$10 or \$12 a week, or whatever it was, you've got to start asking questions in terms of what would make someone put in a 500-page application to save \$12 a week, I would think anyway as a reasonable human being. So if all these things can be read in together, to me it starts to form a picture. But they don't because what happens, each one has their different basket and their different privacy issues and their different rules and regulations and sometimes these guys feed on that. Whereas if there could be some way to unlock the totality of the sort of broader issues into one issue, I think that the assessors, like your DHSs and like some of your psychologists, would then perhaps see a much clearer and better picture and give them much more information to make a considered and correct opinion.

MR CUMMINS: Certainly, P, that question does arise as to both silos, as the metaphor usually is expressed amongst different departments and organisations, but underpinning that, issues about privacy. I mean privacy is very important in many respects but questions do arise as to whether it's been

overdone in the child protection area, so you raise that as well.

5 MR P: Just some thoughts anyway, but certainly the issue of time, resourcing and the ability of those to make the correct assumptions because those assumptions feed straight into you guys when you're presiding over cases because that's all you can look at under the rules of evidence and that's a really key thing, more resourcing, getting more eminent and competent people involved and DHS just weren't up to it. It was as simple as that.

10 MR CUMMINS: All right.

MR P: Okay.

15 MR CUMMINS: Nothing we need to add?

MR SCALES: No, that's a very helpful contribution.

20 PROF SCOTT: Yes, thank you.

MR CUMMINS: It's a very direct and helpful contribution so I'm glad you came.

25 MR P: Yeah, I hope it helps.

MR CUMMINS: You didn't need your suit. You did very well.

30 MR P: I'd rather without it. I don't want to look like some of them blokes down there, you know, I want to be a bit different. They're probably DHS down there, that's why I don't look like them. Sorry about that.

35 MR CUMMINS: Good on you P. Thank you very much. Ladies and gentlemen, thank you very much for being here today and we express our thanks for your looking after us. The proceeding is now concluded.

INQUIRY ADJOURNED AT 3.48 PM ACCORDINGLY