



SPARK AND CANNON

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PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY

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

BENDIGO

9.35AM, WEDNESDAY, 1 JUNE 2011

MR CUMMINS: Ladies and gentlemen, if you'd like to come forward and take a seat, I'd be very pleased if we start proceedings. I am very pleased and, in fact, we are all honoured by Uncle Bobby Nichols, who has driven across from Shepparton this morning, and I would ask Uncle Bobby to welcome us to
5 country.

UNCLE BOBBY NICHOLS: Thank you very much. It gives me great pleasure to come here and speak on Dja Dja Wurrung country. I'd like to ask if I could just say a few words I suppose to set the scene in terms of vulnerable
10 children.

A bit of background on myself, I come from around the Shepparton area, but I am a Dja Dja Wurrung traditional owner on the land that we meet here this morning. Previously, I was involved as a director of the Victorian (indistinct)
15 for twelve years and working with Dja Dja Wurrung (indistinct) children and previous to that, since moving back from Melbourne to Shepparton, I worked with the Department of Human Services, 27 years in housing, but I've also had involvement with the Department of Human Services and child protection because in housing there is issues with children being removed from their
20 houses, or they didn't have stable and suitable accommodation, so I'm well aware of some of the issues that you'll be discussing today and I think it's important that not only Aboriginal and Torres Strait island children but also the wider general in terms of children that come across the Department of Human Services or child protection.

25 I sort of just want to touch on some of the main topics that you'll probably be discussing today. Will be that I suppose one of the great things is protecting children, and it's everyone's responsibility, not only from a department's point of view, but also external agencies that work with children that have either
30 been placed in care or out-of-home care and also the workers and the departments. We also have a role or responsibility and also protecting with prevention, putting things into place so that children are still remaining with their parents at home or their grandparents or their extended family.

35 There is also services, there is numerous services. I've just been informed that - I'm not quite sure of all the services - but Salvation Army, Family Care, et cetera, and also we need to have a family focus on it because vulnerable children are strongly connected and integrated into the services and look I always say this when I speak with parents, or extended parents, or
40 grandparents, or aunties or uncles, is that it is not the child's fault that they come before child protection. There is a lot of variables I suppose that will influence in terms of how that child is kept within the family structure, like unemployment, education, having social skills, living skills, financial skills and all that sort of stuff has a great bearing on in terms of how children, I suppose,
45 are brought up and I suppose prevented from coming under the eyes of the

department or child protection, so that's just sort of my little brief
understanding of what your meeting is here about today. But as a Dja Dja
Wurrung traditional owner I'd like to welcome everyone here today on the land
that you are meeting here today and I hope that you have a very prosperous
5 little forum. I thank you. Welcome.

MR CUMMINS: Thank you very much, Uncle Bobby, for your welcome to
country and also to the benefit of your thoughts about today's public sitting.
We acknowledge to Bobby and to the traditional custodians of the land upon
10 which we meet our respects to them and to their elders, past and present, and I
hope future, and also to elders for any other communities who are present with
us today.

We're very pleased, the panel and I, to have the benefit of your presence today
15 and we hope your submissions today. We've got two members of the panel
here, Prof Scott and Mr Scales, both highly skilled and knowledgeable persons,
and we wish to receive the benefit of your submissions in this public sitting. It
is a public sitting, ladies and gentlemen, and we'd ask you to bear that in mind
20 when you are making your submissions to the Inquiry because whatever you
say will be recorded and we will study it when we have gone away from here
and have the benefit of reading what you have said, but it is stated in public.

As you know, the Inquiry is directed to one specific thing and that is directed to
25 the system of child protection and how to improve it for the future. That's a
very substantial and important brief, to look at the whole system, and to seek to
improve it for the future. What we do not do, as I am sure you know, what we
do not do is we do not investigate individual cases, like the ombudsman might,
or the child safety commissioner might, or a member of parliament might look
30 at. We do not look at individual cases, we do not look at individual
organisations and, in particular, our function is not to allocate liability or blame
for past events.

We are very conscious, ladies and gentlemen, of the importance of past events.
We are very conscious of the great significance to persons who have been
35 involved in personal matters to do with child protection and we respect those
matters, but we do not investigate them. That is for other bodies. We are
looking to the future to try and improve things for everyone. So when you are
making submissions, if you'd bear in mind to fashion your submissions by
40 looking at the system as a whole rather than individual stories or individual
cases. That is what would most assist us for the future.

Because this is a public sitting, bear in mind, as you have already read, that the
normal protections of a court hearing, namely that in a court you can't be sued
45 for defamation but in a public hearing here you are liable for defamation and
for any self-incrimination which might occur. I'm sure that won't occur with

any of you here, ladies and gentlemen, but I say that to you as a protection for you so that you know that those protections of a court of law don't apply, this is a public hearing and I do ask you for your own sakes to bear that in mind although, as I say, I'm sure it doesn't apply to any of you in particular.

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Also, you need to bear in mind that the relevant act, the legislation does require that persons who have been involved in the court system, young persons, children, families, witnesses are not identified or named in any way. That means not, of course, naming people, but it also means not identifying them in any other way, such as suburb or occupation or any of those things. That's a very important provision to protect children and vulnerable people and we ask you to bear in mind that that is a strict provision in the legislation which applies to all of us, so I'm sure you'll bear that in mind as well.

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Ladies and gentlemen, we're very pleased that we are here to have the benefit of your submissions and we'll now commence with our first submission. I'll just go back here so we can invite Mr John Bonnice of St Luke's to come forward and make the first submission. Thanks, Mr Bonnice. Just quietly settle yourself there and we're very pleased to hear you.

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MR BONNICE: Thank you, Mr Chair. My name is John Bonnice. I'm the general manager of Children Youth and Family Services at St Luke's. Firstly, we would like to thank you for the opportunity to present to the Inquiry and thank you for considering our written submission and the recommendations contained in that submission. Given you have that written submission, I'm not going to recount the contents of that, but would like to highlight some key points.

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MR CUMMINS: We've read the submission, John, and it's most helpful if we may say so and we'd be very pleased if you'd focus on the points you'd like to focus on.

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MR BONNICE: Yes, thank you. For St Luke's, we believe this Inquiry comes at a critical time for the child and family welfare sector in Victoria. As an agency that provides out-of-home care to over 140 children and young people and delivers a range of youth and family support services, we're acutely aware of the challenges this sector faces. We're also acutely aware of the frustrations that are often felt by families who are experiencing significant challenges in caring for and parenting their children.

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First of all, I just want to make some reflections on the current system and I want to talk about a few of what I see as some of the strengths of the system before we go to some of the challenges. We believe that the current legislation, that is the Children Youth and Families Act 2005, provides a strong legislative framework for service delivery and work with families. There has been some

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question about this, but we believe that the act gives us a strong legislative framework and the act gives us a clear framework through the best interests principles. We don't believe any need for change, but what we need to do is be more accountable to the act.

5 Following on from that, the best interests practice framework, also that emerges from the act, gives a clear direction to the whole sector with regards to practice and service intervention. The framework has a strong base and strength base practice and at the same time provides a framework for ensuring children's safety and wellbeing.

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The other considerable strength we see in the current system has been the development of the Child First and integrated family services system, which we believe has been an important initiative in ensuring greater access for vulnerable families and a consistent approach to service, delivery and practice.

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These initiatives have dramatically changed the structure of family support services and significantly addressed the issues of access and consistency of approach to the work.

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When I look back five years ago at the family support system, it was uncoordinated, difficult to access for families and dramatically under-resourced. We believe that the Child First approach, the Child First team model across the state has enabled a single entry point to family support services and the changes have enabled support to the families most in need. Clearly there is evidence that it's had an impact in diverting families away from the child protection system and providing supports early to the families.

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The other area which we think has been a real strength was the out-of-home care reform developed by the department and the sector nearly two years ago and we think that that provides a strong basis for further reform and the development of this service area. Many of those initiatives need to be built upon and I urge the Inquiry to closely look at the out-of-home care reform that was developed two years ago. We also believe there is a strength in the system around the relationship between the community services organisations and the department, both at a state and regional level, and I think a willingness on all sides to face the issues and challenges we have in delivering child and family welfare services.

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Now to a few of the current challenges facing the system. Firstly, in out-of-home care. As an agency that, as I said, delivers out-of-home care to over 140 children, young people, we see within the home-based care system, that is, foster care and adolescent community placement, we're increasingly under pressure due to the lack of resourcing. We're very concerned that home-based carers are not adequately compensated for the care they provide and there is a lack of clear resourcing for recruitment and training of carers.

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We are experiencing increasing difficulty to recruit carers and we believe the

viability of the current home-based care system is really clearly under threat or in serious question, given the current arrangements.

5 The residential care model as it stands is not adequately meeting the needs of young people in residential care. We provide six residential care units. We have challenges due to limited capacity to properly match young people to the right placement and high numbers within the unit means the care is compromised. Again, it's under-resourced in terms of therapeutic interventions and the current funding formulas for us means the viability of residential care is in question.

15 We're also concerned about the lack of basic funding to meet the day-to-day needs of young people in care. Many young people and children lack the opportunity to experience a range of opportunities that other children have, including access to education, clothing, recreation, holidays, et cetera. It is a constant issue just to have the basic funding for the basic needs of children. We're also concerned about the overrepresentation of aboriginal children in care. St Luke's has over 20 per cent of children in care are Aboriginal children, and it's an unacceptable situation that requires serious addressing and resourcing.

25 Moving on to around placement prevention and family support services, we're concerned about the current system for supporting families coming into care or risk of coming into care, or have come into care is complicated and difficult to navigate and often the service responses are compromised by narrow service criteria. There is also a serious lack of capacity for supporting families whose children are coming into care or at risk of coming into care. Many families in that situation are well within the child protection system and the availability of services for long-term work with these families is not there. The current design of the family service system focuses more on diverting families from child protection and so the current family support system struggles to provide that long-term support. However, the current placement prevention pilot, or family coaching pilot, as it's known, provides we believe real hope of what can be achieved around this issue.

35 With regards to Child First and integrated family services, whilst we believe it's been a significant step, increasing resources needs to be made available as we're continually plagued by the lack of capacity to meet demand. With regards to practice, we believe that the best interests practice framework has not been adequately embedded into day-to-day practice due to a lack of comprehensive and ongoing implementation process. We believe that needs to be addressed. We're also concerned that the wider service system does not operate from the best interests practice framework necessarily and, therefore, approaches to working with families can greatly differ. Often families experience multiple case plans, experience a range of approaches which is

confusing for all concerned.

5 With regards to education of young people in care, the current situation is simply highly inadequate, particularly for those young people who cannot be maintained in mainstream education. There are no ongoing educational structures for supporting these young people or effective coordination across the Department of Human Services or the Education Department. We believe the situation is seriously compromising the future for these young people.

10 With regards to leaving care, we believe that the leaving care services, which has in recent years been funded, is grossly under-resourced given the high numbers of young people in the program, and there is a serious risk for those young people in terms of gaining housing and access to employment.

15 The other issue which we believe really needs to be addressed is regarding hearing the voice of children, young people and families. We believe there is a lack of a consistent approach to hearing the voice of the child and the family across the whole system. Families often complain about not being heard or understood, and if we had a comprehensive and systematic approach to hearing the concerns of families then many frustrations that families experience would be addressed.

25 We're also concerned about the current processes, statutory processes for working with families, which we feel is often bureaucratic and process driven. This is not just an issue for child protection, but our whole sector. Meeting procedures, style of reports, case plans are highly confusing and work against engaging families. Case conferences are often designed and implemented without considering the engagement of the family in the process. We believe that the workers in both child protection and the community services organisations struggle with developing a coordinated approach to case planning in partnership with families. There is often a lack of clarity in roles and responsibilities. Ultimately, this impacts on the family's ability to participate in the case planning process.

35 With regards to the situation for families, we are concerned about the high unemployment rates for families or parents accessing family services. Our current data shows that over 80 per cent of parents are unemployed and over 85 per cent are not participating in any education or vocational training programs. Yet many parents express a strong desire to participate in vocational opportunities, but this is not a consideration of the current child and family service system, nor does the current job services network have the service responses required.

45 With regards to workforce issues, as a major employer in the sector we're constantly facing challenges in recruiting staff, the work is extremely

demanding and often workers experience morale and health issues due to the nature and pressure of the work and this is particularly so in out-of-home care programs and clearly an issue for child protection.

5 Our submission details a range of these issues and also provides a series of recommendations of practical actions. I think over 40 in total. I would just like to highlight a few key recommendations. One, we need to close the gap between the investigation and response phase of child protection and the implementation of supports. There is a serious gap in these phases that often
10 results in children and young people unnecessarily coming into care or remaining in care.

We seriously recommend that some consideration is given to developing service models that address this gap. The current family coaching pilot is
15 providing insights into this issue and has recommended that serious consideration be given to extending these pilots across all regions. Linked to this approach, we see the need for each family involved in statutory service to be allocated a service facilitator based on a wraparound approach to case management. It is often again, as I mentioned before, the roles of services in
20 conjunction with the department are often confusing and for this we see a need for a wraparound coordinator across all services: mental health, drug and alcohol, disability, et cetera.

We believe there needs to be and recommend a serious investment in education
25 of young people in care. The buck passing between departments on this issue needs to be addressed and it is recommended that educational models be developed and funded to address the issue.

We strongly recommend an increased level of funding for leaving care and
30 after-care support services and we believe there should be guarantees given to young people in care around access to housing and to employment opportunities, not just referral to services, but we believe there needs to be guarantees around housing, education and employment. We also believe that the legislation needs to be changed to provide after-care support from the
35 current age of 21 years up to the age of 25 years.

With regards to workforce development, we strongly recommend greater investment in training of staff and addressing the underpayment of staff in the
40 sector to make it more attractive for experienced staff to join and remain in the sector. We also strongly recommend a dramatic increase in the funding for Child First and family support services to enable demand to be met and ensure that families are receiving the right level of support in order that they can be diverted from child protection system.

45 Another one of our key recommendations is invest funding for workers across

all sectors to be trained in the best interests practice framework and basing legislation, the principle of one family, one plan across all services who support families that are engaged in the statutory system. We strongly recommend a review of the current service models and specifications in the child family welfare sector given the issue in flexibility of the services. We believe that we need to see an approach where services can have flexibility to meet the needs of the families and not trying to be fitting families into service criteria in order to achieve targets.

10 With regards to the work with Aboriginal agencies and communities, we believe that the mainstream sector needs to do considerable work with regards to its cultural competency and we believe an increased focus on this issue needs to occur. We also see that there is too much pressure placed on aboriginal agencies regarding service delivery and we do not they are
15 resourced well enough to meet the service demand and the infrastructure requirements within their agencies. We strongly recommend the implementation of the therapeutic models for foster care, namely the Circle program, and in residential care and we believe that should be a standard for all home-based care in Victoria and all residential care in Victoria.

20 Lastly, we recommend the development of a comprehensive client feedback system across child protection, out-of-home care, family services and family support. The system needs to focus on service outcomes that have been achieved for families and enable the input of families into the design and the
25 evaluation of services. They are some of the key recommendations in our written submission and we ask you to consider those recommendations.

We would also like to thank you for your visit to St Luke's yesterday. It was greatly appreciated by the staff who met with you and it was also particularly
30 appreciated by the young people you met who had been in care and also the young people in our education programs. It was valuable for them and I think I'm glad to see that the voice of those young people has been heard by the panel. Thank you for hearing us today.

35 MR CUMMINS: Thank you, John. That's most helpful. As I said, we've read the substantial submission that St Luke's has made and had the benefit now of hearing you emphasise it verbally. I've noted, in particular, your one family, one plan approach. I think that's got a lot of systemic interest there and your family coaching pilot as well, so we've taken what you've written as well as
40 what you've said. Would the members of the panel like to ask anything of John, further to what has been discussed?

PROF SCOTT: Just one question, thank you, and thank you for the visit yesterday. It was very illuminating to us and it was a great opportunity to meet
45 with staff and especially with young people. That was really, really valuable.

MR BONNICE: Thank you.

5 PROF SCOTT: John, I've got one question. It's a fairly specific question, but it goes to the issue of the opportunity to involve children, young people and families at an earlier stage in the process and perhaps avoid children coming into care and Children's Court proceedings and that's around family group conferences - - -

10 MR BONNICE: Yes.

PROF SCOTT: - - - which you do mention on page 27 of the large submission. There is a divided opinion about this in the field as to where a family group conference might best fit and so in the submission you say,
15 "St Luke's endorses the proposal for family group conferencing to be used as a process within the Children's Court as a means to reach child-centred agreements." Did you see that as actually being facilitated by officers of the court, or would you see a role for family group conferencing prior to the door of the court in the way it's currently practised in some regions and do you see
20 that as a role, if so, as a role that could be played from within the statutory services or delivered by a non-government organisation, so your thoughts about where family group conferencing fits?

MR BONNICE: I think it's prior to the processes of the court proceeding. We
25 see that family group conferencing is one approach or one model that can be used in that space. With regards to who delivers that, we see there needs to be a joined up approach between the child protection system and the community services organisations around the arrangements of those because family group conferencing is one tool in the process that needs to go along with a range of
30 other interventions and supports to the family, so it's just one part of that process of trying to work with families around addressing the issues and their needs, so we would see that as the family group conferencing probably sitting within the community services sector and partly around coordinating and working with child protection around coordinating responses.

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PROF SCOTT: Thank you.

MR SCALES: Just two questions. In your submission you refer, either
40 directly or obliquely, to the need for coordination, joining up - you used the word "joining up" - and so on. The question is how do we do that? A lot of people talk about it. What might you suggest to us that we might think about putting in place that might allow that coordinating of these very services in a way which meets the total needs of the child in the way in which you've described it in your submission?

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MR BONNICE: It's a challenging question to answer in a short time, but what we don't have is clearly articulated models of that. Everyone calls themselves a case manager, whether it's you're in mental health, drug and alcohol, or CAMHS, everyone calls themselves that and what you end up with is a
5 complicated system and often no-one really facilitating the coordination around the service system.

Our view would be that actually it probably needs to be a re-look at all the service specifications and the way those services are designed. We need to
10 take a step back. That is not an easy process, I might say, but we need to go back and look at the role and articulate the role of a service facilitator or wraparound coordinator, as we would call it, and also there needs to be within the current service agreements for those sectors a clearly articulated role of the service facilitator across the system.

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MR SCALES: I know this is not the time to discuss it because you won't have time to do this in the sort of detail which is necessary, would you mind turning your mind to that and maybe give us some information?

20 MR BONNICE: Yes, I'd be happy to do that, absolutely.

MR SCALES: The second question relates to the point you made about education.

25 MR BONNICE: Yes.

MR SCALES: I was very impressed by the results you're getting in your own program and you should be congratulated about that I might say, but I'm struck by the point you make about the way that that's not linked in with the education system per se. What did you have in mind there? I mean I've read what you've
30 said but - - -

MR BONNICE: I think there has to be a model across the state. We have a local model here, we work well with the local schools, but it's just because of
35 the local arrangements. There are some models that can address this issue of young people who are outside the education system, but it needs to be a model developed between the departments and out-of-home care agencies to articulate a clear model that addresses those needs and clearly a well-funded model. There is a lot of good models out there that can be reflected on and from that
40 come up with an educational model that we believe meets the needs, but the work first of all needs to be a discussion between the departments and the sector around looking at what is the best response here.

MR SCALES: But from your submission, and even by what you've said
45 today, you almost seem to be describing a system within a system.

MR BONNICE: Yes, absolutely.

5 MR SCALES: Again, if you felt so inclined, I'd be very interested in knowing what that system within a system looks like.

MR BONNICE: Absolutely, yes.

10 MR SCALES: And to the extent to which - anyway, I've said enough on that.

MR BONNICE: Yes, okay.

15 MR SCALES: I've got one last question. You make I think a really helpful point in the very start of your submission where you make the point that St Luke's covers both Victoria and New South Wales or parts of New South Wales. Do you have any views about the differences in the system and the way in which Victoria might gain from what's happening in New South Wales, or matters that we ought to avoid that's going on in New South Wales?

20 MR BONNICE: Our services in New South Wales are focused around mental health services. We don't deliver out-of-home care or family support services. I couldn't comment.

25 MR CUMMINS: Well, John, if you'd take on board those couple of things, we'd be most obliged to you.

MR BONNICE: Yes.

30 MR CUMMINS: Thank you for receiving us yesterday. It was helpful to be shown how it works at St Luke's and I'm most obliged to you for that and we thank you very much.

MR BONNICE: Thank you.

35 MR CUMMINS: Next, we're pleased to invite Associate Professor Pamela Snow to come forward. Pamela, thank you very much for being here.

ASSOC PROF SNOW: Thank you. Would you like copies?

40 MR CUMMINS: We've got it, thank you.

ASSOCIATE PROF SNOW: No, you don't have copies of this one.

45 MR CUMMINS: Pamela, thank you very much for being here. We've had the benefit of reading the written submission and, if I may say so, it seems a very

well-directed submission. We've got the six elements of training that you've identified, most helpfully, and we'd be very pleased to hear what you'd like to state to us verbally.

5 ASSOCIATE PROF SNOW: Thank you, and thank you for the opportunity to present here in Bendigo, in particular. That's fabulous.

The presentation that I'd like to make this morning sits alongside, but doesn't replicate, the submission that Prof Martine Powell and I have made together, so
10 this is a complementary submission if you like.

MR CUMMINS: Well, proceed on the basis we're well-familiar with your written one.

15 ASSOCIATE PROF SNOW: Sure, okay. So I'm part of the School of Psychology and Psychiatry at Monash University. I am by training both a psychologist and a speech pathologist and my area of research interest pertains to oral language competence and the importance of oral language competence as a protective factor across the life span, but a protective factor that emerges
20 ideally in the context of early childhood.

Children who enter the state auspiced care system have been shown in both Australian and international studies to be vulnerable to a range of developmental threats, either as a function of their maltreatment experiences
25 and/or as a result of compromised educational and other social opportunities during the formative years. While it's pleasing to see an emphasis in DHS assessment and progress records on domains such as educational outcomes, emotional and behavioural development, minimising engagement in criminal activity and encouraging young people to have their say, I'd like to argue in this
30 brief submission that greater emphasis needs to be placed on providing DHS staff with knowledge and skills pertaining to the importance of oral language competence in early life.

Now, what do I mean by oral language competence? This has been defined as
35 the ability to engage successfully with a range of communication partners via the spoken word in order to conduct a wide variety of personal, social, educational, commercial and professional relationships. Such engagement should be reciprocal at the level appropriate to the nature of the interpersonal relationship and should conform to a range of developmental, cultural and
40 sociolinguistic norms.

Oral language competence also confers the ability to progress to reading and writing at an educationally and developmentally appropriate juncture, provided that adequate and appropriate instruction is provided. So by "oral language
45 competence" I'm really talking today about every day talking and listening

skills; indeed, it's the medium by which we're conducting this session this morning, so it's the medium by which we negotiate the business of everyday life. It's foundational for everybody in everyday life.

5 Under optimal circumstances, oral language skills emerge in a context of warm, secure and emotionally attuned early attachment experiences with key caregivers. Obviously the children who are the focus of this Inquiry have often had early experiences that fall well short of this ideal and their language skills suffer as a consequence. Oral language competence underpins much of what is
10 deemed significant developmentally in early life, the ability to appropriately form and maintain relationships with others, the ability to interact verbally to meet a range of functional needs and the ability to make the transition to reading and writing in the early school years.

15 I really emphasise here that learning how to read is fundamentally a linguistic task, it's a language-based task. So the children who successfully master this rather unnatural transition - and by "unnatural" I mean that all other factors being equal, we come into this world equipped to learn how to talk, we have the biological equipment to learn how to talk, it just so happens that in our
20 culture, in our society, reading and writing a terribly important for academic and economic success, but making the transition to reading and writing is a biologically unnatural act and it requires, as we all know, years of specific instruction and children need to work through many developmental levels in order to become what we call competent as adults.

25 The children who master this rather unnatural transition are the ones who enter school with well-developed oral language, ie, talking and listening skills. Specific oral language subskills that have been identified as crucial in the research literature include, but are not limited to, vocabulary development; the
30 ability to share one's own experiences via what we call the narrative genre, the ability to tell stories about one's own experiences; certain psycholinguistic knowledge about how words and sounds connect to each other; and receptive language, comprehension skills. So oral language development is critical in its own right to enable optimal psychosocial functioning in childhood, but it also
35 underpins later developmental transitions, most notably the transition to reading.

40 Successfully making this transition is critical to academic success, school retention and the ultimate acquisition of marketable employment skills. Failure to achieve academically, when placed alongside other developmental threats, imposes a lifelong risk of social marginalisation and intergenerational transfer of underachievement.

45 Two critical concepts have been identified in the reading literature that are particularly relevant and important for at risk children. The first is the

so-called Matthew principle, which is a biblical reference to the idea that the rich get richer and the poor get poorer. So children who enter school with well-developed oral language skills are likely to make a smooth and rewarding transition to literacy, whereas their peers who have inadequate foundational oral language skills, talking and listening skills, will fall further and further behind relative to their peers. Unfortunately, however, such children don't enter school overtly obviously displaying the kind of deficits that make their language difficulties readily apparent to the adults in their world, so they're not mute and there is good evidence to show that unfortunately teachers are not very well-equipped, for example, to identify the children in their early years whose oral language skills fall behind what is needed developmentally in order for them to master the transition to literacy.

The second concept that has particular importance for what we might think of as at risk children is the shift from learning to read to reading to learn that occurs at the start of the fourth year of formal education, so that's grade 3 in Victoria. Many primary school teachers comment that this is the time when so-called problem boys become apparent in their classrooms as they cope poorly with the expectation that they will now use their fragile emergent literacy skills across the curriculum.

There is strong international literature that demonstrates that so-called behaviour problems in school-aged children are often a manifestation of undiagnosed oral language difficulties. Unfortunately, the label "behaviour problem" can blindsight adults in the child's world to other developmental needs and deficits.

A series of recent studies by our group - and these are included in the reference list - has shown that around 50 per cent of young males in the youth justice system in Victoria, whether on community or custodial-based orders, have a clinically significant oral language disorder, as established by performance on standardised language measures. In many cases, these young people report that they had been identified for and received early intervention services, such as reading recovery; however, these efforts were clearly inadequate in altering their risk trajectories.

In our most recent study on a hundred young men incarcerated at Malmsbury Youth Training Centre, we found that two-thirds of those who had undergone a period of out-of-home care in earlier life had a clinically significant yet unidentified language impairment. There was also a significant association between severity of offending histories in terms of the number and the degree of violence in their offending history and the presence of a language impairment. Low IQ does not account for these difficulties. Most notably, some overseas studies are actually reporting even higher rates of language impairment in young offenders than our studies suggest. Given the significant

overlap, however, between child protection and youth justice, these statistics are of obvious concern and importance, I believe, for this Inquiry.

5 The findings concerning the oral language skills of vulnerable young people are important for early identification of and provision of appropriate services for vulnerable children who are at risk of lifelong deficits with respect to their language skills. Speech language pathologists should be involved in the assessment of all children who come under the care of the Department of Human Services.

10 Investigative interviewing of children who are making accusations of serious sexual and other types of abuse, as I've indicated in our previous submission, are particularly vulnerable in the sense that developmentally they are more likely to have fragile language skills, and yet the prosecution case in cases of
15 serious sexual abuse allegations hinges entirely on the child's testimony and, as you would know, we have very, very low prosecution rates in this country in relation to serious sexual allegation cases against children.

20 Our findings also have relevance for forensic interviewing of vulnerable young people, whether they're witnesses, suspects or victims, for educational achievement and also for their ability to engage in support services, such as counselling, given that counselling is one of the most strongly verbally mediated processes that we offer to vulnerable young people, approaches such as cognitive behaviour therapy, for example, delivered by the medium of
25 one-to-one interactions, verbal interactions so in a sense we're calling on a particularly vulnerable skill and trying to use that in a therapeutic sense.

30 Oral language deficits are invisible but cast a long shadow that has lifelong implications. Furthermore, such deficits have a tendency to masquerade as low IQ, rudeness, disinterest and/or evasiveness. Oral language skills are the means by which we negotiate the business of everyday life and are critical for much of what constitutes success in life. Deficits often go undetected and few vulnerable children are referred for a specialised assessment, in spite of recent evidence that this represents a glaring gap in the management of children in
35 out-of-home care, and I refer here to a recently published study in the paediatrics literature that was based on an audit of out-of-home care cases in New South Wales, and the panel may be aware of that study.

40 I'd like to recommend, therefore, that the weight of evidence attesting to the importance of early oral language competence be systematically embedded in all policies and practices pertaining to the care and management of vulnerable children in the State of Victoria. To do so will be to pull on early intervention levers that have thus far been overlooked and potentially I believe stands to make a material difference in the lives of these young people.

45

I just make reference there to two studies of ours that are ongoing that may be of interest to the panel. One concerns an assessment of the language skills of children who have already been identified as being at risk and having been victims of abuse and/or neglect and looking at their language skills in order to better inform the training of personnel who carry out investigative interviews. Much of that training is inappropriately, we believe, premised on some assumptions about normal language development and there are good reasons to believe that these children in fact do not display normal language development. We're also working with St Luke's at the moment doing a small pilot study, looking at the language skills of young people who are leaving out-of-home care, given what we've found in our most recent study at Malmsbury about the high representation of language difficulties in that subgroup who have experienced out-of-home care en route to youth justice.

MR CUMMINS: Professor, that's been most thoughtful and highly relevant. I particularly have noted your point about oral language deficits masquerading as other entities in your presentation today and, as I said to you, I think your training module and your considerations there and the value of the training that you've specified in your written paper previously is highly significant, so thank you for that. Are there questions that you'd like to ask the professor?

PROF SCOTT: Yes, I'd like to ask a question, but probably the response might better take the form of a further submission to us, if that's not too great a burden.

ASSOCIATE PROF SNOW: Sure.

PROF SCOTT: This is very valuable in terms of children who are in child protection and juvenile justice settings. Given that the Inquiry has a broader brief around Victoria's vulnerable children and given the Australian early development index, very poor results in this region for children in relation to communication skills and language and cognitive skills, significantly worse than the state. If you had any thoughts about a whole of population or a whole of community-based approach that would reach that broader group of vulnerable children prior to entering school around emergent literacy and preschool literacy, that would be very helpful to us, so that's probably getting us back to that primary and secondary prevention level - - -

ASSOCIATE PROF SNOW: Sure

PROF SCOTT: - - - rather than dealing with just the language needs of children who are already in the statutory systems.

ASSOCIATE PROF SNOW: Identified, yes. Sure.

MR CUMMINS: If you could take that on board, that would be terrific, thank you, professor.

5 MR SCALES: Prof Snow, I was struck by the submission by St Luke's where they were arguing that for most of the children of course that we're talking about many of them don't go to school, and they were arguing we have to get children interested in learning and they were arguing I think - paraphrasing them - that you have to begin learning where the child is.

10 ASSOCIATE PROF SNOW: Yes.

MR SCALES: So you then have to bring the child into the process and almost have the child become part of the education process and then they go on one step further and say, "Create education around the interest of the child." Now, 15 are you saying that what you're suggesting here should take precedence over that?

ASSOCIATE PROF SNOW: No, I'm saying that there is a knowledge base that needs to inform the thinking and practices of staff who are engaging 20 children in that very appropriate way and, in fact, I think St Luke's stands out as being an organisation that does have an awareness around the importance of language and language competence. So not "instead of" but "as well as" and, as I say, I think there's a knowledge base and a thinking process that needs to inform the approaches and practices of all personnel who interact with these 25 children.

MR SCALES: I don't know whether you were here when St Luke's were here earlier, but we talked briefly about the possibility of a system within a system.

30 ASSOCIATE PROF SNOW: Yes.

MR SCALES: Are you then saying the pedagogy for the training of the teachers within that system within a system needs to have particular characteristics that include what you're suggesting? 35

ASSOCIATE PROF SNOW: Yes, and there is evidence, without digressing too much, but I've recently been working with the Catholic Education Office in Victoria who did a very progressive and innovative study over a three-year period where they provided specific professional development to teachers, 40 early years teachers around the importance of oral language skills and the way that oral language competence informs the transition to literacy. It's called the OLSEL project, which is an acronym that stands for Oral Language Supporting Early Literacy. What they've found is that by giving that professional development to teachers, we can achieve very clinically and statistically 45 significant advances in children's literacy, but also in their oral language skills,

and in many cases the problem is that teachers are not adequately equipped with this in their pre-service education.

5 MR SCALES: Thank you. Could I just then ask one last question which relates to not that submission, but the one that you gave us, when you talked about the investigative interview training and so on. Are you suggesting that that should be made compulsory?

10 ASSOCIATE PROF SNOW: Well, yes.

MR SCALES: Why?

15 ASSOCIATE PROF SNOW: Because the literature is quite clear that people who have undergone training and maintained their skills through top-up training do elicit different kinds of testimony from children and, in fact, a study that we did where we worked from 54 D-identified transcripts of police interviews, so actual transcripts of actual interviews with children making serious allegations, and those people hadn't undergone training, and what we found is that they fall a long way short - or they hadn't undergone these specific
20 evidence-based training - they fall a long way short of the ideal in terms of their ability to not interrupt and to use the appropriate kinds of questions that elicit the child's free narrative account of the alleged abuse incident and so, in fact, that contaminates the testimony and significantly reduces the impact of the testimony.

25 MR CUMMINS: It does two things, it loses what should not be lost and it contaminates it as well.

30 ASSOCIATE PROF SNOW: Yes, indeed.

MR CUMMINS: A very important point.

ASSOCIATE PROF SNOW: Yes.

35 MR CUMMINS: Professor, that's been most helpful and very constructive, if we may say so.

ASSOCIATE PROF SNOW: Thank you.

40 MR CUMMINS: So good wishes.

ASSOCIATE PROF SNOW: Thank you very much once again.

45 MR CUMMINS: Next, we're pleased to invite Ms Sue Carlyon to come forward and speak to her written submission. Sue, take a seat and just settle

yourself in.

MS CARLYON: Thank you very much.

5 MR CUMMINS: Sue, thank you for your written submission. We've read it in full, so you can take it that we are familiar with it, so if you could add what you would like to add, rather than repeat the written submission which we have on board already.

10 MS CARLYON: Yes, certainly. I'd just like to say that I'm coming from the point of view of having been in the child abuse area and being a survivor of child abuse. I would like to put my submission more as a looking forward perspective and therefore I would just like to reiterate just one sentence within that submission.

15 MR CUMMINS: Certainly.

MS CARLYON: That without there being an honest, intelligent and courageous exploration into the reasons that cause a child to be in state care in the first instance instead of being in the care of its biological parents or parent, then the Inquiry will achieve very little. William Booth, founder of the Salvation Army, said, "You cannot improve the past without disturbing the present." This Inquiry is about seeking solutions for the well-being of children in state care and William Booth's words echo a truth that must be embraced by those of you on the panel.

25
A child not only ends up in state care because its biological parents or primary care givers are unable to cope with the responsibilities associated with raising their children in a safe, nurturing and loving environment - sorry, that is the reason why. Sorry, I misread that.

30 MR CUMMINS: That's all right. We've got it.

MS CARLYON: You have to forgive me, I'm a little bit nervous. I haven't done this before and I'm not an eloquent speaker, so please forgive me.

MR CUMMINS: No, you're going very well, just take it steadily.

MS CARLYON: Thank you very much. I admire the previous two speakers for their composure and the eloquent way they presented their papers.

MR CUMMINS: No, you're going well, Sue.

MS CARLYON: It is a known fact that this is often a generational problem. Consequently, by the time the child is placed into protective custody within the

state welfare system, it has often already been traumatised in various ways. This may have been through physical, emotional, verbal and/or sexual abuse, which in turn will have significantly damaged the child in many and various ways, including their self-worth, their confidence, their trust in adults and other individuals, their ability to socialise naturally and normally, their ability to understand right behaviour from wrong behaviour, given the role models they have learned from, all of which contribute to mental health problems and their fallout. It is important to emphasise there that the mental health issues are clearly growing, especially in relation to depression, anxiety-based issues and suicidal ideation.

An abused child will invariably enter the welfare system with major emotional, psychological and behavioural issues to be dealt with, which will often present significant challenges for the staff caring for that child and unless the staff are trained properly to deal with such children and have a genuine desire to work with such children in a loving and caring manner, free of their own emotional, psychological and sexual baggage, ultimately the dysfunction of the child will trigger some form of negative or inappropriate response from the caregiver, whether it be verbal, physical, emotional or sexual, thereby compounding the negative issues the child is already dealing with and evoking more intense negative responses. Obviously the older the child, the more complex the behaviour and the more difficult the situations will be for the welfare staff to handle and on that point - - -

MR CUMMINS: We've got the cutout, so thank you for that, we can take that on board.

MS CARLYON: Thank you, and I would just like to indicate, as highlighted in part of that, that from this article, since the age of 10 this particular individual spent something like two-thirds of his life in state care institutions and as a consequence ended up in the prison system, in and out until such time as his incarceration became long-term.

MR CUMMINS: Yes.

MS CARLYON: All children are vulnerable, and without understanding the spiritual make-up of human beings, the extent of a child's vulnerability cannot be understood in the manner it needs to be. Therefore, part of the solution to protecting vulnerable children in state care will remain elusive.

An understanding of our spiritual connection to God, creator spirit or whatever one chooses to call the supreme being, through our spirit and soul, which is the very core of every human being, is fundamental to understanding child abuse, its devastating consequences and the solutions. This can only be understood in part by way of scriptures from the Holy Bible; however, indigenous cultures

have a slightly different understanding and approach to this.

MR CUMMINS: We've got those documents appended as well, so thank you for those, we can go through those.

5

MS CARLYON: You're welcome, and I think here it is also important to highlight that the indigenous cultures, and not least of all our Aboriginal Australians, have had a very spiritual way of life with very significant boundaries in terms of family and gender boundaries that in the past generated a harmony within their communities that we do not experience in our western culture, and increasingly because of the influence of western culture on these traditional people, their traditional way of life and harmony has all but been destroyed.

10

15

In 913 BC King Solomon, one of the greatest and wisest kings to ever have lived wrote, "Remember your Creator before the silver cord is loosed. Then the dust will return to the earth as it was and the spirit will return to God who gave it," and this is significant in understanding our human make-up and nature, which is clearly understood by the Aboriginal Australians. "The human spirit is from God and is pure love because God is love," and that's indicated on those brochures as well. This fact is substantiated in the New testament and explains why the deepest human emotional need is love.

20

25

Deprivation of love, especially as a child, has serious negative consequences emotionally and psychologically, and herein lies a major contributing factor in child abuse, whether it be in the home or in state care because as a result of that deprivation, behavioural problems will arise. A parent or carer who does not understand love cannot operate out of a loving attitude and when confronted with a challenging or unlovable child their responses will often be inappropriate towards the child and ultimately become abusive.

30

I therefore put to the panel the need to explore the spiritual component of life, together with the relationship between the child in protective custody and its parents and the relationship between the child and its state carers or carer.

35

Answers will become apparent from this knowledge and the solutions to the issues that have initiated the Inquiry in the first instance would then be able to be understood and implemented through a whole of community approach in which the role of the church must be included.

40

God has given us instructions in the New testament as to how to treat children and one another and if these instructions were abided by child abuse would soon become a shameful behaviour of the past. I strongly recommend, therefore, there be a senate select Inquiry or a state Inquiry into the role God and religion have, together with an understanding of spiritual health in respect to the wellbeing of children long-term and the role of parenting in the

45

development of the child as a protective measure against child abuse and its consequent need for state care.

5 I also recommend funding for organisations already promoting these aspects and encourage greater acceptance of them to enable a more holistic approach to the issues of child abuse. I also recommend the encouragement of greater cooperation between existing organisations and new organisations such as Blitztheblues, which is promoting mental health through spiritual insight from a holistic perspective, and I seek a recognition of the physical, mental and 10 spiritual aspects of every human being and the need for each of these aspects to be understood and nurtured, especially in early childhood. Thank you.

15 MR CUMMINS: Well, Sue, you've expressed yourself very clearly, if I may say so, and you've expressed yourself, both in your written and in your oral submission in a way which we can readily understand, so I thank you very much for those.

MS CARLYON: Thank you.

20 MR CUMMINS: I don't have any questions of Sue as such. Do either members of the panel wish to ask any questions?

PROF SCOTT: I don't, but I thank you for that.

25 MR SCALES: Nothing further.

MS CARLYON: Thank you for the opportunity.

30 MR CUMMINS: Thank you so much for coming forward. Very good. Next, I'm pleased to invite Ms Elizabeth Schepisi to come forward. Thank you, Elizabeth. If you'd just take a moment and settle yourself in. Elizabeth, we'd be very pleased to have the benefit of your submission.

35 MS SCHEPISI: Firstly, I'd like to acknowledge that we're meeting on Dja Dja Wrung country this morning and also acknowledge the ancestors, past and present.

MR CUMMINS: Yes.

40 MS SCHEPISI: I'm representing the Bendigo and District Aboriginal Co-Operative and you'll often hear me refer to BADAC, so that's the acronym, and if the last lady thought she was nervous, she's nothing on me.

45 MR CUMMINS: She went very well and I'm sure you'll go very well.

MS SCHEPISI: She did, so I'm looking at that for inspiration. We've chosen to respond to some of the questions in your paper that you've sent out and I'll start with question 1, the factors that increase the risk of abuse and neglect occurring and the effect of preventative strategies and, in particular, do the
5 current strategies need to be modified to accommodate the needs of Victorian Aboriginal communities, diverse cultural groups and the children and families at risk in the urban and regional context, and I'm sure you're all aware of your own questions.

10 It's fairly obvious when I state that we know that parents and grandparents in Aboriginal communities are part and have been part of the welfare system and from the perspective of the communities this has been very, very hard to come out of these roles. There has also been residual trauma left in the communities as a result of past history and again the obvious - Aboriginal children are
15 falling through the cracks at school, so that's just setting the scene for the situation as we have it at the moment.

I'll continue by saying that the best interests of families can hardly be met when over an eight-year period vulnerable children from one Aboriginal family
20 have had 45 placements, three reunifications to mother, every time a new child has been removed and placed in the system the whole process starts again for all the children, despite the continuous warnings and documentations and concerns and appeals and requests for reviews of decision from workers and carers within the Aboriginal community falling on deaf ears.

25 We have seen ongoing systems abuse to these children and as a result cumulative harm and reoccurring of trauma. The three oldest children have been in Aboriginal kinship placement for three and a half years and still have not gone on to long-term permanent care and still remain on custody orders
30 after eight years in a child protection system. Three other siblings placed in another Aboriginal kinship placement, out of her mother's care for nearly two years and still on custody orders.

I think one of the things you'll find as I read through this is this reoccurring
35 theme of talking to and meeting with and connecting with the Aboriginal communities and while we continue to leave their voices out of any decisions we make around children, I think we'll continue to see the system failing Aboriginal children. I go on to respond to the quality, structure and role of functioning for family service and statutory child protection services, including
40 reporting and assessment, investigating procedures and responses for out-of-home care, including permanency, planning and transition and what improvements may be made to better protect the best interests of children to support better outcomes for children and their families.

45 Our response is that you need a holistic approach with Aboriginal families,

culturally sensitive in the assessment phase and an increase in long-term follow-up support. Inaccurate documentation of family information during the assessment phase continues to have a devastating effect on Aboriginal families. BADAC covers the Dja Dja Wrung country and the traditional area is over
5 five LGAs, but we're only funded for the Bendigo area. The point is Aboriginal boundaries are different to government-funded boundaries. An opportunity should be given to BADAC to receive Aboriginal dollars for those other LGAs to services we currently provide for family. BADAC is currently only funded for 1.5 family support services for all the above areas. BADAC
10 has requested for the past seven years to be funded for out-of-home care services for Aboriginal children, with no success. We are currently funded for point 8 position for placement support services only, with a case management of 35 children.

15 Where non-indigenous culturally appropriate carers have been recommended by BADAC, they are continually overlooked by both mainstream and DHS as providers of out-of-home care for sibling groups. Aboriginal parents' voices are not heard when it comes to the placement of their own children. The integrity of workers in the Aboriginal community is often challenged by
20 mainstream and department workers. Community workers are viewed as unskilled and unqualified to provide services for their own families and their own communities. Lack of acknowledgment about the Aboriginal way of knowing and supporting vulnerable children and their families continues to exist. BADAC's every day practice is a collaborative working model that has
25 supported the community members and their families for the life of the service by the organisation, thus reducing the manhandling and over-representations of families.

I've worked in mainstream as well for Aboriginal communities and one of the
30 things that that absolutely struck me when working in an Aboriginal community is we have an intake system at BADAC where families come in and the whole story of the family is taken care of, is addressed, and many different units within BADAC swing into action to support the family, and I often get left only with the particular issue that the family comes into relating
35 to their family issues, so their housing, their spiritual and emotional wellbeing. It's so fantastic to know that people are focused on the better outcomes for the family and that you as a worker get to address the issues that your skills are there for to support them with.

40 The last one is around the interaction of department and agencies and courts and service providers and how they can better work together to support at risk families. Just to prove that we've not come up here with a whole negative bunch of stories, I would like to acknowledge - and I think John Bonnice has already very clearly outlined the Victorian family coaching program and I
45 came in on John speaking halfway through so I don't know whether John had

the chance to mention that it's a partnership between the department, St Luke's and the two Aboriginal organisations and that's been absolutely superb for us. We've felt a real involvement, a real connectedness and some real outcomes, so I'll continue to read.

5

The placement prevention program that we currently provide for families in the community is a unified and corroborative response to both the Aboriginal organisations and Department of Human Services to the complex issues relating to the care and wellbeing of Aboriginal children. This is the first time both parties, the department and the ACOs, have worked together to respond in a culturally sensitive manner to the needs of vulnerable children in the Aboriginal community.

15 Over the past six months we've worked intensively with a number of families alongside DHS in order to provide services for the children in our community. For the first time ever the community has been able to demonstrate their own understanding of the complex issues that face their own people and to this end the benefit has been no Aboriginal children have been removed without consultation with the Aboriginal community. If the voices of Aboriginal workers in Aboriginal organisations are ignored, you will never have better outcomes for vulnerable children.

25 I go on here to talk about some of the things that are important. The role of the Aboriginal family decision-making needs to be extended. Referrals internally to DHS are not always followed through to promote the worker to complete and families are not being given the opportunities to use this process. I don't know if you're familiar with the Aboriginal decision-making process?

30 PROF SCOTT: Yes.

MS SCHEPISI: Unless Aboriginal families are adequately supported in the court system, they will continue to be over-represented and the family voice and the child's voice are not being heard where they should be best placed. The lack of cultural awareness and education for our court advocates hamper the opportunity for good outcomes for our family.

40 Current legislation and protocols determine VACCA's - that's Victorian Aboriginal Child Care Agency - role in representing Aboriginal families. While we acknowledge the importance of Aboriginal organisations' roles in determining outcomes for vulnerable Aboriginal children, we'd like to note BADAC's concern in this area.

45 VACCA is a metro-based agency who employ staff outside our community for the Lakidjeka programs to work and advise and advocate on behalf of our children. However, they often have little or no knowledge of the families and

the children's lives prior to contact with child protection and decisions are not made against the local ACO's recommendations, who have the holistic family history. Again, it's that repetitive story about the consultation.

5 You'll find that in the past BADAC have worked closely with most families entering the child protection system. These decisions are determined in the long-term care of our children, including child placement decisions and child removal. We place a high priority of BADAC becoming resourced as a pilot heading into the section 8 with delegation of powers being given to the
10 Aboriginal CEO and a Lakidjeka worker being placed within our organisation.

Just a closing statement. It is clear that in the time frame allowed we've not been able to cover all the areas of concern that are priorities for our Aboriginal communities. However, as is our cultural practice, we are always willing and
15 open in response to any delegation or government department that wishes to meet at the table and discuss and develop better initiatives and working practices for the better outcome of our vulnerable children and their families. Until the implementation of section 18 occurs for our families, the community and the change of delegation of powers, decisions around our vulnerable
20 children and families will continue to be problematic and not culturally responsive to the best interests and needs for the children.

MR CUMMINS: Elizabeth, thank you very much for that. We certainly acknowledge the significance of the points you make as to the holistic
25 approach that you've spoken about and especially the importance of BADAC and your involvement and consultation. As you very articulately stated, that's central to your submission and we certainly take that on board. What we do, Elizabeth, is that we take a transcript of what you have said and we get that typed up and that gives us the opportunity then to study it further and to reflect
30 upon it, so that's been important to us and your contribution is important to us.

MS SCHEPISI: Thank you.

MR CUMMINS: Mr Scales, any questions you would like to ask? Dorothy?
35

PROF SCOTT: Yes, I have a question and it relates to the broader group of vulnerable children. Is there anything in this region in relation to young Aboriginal parents where you think support and assistance can be given at a very early point, even during pregnancy and in the first two years of the child's
40 life that could prevent families getting to a situation where they then become notified to a statutory child protection service, so I'm wanting to go back at an earlier point.

MS SCHEPISI: And I think you're right to go back because we recognise
45 ourselves that it's that, you know, during pregnancy stage, pre-birth stage that

the work needs to begin and to this end I think that the new program that we've got, the placement support, the placement prevention program is actually doing that. The department has taken it upon themselves, particularly in this area, in this region to involve BADAC, so we do come in. The organisation does come
5 into play at that stage and so does the organisation and I think it's absolutely imperative that we start putting supports around women in those circumstances when there are already concerns out there that this child may be vulnerable and then right through the process, very close connection through the birth, very close connection from the birth onwards and it's just an ongoing support.

10 One of the really fantastic aspects of this new program is that it gives the longevity to services, whereas in the past family services in, out, in, out and, you know, families break down along the way and we know families are going to fall over from time to time. This program allows for that continuous funding
15 of continuous support and where we've had that, that's why I've mentioned it in my talk, is that where we've been able to be there, almost around the clock supporting families, and when families fall over it's absolutely imperative that the department come back, and they have been doing that, and say, "This has happened. We've been notified," and then we're back out there again.

20 There are lots of programs that Aboriginal organisations are running for our mothers with young children. I can name three or four that are our own, so again we bring them in through all the programs, it's Mums and Bubs, you know, Tuning into Children, Mother Goose, all those things are there, but you
25 have to have the relationship before you can make any difference in these people's lives.

PROF SCOTT: Thank you.

30 MR CUMMINS: Anything else?

PROF SCOTT: No.

35 MR SCALES: Elizabeth, you talked about the placement for prevention program.

MS SCHEPISI: Yes.

40 MR SCALES: I don't think we've heard about that.

MS SCHEPISI: I'm calling it placement prevention, John Bonnice rightly calls it - it's called placement prevention in our service. It's the Victorian Family Coaching, yes, sorry, and that's confusing, yes.

45 MR CUMMINS: John developed that very clearly before.

MS SCHEPISI: Yes, that's right.

5 MR SCALES: But what it does seem to highlight though is that there are different models that should apply for the way in which we think about caring for children and families within the Aboriginal community that might not necessarily be the same sorts of programs that apply for the broader community at large.

10 MS SCHEPISI: Yes.

MR SCALES: It's not unlike the question we were talking about earlier about education. Are we thinking about this correctly? Is there another sort of system within a system, to use that nomenclature?

15 MS SCHEPISI: What happened when I came along on behalf of BADAC, and John and St Luke's developed the pilot in consultation with BADAC, but St Luke's had been a fair way along the track with their implementation of the program and so they had tools, communication tools and so forth all developed and the very first thing St Luke's recognised is that we would want, as an
20 Aboriginal community, to look at what they had already worked out or approach it from our perspective and to that end we did. There wasn't a tool we didn't change or a wave communicating and we've had fantastic support from St Luke's through this program as well, but yes, there is a constant need to
25 look at what's sitting in mainstream as opposed to how we would approach the situation in an Aboriginal community.

I mean I've been in and out of the Aboriginal community for the last 30 years and I probably know 2 per cent of what I probably need to know, but there is so
30 much knowledge and, as I said, a way of knowing that exists in the Aboriginal community. Time and time again I think the answers sit with the community themselves and they will, without hesitation, once asked and invited to participate, be clearly able to say what works best for their families.

35 I'll just add - and you'll get rid of me in a sec, I'll go in a minute - that people often presume, and there is this thing out there that Aboriginal people will protect their children and their families, "No, we'll protect the family first and children second." It is clear to me and everyone else that works within
40 community that they will always protect the children first and go to great lengths and use as much support as they possibly can to protect the children first. I actually had another point but I've completely lost it, so it's time I left.

MR CUMMINS: No, take a moment. We've understood that last point that you made and so was it something else you had a note of or something that
45 you - - -

MS SCHEPISI: I was, but I sort of lost it in my own ramblings I'm afraid.

5 MR CUMMINS: Well, you weren't rambling, you were very clear. You're very welcome to send us a note if there's something further you'd like to think of or even because of discussions today you wanted to add some things, we'd be very pleased if you just sent it into us.

10 MS SCHEPISI: Okay. Thank you very much.

MR CUMMINS: Thank you very much, Elizabeth. I'm pleased next to invite Mr Mohamed Elmasri to come forward. Take a seat. Mohamed, thank you very much for coming forward. We've had the benefit of reading the carefully written submission so you can take it that we are familiar with it and you've given us further material, so if you could take it in a way that's most suitable to you.

20 MR ELMASRI: Thank you. First, I'd like to recognise the traditional owners of the land, both past and present, and pay my respects. Secondly, I'd like to thank the Inquiry for giving me the opportunity to present today and I'm happy to say that I was very pleased with point 3.5.3 of the terms which relates specifically to what we're interested in, which is dealing with the issue of CALD clients.

25 MR CUMMINS: Yes.

30 MR ELMASRI: First, I should probably explain a little bit about who I am because I come to this totally from outside the sector. Me and pretty much everyone in my team has full-time jobs working in a totally different field like, for instance, myself, I'm logistics. So what started us into this is a recognition by a member of our Muslim community, my local mosque, who was working within the sector and found that there were a lot of Muslim children going into the out-of-home care sector, but a very big lack of presence by the Muslim carers to be able to support them and take them in, so that's how we started this program and it was initially started in 2007 through BPEP - I'm not sure if you're familiar with that - Best Practice Engagement Process, I think.

MR CUMMINS: Yes.

40 MR ELMASRI: So we started there in 2007 with Anglicare on a program called Daar Aasya and so you'll see some of the material that I've provided there refers to that program.

45 Since starting this work we've found that there are three big issues and I guess hurdles that we've come across: mainly a lack of support services to those who

are interested in becoming carers from CALD communities, so that's probably one of the biggest hurdles. There is also a lack of priority that we felt within regards to the attention given to CALD clients in terms of providing for the cultural and religious backgrounds.

5

We've noticed - and I apologise, I just want to clarify that I have the highest level of respect for everyone that works in this field and we're in total awe coming into this sector, seeing the amount of work that goes into it - but we felt that there was a lot of focus on providing for the safety, security obviously from whatever difficulties they've recently undergone, but that the issue of cultural and religious engagement was a little bit left by the wayside, even though it was recognised and it was mentioned in several different places throughout a lot of legislation and agreements that we have and so forth - - -

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15 MR CUMMINS: But you say not significantly, not sufficiently recognised?

MR ELMASRI: I'll probably get to it in different areas because I'll touch on it, but yes, we just felt that it wasn't there enough. It wasn't dealt with as high enough or given enough priority as it probably should have and so we changed the name of our program from the Daracia program to Care With Me, as in cultural and religious engagement, because we sought then to establish a model for the engagement of CALD communities. So by working with the Muslim community, what we were doing, we were hoping that that gets up to the level where it can then become a model for taking on other communities and working with other communities in a very similar manner. So we seek to promote the cultural and religious engagement for all Australian children and young people in out-of-home care, that's pretty much our mission statement and that's what we set up the organisation on.

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We've been working with a cross-group or a cross-section of - a wide range of groups within the community from our community's background and that includes mosques and different ethnic backgrounds and I think that was a really big plus for us, that working from a religious group we were able to tap into a lot of ethnic backgrounds, so that included the Horn of Africa, which there are a lot of people from there, included countries like Afghanistan and Iraq where there are a lot of detainees or a lot of unaccompanied minors coming here, so that helped us in that respect, but also we worked and we sought and continued to work with this sector as well and that helps us immensely. Can't give enough thanks to organisations such as the Centre For Excellence and Child Family Welfare, Office of the Child Safety Commission and Anglicare because they've really supported us and, through them, we will try and, as I said earlier, to establish that model and constantly look within what we're doing to see how we can improve it.

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45 Again, even though the legislation is there though, we are constantly finding

that people are not perhaps filling in forms enough and we're not able to get the data that we need and I know, for instance, Dorothy, you're interested a lot in a lot of the data and I heard you at the last public Inquiry asking for a lot of numbers and so forth but we're really, really struggling to get that kind of information because forms are not being adequately completed within the department and within the sector to adequately reflect what the cultural or religious backgrounds of children are.

We've resorted to doing something that is probably the best we could do given the circumstances and that's get information from different people, just going through lists of names and seeing if they can spot names that look like they are from a Muslim background and through that - I mean I feel that's pretty embarrassing even to say that this is the situation that we have to resort to - but we tried to do what we can to get something for you and doing this around the middle of April, we did one mid-sized program, so one of the middle-sized community service organisations and found that they had a representation of about 18 per cent of their clients in home-based care being from African, Asian or Netherlands and also they had a lot of referrals and they pointed out that they had a lot of referrals from the horn of Africa, but a lot of difficulty in finding placements for them.

Another larger community service organisation said that they had between 10 to 20 per cent of their clients being from CALD communities and especially from the Sudanese indigenous communities, Thai community, Vietnamese communities, so that's one area. We also tried to go another way, went through different sources to try to find what we could find out from the north-west region because that's where we know that there is a large representation of Muslim community. We found that there were about 405 children and young people in care, 135 of which in resi care and eight of them had Muslim names from what we could identify. We can't identify all of them obviously, we're not familiar with a lot of different other cultures, like Bosnian and Turkish names, which look very similar, but from what we could recognise we estimated that there were about 3.9 per cent of the clients in the north-west region being from a Muslim background. While there is, going on the census data, about 2 per cent of the community being from a Muslim background, that represented an over-representation of Muslim clients being in out-of-home care. So that's probably as much as we could do from the data, but one of the areas that I'll come back to again highlight is that we're very, very disappointed that there isn't enough information to allow us to pool that data which will allow us to focus what we're doing.

MR CUMMINS: Yes, we understand that.

MR ELMASRI: So we've been able to, again coming to this from outside the sector, we're looking at everything and anything that we can get our hands on

to try and build our knowledge and be able to do something credible. In doing so, we've hit upon researches, both locally in Australia, nationally, not so many in Victoria, but also internationally as well and one that I've included in the package I've just given you dealing with the benefits or addressing the benefits of cultural matching in foster care.

That was immensely helpful because that identified several things about pretty much specifically what we were talking about, you know, how valuable it is to have the issue of cultural and religious engagement being addressed within the out-of-home care sector and that highlighted things such as shared beliefs and expansion of the values, the same values that are held; the child or young person being able to feel secure and establish or become comfortable a lot faster perhaps, seeing familiar actions and habits carried out by the care-giving family; a smooth transition due to common expectations of the roles and similar community connections that the family is already practising and connected with; also a lower level of stress for the care givers, given that they're not really required to change their routines as much in caring for someone that's already from the same community, they're able to establish and utilise the connections and the shops and, you know, clothing, food and habits and whatever it is that they're doing already in being able to just provide that service on to that young person.

So in terms of again key issues that we did find, there was a couple of them and that was again the lack of support services where there were no formal support services to encourage communities, CALD communities to take up becoming carers. There was nothing that was really targeting them and the common problem that we heard from this community service organisations is just difficulty in communicating with them due to not understanding the culture well enough, perhaps different languages, not understanding the structure if there is communities that they can tap into and develop a long enough working relationship with to be able to target people, even though the sector is crying out for, you know - it's saying that it's short over a thousand carers that it desperately needs - we see that as a big pool that is just not being tapped, so we hope to be able to establish that model and I included in there a newsletter that we started to put out to try to go out to members of the community and try to go out to different people and I just wanted to quickly touch on that.

Since we started doing this, we also started doing information sessions to the community and going out to community events, such as any conferences that the community organises for itself or lectures that it organises for itself to just give a message out and a callout to raise awareness of our program and the fact that there is a need for them to take part in this kind of community work, not only for the fact that there are children and young people from all different cultures and religious backgrounds that require their assistance, but in our mind we thought that it's also of great benefit for the community itself in order to

establish it through connecting it with other community service work and
volunteer work to get them out of the image of being insular and not being
connected with the outside community, having CALD members of the
community do volunteer work, such as providing care for something like, you
5 know, children from a similar cultural or religious background or something
that would be seen as easy for them, but would also have an added benefit of
getting them involved in working with a case manager, working with a
principal, realising that there is a larger support network and being able to relay
that and advocate for that to other members of the community, so it worked
10 both ways.

MR CUMMINS: Yes.

MR ELMASRI: Through that we've been able to reach about 10,000 members
15 of the community through advertisements, through attending those kinds of
lectures and so forth. We've had about 400 of which attend our private
information sessions, which we partner up with foster care agencies to request
that, to provide information on what foster care is and out-of-home care is.
We've had about 45 of which attend training to become caregivers and we
20 know of eight who have become accredited, so the model is there and we're
hoping to prove that it does work. But, again, in facing some of these supports
and trying to get more people on board, unless that happens we see that it's not
going to really get that far.

25 Other cultural barriers were things such as training and engagement from the
sector itself in understanding enough about the community and how the
community works, so what we do is we have a specific part of our program
which we call engagement, so we try to find out about cultural events that are
happening, such as festivals or community open days or something like that
30 and invite members of the sector, whether they be workers or foster carers to
attend with us, we'll chaperone for them, explain to them about the culture and
take them through that community to explain to them how it works and what's
happening. We found that that was very beneficial and we even also did things
such as training for them, so we did a - I'll probably touch on that in a second -
35 but that was very beneficial, just to invite them to festivals, just to see families
from a community, specifically the Muslim community who has been getting a
pretty difficult or a bad rap in the media, to be able to see a different side to
that community, to be able to see families and children playing at festivals was
a real eye opener and that was the feedback that we got from several members,
40 so that was very beneficial.

There was also, as I was saying, social exclusion from the actual children and
young people who were in care when they were young. We've had several join
our group through finding out, as we were saying, through conferences and so
45 forth, they found out about we're doing and came and presented themselves to

say that they were in out-of-home care when they were younger, they are from the Muslim community and they shared with us their experiences. They all pretty much relayed a certain lack of engagement and support from the community. They felt that they were shunned by that Muslim community, for instance, that we're dealing with, but I'm expecting it would be the same for many others. If they don't feel that there is an interest from the community to support them, then they don't know that the community even exists, so they were certainly pretty upset about that as one of the things.

We've continued to put out media releases, of which again we've put out I think to date several different kinds of media releases. We've done about 12 media releases, four radio interviews, amongst other things, you know, that we try to get involved in as much as possible. Mind you, as I was saying, we're not really from the sector so we're sort of fumbling our way through, but we're trying to bang the pots and pans to make as much of a racket about this as possible, so we've given them the opportunity to also include them in the media releases and talk about their stories so that others out there know that the program exists, that the community is interested and hopefully they can take part.

The last thing that we also did was to provide training to the sector, so we tried to develop working with the community, clerics and people within their different organisations and so forth. We tried to come up with training that we could offer out to the sector, both again for carers and for workers, and advise them on how the community is operating, what is important in caring for a child from a Muslim background, for instance, in our case at this stage and we found that to be very beneficial and we had very positive feedback. I included a letter from Anglicare that was supporting, you know, giving some praise back to that program. We even had other people come back and say that they have had and experienced a lot of difficulty in dealing with children from Muslim backgrounds.

There was several cases that were pretty disturbing of, you know, the child having been in the difficult situation where they weren't sure how long they would be in care for and so the family didn't know how much of a provision to provide for that child from a cultural background and so the child was in care for longer than they expected and they missed out on some of the significant events that take place within their Muslim calendar and that was pretty distressing for both the child in care as well as the caregiver who felt, you know, not able to provide them with that level of support that they wanted to and they knew that was very important for them, through conversation.

MR CUMMINS: Training is always important.

MR ELMASRI: Yes. Well, it helps and again we try to push for that. Again,

unless there is an emphasis on it, we found that a lot of the community service organisations are saying that they're having difficulty finding funds to be able to send their staff to go out and do the training, which again puts us back. So we are hoping that that's one of the areas that does get addressed, is funding.

5 We feel that there is perhaps not enough funding given towards addressing the issue of CALD clients and how to best support them.

We know that it's being done very well with the Aboriginal communities and Torres Strait islanders and we feel that that's great and it's almost a model for how all CALD communities could be dealt with and should be dealt with. We don't need to repeat mistakes to learn that, okay, that should be rolled out to all of them. Then having a look at what actually happens versus what we say should be happening, we found a lot, as I was saying earlier that it's written down in a lot of legislation, a lot of different places that, yes, we should be doing this and that for children from CALD backgrounds to make them proud of their background, to make them engage with their community, but it doesn't really happen. We're finding it very, very hard for people to put a focus on that because they're so busy dealing with all the other areas and then also, yes, just making sure that training does take place and is very highly emphasised, so that's pretty much it for me.

MR CUMMINS: That's excellent, Mohamed. I think what's very important about your presentation is that it is your presentation. That you are raising awareness, that you are informing people, that you are bringing this into the centre of the stage and the fact that you've done the work and you've come and you've made the presentation creates its own value, as well as the actual content itself because it does raise people's awareness, so I think that's a very good step forward. Prof Scott, any questions you'd like to ask Mohamed?

30 PROF SCOTT: Two questions, but one that you might wish to come back to us about, but the first one was the financial basis of your organisation, whether you have received any financial support from philanthropic bodies or from government bodies. It's a wonderful initiative, but often there is the struggle to keep something like this growing.

35 MR ELMASRI: It's huge.

PROF SCOTT: So that was one, and the second one was, and this may be something you may wish to come back to us on later, have you developed any insights from looking at children at the point at which they need to be cared for by another family, any ideas about what may have been helpful to prevent children within the Muslim community - and I recognise the ethnic and linguistic diversity within that community - that could have assisted at an earlier point to prevent the situation getting to that degree; for example, through refugee re-settlement services or other ways of assisting families who

are struggling? That's the question you might want to come back to the Inquiry with because that's a very big question, but you may have some comment about the financial basis of this initiative and how it might be viable.

5 MR ELMASRI: Yes, we've been checking it - you saw me shaking my head there - we've had just recently, I think the last month, we've been lucky to get from the Department of Planning and Communities, I think it was, a \$5000 volunteer grant. That's pretty much the only funding that we've had so far. We've had some donations and that's where we've been collecting a lot of
10 the money, but that probably adds up to no more than probably maybe \$2500 since 2007, so the term running on the smell of an oily rag probably is taken to a new level with us. Hopefully, I don't know.

MR CUMMINS: Well, it makes raising the consciousness all the more
15 important, doesn't it?

MR ELMASRI: It does, and that's where we hope that the Inquiry does find that there is a need for more funding into this area because that would certainly help in what we're trying to do and, as I said, since realising that this is not just
20 particular to the Muslim community, it's something that goes across the board to all CALD clients - - -

MR CUMMINS: Yes, you made that point very clearly.

25 MR ELMASRI: - - - because we've heard about, I think 2007, a Vietnamese community program that also failed because of lack of support from that Vietnamese community, so we see that if this model works, and we're happy to do it off our own back, if we can prove that it works and hopefully we can get the funding for it to be carried on to a bigger scale. Thank you.

30 MR CUMMINS: Mr Scales?

MR SCALES: Mohamed, you've addressed your points primarily to foster care and out-of-home care, but are you suggesting that this issue is more
35 fundamental than that; that is, that when we think about a child in care, just for the moment, put aside the families, is your broader argument that we ought to be thinking about all of these cultural matters when we think about education of the child, the care of the child, the development of that, the values of the child, et cetera, when we think about the child as a person and the total
40 development of the child, is that what's in the back of your mind?

MR ELMASRI: Yes, we've actually included in our group several psychologists and welfare workers from within our community and from
45 outside the community as well and in talking with them, one of the things that they tend to quickly pick up on is of course it's an important issue because also

it not only helps during that child's initial stage of dealing with the placement in out-of-home care, but it also helps form a big part of their identity later on in life and that was a very big message in that, myself included. I mean I was born here in Australia and I had great difficulty in dealing with how my parents
5 wanted to raise me, having come from overseas and seeing how their parents raised them overseas, in dealing with that cultural baggage, I guess, and trying to fit in at school, in primary school, where you just want to assimilate and you don't want to stand out because that's when you get thumped down, so in dealing with that it was difficult growing up, but when I made it to adulthood I
10 realised the value of having that cultural identity and having that cultural background and I feel that in hearing what a lot of the people from the psychology field and the welfare field have said to me, that it's pretty similar.

A lot of children going through out-of-home care may not see the benefits of that at this early stage, but in talking also with the children who grew up in out-of-home care and who are now adults, in saying that they didn't even know where to go to to engage with that community, it reinforced again that it's perhaps not just important to have them engaged with that community from during their placement, but also for the fact that it is going to help them keep
20 them engaged with the community later on in life, perhaps give them a support network that they wouldn't have otherwise had and prevent them from perhaps going astray in having that extra network that is pretty fundamental to their identity and their self-identity. Does that sort of answer what - - -

25 MR SCALES: Yes, that's great, thank you.

MR CUMMINS: Mohamed, as I said, I think it's been very valuable for us and I hope also for you and your work to have come forward and raised the consciousness of what you're doing and of the centrality of what you are
30 saying, so thank you very much for coming forward and for doing that work.

MR ELMASRI: No problems.

35 PROF SCOTT: Yes, indeed.

MR CUMMINS: Ladies and gentlemen, we've just been going on two hours now so we'll take a 10-minute break and then we'll resume again at 20 to 12. Thanks again, ladies and gentlemen.

40 **ADJOURNED** [11.27 am]

RESUMED [11.40 am]

45 MR CUMMINS: Ladies and gentlemen, we'll recommence, if you'd be good enough to take your seats. It's now 20 to 12 so I'd be pleased to invite Mr Peter

Noble to come forward. Peter, it's good to see you.

MR NOBLE: Good morning.

5 MR CUMMINS: Please take a seat. Peter, we'd be very pleased to hear your submission on what topics you'd like to raise with us and you take it in whatever order suits you.

10 MR NOBLE: Thank you very much. To begin, my name is Peter Noble. I'm the principal solicitor and co-ordinator of the Loddon Campaspe Community Legal Centre. I wanted to begin by firstly acknowledging the traditional owners of the land on which we gather, any of their elders who might be with us today.

15 I also wanted to begin by sharing a brief anecdote, which is that on my way to work this morning I was again impressed by the role of grandparents - which is the subject of my submission today - the role of grandparents in the lives of children who find themselves the subject of child protection interventions or proceedings. You get to know people in a place like Bendigo and there at the
20 bus stop were a couple in their 60s who had two children with them, one aged about seven and the other aged about three and along the bus journey the grandfather got off with the son on the way to school to deliver him and the grandmother stayed on with the younger child to deliver her into child care that day. Anyway, it just brought home to me again the challenges that many
25 grandparents find themselves in at a time of life when they thought that they might be doing other things.

MR CUMMINS: Yes, certainly. It will be good to hear you on this topic, Peter, so please press ahead.

30

MR NOBLE: So, firstly, we're grateful for being able to make the submission before the Inquiry and we're particularly grateful that you're sitting in a regional area, we think it contributes significantly to the ability of individuals and organisations in regional and rural settings to have a voice in such matters.

35

MR CUMMINS: And we think that's very important.

MR NOBLE: In 2005, our service was established. We're a generalist community legal centre and we service this region and the adjoining Goulburn
40 Valley region in a pilot capacity. We provide a broad range of assistance and our legal representation includes many matters, including child protection matters, albeit that that assistance is limited because most parties tend to be legally aided and where we find we are providing most legal representation in this division is to grandparents, who are often excluded from getting Legal Aid,
45 be that either in the family division or through the Family Court.

In 2009, the Commonwealth government gave us a small amount of money to work with older people in this region and we chose to focus that money on supporting grandparents to navigate the legal system. Part of that work has included engaging with a kinship care group which meets weekly at St Luke's Anglicare, Bendigo and that group consists of about 20 members who are mostly kinship carers for their grandchildren who have been placed in out-of-home care and we engage with them so as to identify their concerns and develop strategies to address those concerns, part of which included representing them in the Children's Court, but also the Federal Magistrates' Court family division.

I just wanted to make a few points before getting to the substance of our submission. Firstly, it draws on our experiences of the kinship care group, but also our experiences as a service over time providing assistance to this cohort. Secondly, we note the submission by Grandparents Victoria to the recent Victorian Law Reform Commission Inquiry into the child application process and we endorse the general sentiments of that submission.

I wanted to turn to some overarching perspectives of our submission. Firstly, grandparents that provide kinship care during the child protection continuum are often in an invidious position. They want to support their own children or their partner's; they want to protect the best interests of their grandchildren; they're often trying to maintain difficult and untenable relationships with their own kids while retaining connections with their grandchildren; they want to be able to support child protection interventions, but also hold Child Protection Services accountable for their conduct; they're often ineligible for Legal Aid because they own their own home, et cetera, et cetera. Because they're in that invidious position, they're significantly disempowered, both formally and informally, from participating in the resolution of child protection interventions or proceedings. Notwithstanding that disempowerment, they are relied upon time and time again by child protection services and parents to provide continuity of care during interventions or proceedings. Many feel used - it's a strong word - but many feel used and they also feel guilty for expressing this because of their affections and loyalties to their children and/or their grandchildren.

Their experience of child protection services is highly variable, and I should underline that, it is variable, ranging from excellent engagement and participation, through to active exclusion and disregard. They're excluded from decision-making processes, be that at court or otherwise within the child protection service process, they often feel that they're perceived as meddlers should they attempt to intervene, demanding a voice to communicate what they believe are in the children's best interests. In many cases their experience can be contrasted to their at least ostensible position under the Family Law Act

where their standing and ability to properly contribute is likely to be more highly regarded and readily welcomed, albeit that that jurisdiction is not available to them during the conduct of child protection proceedings.

5 In short, many grandparents that we have had contact with feel as though their role in the relationship is exploited and is not respected, much less esteemed. Our centre recognises that in many circumstances it may be inappropriate to involve or overinvolve certain grandparents. Our centre isn't naive to the complexities of dynamics within extended families. Nevertheless, we want to
10 impress the following key points upon the Inquiry panel.

First, the importance of kinship care in caring for and protecting vulnerable children; secondly, the general lack of formal recognition given and participation afforded to kinship carers in the current child protection
15 continuum; thirdly, the general lack of attention given to the role, importance and participation by kinship carers in that continuum by the Victorian Law Reform Commission's Inquiry and their report; fourthly, the need for increased focus or shared decision-making which is respectful of existing cultural and family connections, which of course would include grandparents; a greater
20 formal recognition of the importance of kinship carers in actually protecting children and providing out-of-home care and practical support for this role; and lastly, as you will no doubt hear many times, the need for holistic all of government approaches that address the multifaceted nature of this jurisdiction, including substance abuse, mental health, poverty, marginalisation, et cetera.

25 Our submission focuses on question 3 of the Inquiry's terms of reference, which focuses on out-of-home care. We think that the strength of these are that kinship care recognises the importance of cultural and family support; secondly, that foster and kinship care allows a child to remain in a family-like
30 environment, as opposed to institutional care. These are clear strengths.

The weaknesses include: a general lack of adequate financial support, or if there is financial support, information about what that support is available to kinship carers; the lack of participation in planning of future care and aims
35 offered to kinship carers, again, they often refer to feeling like unpaid babysitters; thirdly, a lack of non-financial support, such as counselling provided to kinship carers; a lack of information regarding future plans and aims of child protection services; carers are often excluded from best-interest meetings; fifthly, carers don't understand the system generally, they're not the
40 only one who has difficulty in understanding the legal system, but they particularly find it difficult, and they're not provided with enough information so as to be able to navigate through all the different services; sixthly, children that are spending a lot of time in out-of-home care and approaching, for example, the age of 10 or so might still be being encouraged to reconcile as to
45 the focus of case planning, this is often confusing to grandparents; seven, the

concern that once a child is placed in permanent care, all supports are withdrawn, that's when additional supports are required; kinship carers are concerned at the high turnover of case workers within child protection services and that often leads to a lack of consistency and continuity and lack of
5 experienced case workers within child protection services, but again those won't be unique concerns. I have provided a number of case studies that I won't repeat.

MR CUMMINS: No, we've got those and we'd like to just quietly read those
10 in our own time.

MR NOBLE: Yes.

MR CUMMINS: I know they're redacted, but we'll read them in our own
15 time, so thank you for that.

MR NOBLE: The second part of the submission relates to out-of-home care. These are some suggestions: more funding to provide more consistent educational health and mental health supports for children in out-of-home care;
20 kinship care is a concern for lack of ongoing counselling available to children, particularly where they have experienced significant abuse and display severe behavioural disorders; the importance of a child in out-of-home care being exposed to their culture and having the opportunity to participate in all elements of their culture, including religion, language, food, customs, et cetera;
25 the fourth concern is that kinship carers are often worried about contact arrangements between parents and children, particularly where the protective concerns of the department haven't been met and the grandparents have a unique insight into the success of those ongoing contacts between parents and children because they're usually the go-between; kinship carers often bear a
30 heavy onus in facilitating contact and feel that parents should have to provide a greater commitment to maintaining the relationship with their protected child; and lastly, kinship carers are concerned when children are being compelled to maintain contact visits with the parent when the protected child is unwilling to do so. That's a useful segue into our next section on the views of children.

35 Again, the views of children and young people are important and should be given appropriate weight, depending on age and maturity. It is recognised that it is sometimes difficult to determine that when the child is vulnerable to manipulation. Related to the communication of the child's view - and I perhaps
40 haven't made this as clear as I should have in the written submission - is that the kinship carer should be relied upon more heavily to communicate their record of the view of the child. Kinship carers, as parents often would, are privy to information that isn't always available to the department and they should be able to provide that to case workers and, if necessary, to the court
45 clinic and, further to that, to the court directly through getting direct standing.

I know this has been a particular concern to a number of clients of ours who feel as though their communications to a caseworker regarding the views of the children haven't been properly recorded or communicated to the court, but because the grandparent has been excluded from standing in the court, that has gone ignored.

MR CUMMINS: Yes.

MR NOBLE: Reducing placement instability, it is considered by the group that we've been involved in that more funding for better services for children in care would reduce placement instability; more information and supports for carers would be helpful; more services and funding available to address in the lives of both parents and children the underlying issues around substance abuse, mental health and poverty; there should be greater adherence to conditions contained in Children's Court orders, particularly concerning the use of illicit drugs and alcohol and also parenting courses. This has been a particular theme of the group, who have often shaken their heads when particular orders have been made, but that doesn't seem to be prioritised by case workers when reintegrating a child with a parent.

Achieving permanent care in a timely manner. It is felt that more realistic consideration of concerns and the parents' ability to meet those concerns should be given at the outset. There should also be more realistic assessment of the best interests in terms of reconciliation being the ultimate goal. I think that there is a general view that that is perhaps overemphasised as a goal, when it's not realistic. Lastly, that there should be ongoing supports, both financial and non-financial support, for children placed in permanent care, particularly where those children have special needs or ongoing behavioural problems. That's the core of the submission and I'm happy to answer any questions.

MR CUMMINS: That's very well set out, if I may say so, Peter, so thank you very much for that and we'll take on board those case studies that you've done. Can I take you back to page 2, it's the question of the status of grandparents in the court proceedings. You make a point in your written submission about the contrast with the Family Court and you acknowledge the difference and you also made it in your oral submission then when you added to it. What do you see is the way forward on that one?

MR NOBLE: Well, at one end of the spectrum you could have a default position where a grandparent is entitled to be a party to those proceedings. Now, subject to the court's ability to oversee sensitive information, as they do in the Family Court or under the Family Law Act and will disclose information obtained under a subpoena or certain reports selectively, I don't see any reason why that shouldn't be the position really, particularly when they are the grandparent who has the child placed with them, I think that there's compelling

reasons why, as a matter of course, they should be a party to those proceedings.

Time and time again we have faced the circumstance on behalf of our clients where an application is just routinely opposed by child protection services.

5 We're not told particularly why, but there is this overarching sense that, "You don't need to be involved in that. You're just meddling," but again juxtapose that with the reliance upon the grandparents as a key support, it's extraordinary to us that they shouldn't have an independent view in that forum. I mean the court has the ability to control that environment and if a grandparent is out of control, if they are seen to be overbearing, that can be pulled into line. That happens. People with sensitive issues are in the Family Court every day and the court can control it.

MR CUMMINS: Yes.

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MR NOBLE: I see no reason why there shouldn't be any difference in this jurisdiction.

MR CUMMINS: Dorothy?

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PROF SCOTT: That was the point I was going to raise, that very one.

MR NOBLE: Sorry, I should also add that I think that there is a practical difficulty for child protection, and if I was in their shoes I'd probably think, "Crikey, how am I going to resource this" - I should also say that they should be doing it already - "but I have to give increased attention to grandparents as active participants in this process or formal participants in this process, so not only do I have to get my paperwork to the parents involved, but I might have to give it to the grandparents or the lawyers of the grandparents involved and how am I going to do that and how is my in-house lawyer and my case workers going to manage that burden?" I recognise that that is a burden, but it's a burden that has to be resourced.

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PROF SCOTT: If I may ask a question in relation to page 4 and point 5, the heavy burden that grandparents may play in facilitating contact between their grandchildren and the child's parents. What are grandparents suggesting or kinship carers suggesting would be more appropriate there, given that such contact is in the interests of the child, let's assume that?

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MR NOBLE: I suppose that there is a spectrum of opinion within grandparents about this, as there would be between parents who want to facilitate contact with the other. You can imagine that facilitating it might be quite heated, and that's why we have child contact services, to facilitate precisely this type of thing. I think the point I'm trying to make is that they're seen as being a key provider, not only of immediate support to the child, but

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then to actually facilitate the reintegration of contact with the parent. You juxtapose that against their alienation from the process and they feel quite annoyed by that.

5 MR CUMMINS: All right. Mr Scales?

MR SCALES: Mr Noble, thank you very much for this submission. Can I ask whether the group that you're representing has given any thought to the dilemma which we're being confronted with, where many people are coming
10 before us and asking that carers become much more professionalised, that there be effectively a profession called Caring, that it is appropriately funded, that it is appropriately regulated, that people who move into this area are appropriately educated - now, I'm broadening, you can get the sense of this here - and juxtaposing that with what's implicit in kinship care, and I don't
15 think I need to go into any detail about that, you'll understand the point I'm making. Has your group put its mind to that in a sense dilemma?

MR NOBLE: I can't answer that question. I'm not aware that they have, but I'd make a few observations.

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MR CUMMINS: If you want to take something on board, you're welcome to, Peter, because sometimes you might want to just give it a bit more thought and perhaps make some inquiries and you can put in a written submission because these are very clear submissions and if you'd like to take it on board we'd be
25 happy either way, or perhaps if you want to make some comments and then supplement them, whatever is the best way for you to do it.

MR NOBLE: Yes, and I'd be happy to do that but I'll just make a few initial remarks.

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MR CUMMINS: Yes.

MR NOBLE: Firstly, if placed with a choice between a professional carer and a kinship care option, grandparents may again feel like they're in that invidious
35 position where they want to be able to provide support as much as they can and don't want to delegate that responsibility to someone in a professional circumstance, that's not to say that they wouldn't on some occasions, but I think that they would feel similarly torn.

40 MR SCALES: Let me try and be a bit more explicit. In terms of professionalisation, because people are also saying that in a sense, in terms of these sort of caring arrangements, whether it's out-of-home care or foster care, because the focus has to be on the care of the child completely, one ought to remove any ambiguity about the questions about any bias towards caring for
45 one group or another, so you're trying to get clarity around that. It's those sorts

of issues, those dichotomies, those potential contradictions, those issues that an overarching professionalisation of caring might imply even for kinship care.

5 Now, I'm not arguing against it because one can't help but be sympathetic to the whole idea of kinship care, so that's not the question. The question is if this Inquiry was to have a bias in favour of kinship care over some other form of care, those are issues which will inevitably need to be addressed, given that the state has a responsibility to look after the child and therefore will need to protect the child, no matter what form of care.

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MR NOBLE: Yes, and as an advocate I've got to say that it is sometimes difficult to get insight into the true situation that a child faces when we have obligations to consider the best interests in the mix as well.

15 Having practised in both the family law jurisdiction and this jurisdiction, I guess it's my view that roles like the child's lawyer, the Children's Court Clinic or any of those other independent mechanisms are the best way to get cut through and get insight into what's actually going on. I think that that view is probably reflected by recent changes to the Legal Aid guidelines which is in fact going to prioritise funding to represent children, not funding to represent the parties. Now, I mean I've got other views about that, but it picks up on that theme, that if you invest in those inquisitorial tools, then you're going to be able to get to the heart of things, quite apart from what other support processes are available to support the children through the experience. Does that make sense?

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MR SCALES: Yes, sure.

MR NOBLE: I wanted to add one other anecdote regarding standing in the Children's Court. I had the unfortunate experience of being in court recently supporting a client for this application, which unfortunately failed, and the matter was referred to the court clinic, which we were very supportive of, and the grandparent was going to participate in that but wouldn't be given a copy of it and wouldn't know when the matter was going to be brought back to court. I put that to the magistrate, that she wouldn't be notified when it was going to be returned to the court - in fact, this had been the repeated problem, that it had been back to court many times and she was told in subsequent weeks afterwards, "By the way, it was on again and we rolled over that order," and she would have liked the opportunity to have been heard in relation to that. So when presented with that dilemma the magistrate said, "Well, we'll mark the file to say that she'll be notified of the next return date," so a fairly imperfect process is implemented there at a court level to notify someone, not as a party, but just as someone else who might have a bit of an interest in it.

45 We then asked whether or not she'd be given a copy of the report because she'd

be participating in the process, even though she wasn't a party to the proceedings, and no, she wouldn't be given a copy of the report but she could attend court if she knew about the date and listen to the proceedings of that day and get a transcript of that for her own information as if the proceedings would
5 reveal the content of the report in any level of detail whatsoever and as if she could get a transcript of the proceedings when she wasn't a party to the proceedings and you are specifically excluded from getting a transcript, so it just graphically demonstrated the ridiculous nature of this issue.

10 MR CUMMINS: Understood. Well, your two vignettes, Peter, your two book ends, the story at the start at the bus stop and the story at the end about the circularity of that problem you've just identified, very telling vignettes. Well, Peter, if you'd be good enough to perhaps put something in writing on that systemic matter that Mr Scales raised because that's I think important because
15 he did state what we've been hearing and we'd like the benefit of your submission on that point, that would be very good.

MR NOBLE: Thank you very much.

20 MR CUMMINS: Thank you and good wishes with your work. It's very important work, Peter, so good wishes with it. Ladies and gentlemen, we were going to have a lunch break at 10 past 12. The panel have got a couple of meetings we need to attend to during the lunch period so we will resume at half
25 past 1, if that's convenient to people, it gives you a bit of a chance to go and get yourselves some lunch, so we'll remain here for a couple of meetings and we'll see you all at 1.30. Thank you very much, ladies and gentlemen.

ADJOURNED [12.08 pm]

30 **RESUMED** [1.29 pm]

MR CUMMINS: I'm pleased to invite Julie Maggs and Robyn Trainor to come forward first of all and we'd be very pleased to hear from you both. Just take a seat and settle yourselves in. Thank you both very much for your
35 written submissions, which we've gone through and we'll study further as well. As with the other written submissions, Julie and Robyn, rather than go through them all fully, because we will ourselves go through them all fully, if you could highlight the points you particularly want to identify and perhaps talk to those.

40 MS MAGGS: Sure.

MR CUMMINS: So Julie or Robyn, who would like to go first?

45 MS MAGGS: I'll go first. Good afternoon and thank you. I'm Julie Maggs.

I'm the children's resource worker for the Loddon Mallee region and my role is to resource and assist agencies working in the homeless and family violence sector, and Robyn is the regional integration coordinator for family violence and we're centred at the Centre For Non-Violence in Bendigo, both of us, so we thought we'd join forces.

MR CUMMINS: Good.

MS MAGGS: We're providing information on behalf of the family violence agency and the men's behaviour program, as well as our own knowledge of the sector in that regard.

MR CUMMINS: A very important area.

MS MAGGS: Yes, it is, and so our feedback is based primarily on family violence and homelessness for children in the sector. Some of the factors that we thought increase the risk of abuse and neglect occurring and some effective preventative strategies, we thought that as a community if we addressed violence and trauma for children at an educational level. Within the Bendigo region we have the Solving the Jigsaw program which goes into schools and works with children, parents, teachers and other agencies or professionals that may be involved with the child, and they look at teaching respectful relationships and addressing issues around violence and trauma with children, so something like that introduced within the education system we thought was something of real importance.

To address the broader issues of violence, we think it's important to have a gendered view of violence on all levels and accountability structures that send a strong message of accountability through a criminal response to family violence. We also thought the indication of indicators, risk and common risk assessment frame works for child abuse and neglect within mainstream community services and training in common risk assessment framework support and referral pathways for areas such as community health, education and support services. Often within the community different parts of the community aren't on the same page in relation to issues for children and trauma and assessing that, so we think some common training that would be included within courts, police, agencies, schools would be good.

MS TRAINOR: We acknowledge that schools are often seeing children on a day-to-day basis and even having training in terms of identifying issues of risk and being able to make assessments about behaviours that are presenting or indicators that are presenting directly to them is important, so this relies we think on having a common risk assessment framework to be able to undertake this sort of work at all levels, to provide a community response and to refer as appropriate, when needed, a more specialised and intensive case management

response.

5 MS MAGGS: We also acknowledge that a majority of children experiencing various forms of trauma don't make it necessarily to services, so we think if there was some sort of common assessment within schools and also with primary care, that that would catch maybe more of the children that don't make it and families that don't get to the service sector. We thought to provide a safety led child-focused and accountable whole of government approach to child abuse through common understandings of risk, fostering partnerships and response through the use of common risk assessment frameworks, gendered analysis of family violence and provide training and support for staff in the development of knowledge and practice development.

15 Effective information sharing. So we thought that if in the future agencies could share more information they have and work together with a family, as opposed to in isolation, that that would make a more effective response. At the moment sometimes agencies are either so overrun because of privacy issues or different things, they can't come together and discuss families, which is often detrimental to the family because, for example, child protection may not have vital information from a more generalist service in regards to what's going on for that family and child.

25 MS TRAINOR: Or if the child's not represented in the picture, so often in our services we have EASE Family Violence Services that are responding to women in terms of providing risk assessment and response to L17 referrals from the police, but the children aren't necessarily individually assessed in that process. The man may come into men's behaviour change and get individual assessment through that process, but bringing the whole picture together in terms of child protection and all the pieces of information that are known and the knowledge base relies on that common risk assessment framework which we notice falls down a lot because we have different forms of risk assessment - - -

35 MR CUMMINS: Too segmented.

40 MS TRAINOR: - - - and understandings of the gendered nature of family violence and risk, ongoing risk for trauma in children, but also there is no-one taking a leadership role necessarily in that case to look at the whole case in that context. It's individual pieces coming together and it really relies on individual agencies playing advocacy roles or coordinating without really adequate resources, staffing or support to do so and often we do hit brick walls because of the information sharing, whose responsibility is it to share that information and gathering that information to build the full picture in terms of a really thorough safety-led response for women and children.

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MS MAGGS: It's also often the case that people from different areas don't necessarily have training to identify family violence also, and that includes the court, child protection and the general service system, so some form of common training would be great.

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Moving on to section 2 strategies to enhance early identification and to assist. So we thought again that putting in primary prevention programs, the example being Solving the Jigsaw, would go a long way to address things like bullying, abuse of power within schools or a whole school approach and also assist with identifying children at risk within the education system.

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Having shared understandings and knowledge of the gendered nature of family violence and risk assessment where the safety of children is considered paramount. An example of that is that currently within the system there is an accountability, there is an issue with mothers being seen as the nurturers, so having the full responsibility within family violence sort of situations. So the mother needs to be seen as being protective of her children and we feel that that responsibility should sit more with perpetrators who are perpetrating the violence, and we know the majority are males who perpetrate violence upon women and children with the family violence, so at the moment it's sort of pushed more towards the mother being responsible and we'd like to see that more focused on where the responsibility we feel should lie, which is the person perpetrating the violence.

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MS TRAINOR: And that's not just for the violence, responsibility for the violence, but it can also mean ongoing responsibility for the safety of children. So, for example, if there is an exclusion order in place where the man has been removed from the home, that can often precipitate the case being closed because the mother is seen to be protective. However, the mother might be living in the man's home and need to actually move out of that house and not have any accommodation in place to go to, or any other safety precautions for the longer term safety of the children and herself, and so if the case is closed and then there's another incident, for example, of violence, even when the man's excluded or something else comes up down the track, all the risk issues can come to the surface again, but again it's often the woman that is seen to be the protector of the children and keeping the children safe, regardless of what's happening in the periphery and what's happening with the man. So that can often mean that there is not adequate supports put in place at that point because all the information isn't consolidated and looked at in terms of ongoing risk and safety planning and getting the services coordinated to provide actually not just the crisis response, but an ongoing safety-led response for women and children.

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MR CUMMINS: It's one thing to look after the protector, very important, but if you're not going to solve the cause, you're just going to keep doing it again.

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MS MAGGS: That's right.

MR CUMMINS: You can close the case, but if the cause is continuing, the next case will be coming up, almost inevitably.

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MS MAGGS: Yep.

MR CUMMINS: Yes, understood.

10 MS MAGGS: In relation to strategies we felt would assist children getting better assessment and a better service and families who are at risk, we thought that rolling out a model within the service sector, primarily the community service sector, would be a great idea and in some sections of the state they have a homeless children's specialist support service. You probably heard a little bit
15 about that - yes, so you're nodding - that's only in four areas of the state and what we would propose is that if they could roll that out to cover the other areas of the state also, that that includes a really strong assessment case management group work model which would help the community service sector come together and address the needs of children who are homeless and
20 experiencing family violence a lot more thoroughly.

Currently, we're so under-resourced, as you probably know, and overworked in this sector that you're lucky if children are getting assessed in a lot of generalist services. They're often at school, they're unseen. It's about assisting the
25 parents and hopefully the children will follow suit and we know that that's not an adequate response, so we're proposing that that model be put out into the whole of the regions and I've attached it. You're probably aware of it, but I have attached it to these forms just so you can have a look at that.

30 PROF SCOTT: Can I just clarify, that's a Commonwealth-funded program, is it not?

MS MAGGS: The homeless, yeah, I believe so.

35 PROF SCOTT: Yes, so it's important for us to be able to differentiate between Commonwealth and state-funded programs. Thank you.

MS TRAINOR: This would have to link in with some other sort of central intake point I think as well though in terms of identifying children, for
40 example. So currently within our service we do have a central intake point in regard to police response, so all the L17s that a formal referral has come through to women's services and we have an internal mechanism to refer to men's behaviour change, women's services, child protection and Child First if those referrals haven't been made, so we treat all those referrals as a formal
45 referral once they've been faxed through to us. But in that early stage we are

relying on the police making referrals to us on the L17 forms and we're also relying on family violence incidents being reported.

5 The police data does show there is a disproportionate amount of referrals to reports, so there is skewed data already existing in the system and so, for example, if a child is referred to Child First, that is an informal referral and if it's not noted as a family violence incident and the L17 lodged with women's services as well, these are the sort of children that are dropping off in terms of, "We don't have that formal referral and we don't have the knowledge that that child exists." There is also flaws with the police reporting forms too because 10 not all children are listed on that L17 form, usually it's the children that are in the house or have witnessed the incident, but it's not always the case, and they're not always referred to child protection when there's issues of concern, so I think there needs to be a consolidation of some of the practice issues, but 15 also a central intake point where somebody is taking a lead role in undertaking the risk assessments at that early stage when the incident is coming to the attention of services. Now, we are doing it, but we don't have the resources or adequate staffing to do it and as a response we respond to women 20 predominantly. We don't do individual children's assessments. We only have one specifically placed children's worker currently within the region within our regional service which relies on people having access to come to Bendigo for support. We have very limited capacity to provide outreach support, other than court support.

25 MS MAGGS: The children's worker also has only 23 targets a year, so she's only got capacity to see, in effect, 23 children and that's for the whole region, so she sees well over a hundred and something children, I think it's 166, over that figure each year, and those figures are a couple of years ago and we've expanded service since, so it's not a good response to children regionally.

30 MS TRAINOR: So what's currently being proposed statewide is some sort of model and there has been two funded demonstration projects recently in the City of Hume and also in Barwon region to look at some sort of MARAC-type model, which is a multi-agency response model, where there is a central intake 35 point. My role in terms of regional integration coordination is to gather the information and develop those partnerships and we certainly have the governance structure within our region to facilitate that, we just don't have the staffing or resourcing to facilitate that in a formal way, so I think that's a key in terms of undertaking children's assessments, but also having a service system 40 response where children are picked up and there is some service response for them ongoing.

45 In response to point 3, the quality structure roles and functioning of family services, we think that specialist family violence services are key and need to be central to the system response because they do have a strongly developed

understanding of family violence and the gendered nature of violence in regard to the power and control context for women and children. There is already statewide regional and locally-based mechanisms and frameworks that we're operating from, but I guess where it falls down is I think individual agencies roles and responsibilities, as well as shared understandings and training and staffing to actually facilitate this whole process of getting a coordinated and integrated response in terms of assessing children, responding to children, identifying indicators of risk and vulnerability and pulling that together and actually working in a consolidated way, not just at an intake point, but an ongoing way in terms of providing support and looking at the whole picture in terms of who all the parties are gathering that information and having children's needs and interests represented in that whole picture.

We think child protection needs to be engaged at all points and they're currently overworked and understaffed, so they need to be involved at intake in the referral process, so the referral process is much more than just a form being faxed off and then the case is closed. It is actually being actively involved in terms of gathering that information, working collaboratively to best respond to the children, offering some case management and also in planning for case closure as well. As I highlighted before, sometimes cases are closed but there is individual agencies or people have more information that's crucial to the case that needs to be gathered and reviewed in planning for a good case closure and also in ongoing safety planning and this happens quite a bit.

We've also attached some case studies. There is one at the end, for example, where women aren't referred to women's services and sometimes they're not, the man may come in through men's behaviour change and there might be a child protection notification, but the woman may not be engaged with women's services. We have examples in those case studies where the men's case management team have actually worked with partners of male perpetrators in providing that safety-led response, but again this is where often the children fall down because the children don't have a representative voice in that situation and they haven't had the individual assessments undertaken.

There is also concerns which we often see where there could be children from a current relationship who we are engaged with, the partner or mum, but there could be past relationships where we have no access to those children, other than through child protection and providing information to them. There could be orders in place, and we have had a couple where there are lifetime orders in place, where risks have been highlighted, but we don't have an ongoing relationship with those children or that ex-partner in providing a safety-led response.

MR CUMMINS: That case study number 3 picks up part of that.

MS TRAINOR: Yes. In terms of current workforce career paths and remuneration, this is a huge issue in our sector. They vary greatly. Remuneration varies greatly between the government and non-government sector, in family violence, child community health homelessness services workers are some of the lowest paid in the community sector. It has a huge impact in terms of our recruitment.

MS MAGGS: And retaining.

MS TRAINOR: Retaining staff, but also in terms of the specialised nature of some of the work we do. It's a big issue in terms of the specialist skill that's required to work with children in terms of qualifications, in terms of attracting staff, it's a huge disadvantage for our sector because of the pay situation.

MS MAGGS: I was just going to say currently there is an equal pay case going on that you're probably aware of.

MR CUMMINS: Yes.

MS TRAINOR: In regard to services for Aboriginal children and families within mainstream services, we need to develop better partnerships I think and we need fundings to do this as well, to have collaborative partnerships actually operating between services and we've currently got that through EASE, we've got two case workers that are actually located at the Bendigo and District Aboriginal Cooperative and they do work with EASE and it's a model that we piloted and it hasn't been funded as yet, but we've decided that it's something that we wanted to run with regionally to really work with the issue in terms of maintaining good relationships with the Aboriginal community and also recognising the impacts of family violence, and also developing good working relationships and networks where both parties can represent their views and where there are issues in terms of understandings or risk assessment frameworks, we can actually work collaboratively on addressing some of those issues.

Mandatory reporting, we think that it's good that it's in place, but there are certainly issues with that in terms of the high level of staffing and the turnover at child protection, also comes down to that common risk assessment, training for staffing, and having an understanding of the impact of family violence on children and children witnessing family violence. That needs to be addressed.

MR CUMMINS: Yes. That's a very good summary. You've got actually quite a bit of material and I think you're to be highly commendable that you've focused it in the time constraints on that and I think that's been very helpful, in particular your cornerstone in your second dot point of the very gendered nature of the violence and of the need for accountability and saying it for what

it is, very important. Professor?

PROF SCOTT: No, I don't have any other comments.

5 MR SCALES: Two questions. You talked about the need for coordination. Child First is really aiming to do that. Why doesn't Child First fit your need?

MS TRAINOR: Well, currently in terms of the response from Child First, they are involved in terms of our governance structure currently within the
10 advisory committee and our family services working group, but the referrals for family violence don't go to Child First usually as formal referrals, they're informal referrals. It's really discretionary whether they're then taken up or responded to in regard to the client. The client does not have to engage with that service. I think it comes back to that common risk assessment framework
15 and the specialised knowledge as well, so often what we find with the Child First referrals is that it's not necessarily - the family violence incident isn't paramount in terms of what's represented on the referral and what the response will be that is provided and then that's not necessarily linked back to the multi-agency response.

20 MR SCALES: So is it the lack of compunction? I mean the dilemma that you highlight there would apply to almost anything, unless there was some compunction to be referred to another organisation. Is that what - - -

25 MS TRAINOR: I think it's the point of entry too because one of the things we find with our clients is that if they are referred to Child First and they're in a crisis situation, they may have had to leave their home, there is accommodation issues, there is daily issues in terms of intervention orders. If Child First try to engage at that point, it's not appropriate necessarily because they haven't got
30 the family violence focus crisis as first and foremost on their agenda. They might be looking at broader issues, such as parenting, for example, or routine. So I think it's that staged process that somebody leading that staged process - - -

35 MR SCALES: So are you implying that there should be something that runs in parallel - you don't want to call it Child First - but something that runs in parallel, has the same basic characteristics but has as its entry point family violence and, in addition to that, there would be some compunction?

40 MS TRAINOR: Yes, yes.

MR SCALES: Is that what you're arguing?

45 MS TRAINOR: Yes, because currently with the police referrals, Child First don't pick up on L17s, they have to have their own referral form for them

actually to pick up that case and for people to consent to them being referred to Child First and it's an informal process. Whereas if we're talking high risk and safety, I think we're talking - well, I'm talking a formal process and a central intake point to undertake a clear risk assessment with all members, including children, and then develop a coordinated case plan response.

MR SCALES: Thanks for that. The second point goes to that last point that you just made. Throughout your submission you make a number of references to risk assessment and in a sense there is a common language view of risk and then there is the managerial view of risk. Which one are you referring to in this context?

MS TRAINOR: There are some very general terms bandied about out there currently and I know in the police forms they say they undertake a risk assessment and other agencies will say they undertake a risk assessment. What we're actually advocating is the common risk assessment framework tool which was developed statewide and has been run out. It's currently under review and it's certainly come up through the strengthening risk management process as well. That each agency has legislative guidelines in terms of how they define and understand risk and how they look at that, but there's no parallel process that you can transport those frameworks into different agencies where we're all sharing a common understanding, what do we understand the risk is, and we think the gendered nature of risk is important to be included within that framework.

MR SCALES: Okay, thank you.

MR CUMMINS: Julie and Robyn, thank you so much. We'll digest and further study your written submission. It's been most helpful. The work you do is of the highest importance and we wish you well.

MS TRAINOR: Thank you.

MS MAGGS: Thank you very much.

MR CUMMINS: Next, I'm please to invite Rhonda Friswell to come forward. Please take a seat, Rhonda.

MS FRISWELL: Thank you.

MR CUMMINS: I'd like to commend you on your busy lunchtime. You've obviously been working away. You weren't downtown having a cup of coffee, I can see that.

MS FRISWELL: No.

MR CUMMINS: Rhonda has put in a written submission, including referring to this morning's speaker, so she's done very well, so could you please proceed.

5 MS FRISWELL: Thank you, and given that it's a very impromptu sort of approach, keep that in mind.

MR CUMMINS: Certainly.

10 MS FRISWELL: I'm hoping I'm not too verbal. I suppose I should say that I'm a psychologist here in Bendigo, just started to work in private practice for the last 12 months, so some of what I'm saying is representative of what I'm viewing in my practice. The other is what I have experienced in the past and I think in particular Pam Snow's discussion and her research. I would have liked
15 to have added to that, so I'm missing this opportunity and I thank you very much.

MR CUMMINS: Certainly.

20 MS FRISWELL: I felt that there's a real need to say that our children are our most precious resource. I think also that families are also equally as precious and I think to remember that the workers that do the work are also very, very precious to us as a community and I think sometimes that's forgotten and I think sometimes that the people who do have the job at hand do it with a
25 willingness and an extreme ability to work under a huge amount of duress and also that it's not easy when you're under-resourced and you're under pressure and so therefore anything that I say here is not as a - I'm not trying to degrade the work that's done, but just to - - -

30 MR CUMMINS: Yes, we understand that.

MS FRISWELL: - - - highlight the inadequacies at times. So I listened this morning to John Bonnice and Pam and so I really wanted to reiterate that as a worker and as what I have in my work coming through the door, it's really to
35 suggest that I think we need to start looking at where it all starts and where it all ends and I think the legal system, the Family Court, the police, all of the resources that we seem to have, but it just seems to me that on the ground, there's nothing. I can't seem to be able to get any resources for people.

40 A mother who came in very distressed, her children were distressed, she was pleading for someone to actually see her children and I had to see them even though I felt I wasn't an appropriate person to be seeing the children, but she couldn't get any help anywhere else. CASA was booked out for six months and she ended up with I think three sessions or something being paid for by
45 St Luke's, I think that went out to five sessions of the gap being paid by

5 St Luke's. This mother had a huge issue with trying to access services. She had given up with the police, she had given up with EASE, EASE told her to leave because the partner was so violent. She couldn't leave because her children had a life here and she had her life and the only way that she was supported is to be around family, so I'll leave you just to sort of read some of the issues.

10 Another issue was that taking a lead role, you know, I'm a practitioner, I'm supposed to be a consultant practitioner. I provide therapy, not case management, and it just seems that more and more of my role, time is taken in case management and I know I shouldn't be doing it, especially now that the Medicare rebates are going to be pulled back. So where are these people going to go, that's my issue, because they can't get the services available in the public sector, so they're coming to private practitioners. But private practitioners don't have the resources. I didn't even know these ladies existed today. We don't have the resources.

20 I've been in the prison system, juvenile justice system, for so many years. I'm a bit out of touch with what there is locally. When I was working with community health, I actually put together a resource booklet so that everyone, housing workers, police, et cetera, could actually look at and identify where they can go for services, so I think that that's really needed because no-one knows, left hand doesn't know what right hand's doing. There's no coordination, there is no information for practitioners such as myself. I have to find things out ad hoc. I've found out that some funding can be available for people who are looking after adult children with disability or any children with disability, they can be funded some sessions. Very few people know that and so, you know, all these sorts of resources that might be around, but how do we tap into them? I think we're taking a lead role.

30 I've been in a situation where I was in a case meeting with the psych team, they'd been called on numerous occasions for a mum who was suicidal. [REDACTED]
[REDACTED]
35 [REDACTED]
[REDACTED] was not able to look after herself, let alone her child, and the result of our meeting was that they weren't going to do anything, so I had to try and provide some services somewhere. So it was left to me after that meeting and I was really distressed about that because psych services weren't going to do anything, child protection were not going to do anything. Well who was?

45 MR CUMMINS: Right.

MS FRISWELL: Yeah, so I think my client summed it up quite well, she said that there's a lot of glossy pamphlets, but there's no services out there when you most need them and I think that from my experience of their experiences, I think my client was right.

5

I think there's a heck of a lot of good workers around, like I say, dedicated. But they're few and far between, they're overstressed. I have clients waiting to make a report on child sexual abuse, waiting three months to just even get heard, have a statement made. Meanwhile, there are probably children being subjected to what this person and her cousin, et cetera, have been subjected to. It's priorities, it's cold case or it's an older case. The woman is now old enough to speak up, but how many other people are being subjected to this perpetrator? As we know, they're quite prolific, so I'll just leave that with you.

10
15 MR CUMMINS: Yes. Do you want to say something about older children with a disability?

MS FRISWELL: Yes, there is a number of people that are very distressed. Parents aged 80-odd still caring for their adult children at home. They are very distressed because they know at some stage they're going to die and the transition into care is absolutely necessary when you've got profoundly disabled children, like the age of 35 calling their parents "mummy" and "daddy" and "how many more sleeps", can't be left alone at all because they would either drink too much water and vomit, eat everything in the fridge, you know, wander out and not know how to come home, you know, these people are having to have care 24/7 and when something like, with a friend of mine, they're in a bit of a crisis because the husband fell over and broke his arm and is in extreme pain, so she's managing her brother, her son and her husband. She did get some respite care and she did get a person to come in and care for the son while she took her husband to the hospital, but these people are living in fear of dying or being disabled and not being able to care for their children.

20
25
30
35 There are other people come to me and it's the relationship issues, but it's really their child because the relationship is breaking down, they forget how difficult it is to deal with a 25-year-old child that acts at the age of four. They forget that - or the husband often doesn't know how to handle or forgets that they're actually at the age of, you know, four or five emotionally and so therefore they're not able to self-adjust and, you know, it becomes a rift between families. I think this is something that has been overlooked.

40

My friend, she has been on so many lists. Her son is now 34. She has been on so many lists and has to fill out forms. He is profoundly disabled, but she still has to keep filling out forms, going on many lists and then when she thinks she might be at the top of a list, they lose the list, or they change the list, or there is no list any more, or it's a different funding body or, you know, things change.

45

So she's running around trying to kick a goal where there are goal posts that are changing radically.

5 MR CUMMINS: All right, thank you. Now, we've got written submissions. Are there any other particular things you wanted to raise with us because we can study this ourselves.

MS FRISWELL: I think that that would be good. I would like you to do that.

10 MR CUMMINS: I think it's pretty well covered, what you've said.

MS FRISWELL: Thank you.

15 MR CUMMINS: And I don't think there's anything else we need to ask.

MS FRISWELL: All right. I'd just like to say that there is a huge amount of good work being done by people and remember that, that we also need to nurture the workers.

20 MR CUMMINS: Yes, we understand that. Thank you so much, Rhonda, for coming forward and for your written submission as well.

MS FRISWELL: Thank you.

25 MR CUMMINS: Thank you very much. I'm pleased to invite Dr Ken Armstrong to come forward. Good afternoon. Thank you for being here and thank you for waiting. We know you've been very patient.

30 DR ARMSTRONG: That's all right.

MR CUMMINS: So if you would just give us the benefit of your own submissions on these issues, Dr Armstrong, we'd be most obliged.

35 DR ARMSTRONG: Well, I'm actually submitting as an individual rather than a doctor.

MR CUMMINS: Yes, we understand that.

40 DR ARMSTRONG: And thank you for coming to Bendigo. Welcome. Nice day. Look, I've worked in the field of child protection as a medical professional for over 25 years now and then prior to that I was a teacher, so I've worked with children for over 40 years and it was during my teaching time that I first became aware that child abuse was an issue in life. I've had a subspecialty interest in child protection since I became a paediatrician in 1991,
45 indigenous health and developmental and behavioural problems. This is

Taggarty Toad, I'm just establishing how terribly important I am.

I was the senior paediatrician for the child protection unit at the Royal Children's Hospital in Brisbane for over 10 years. I've worked in child
5 protection teams in Queensland, Tasmania, Massachusetts and now Victoria.
I've provided a lot of expert witness in courts, I have presented expert witness
to inquiries such as the one that I'm talking to at the moment and I have been
adviser in part to children's commissioners in Queensland and Tasmania and I
10 supervised the last three years of training of a young man who is now the
children's commissioner for New Zealand. I've been on a lot of committees,
national, state, et cetera.

MR CUMMINS: With the benefit of that wide experience, what do you say
about - - -

15

DR ARMSTRONG: Let's get to the point, he says.

MR CUMMINS: No, I wasn't saying that.

20 DR ARMSTRONG: You keep pushing me because otherwise I'll go on for
too long. All right.

MR CUMMINS: We've got reference terms about the system, as you know.

25 DR ARMSTRONG: Yes, yes.

MR CUMMINS: Rather than individual cases, so with the benefit of your
knowledge, what does that throw up about the system that you think we could
get things running better?

30

DR ARMSTRONG: Okay.

PROF SCOTT: Including prevention and response to early intervention.

35 DR ARMSTRONG: Yes, early intervention, yes, core point. My academic
research was all focused around early intervention, around infancy, and it led to
the development of a program in Queensland, which I think is still going, and
guided a program in Western Australia which I think is called Building Blocks
and I believe is still going as well. That's core. Core is to start early, pre-birth,
40 during pregnancy, during infancy.

The core to early intervention I absolutely thoroughly, as here too, is the
primary developmental need of children is an attachment relationship with
another human being and that is why the focus on infancy is so very important.
45 I wasn't actually going to say that. I was assuming that that would have

already been said somewhere along the line.

5 No parent has a child with the intention they're going to do harm to them. I don't know of any case where a parent has decided pre-birth that they're going to throw their infant head first into a wall. I've spoken to I think 14 men who have been convicted of murder of infants and the one message I got from that I guess was that all of us are capable of abusing our children. There is a stress level that each of us could get to where we are capable of harming the child.

10 We all do things as parents that are harmful. We say things that we shouldn't say. We smack them. Of 300 paediatricians once surveyed, I think there were two who told me that they'd never smacked their child, so we have the capacity to physically abuse, no matter where we are. We don't know how to define parenting, good parenting, you know (indistinct) talked about good enough parenting, but how do we define that? How do we assess parents' capacity?

15 I've seen 15-year-old girls with mild intellectual disabilities who are wonderful parents. They have problems with expectations and they need help, but they have the core of parenting, the ability to give and subjugate their own needs for the benefit of the child. So I guess what I'm saying in that is that we can't make a check list that says, "Okay, you're good enough to parent this child and you're not."

25 I have to jump around a bit. Children are born with a desire to love, greater than the desire to be loved. This is misconstrued and this is I think an extremely important point. It takes a lot, a helluva lot to destroy a child's inherent desire to love. If you look at a two-month-old baby, even autistic kids I believe now have that desire but, you know, a two-month-old baby, you look over their cot, they catch you in the eye, they give you a smile, they jiggle their arms about, you know, they just want so much to show you how wonderful it is that you've actually taken your time to have a look at them. This leads to misconceptions later on because that desire is misinterpreted. Children will go back to abusive situations with that desire being the strong point, overcoming everything else and we can misinterpret that. We say, "Oh, well, the kids want to go back with their mum and dad," or their mum, or whatever, to the same environment we took them from in the first place. Nothing has changed. Of course they want to go back, they want to love, they desire to continue to give that love to the parent/carer that they were first with.

40 MR CUMMINS: Well, they want the parent. They don't want the abuse.

DR ARMSTRONG: Correct. Correct. It's very hard to - I mean there are very few kids who stop loving, no matter how much they have been harmed. Adolescents will rant and rail against their parent for things they have suffered, but when you dig underneath, they would love to have a fun time with that

parent or to be accepted by that parent. We all have a right to be parents. Parenting is the hardest thing we ever do in life, but of course it's the greatest achievement we will ever, ever have. A wonderful survey of noble laureates, Greatest achievement? Children.

5

Problems. I'll cut to the chase with the problems. I can philosophise far too long. Institutional abuse. By this I mean children who are moved in and out and in and out and in and out. Child's best interest is the mantra of every sort of act, or whatever, in Australia, and perhaps the world, as now. I've seen
10 four-year-olds who have been in and out 14, 15 times. It just ain't right. Every time they come out, they're harder to deal with, they're more damaged. Foster carers are harder to find. By the time they're eight, well nobody wants to care for them really. I mean I believe we are all compassionate towards the parent. We have a feeling for the parent. We understand that their parenting capacity
15 comes from their own child experiences. They've been traumatised. I mean you don't become a drug addict or a whatever without reason. There is something that has happened in your childhood, not necessarily your own parents, but some trauma that has occurred that you haven't been able to take into yourself and integrate in a way without self-medicating. So yes, we have
20 compassion, we feel for the parents, but we don't ask them to prove that they've changed anything. If you want to take a child away from the care providers, you need to go to a court of law, you need to argue a very solid case. It's difficult.

25 As a society, we find the taking of children from their carers - unless of course it's the absolute severest end of the abuse scale - we find that a very difficult thing to do. It's sort of engrained in us that biological is best. So we can deal with physical abuse okay, the child's got a fractured skull and broken ribs and broken femur and so forth; we can deal with sexual abuse, like we will readily
30 remove a child who has enough evidence to suggest they've been sexually abused, but we don't deal with neglect or emotional abuse at all well.

MR CUMMINS: Yes.

35 DR ARMSTRONG: I despair. You know, I'm back on the ground now. I'm not an expert in - like I'm not an expert. I'm not all those things I said before. I'm on the ground. I told my wife I would never go to another Inquiry, I was contributing to the decimation of old growth forests in Tasmania and not doing anything for child protection. I wasn't going to come to this one until about
40 two days ago and I thought, "Well, bugger it, I better."

On the ground, this is one of my worries, all of the proof we have to provide to take a child away and yet the level of proof required to return a child is almost zero. I have parents who tell me - I mean I hear most of this from parents now
45 - they say, "Oh, well, they put me on a random drug testing regime." I say,

"Well, how many times did you get random drug tested?" "Oh, nobody ever come." I said, "It's three months now since the kids left." "Yeah, they're come back next week." There is this sort of view of an acceptable level of marijuana. I mean, yep, okay, maybe it is, but I don't know where that's defined anywhere.

5 Marijuana, drug use, alcohol use, abuse. It all suggests that you're not subjugating yourself and your own needs enough for what parenting requires so I believe honestly that parents have to prove or care givers have to prove to us that we will give our child, because the child is now ours, the state's, I guess - we all own this particular child - back to them and I think, in terms of

10 would I send my child back into this environment?

Recognising all of the problems and everything, as I think I've outlined, parenting is not a clean house or a whatever. Parenting is something totally different to that. It's not marked by money. It's not necessarily marked by

15 intelligence. It's marked in different ways altogether. I have even recommended twice in my time that there be no contact at all, not even a phone call, from the care providers.

I think the first time I was a recalcitrant upstart and more recently a dementing, angry, old man. But there are times when that conflict in the child between

20 their strong desire to love and the treatment that they get are so damaging that even a phone call sends them into an absolute spiral downwards, but that's twice in 25 years. Problem 1, finished.

Problem 2, we still don't listen to children. Everything says, well, listen to children. Lying is a developmental process. We learn how to lie. We're not very good at it until late adolescence, most of us. Abused kids get a bit better. They're probably about 11 maybe, some of them develop good lying skills. We don't believe kids because we've got more experience. We're older, we're

30 wiser, we've been educated, we've got life experience. Even kids who can't talk, can draw their experience. Not only do we not listen to their drawing, we don't listen to their talking, and that doesn't stop. I have reused from examples to date and examples that I use I hope will not be recognisable to people in this room. I will obviously use no names. Mostly what I talk about are children

35 I've met elsewhere, other than Bendigo, but the experience has been replicated in Bendigo.

MR CUMMINS: We don't need examples because you, as a very articulate person, can state the principles, so tell us the principles.

40

DR ARMSTRONG: The principles. You do not say to a child, "You are not mature enough," when they are asking to be heard in decisions either about themselves or their siblings. You do not say to a child that, "You are a liar," because most of the time you'll be wrong, up to a certain age. You do not

45 question the children's interpretation of things in a very literal manner. A

four-year-old who tells you that they've witnessed two murders may not have witnessed two murders. You can check with the police. There hasn't been two murders in south-east Brisbane in the last X number of years, but they've witnessed something very serious which they have interpreted as murder. You don't, unless you are extremely sure, tell children that they are being brainwashed by others. Okay. Finito, that one.

Problem 3, openness and consultation. Everybody hates child protection. That's a given. Parents who lose a child, children who are taken from their parents, foster carers, lawyers, doctors, you name it. We all hate child protection. Ministers, politicians, the general populous. They don't do enough, they do too little, they do too much, they're heartless, or they're too sentimental. Can't win, basically. We read about them when something terrible happens. We never read about them when something good happens. They're under the microscope all the time and something happens, you know, Daniel Valerio, bang, let's do something in Victoria. Yeah, multiple (indistinct) I won't go through the history of that, but that's a Victorian pertinent one.

Every three or four years we have an Inquiry like this one. Everyone's worried. The politicians are worried because there's been a bad press about child protection. At the moment, it's the fault of the Labour Government and the last government. The Liberal Government is going to correct it. In a few years' time we'll have another one, and it will be the Liberal Government's fault. It's hard to work in that environment. I have the greatest admiration for child protection workers, but I've worked with these young, idealistic, inspiring people who have come out of university who want to make a difference and I see them broken down. It hurts to see that happening.

MR CUMMINS: How can we improve that?

DR ARMSTRONG: Well, we can improve that by getting away from the natural response I guess when you are under threat all the time. When everyone is telling you you're bloody awful, you withdraw into yourself, into your enclave, and yet the opposite is required. It needs to open up, to be inclusive. I mean I think the Bendigo people here probably think I'm the biggest old whatever because most of my correspondence would be seen or could be seen to be negative, but nothing is further from the truth. I'm trying to be constructive, not critical, but it leads to withdrawal, like this is at a very individual level. The relationship starts to sour.

Look, in reality there are a host of people outside of departmental officers who are experienced, who are dedicated and who want to contribute, but are excluded because of the fact they may be critical. Within that little enclave the pressure on the smallest member gets bigger and bigger. There is bullying. Every child protection service I've ever come in contact with has been rife with

bullying.

Openness. Bottom line, open up. Let others in. Let us, who want to be
constructive, into the environment. Open up, you know, be sort of like we sort
5 of ascribe to be as individuals. Accept criticism as a growing part of you.

MR CUMMINS: It's much easier to accept constructive criticism than to
accept negativity.

10 DR ARMSTRONG: Yes, and I think I wrote the words "constructive
criticism" in here, but that is what I mean, "constructive criticism." Not just,
"You're a bunch of old," whatever, whatever. That's not it.

MR CUMMINS: So we've got number 3.

15

DR ARMSTRONG: Yes, number 4. Confidentiality, lack of information and
unresponsiveness. When I read the act and the summary of the act in
2005 when I first came to Victoria, to Bendigo, I thought, "Terrific. Finally it's
been put in writing." To paraphrase it on my terms, we are all professionals,
20 we all have confidentiality parameters around our profession. We respect
those.

In 25 years, I have broken doctor/patient confidentiality probably 10 times
every year, all in child protection cases. That's even before mandatory
25 reporting came in and protection that unfortunately is not absolute. I've been
open about it. I've lost three teeth. Various physical misdemeanours have been
perpetrate on my character. I've had 14 and a half death threats. I counted
them up this morning. One bloke said that he was going to kill me, but he was
going to think about it for a while.

30

MR CUMMINS: All right, we know the importance of confidentiality. We
know what you're saying there.

DR ARMSTRONG: The importance is that it hasn't worked. We provide,
35 and yet we do not receive. The thing that to me is probably more standout in
Victoria than any other place I've ever worked is information, lack of.
Children will come with someone who has known them for two hours for an
assessment. Don't even know the age of the child. Foster carers will come in
with a child they've seen for three weeks for an assessment. I have no
40 information. No-one has communicated with me. An assessment. I write
letters a lot of the time about things I'm concerned about. I get no reply. Not
even a response to say that my letter has been received. I start to wonder who I
should write to, so I went up the line, team leader, director, children's
commissioner, I thought maybe I've got to go right up there to get a response.
45 That's a problem. It's a real problem. That's a very big problem.

The last and most important part of what I would like to say is that look locally for what's working. I really honestly believe there's no point Victoria saying, "Oh, look at that wonderful program that Armstrong et al delivered in Brisbane in 2000," and whatever and saying, "All right, we're going to take that on and deliver that in Bendigo." No point. Let's look at what's happening in Bendigo.

MR CUMMINS: Yes.

DR ARMSTRONG: You know, there are things happening here that - I know of a service, a community health organisation with a board and the management that are just absolutely committed to children said, "We're not dealing well with these children at risk and who are vulnerable. Let's do something." They couldn't get any funding. They didn't fit into the right program, as you know, the old state or federal initiatives at the time, so they started funding it with Medicare and scrabbling money from here, there and everywhere. In 2005 this program had zero people involved. It now has 2000. If it fell apart, child protection would be overwhelmed in this district. Child mental health could be overwhelmed in this district, more than they currently are.

MR CUMMINS: We certainly understand the significance of the local situation, wherever it is. That's been most thoughtful.

DR ARMSTRONG: Thank you.

MR CUMMINS: Thank you very much. Is there anything you want to ask the doctor?

PROF SCOTT: Yes, just briefly. Thinking about what Armstrong et al did do in Brisbane and sustained nurse home visiting beginning antenatally and continuing, given this locality, if you didn't think just Bendigo rather than region, but given the strengths here, what could be done to adapt those sorts of approaches of developing a trusting relationship with a young, fragile family starting very early, which you alluded to right at the beginning?

DR ARMSTRONG: It requires a commitment firstly from adult services, number one. Adult mental health services, adult drug and alcohol abuse services in the identification process. We struggled with the identification process. It took so long to get antenatal personnel to see the value of screening for the particular issues that we found to be important, the violence and financial stress and so forth. Terrible things happen to children when adult services are too focused on the adult to see the child.

MR CUMMINS: Understood.

PROF SCOTT: Yes, thank you.

MR CUMMINS: Doctor, thank you so much.

5

DR ARMSTRONG: My pleasure.

MR CUMMINS: Please convey to your wife our thanks that she let you come.

10 DR ARMSTRONG: Thank you.

MR CUMMINS: Thanks very much, doctor. Ladies and gentlemen, we are now moving to a different part of the public sitting and that is receiving submissions from individual persons who aren't representing an organisation or who aren't otherwise working in the field. It's the practice of the Inquiry not to use people's names. We simply refer to a person by an initial. That's to ensure that no-one has any embarrassment about any personal matters being revealed about them or anyone else that they're speaking about, so we'll proceed upon that basis. It sounds a little bit strange, but it's quite a normal process. I used it do it with juries. We'd use the jury number for people so that they had privacy as well and we all get used to it once we get it started. So, Ms L, we'd like it very much if you could come forward and we have the benefit of hearing you. Thank you very much. Both take a seat if you'd both like to.

25 MS L: Thank you. This is my husband.

MR CUMMINS: If you'd both like to sit there, thank you very much. Don't mind me calling you Ms L, but as I say, it's a process we adopt with everyone other than persons representing organisations, so I'm also grateful, Ms L, I know you've got other commitments and need to get moving so we're very pleased you're still here. Now, you remember our general instruction, we don't identify individual cases, we're looking at the whole system and it's important, if you want to think about a case individually, make sure you speak about it in general terms. We will follow it quite well, I am quite sure.

35

MS L: Okay. It'll be a little bit tricky, but I'll do my best.

MR CUMMINS: It's the general principles we really need to know about, even if you're informed about an individual case, you tell us about the principle that really concerns you about such a case. So please proceed, Ms L.

40

MS L: I'd just like to say thank you for the opportunity to speak here today. I'd like to address an area where children need the protection of adults, and whilst not specifically pertaining to child protection services per se, child sexual abuse is nevertheless a problem that needs serious attention.

45

As a parent of two children who have been sexually assaulted by someone who was for a long time close to our family, I found myself unable to shake the feeling that I wish that I had been more prepared to ensure children's safety and now I feel sure that there is more that we can actually do for our children.

Looking about, we can see there is much information about the dangers of heart disease, smoking, skin cancer, speeding, drink driving, gambling and workplace safety, just to name a few. I've even seen information describing the dangers of a gas barbecue bottle, solar tanning booths and overhead power lines and virtually not a day passes without there being advertisements advocating the benefits of safe driving or Victoria Police describing their horror of road accidents and the behaviour that causes them. All this time, effort, money and exposure advocating initiatives and behaviours that will ultimately save one way or another, but why is there never a word spoken about the problem of child sexual abuse? Is there some issue with describing the horror of child sexual abuse? Is there not some way to present advertisements advocating safety for children from sexual predators? Is there some taboo about saying the word "paedophile" in the public domain? Clearly there is no problem discussing erectile dysfunction and premature ejaculation in the public arena, so why can't we speak out on child abuse? Is it not time to start reacting appropriately to the alarming statistics of child sexual abuse?

I certainly did not receive information from my maternal and child health centre, my local schools, nor from our local police. I had no knowledge, skills or resources to help me protect children against a paedophile. Nobody had ever given me any clue about the indicators of a paedophile. Nobody had ever told me that it would most likely be a close friend that would be my children's abuser. Nobody taught me how to talk to my young children about their bodies and sex in a way that was appropriate for their young age or how to talk to them about appropriate adult behaviour.

If, as the statistics tell us, one in four girls and one in seven boys are victims of child sexual abuse, this surely represents a problem of epic proportion. It could be described as an epidemic and yet we as adults seem to have chosen to do nothing to prevent our children from being inflicted by a lifetime of pain and suffering. There is the often quoted Edmund Burke that, "All is necessary for the triumph of evil is that good men do nothing," and we seem to be doing nothing.

Currently, our best strategy to prevent child sexual abuse is to wait until a 15-year-old or a 10-year-old or even a three-year-old tells us they have been sexually abused and this assumes that young children somehow know that what is happening to them is not normal adult behaviour and actually have the wherewithal and the vocabulary to tell us what is happening. We know that

only very few children tell of their abuse and it is clear that too many are going undetected, until much later in life when victims report the abuse of many years, sometimes decades ago.

5 If you have never been warned of the dangers of a paedophile predator, how do you know if your child is showing indicators of being sexually abused? Or when do you ask the other parents, who are very good friends of the paedophile, about the behaviour that you see, or when do you ask the teachers at the school, where the paedophile works, is there a problem, or when do you
10 go to the police and tell them that someone is kind, helpful, attentive and interested in your children? Am I being silly, or is something really amiss? If you have concerns, but have no evidence of a crime against your children, where do you go? Who can you talk to and what can they do?

15 When a society is reluctant to talk about something as confronting and as uncomfortable as child sexual abuse or even acknowledge that it is happening, then it won't go away. If a society is too concerned with making sure not to tarnish reputations rather than putting the safety of its children first, what does that say about our society? Parents and organisations are being put under
20 immense pressure not to make a wrong decision and it's paralysing people into inaction. Parents cannot see what is secretly hidden and they cannot hear what is untold. Only the offenders and victims hear it, but the silence of child sex abuse is deafening.

25 We can't pretend that paedophilia doesn't exist and if we want to tackle this problem, we can no longer avoid talking about it out loud. Secrecy is the paedophile's most elegant weapon and is a fundamental necessity and we are all maintaining that secrecy. Removing that secrecy is removing the paedophile's most devastating insidious weapon.

30 In trying to come to terms with and understand what happened to us, I did find quite a deal of information about paedophiles, the possible indicators of abusers and the abused, and I found so many organisations that are in the business of picking up the pieces of shattered lives, but it is all after the fact.

35 What I did have a great deal of difficulty finding was anyone promoting the prevention of child sexual abuse, but imagine if we could actually prevent it from happening. I did eventually come across an organisation called Child Wise, which was the only organisation that I could find that was focused on the prevention of child sexual abuse before it happens.

40 After talking with their staff, viewing their materials and watching their training sessions, they described almost every aspect of my family's encounter with a paedophile. It was both comforting in its familiarity, but ultimately left me with a hollow feeling that there was someone doing this work, but I had not
45 come across them or heard of them until it was too late. How can it be that

there are so many people out there with a wealth of knowledge and experience of paedophilia, but nobody that was in a position to do so had ever seen fit or saw merit in or the economic advantages in making this information available on a wide scale to the very people who need it the most.

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If we acknowledge that the benefits of prevention are greater than the alternative, that the economics are not restrictive and are in fact already within the means of the system by way of rechannelling funds that are already secured and allocated, then to progress the strategy for a community to protect its children, we need to inform and educate. We need to educate children, both young, primary and secondary, parents, youth groups and associations, church groups, sporting groups and those working with children, including schools and child care.

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If we include maternal and child health centres, medical providers or other health workers, we have begun to build a community that can protect its children. If given adequate government funding, an organisation like Child Wise with their knowledge, information, materials and comprehensive programs has the capability to build these communities, then I have no doubt that many children would be spared from the touch of a paedophile.

20

The effects of child sexual abuse are immeasurable and can be long lasting and devastating. They include anxiety, depression, low self-esteem, self-hatred, self-destructive behaviour, eating disorders, criminal behaviour, substance abuse, psychiatric breakdown and suicide, all factors which greatly erode and can even directly attack and ultimately break down the supportive structures, family and any other support structures that, ironically, are so necessary, if not critical, for those recovering from such a sexual attack. How many people are leading a lesser life for being a victim of a paedophile?

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If the long-term emotional effects of child sexual abuse are not sufficient to prompt a change in our government's attitude to funding preventive measures, perhaps the financial cost may offer further motivation. In our situation, for two victims of child sexual abuse, the victim compensation cost to Victorians is in the regions of \$70,000 so far, and still counting. That's just our family, but there were 11 other victims. Add to this the work of five Victoria Police detectives, which was in the region of \$250,000, now add the costs of the Office of Public Prosecutions, the Magistrates' Court, the Supreme Court and Legal Aid, for which I can't get the figures. The cost of the incarceration of the paedophile, calculated at today's rate, is in the vicinity of \$2.2 million, and with an appeal against sentence still to be heard, a total figure of close to \$3 million is not unrealistic at all. It's very conservative, so this represents the costs to Victoria for one paedophile and 13 victims.

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In 2009, according to the Australian Bureau of Statistics, there were

137,448 children roughly who would be commencing school in 2011 this year. If some of those were too young to begin and equally some of those were older and had already commenced school, there may have been something like 70,000 children start school this year. \$3 million at today's value would
5 educate families - I've included a brochure in your package - would educate the families of schoolchildren starting school for the next 40 years or so. It would provide Child Wise training for 45,000 people, or fund a Child Wise help line for 24 hours, seven days a week for three years with a million dollars in change, or fund it for approximately four years. This is what the conservative
10 associated costs to prosecute and incarcerate one paedophile could achieve.

When your child has been sexually abused, you don't see it and you may not be told about it, but you may very well feel a small something, a something that just doesn't feel right. There might be a little bit too much attention to your
15 child, a little too much talk of children, seemingly appropriate touching. When your court case has been heard and all of the offences are read out and a paedophile has been gaoled, looking back, of course it was the right thing to do to go to the police, but until there was a child who was prepared to tell, a child who could give police something they could act on, it wasn't the right time
20 because what can the police do? Before that, there was only suspicion. Suspicion without proof.

The rare child who is prepared to tell could be the first, the tenth or the 50th. The question is at what point is it reasonable or justifiable for police to act on a
25 parent's suspicions of child sexual abuse? The suspicions of how many parents? One family describing kind attentions or interest in children, or appropriate touching of children that feels not quite right. Two families, five or ten families? Of course, people will tell you, people who feel they have a wealth of knowledge and experience, that you can always remove yourself and
30 your children from the paedophile and your child will be safe. It sounds simple. Almost too easy. But if a paedophile is active in a community, that is more difficult than you might imagine, and they are masterful manipulators, particularly of children. As a parent, you become painfully aware that you can't be with your child every minute of every day and if an opportunity for
35 what they desire most presents itself to a paedophile, they will surely take it. What will stop a paedophile?

In our case, all the evidence needed was right in the paedophile's home, but it wasn't on display for anyone to see, and currently how do you get access to that
40 evidence? Whose needs and rights are greater? The paedophile's right to privacy, or the children's right to safety? It took 13 children before one of them spoke, many of them drugged, not knowing what was even happening to them, and all we had was suspicion.

45 Perhaps now is a good time for a discussion and debate about rights and needs.

If we can educate children, parents, families and communities, break the silence and secrecy of child sexual abuse, believe in our children, encourage people that there is nothing so awful you can't tell someone, acknowledge that there may not be hard evidence and reassess what constitutes reasonable
5 suspicion, provide a system and empower people to report suspicion, discuss and debate civil liberties and the rights of children then we have more than a good chance of saving many children from the horrors of a paedophile.

10 Just to finish, I'd like to take the opportunity to say that once we were actually in the justice system, we were treated with nothing but kindness, respect and empathy and we have nothing but praise for those who handled our investigation.

15 MR CUMMINS: Ms L, that was most impressive. You have obviously put that down with great care and thought and feeling and a lot of intelligence, if I may say so. Starting out with that secrecy is the paedophile's weapon and working through to your seven dot points on page 5, you've really put that together most constructively. From the point of view of the Inquiry, that gives us a lot of important material, so thank you for that. I don't have any questions
20 of Ms L, but do you have any?

PROF SCOTT: No, that was very complete.

25 MR CUMMINS: It was very complete. We'll take that on board.

MS L: Thank you.

30 MR CUMMINS: Thank you both. Ladies and gentlemen, we've been going for an hour since lunch. We'll take a 10-minute break. We'll see you at 10 past 3. Thank you very much.

ADJOURNED [2.58 pm]

35 **RESUMED** [3.10 pm]

MR CUMMINS: Ladies and gentlemen, we might resume. If you'd be good enough to come forward. Ladies and gentlemen, if you'd kindly take a seat, we'll continue, and I'm very pleased to invite Mr Dennis Robinson to come forward to make his submission.

40 Dennis, we've read your submission and we'd be very pleased if you'd take it in whatever order you would like and I'd like you in particular to at least touch upon your point on page 4 about the consequence of the Carney review that, in effect, put prevention on the back foot and gave it, as it were, the status of a
45 second order entity, so you take it the way you'd like.

MR ROBINSON: Thanks very much. Thanks for making this opportunity available. My background is that I've worked in the private sector for quite a few years and I came late to social work and I've worked with the state
5 government in child protection primarily, but a number of related fields whilst I was there, and I also worked for the Department of Social Security and Centrelink, have for quite a number of years as well, so I've worked about 30 years in the public welfare sector and I feel this gives me good grounding to understand some of the issues relating to protecting children, in particular, and
10 families in general.

At the one level with the state government in child protection you're dealing directly with the issues involved there, intervening, protection orders, going to court, case planning and all the rest of it. In the Centrelink field, you're dealing
15 with the same issues, but at the other end. One of the referral agencies providing financial support, supporting single mothers, counselling families and all the rest of it, looking after vulnerable children.

I think there is, starting off with the family - I've written that down quite a bit -
20 but I just wanted to emphasise that there seems to be a lot of misunderstanding about what is a family and what the nature of the family is, so I've made some points there which hopefully will try and expose that a little bit.

MR CUMMINS: Yes, well you said that we need to acknowledge the nature
25 of the modern family, so you can take all of that on board. So you can assume we've not only read, but we will re-read what you've written.

MR ROBINSON: When people talk about the family, they tend to imply that there's a happy family with two parents and kids and they're all doing well,
30 you've got a good job and all the rest. But when you're working in the child protection field it's very different indeed and it needs to be acknowledged, both at the professional level and at the community level through the media and suchlike that there are families that don't work and are positively dangerous to children. I think that's the point that I wanted to make there because there's
35 such a large confusion in the community about what that is and there are implied meanings in all of this.

I've also gone on to talk about the community and its relationship to children and I feel that the parents have the primary responsibility for raising children.
40 However, others have a significant role as well and they should be encouraged to have a role, particularly grandparents and the wider extended family, and I'm talking about this from a socialisation point of view. Parents have a responsibility to help socialise their children into the culture that they're born into.
45

Now, when families fail? What's the next step? I find in my experience that schools do an enormous amount to socialise children who come from dysfunctional families, and you also might have churches that have a role in this area. If the parents go along they might be involved in the Salvation Army or some other church and sometimes the church has a pastoral care worker and so on, and it might make a big difference to the survival of the family as an intact unit.

The non-government sector, we've got a fairly big non-government sector now that supports families, but this is often on referral and in relation to specific things or services. I feel the individual community members, especially the adult communities, have a role in this area as well. I feel that it takes a village to raise a child and we shouldn't forget that. There is a lot of expectation that child protection will solve all the problems, when it's really a community problem.

MR CUMMINS: Yes.

MR ROBINSON: However, current public policies mitigate against all of this. There is enormous stresses on families today and I think privacy provisions and there is an implied understanding that children are actually the property of the parents, so everybody else butt out when it comes to child protection. These things tend to fragment the families even further than what they are now. A generation or two ago we had big, extended families. There was a lot of support there. Then we got down to the nuclear families and now we're seeing single parent families and they're becoming very fragmented as well.

I'll make a few points about child protection, including that it's the responsibility of everyone in the community to look after children, but there is a lot of pressures against this because it's suggested that other people shouldn't be interfering in families or in other people's business, so to speak, and families are very vulnerable in relation to dysfunctional parents. I just make a comment there that child safety probably, as opposed to child protection, may be a more relevant concept to apply here. It's been adopted in some areas, but it just emphasises the fact that we need to support and make a safe place for children in the world and I think it may be more appropriate for child protection workers to actually relate to families at that level. We're talking about child safety here.

We have to ensure that children are living in a safe and protected environment, much like work safety has caught on over the last decade or so. Prior to that, workers weren't expected to be safe in the workplace. They were expected to do what they were told and put themselves in danger, and on building sites you'd expect that some of the builders would lose their lives on some of these

bigger building contracts and so on and that was expected, but now it's been generally expected that worker safety is an important consideration and I think it's important for that sort of concept to be accepted by the general community in relation to children in families as well.

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I've made some comments about Department of Human Services. I believe it tends to be a secretive organisation and lacks transparency as far as child protection is concerned. It may be okay in other areas, but with child protection they're very defensive about it and tend not to make information available even to staff. To solve a problem, it first needs to be acknowledged. So we need to look at identifying the problems. If you're an alcoholic, you need to acknowledge that you're an alcoholic before you can address the problems, or any other problem really, the same with at assistance level or at a departmental level, they need to acknowledge the problem before they can deal with it.

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MR CUMMINS: You also make the point there about the data which ought to be shared in relation to child deaths.

MR ROBINSON: Exactly. This is one of the things that really concerned me because we sort of operated in an environment, in the operational side of the department where we carried out the interventions and did the work with the families and all that sort of thing, there was very little policy guidance coming through. In fact, at one stage while I was at the department they deliberately split the policy side of the department away from the operation. One side didn't talk to the other, so you were basically flying in the dark there. The protection workers basically need feedback. They need to know where they're going. They need to know what the goals of their intervention are and whether they're doing a good job or not. I talk about the libertarian values promoted by the media and the individual rights as opposed to responsibilities that apply today, and this does not encourage the protection or safety of children.

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Talking about the child deaths and that sort of thing, it was very clear to me that a number of deaths - and I think in the order of something like, in my day anyway, I'm not sure what it is now - that there was about 30 deaths of children in a year that were known to the department, either on orders or known to the department otherwise because of reports. I understand these, I've been told that they have been reviewed or investigated, but none of the findings of these reviews were fed back to the professional workers in the field. I think this is an enormous opportunity because any of these disasters or happenings like this that are damaging, you need to know about. In other fields, there is this feedback.

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MR CUMMINS: Yes.

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MR ROBINSON: In child protection, you don't get the feedback. You're flying in the dark. You need constant feedback about the quality of your interventions and whether they're successful or not and I think that's one excellent example of a way of dealing with that.

5

Staffing. Obviously you need good staff and appropriate staff to be involved in this field. I believe that they need to be professionally qualified, experienced and have the right aptitude for the job, and I emphasise all those things, but experience is very important. In my day, it wasn't important. You also need to be flexible, multiskilled and comfortable working in a conflictual environment and willing to work as a team, of course.

Because it's a soft science, unlike the hard sciences of medicine generally, physics or whatever, everybody has an opinion and they often differ very widely. I believe that you often get to a situation where the tail is wagging the dog. The staff member that makes the loudest noise about what sort of intervention should occur is often the one that carries the day, apart from well thought out, structured and considered plans. I believe that DHS needs to be structured so that these qualified professionals are making the final decisions when the opinions differ about the need for intervention and case planning. I don't believe this happens as much as it should anyway.

Also, these well-qualified practitioners need to be recognised for their knowledge and skills, with increments to their rewards which take into account their specific qualifications, and this goes to the heart of being a professional operator. I think so many people are not regarded as professionals in this field because it's a wide, open field and there's a lot of opinions, but it needs to be clear who are the professionals, who are the people that have the knowledge based on their qualifications and experience and their aptitude, they must have an aptitude for the job. It can't be treated just as any other job. Much like a surgeon, a junior surgeon will defer to a senior surgeon, et cetera, or any other professional field. This doesn't happen in child protection, in my experience.

A lot of social workers try to further their education and their understanding obviously of the field, so they seek qualifications in the masters area through masters degrees at universities. I'm not aware - Dorothy might be able to inform me otherwise - of any universities in Australia providing masters in child protection, despite this field being a major employer of social workers in the public sector.

40

Now, it's essential to me that we have people that stay in the field, as opposed to graduates, who develop the knowledge base and the experience to be able to make sound decisions in relation to case planning and intervention. That's one way of doing it, like any experience in the field and gaining higher qualifications, but that must also mean something in relation to their pay.

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They're talking now about teachers and providing extra payments to teachers that are recognised performers in their fields. This needs to happen in child protection as well.

5 I made some comments about intervention, assessment and risk frameworks there. I also made some comments about data collection. This is a very important function in relation to child protection because it's very hard in child protection to gain concrete evidence, when so much of it is secret - and the previous speaker probably set this out very well - that everything's a secret,
10 everything's hidden up, even by courts, solicitors, everybody tends to cover up the facts, often unintentionally or because of privacy reasons, but data collection in relation to notifications needs to be rigorous and needs to be maintained indefinitely, I believe, rather than the short-term situation that goes on now.

15 You can see, if you look through the generations, that the same problems existed with the parents who have their own children, who then grow up and abuse. I've been in the system long enough to see this for myself. There are intergenerational patterns of abuse and neglect that can only be established
20 through maintaining a database which records the incidence of notifications and the issues that arise from there.

Research. Once again, this is a very important field. We're so tied up with the operational matters of the day and trying to get through our case loads, that it's
25 very difficult for practitioners to actually reflect on their work and see patterns in their work and understand the nature of the conflict that's happening in the field. There is a lot of practice wisdom out there, but very little of it is recorded, and this should be part of the package.

30 I think if say these senior consultants that I was talking about before that get their masters in child protection and develop their expertise through experience and practice wisdom, when they retire from the field they may be able to contribute greatly to any research base that child protection can draw on. I think they tried this to some extent in Queensland as well, but it's important to
35 be able to say to a court, "This child is in this situation, comes from this family type. It's a dangerous family type, as demonstrated by research, and these are the interventions that are indicated or might be required."

MR CUMMINS: Right.

40 MR ROBINSON: Outcomes. Quite often it's a matter of DHS getting vulnerable kids off their books. I think this is not a very good practice. If the state becomes the guardian of a child or children, then the state has an obligation to act as the parent or in place of the parent. This includes collecting
45 all those things that are important to a growing child, including appropriate

reports by assigned workers, school records and photos in particular, families and friends such as they are, just as parents would normally do now. This should help with identity issues and record the child's story. The child who has left the care of human services should be able to refer back to the department for any information or advice relating to their upbringing, just as my child will come to me and say, "What happened then," or "what did I do then," or "what's this qualification mean," or "can I have a look at the family total album," et cetera, and the department should be in a position to assist there. It may even be appropriate when the child leaves the home, as it were, leaves the department, that they have some mementos, a history, appropriate records and photos which the department will also have a copy of to help there.

I talk about the legal industry, which I thought was a big disappointment to me and many people that worked in the field at the time. There was a lot of pressure on, I remember those days, for the field to get into the preventative work as opposed to residual work. Even though I regard child protection as preventative in the same way, because you're dealing with children, it was generally regarded as a residual service and that there was a big push from staff at the time to go into more preventative modes and be available to help and support dysfunctional families as they may be able to with the appropriate resources. It's also created a whole legal field, which employs a lot of solicitors and so on, which I believe has generated a huge amount of work for child protection workers. They seem to spend a helluva lot of a time recording everything that they do and justifying everything they do on paper, rather than working with the families directly and most of that's to do with protecting their legal position and demonstrating the legal concerns from a legal point of view in relation to the children. I think we've lost the plot there to some extent.

You get both parents and children - you hear of situations where there might be several parties. There might be the mother, they might have separated from the father, there might be children involved. They're all individually represented by solicitors, at considerable cost to the state, if no-one else, and this all has to be documented by child protectionists who initially went into the field to actually work with families and help them, as opposed to sitting at their computers all day, typing up all these reports and justifying their interventions. I think social workers - I use social workers generally in this because it might include all the other staff, qualified staff that work in the field as well.

MR CUMMINS: We follow that. We're putting emphasis on the wrong part of the story.

MR ROBINSON: Yes, yes. I don't think we need to involve - a lot of it is not necessarily legal, unless you have this property view of children, taking property away from them, having to justify this. Children are people in their own right and because they are children they need to be represented by a parent

or someone who sits in the place of the parent and anyone in child protection would be in that place of being able to sit in the place of a parent, in my view, and other agencies can be authorised, non-government I'm talking about, to fulfil the same role, if required.

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MR CUMMINS: You pick up a similar point with the adversarial system in the Children's Court, again saying that that's a misconception really of how it should be run. We follow that.

10 MR ROBINSON: I think it's a major barrier to resolving family problems and a very costly one as well. I probably don't need to explain more about that. There's been a lot of people talking about the need to promote a more sensitive and conciliatory approach to child protection.

15 I don't want to get into the trap of suggesting that all kids can go home to their families because certainly in my experience they can't. It needs to be recognised that parents are drug-addicted, they can't even function to support themselves, let alone their children. They might be intellectually disabled and, through no fault of their own, they might not have the capacity to parent a child
20 adequately, or they might have serious psychiatric problems which make it impossible for them to act as appropriate parents. There is a lot of reasons, many of them that aren't the fault of the parent at all, or it may be intergenerational influences that cause these sort of problems.

25 I liken this idea of regarding children as chattels very much like women felt they were in at the turn of the 20th century in the early 1900s and you had this women's liberation movement and everything over the last century to try and address these sort of issues, but no-one is standing in the place of children to say, you know, "I'm not a chattel. I'm a person in my own right and I need to
30 be considered and someone needs to represent me," and I think the child protection workers and appropriately authorised non-government agencies could act in the same way.

Representation in court, I don't see any reason why social workers or other
35 workers, qualified people, especially in child protection, can't act as a representative of the child in a court. They know the child's story. They know the child and the family. I've seen it quite often. There were some sensitive solicitors, I must admit, that understood there were problems in the family and they needed to be addressed, but there were other solicitors that weren't that
40 concerned. They'd just go into court on the day, they'd receive a brief and they'd try and undermine the child protection application as best they could and make up stories about how competent the parents were and so on, which the court was obliged to accept and allow them to be able to proceed on that basis, which just left other people that had to carry the burden of this to try to make
45 the best of it.

MR CUMMINS: I think that covers it pretty well Dennis.

MR ROBINSON: Okay.

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MR CUMMINS: Your cornerstone that children are people in their own right is very, very central to it all and I think your point about the feedback too is also very important. Prof Scott, is there anything you'd like to ask Mr Robinson?

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PROF SCOTT: No, thank you.

MR CUMMINS: Well, we've got this and we'll take this away with us and also we thank you very much for your actual coming forward at this late hour of the day, Mr Robinson.

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MR ROBINSON: No worries. Thanks very much.

MR CUMMINS: Thanks a lot for that.

20

MR ROBINSON: Thank you. I'll leave you with a copy of the research that I did in relation to ideologies of child protection.

MR CUMMINS: Yes, I saw that at the start. That would be good. Thanks very much, Mr Robinson. Excellent.

25

MR ROBINSON: Thank you.

MR CUMMINS: Next, Eileen Oates and Sue Davidson, if you would be kind enough to come forward. Thank you very much for being here late in the day. We're very pleased. We've had the benefit of your written submission and we've picked up your three primary points of the 14-day closure, the collaborative approach and the very real significance of education and training, so you take us through whichever way you'd like to take us through.

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MS OATES: Are you happy if we just read it?

MR CUMMINS: Yes.

MS OATES: I'll just do a bit of an introduction for you by saying that I'm not sure if you're aware of the Loddon Campaspe region, where it sits in Victoria, but it goes from Echuca down to Gisborne.

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MR CUMMINS: We are.

45

MS OATES: Yes, you might have already heard about that.

MR CUMMINS: Yes.

5 MS OATES: Just to tell you in terms of our service, that children make up almost 50 per cent of our clients, so it's half our client base basically, and probably more than 50 per cent of our time, so I'll read it and then Sue and I will be happy to take any questions.

10 We're talking first about specialist assessments, they're the assessments that are done by CASAs for children aged over four where they've been referred by the child protection services, where there is medical or other indicators that there may have been sexual assault has occurred but there's been no clear disclosure. We undertake these programs, but the problem we have currently is the
15 procedure is that the child protection intake workers need to close the case 14 days after referral and it's often the case that because of the demands for our service, that we simply cannot pick up the child, allocate them and start the process. So there is a gap in the service and we often have great concerns about the risk for children for ongoing abuse, but also there may be an
20 escalation because of the fact that child protection is involved in the family, so that is a grave concern for ours and it's been the case for some time. We have that concern more and more. We understand the reason that it needs to happen in terms of the process for child protection, but I think we need to look at it systemically and see that it is a gap and there is a vulnerability there for the
25 children and the family involved.

MR CUMMINS: You say that the cases really need to remain active until such time as CASA can allocate, et cetera.

30 MS OATES: Absolutely, yes. Allocate them and also it might well be that it's very useful to confer with the worker who is making the referral. Often the referring document doesn't give all the background that might be useful to know that is behind this process, so it's awfully important that that is able to happen in a seamless way because what happens is - - -

35 MR CUMMINS: What sort of time period do you think you're speaking about, as a generality?

MS OATES: As a generality, I'd say it would be useful to be a month, so
40 doubling the time.

MR CUMMINS: So 28 days.

MS OATES: Yes, doubling the time would be a practical thing to do because
45 I'd be concerned - - -

MR CUMMINS: That mightn't always be enough, but that as a general rule.

5 MS OATES: Yes, because I'd be concerned if a child was waiting any longer anyway, you know, that's our concern.

MR CUMMINS: Thank you.

10 MS OATES: Now, the other program that we have very close working relations with child protection with is what's called the Sexually Abusive Behaviours Treatment program and in that children are also referred by child protection, but also the police educational, even parents. In this program, the child protection would always have undertaken an assessment, but for our work in this program we really need the opportunity to collaborate very closely with 15 them because of the fact that the assessment needs to be engaging not only with child protection and the police, but also with parents and the school, et cetera, and if the case is closed, there is a missing and very important link there and this is a program that really does need full collaboration of all parties always. So the active once again, to have an active file that we can work closely with 20 the child protection workers is absolutely imperative for our work.

We consider that this work is new in our service, although it's three years now, but it is a program that really holds great - we have great faith in the future of it because it's an early intervention program for young people who are engaging 25 in problematic and abusive behaviours. We have a team who are quite passionate about their work now and we want it to be as uncomplicated as possible. It's already very complex work and if there are hold-ups and delays simply because of not being able to contact the appropriate worker, it really in a way complicates it more for the family who are possibly now in crisis 30 because of the fact that there has been these behaviours identified for one of their children and often siblings may be the victims of that behaviour, so it's a very difficult situation for families and if there are delays it's just made more difficult.

35 MR CUMMINS: Yes, understood.

PROF SCOTT: Can we just clarify, are you saying that those cases are being prematurely closed by child protection?

40 MS OATES: They can be.

MS DAVIDSON: Well, they can be because what happens is that when the report is made to DHS and they do their investigation, they might decide at that point they'll do a risk assessment, they might decide that the parents are being 45 protective and they will also refer the family to us. We might also have a gap

in being able to take up that family and so the child protection, because they've actually done a risk assessment and decided that the parents are being protective, they might then close the case. But it's in that gap that we're saying are the children still being protected? There is still the concern that something
5 else could happen during that time because we're not able to actually take up that case. It is a systemic position that we're in as well because of our capacity, so it's not just child protection that we're looking at.

10 PROF SCOTT: So you want a practice, principle or guideline that would extend that period?

MS DAVIDSON: Yes, extend that period or look at the capacity of services being able to actually respond quicker.

15 PROF SCOTT: Thank you.

MS DAVIDSON: And because of the sort of assessment that we need to do needs to involve child protection because we actually try and look more broadly in context with the school and with other agencies where the child
20 might be attending.

MR CUMMINS: Yes.

MS OATES: You know, just to put a personal note on it for me, I think a
25 week or a month is a long time in a child's life - - -

MS DAVIDSON: Yes.

MS OATES: - - - so, you know, if we're extending our periods of time before
30 any active engagement can occur, it's almost like the child can barely remember what it might be that all of a sudden they're being assessed about.

MR CUMMINS: Yes, quite.

35 MS OATES: So this is for me the real problem of it, that we're sort of in a way bringing up something that may be quite in the past in terms of their lived experience.

40 MR CUMMINS: Yes, we've got to measure it in the child's terms, yes, it's understood.

MS OATES: I often think that. I think if we say to them, "Well, go away for a month," but a month is a long time for many children. The second thing is the idea of working in a more collaborative and case-managed approach. We
45 see it as absolutely imperative and we are continually integrating this into our

model of practice working with children. That we can't ever work with them in isolation, we need to be aware of the context of their life and whether they're victims, survivors or the ones in the SABT program.

5 What we really like to consider is the best way that we can do this, so I've made mention in this submission about the two pilot multidisciplinary centres that have been established in Victoria. They've been evaluated and seem to be very effective and a very practical and almost, you know, it's enforced upon us to be working collaboratively if we're co-located. It's such an easy and
10 practical and simple solution and a best practice model as well internationally, so just to make a bid for the idea of that to be considered when working with children, particularly around sexual assault, because it is so important that we work with the police well and that we work with child protection well and this model seems to be a very ideal one.

15 MR CUMMINS: Good.

MS OATES: So I'm very excited about the idea that that could happen down the track for CASAs across the state. Our third point, of course, is around
20 education and support, particularly for parents and carers and I think the case study that we've been privileged to hear today of the mother a couple of times ago and just to hear what she said was so profound about, you know, where do you get this information, what other things tell you what's happening for your child or could be happening? So for carers, particularly those who embark
25 upon foster care or out-of-home care placements for children, the support for them and education for them to understand, particularly when they often take in children that have very complex needs, and it's an extraordinary demand in terms of the set of skills we're asking them to employ to look after these children, and yet it seems like there's a big gap between what's provided to
30 them in terms of resourcing and supporting them and what is currently happening.

Likewise, for the professionals I think who work with children where there is sexual assault. There does need to be ongoing professional development and it
35 needs to be collaborative so that there is a shared understanding in terms of language and knowledge and the principles and the practice models that we use. I sometimes think that when we're talking about assessment of risk, there are quite different understandings of what we might be needing to be looking for, or what one agency might identify as a risk, the other seems to have less
40 high in the priorities, so I think if we could look at ways to develop collaborative training that does engage the legal profession, the police, the child protection, you know, the statutory ones and the service providers, I think that that could go a long way to supporting the wellbeing of children.

45 I know, and that's what I'm finishing up saying, that I know that what we really

need to identify is that there needs to be adequate investment in this and we're all working from a very low base in a lot of ways in terms of the resources we have to do the work well. It's a continual challenge, it's a continual struggle and it's also a continual stress for staff because we stress about our waiting list, we stress about the complexity of our families and so all of these things need to be considered I think when we're looking at the vulnerability of children. They're the main points.

MR CUMMINS: Your multidisciplinary centres are a physical and operational demonstration and your collaborative training is a more intellectual, if you like, demonstration of the same thing.

MS DAVIDSON: Exactly.

MR CUMMINS: It's a holistic matter.

MS OATES: Yes, if we don't all understand and come from a similar premise to start our conversations, I think there can be so much ignorance that we walk away with. Often we're ignorant of what the others may be thinking, so yes, just any of the opportunities I think to collaborate are imperative really for me.

MR CUMMINS: Yes, I agree. Any further things you'd like to add to that? That's been very well-targeted.

MS OATES: We're thrilled for the opportunity for this. We are thrilled to have the opportunity to talk about what we see as fairly practical sort of things that need to happen on the ground because of our experience.

MR CUMMINS: Yes, excellent. Prof Scott?

PROF SCOTT: Yes, I'd just like to ask about children and young people who are referred to you through the Sexual Abusive Behaviours Treatment Services. When they are required to leave home during that period, in this region how would you say the placements are in relation to the needs of those children and young people?

MS OATES: I suppose I'd say it's a mixed bag.

MS DAVIDSON: Yes, it is. I'm only fairly new to Victoria. My experience is only six months I guess here with this and my experience has been that few children are removed. My understanding is that the parents are assessed as being protective and the children remain in the family. Certainly working in another state I've had another experience of that, so that's why I think we need to be involved at that point so that we can actually engage with the family to have a better understanding of what their understanding of protection is, and so

that they can have an understanding of the seriousness of what their child has been involved in because I think there sometimes can be, as Eileen said, if it's three or four or five weeks later, the child has been investigated, nothing has happened for that length of time and then we come in again and start talking to them about it, so their understanding of the seriousness can be minimised, as well as can be the parents, and also too are we actually able to actually pick up and work with, at the most opportune time with a child if it's a bit later. But as far as the foster care - I'm sorry, I've moved off the track a bit there - but as far as the foster care - - -

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PROF SCOTT: Or residential units. I mean other people have expressed concern about the nature of the placements.

MS DAVIDSON: Residential units I would certainly find that I would possibly have some concerns around that because these are children quite often who aren't displaying any other abusive behaviours or offending behaviours and so that might not be conducive to their best interests in them being placed in some residential units. Foster care with another family or a kinship family would certainly be the ideal and that's why I think if we are working with them early enough, the family early enough, we can also help with finding maybe another family member who would be willing to take this child for a short length of time anyway until there has been an assessment as to what is this safe placement.

MS OATES: Sometimes I think it's difficult to identify the level of risk because often the children are extraordinarily resourceful in how they come about their offending behaviours. But I think the other thing as well in terms of foster care is that it's often difficult when there is only that one incident that happened a while ago - - -

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MS DAVIDSON: Or that we know about.

MS OATES: Yes, that's been identified as the trigger for this placement and then the child is acting and behaving well and so it's difficult then to develop the understanding for the foster care about the gravity of the situation and the potential dangers working with the child, so that's why I'm saying it really does need that there is an agreed and shared understanding about what it is that we're trying to do and we have had incidents where some children, because of good behaviour in their foster care, have been rewarded with not having to come, so not having to come for their sessions because they've behaved well during the week, so as a reward they don't have to come to CASA, do you know what I mean, because that seems to be like the only punitive thing in the child's life - - -

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MS DAVIDSON: Or viewed as punitive.

MS OATES: Yes, so it's a very tricky situation to be all on the same page and that's why I'm arguing for that, that education be - - -

5 MS DAVIDSON: And to maintain the link with child protection, so that if that starts to happen, that we actually have someone with a statutory role to be very clear about why people have to be involved. Thank you very much.

MR CUMMINS: Eileen and Sue, thank you very much for coming.

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MS OATES: Thanks for the opportunity.

MR CUMMINS: Thank you. I wish you well. I'm pleased next to invite Ms K to come forward, if you would. Come forward and take a seat. We've had the benefit, Ms K, of your written submissions so thank you very much for that. Please proceed as you would wish.

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MS K: I've written a new couple of pages for today, so I'll basically read that out.

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MR CUMMINS: Yes.

MS K: Good afternoon to the Inquiry panel and everyone who has made the effort to be here today. I have three wonderful children after 15 years of being happily married and our family has never been involved with the Department of Human Services. You may ask why I am here.

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My interest in the treatment of kinship carers and the children in their care began after observing six years of the battles of an employee and friend. She is a kinship carer for her granddaughter. I watched a law abiding, hard working and strong person being broken down by the system over time. I have investigated why she has faced a constant battle with a department that any outsider would assume is there to help her. The chair's opening statement asking how the views of those caring for the children could best inform decisions affecting the wellbeing of the children in their care is the first time, after hours of research and reading of legislation, that I have seen any reference to the views of the carer at all.

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Examining the Children, Youth and Families Act of 2005 leads to an understanding that family member carers are marginalised by the legislation. The system sets out to make use of the tangible and often immediately available resources of the kinship carer; however, this family member usually has no say in the custody or guardianship of the child. The kinship carer is excluded by this legislation from legal proceedings and much of the information pertaining to the child and the parent, including stability plans and

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dispensation reports.

5 I believe that the best interests of the child is not served by keeping the child's carer and family member powerless, in the dark and at arm's length to proceedings. The family member who has taken responsibility for the child is more likely than anyone else, including the parents from whom the child has been removed, to have the child's best interests at heart.

10 Bullying of kinship carers with threats to remove the children if the carers do not do as they are told should not be supported by law. Kinship carers should be recognised as the invaluable resource that they are. They should never be treated as an annoyance to be at best ignored and, at worst, harassed by the Department of Human Services. The legislation must change to recognise the kinship carer's right for information and input to decisions concerning the
15 future of the children in their care.

20 I would ask of the panel to examine the question: when is reunification not an option? Although there are cases in which this noble goal is not possible, there appears to be no guidelines which allow reunification of the child with the parent. Recognising that reunification is not workable or desirable in some cases would lead to more timely, permanent options, giving at risk children stability and protection from harm. Not multiple unsuccessful attempts at reunification, continued parental drug use, mental impairment, violence, unemployment, no desire to have the children back or any combination of these
25 are seen by the department as reason to end the pursuit of reunification. This is not a new line of thought. In 1996, the auditor-general of Victoria reported an overemphasis on reunification stating, "At times reunification is clearly inappropriate." The Victorian Department of Human Services rejected this report.

30 I would ask also of the panel, what is the cost of multiple failed reunification attempts to the children, the carers, the case workers and society as a whole? To revisit a suggestion in my written submission, parents who have had their parents removed due to their drug use should not be considered for
35 reunification if they are still using illegal drugs. I have read that up to 40 per cent of mothers whose children are in kinship care have used heroin. DHS currently allows drug users to seek reunification while continuing this illegal activity.

40 For the cycle to be broken and the children to be given a stable environment, this must change. This area is possibly the one that causes the most conflict between the department, the carer and the parent. A set term that a drug user must remain clean, for example six or 12 months, could be made a prerequisite to an application for reunification. This would give the carer and child some
45 certainty for the immediate future, prevent some of the soul destroying legal

proceedings which are so costly to the carer, the system and damaging to the children, give some relief to the case workers by taking pressure off the necessity for them to achieve reunification, while putting some of the pressure to mend the situation on the behaviour of the parent, give the parent a solid
5 reason and clear guidelines which may assist in stopping their drug use.

In a recent grandparents' meeting here in Bendigo a newspaper article was commented on. It stated that DHS had misplaced 2700 children in one year. Sitting next to me was a grandmother of four children who quietly said that
10 they were the lucky ones. In the same meeting, I watched another grandmother admonished by a caseworker for calling an ambulance to her diabetic, epileptic granddaughter when she was having a seizure at 3 am. She had no right to arrange medical care without DHS approval, she was told. Why should any
15 grandmother have to battle anyone for the right to arrange emergency treatment for family?

This Inquiry, it has been said, is focused on solutions. In brief summary of this submission, solutions begin with truly making the rights of the child
20 paramount; the child's safety must always be the first consideration; the child should never be used as a tool to assist the position or rehabilitation of the parent; empowering carers with rights to relevant information; preventing endless frustration and stress to carers with ill-considered interference and rulings, this would also benefit the case workers by removing some of the
25 workload; making permanent solutions on the placement of children in cases where reunification is either never possible or not likely to be achieved in the foreseeable future. Good luck to the panel with this onerous task. You have the chance to make real changes to the lives of many children who, through no fault of their own, desperately need help.

30 MR CUMMINS: Thank you, Ms K. That was very, very clear. Could I ask you this, in relation to the right to information and input for family member carers, when you say "You should have legislation," is that because you don't think it will happen otherwise?

35 MS K: That's because the 2005 act excludes the carer from any information unless they have become a party to proceedings and that's often at the whim of judges. Some people have gone for it on several occasions and the second or third judge may have appointed them party, but most of the people that have been thrown into this situation, a lot of them grandparents, wade through the
40 system for years before they even understand why they don't know what's going on.

MR CUMMINS: So really it's a discretion at the moment, but you say it should be actually built in as a right. That's the difference, isn't it?
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MS K: Yes, and it's a discretion that I don't think is given to many. First of all, they need to understand where and how to ask and then they must be granted.

5 MR CUMMINS: Understood.

MS K: Part of their family, that's the whole reason they're the best place for a child who can't live with their parents, I think the whole concept of out-of-home care possibly doesn't embrace all of the people that make up the family. This concept basically means if you are not with your parent, you are not with the right people, but perhaps if you're with your aunt or your grandmother you are still in a safe place with the best family you know.

10 I have one question for the panel. You may well know the answer to this, I couldn't find it out, but how many children have died in Victoria as a result of reunification over any period? It's something that you need statistics on.

15 MR CUMMINS: We're always searching for data so - - -

20 MS K: I've had a look through as much data as I could get to, but I haven't been able to find any specific answers.

MR CUMMINS: Not readily evident. I follow that. Prof Scott, anything you'd like to ask Ms K?

25 PROF SCOTT: No, thank you.

MR CUMMINS: Just one point for clarity. On your solutions you talk about empowering carers with rights, and yet in other parts of this recent one you're talking about kinship carers. Are you talking generally about carers, the rights for information?

30 MS K: I must admit, my knowledge is more based with the kinship carer, although whether there is room for foster parents to know a lot more than what they're given at the moment is something that could be looked at.

35 MR CUMMINS: It might or might not be so, but your primary focus is - - -

40 MS K: Is with the kinship carers, yes.

MR CUMMINS: - - - on your kinship carers, yes, we understand that.

45 MS K: The reason that I've got involved is that I feel a lot of good people are just trying to do the right thing, holding their family together. At worst, the system shouldn't get in their way. At best, it should assist them and it shouldn't

terrorise them with people constantly being told, "You do as you're told or we'll give your children to a foster parent." It's just not the way it should be done.

5 MR CUMMINS: That comes full circle really how you started. Yes, we understand that. Now, your second submission, the one you've read out, you've read that out in full?

10 MS K: Yes, I just had one other comment, which is anecdotal on watching one specific case. But the DHS, as the guardian of a child, is the worst helicopter parent and a lot of these unfortunate children are constantly having their lives interrupted and made more unusual than what they already are. They can't go to a sleepover, talking about teenage girls, without everyone in the house submitting to a police check, for example [REDACTED]

15 Any normality in these children's lives is being interrupted by the guardianship to the secretary in a lot of areas and these are only minor things in light of the gravity of what we're talking about with children in much worse situations, but there must be some area that these children's lives can be made as normal as possible, not as awkward as it is at the moment.

20 MR CUMMINS: Ms K, we've got a transcript, or we will have a transcript of what you have said so I'm most obliged to you for coming forward. Thank you very much.

25 MS K: Thank you.

30 MR CUMMINS: Next, I'm pleased to invite Ms H to come forward, if you would. Thank you for being here on a long day and we'd be very pleased to hear what you'd like to tell us.

35 MS H: Thank you very much for that. I'm very scared. Thank you for allowing me to make this verbal submission and I'd like to tell you a little bit about myself at this point. I am by nature a very shy and private person who certainly has never addressed such a distinguished gathering before and I'd like you to think that my words are not those of outrage or anger or frustration, I'd like to think that my motivation for addressing you was that of one who is doing her civic duty, but naturally we all give ourselves the highest motives, don't we, and this much I've got in common with child protection workers.

40 At this point, I'd like to say that my child and my family and myself are no longer involved with the DHS. I was so pleased to get your email last week confirming my written submission and inviting me to speak here today. It addressed me by my preferred honorific, namely Ms. DHS could only ever refer to me as Mrs. I was told this was the fault of their computers.

Now, we've all heard shocking accounts of children who have been abused whilst in the care of child protection and we're all aware that there are children who have suffered the ultimate abuse, who child protection were never even
5 involved with. My views, shaped admittedly by the media, were that child protection workers were overworked, underpaid, highly stressed individuals who did all they possibly could to improve the lot of abused and neglected children with the limited resources at their disposal, that is, until I myself became involved with them.

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My story is very different. At the very least, it's a tale of wasted time and money and of immeasurable and ongoing misery. It would be easy for me to sit here before you and vent my spleen over my treatment and the treatment of my child by the DHS, but I realise that the aim of this Inquiry is not to
15 investigate individual cases and nor to apportion blame to individuals. However, I am only a private being, I can only speak of my own experience so I ask that the panel take that into account.

I would first like to make two points that I feel would be pertinent to all I have put into this submission. Firstly, this Inquiry is about vulnerable children. I believe this term to be a tautology. Can anyone here tell me what child is not
20 vulnerable? By their very nature, all children need protection. This very premise automatically vindicates a government body, namely Child Protection Services, from any reasonable scrutiny. As long as it is assumed that
25 everything that they do is in the best interests of vulnerable children, their powers will continue to go unchecked and unquestioned.

Secondly, I would like to bring to your attention a term that many in the medical profession adhere to, is often attributed to Hippocrates, "First, do no
30 harm." This, I believe, is never taken into account by those at DHS who, in my experience, have a very gung-ho slash and burn attitude, never stopping to consider the damage they are doing and why should they when, after all, they are in the business of protecting vulnerable children and every action of theirs can be attributed to being in the best interests of the child. These people are
35 never held accountable. DHS works on the premise that DHS can do no wrong and that parents being investigated can do no good.

In any other circumstances, stalking, trespass and libel are crimes. Individual Australians are afforded protection and recourse through the laws of the land
40 when these rights are violated. The exception is when the perpetrator is the DHS, protected themselves by the assumption that they are protecting children. This puts the DHS above the law. This, in my mind, is a very dangerous state of affairs. Unless child protection can prove that they are always successful in protecting children, it certainly leaves opportunity for the unscrupulous, the
45 inept and the corrupt. It leaves no course for accountability or even

questioning and these are the first steps into humanising DHS clients.

5 In my own case, DHS made some very serious accusations. Stupidly, perhaps, I presumed that these accusations would be investigated. Here, I was wrong. I can understand that innocent until proven guilty would in some cases leave children in harmful situations, but surely claims of innocence on the part of accused parents should be investigated. My experience of DHS was that they, DHS, could make any accusation they chose, no matter how improbable, and act upon it. When I challenged these accusations, I was accused yet again of having no insight.

10 I was not so unreasonable to expect that DHS would take my denials as gospel truth without corroborating evidence, but what I found was that the DHS had no interest in hearing evidence that went against their stereotypical views. In my case, accusation after accusation was made. These originated from a family member and were, in my view, malicious. [REDACTED]

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My child lost her parents, her home, her pets, her friends, her school. [REDACTED]

25 [REDACTED] Meanwhile, I was constantly and continually trying to have DHS contact those who could give an independent and unbiased account of my child's life, people whose testimony I felt would carry some weight: doctors, teachers and other professionals. Some of these people tried to contact DHS themselves, but their calls were never returned.

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[REDACTED] This woman had had some decades' experience as a teacher. She had also been a foster parent. Every year she attends a workshop on the detection of child abuse and neglect. At the beginning of our association with DHS this woman began to take detailed notes about my child and my family. Now, to my mind, this was a person who could give valuable information to the DHS. At the very least, she could have told DHS that my child was not illiterate, that she had never had a language problem, that she never came to school late, dirty, unfed and that her school attendance had always been excellent. Who would know more of these things than she? DHS, however, stuck to a ghastly fairytale of their own invention. The DHS refused to have anything to do with this valuable witness. Eventually, she wrote a detailed account of her views to DHS. When I inquired about this letter, DHS were very dismissive. The document was eventually lost, or so I was told. It certainly was never mentioned in any report. Often what was withheld from reports was as damning as what was

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included.

From my experience, I form this view: the powers of the DHS are broad; the wording of the laws pertaining to them are made to cover any and all
5 hypothetical situations; their clients have no grounds whatsoever for questioning the process, let alone expecting that hard facts would affect their outcome. I also believe that the first goal of child protection is not the protection of children, but the protection of itself.

10 I could expand on this theme ad infinitum and it would give me great pleasure to do so. However, it would perhaps be preferable to move on to exploring the consequences of DHS's actions on me and my family. After reading report after report, each one more inaccurate and nightmarish than the last, I lost all but the last of my self-confidence; indeed, my whole identity. I, for a time,
15 stopped being rational and started to believe that I was delusional; indeed, that I was seriously mentally ill. I just did not recognise the person in these reports who DHS named as me. I was desperately worried about my child, but impotent to help her.

20 DHS wouldn't even allow me to see her school reports. [REDACTED]
[REDACTED] Where are we now? Well, my child has turned from a secure, trusting innocent little girl into one who never speaks to anyone of what she feels in her heart. So terrified is she of falling
25 into the clutches of DHS again, that she admits no vulnerability. However, her screams in her sleep as she endures yet another nightmare are to my mind those of a child who lives in constant fear.

Myself? I have regained a little identity, but I too am suspicious and watchful.
30 If I had a problem, either personally or with my child, I would not seek help. My child and I keep our secrets well. For in this country which, by all that is right should do all that it can to protect little children and those they love and those who care for them, they that claim to do so do anything but protect them, at least in my experience. Child protection seems to be nothing but an
35 unaccountable, punitive, vindictive and unprofessional government body. I would so like them to truly protect children and first do no harm for, if not, what can we hope for from the next generation?

MR CUMMINS: Well, Ms H you've stated that very clearly and that first
40 principle you stated from Hippocrates of "do no harm" is really the centrepiece of what you've said.

MS H: Thank you.

45 MR CUMMINS: And it's a very long and honourable principle, Ms H.

MS H: Yes, I agree.

5 MR CUMMINS: Well, you've stated that very clearly. Is there anything you'd like to ask Ms H?

PROF SCOTT: No.

10 MR CUMMINS: No.

MS H: Thank you so much for listening to me.

15 MR CUMMINS: Thank you for coming forward and for putting it down so clearly. Next, Ms E and Ms S, if you'd be kind enough to come forward. We've got your written document, which we've read, and I'd be very pleased to hear you in whatever order you'd like to take it and just remember that don't identify individual people. I'm quite sure you can make the things you want to make without sort of naming names and we want to hear what you'd like to say, so take it in whichever turn you'd like. Would you like to go first?

20 MS S: I've been the media speaker anyway on behalf of over 440 people on a web page that we started up. Due to because we both have had dealings with the system, both felt belittled, our rights haven't been met, children with behavioural issues left, right and centre and I sat back and thought to myself, "Hang on a minute. Why am I sitting here questioning myself? There could be a thousand people out there with similar issues feeling that they have not be heard by the department." That's why we started the web page.

30 There is a number, a wide range of issues. There is no services out there for parents that are going through these situations of having their children removed. By all means, we are not saying that children do not need protecting. We understand they do need protecting to the extent where, okay, sexual abuse, physical abuse and stuff like that, yes, it's notable. But when it comes to parents going to the department to ask for help before they take the next step to take their children, these parents aren't getting the help and support they are asking for.

40 Referrals. DHS have told clients that they will do referrals for them. Referrals have not been received, as you have heard from parties earlier on this morning. Doctors' reports after doctors' reports, you know, if families have already got services in place, the department say, "No, that report is not good enough. You need to go to our service provider." These issues have been addressed to a certain degree with two members of Bendigo Department of Human Services last week when we were open, we had the page open for four days, so quick response. Out of that, since we've had that one big meeting, we've had five

members ring us or email us saying, "Thank you. We see hope at the end of the tunnel because you have stood up for everyone and started to get people to listen to us." I don't know where else to go.

5 MR CUMMINS: No, just have a look at your notes. That's all right.

MS S: I've had no sleep. I've been trying to get this done.

10 MR CUMMINS: That's okay. Just quietly have a look at your notes and just organise yourself and take a moment.

MS E: I'd just like to read this one out while S does that.

15 MR CUMMINS: Yes, take your time.

MS E: Yep, this was one that really got to me, this story. I'll read it out so you can hear it. "I had a male worker repeatedly turn up to my house alone when he knew my husband was at work, even though we had agreed to them coming and asked that my husband be present at all times as I get confused with all the information thrown at me and struggle to remember what had been said due to having memory loss due to a stroke. I did report it to his supervisor, but surprise, surprise got no results. In the end, my Bendigo community health worker demanded to be present at every visit."

25 MS S: Now, that's just some of the stories. You have got copies of the stories, you've got copies of messages that we have received. They are all nameless, they have been blocked out.

30 MR CUMMINS: Yes, we realise that.

MS S: Which is part of our privacy and confidentiality agreement. That is up on the web page. If people do want to mention names, they are to send us a message, you know, not to display it on the web page. We just feel that there's no support out there once the kids have been taken. Sometimes there's no reasons, you can't get reasons off the workers. They will not put it in writing, the reasons why they are taking your children. They go to court. They get orders. They make the orders to the court. They get the orders they want and then they don't follow through with them, or one parent is made to do everything on that order, but then the other person doesn't have to do it and still has access to their children. How does that work?

45 A person came here this morning and spoke about grandparents. In our notes, in the files that we have given you, there is grandparents crying out that they are not been heard about. They have addressed issues with the department and have not had any success. People have made over 50 phone calls for an

example, maybe a bit of overexaggeration, but that's what people feel, they ring 50 times and not one phone call returned.

5 It may help DHS, as we've had meetings, they are quite prepared for us to have this service opened to people to come to us to address issues about their cases so this may help with the anger from clients about the department. As a third party, it might be easier, it might lower the stress levels and hear that parents are getting heard. We have got major connections and since we've had this site we have been heard, we have put issues across, we've had the support from the head lady down in Melbourne, she spoke on ABC radio and said that this would help them address issues. That they are aware that there is issues in the system and they see that it will help them in the sense of trying to address the issues, trying to get the parents' rights met, getting answers for them. Parents are feeling that they're not being informed of what orders DHS are seeking.
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15 They make you sign paperwork without a DHS stamp or authority or government agency stamp on it. Sorry, that is not a legal binding document.

Where are kids getting heard? We've got kids 14-plus on here, and we've given you them in amongst the paperwork, that say they have come forward trying to tell the department that they have been abused at home in their house in care. Still no listening. Now they've turned to criminal offences. Don't know where to go. Why? Because they've got no love. They feel no-one loves them. Still, no excuse for what they're doing, but what are kids meant to do?

25 Services upon services, you know, just can't get through to the department. From my personal experience, I had my own worker - I know this is not about individuals - but this is just a point. My own worker was sitting at my house and we needed to get in contact with a worker ASAP. She tried ten contacts that she was aware of in the department. I sat on my house phone and tried another five, but yet not one worker was in.
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How can we address that with helping the department? More jobs in the sense of having an administration person underneath them so that administration person can take phone calls, type up court reports, return phone calls, make referrals and so forth so that that actual worker can go out, do the assessments properly that they're meant to be doing, make the appointments or go and see the doctors, whatever they have to do in their job role. This could relieve some of the stress of the workers because they're not dealing with having to get paperwork in on time, not having to worry about, "Oh, I forgot to make that phone call," and doing this and doing that.
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Having an admin person underneath a worker would benefit not only DHS workers and the systems that are in place, but it would also benefit parents, carers, you name it, whoever involved in trying to get messages through to DHS, messages in the sense of referrals, wanting to speak to them about certain
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clients or children. It's about getting heard in the correct ways and as parents of 440 people on the site, they see that they're not getting heard. People with disabilities have had their children taken off them without support services in place to support them before DHS step in and take the children away.

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Grandparents have stressed that they have had the kids in their care for so long. They've told them about mothers' issues or fathers' issues and then one kid is allowed to return back to the parent's care, but not the other kids. How is that fair to the children? They are brothers and sisters. How can one child be protected, and not the other, or the other children?

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MR CUMMINS: Any further points there? You've covered a fair bit of ground.

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MS S: I could go on. This is coming from a personal opinion and I've had people say, "You take the words right out of my mouth," so I'm going to go off my verbal spiel of what I think and of my experiences and then E might be able to tell you a little bit about her experience because we're all in the same boat. We might not be all in the same situations, but we all feel the pain of not getting answers, not getting the information we need. It's just outright wrong, what's going on.

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

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MS E: There is children being taken without orders put in place. I know mine were taken without an order. I didn't know they needed one. Carers aren't being informed of what their role as a carer is and that on certain orders, like an interim accommodation order, that the parents do have their rights and that they are allowed to find out medical stuff and everything like that. There's no support for carers once the carers leave their care, and after being in their care for so long it can be quite stressful and upsetting, the children leaving, but there is just not that support put in place for them. Yeah, my mind's just gone blank now.

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MR CUMMINS: No, that's all right. Just take a moment and if you've got a note or something you just want to remind yourself of, you can do so.

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MS S: Do you want to look at the folder? We've got one of many folders, as you can imagine. Yesterday I went through four ink cartridges and five sets of paper. These are all locked away in a filing cabinet, all blanked out. We have got it on a central disc so if you guys or the department want more information on one certain thing, you can come to us on this day on this time, "We want this person to come forward," then we are to contact the person that did that story, give them your name, your number and it's up to that family to contact you, to make the next step and this way it will make parents feel that they have

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been heard.

MR CUMMINS: I understand that entirely. Our brief is not to look at individual cases, but to look at the system as a whole and you have been
5 addressing the system. We're not for a moment saying individual cases don't matter. They matter terribly importantly, but we're not like an ombudsman or a child safety commissioner, we've got to look at the whole system for the future and you have looked at the system, as well as expressing those personal things, you've also looked at the system. I think there is a couple of things with
10 criticism, and you've been careful about this. The first is that it needs to be evidence-based, and you've looked carefully at that. The second thing is it's always best to try and be constructive and look for the solution, rather than having just negative or destructive criticism because often there is another side to things or further information.

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MS S: Yeah, we understand that.

MR CUMMINS: And you understand that.

20 MS S: As I keep saying to clients or supporters, I don't know the background of it, but give us a brief summary of your issues and why you're so angry so then we can help you address that and since we've been open, we've only had this page open for two weeks and we've had five phone calls to say that, "We have had contact with the department. We're finally getting somewhere,"
25 because they feel that because it's gone public that there is so many parents that need to be heard, they're going to address the situation and the people that we have spoken to higher up are prepared for us to gather issues, to grab stories and address them and if they've got any issues or would like to speak to the client or supporter about their situation, I give them their number and it's up to
30 that supporter and client to get in contact with the higher up people to sort out their issues so that then they can see that the department is listening, they're willing to support and it will save that anger, save people ringing up, abusing workers or, you know, being angry towards workers where it's only like little issues, they haven't been informed of what orders, they haven't been told of
35 what's happening, they get orders in place, but then whose right is it to make appointments and do referrals and that, you know, because families that have got services in place get told that, "No, those reports aren't good enough for court. You have to go to our services." Now, that is putting a pressure on services, as you've heard today.

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MR CUMMINS: Right. E, did you remember the other point or have you thought of some other ones there?

MS E: Yes, assessments for carers asking for respite. They're not being done
45 quick enough, like they're taking from two months, three months, six months,

12 months for the department to assess one person to be a respite carer for a night, a fortnight, a night a month for the carers, and I mean they're entitled to have at least a bit of a break every now and then, but it's just taking that long that they're not getting any kind of break away from the children.

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MR CUMMINS: As I said before, I think positive constructive criticism and information always helps every system. I'm not just talking about this system, I'm talking about every system and I think negative criticism never helps any system and I certainly think uninformed system never helps any system. One of the first things I learnt as a Judge was to get the whole story, you know, and I'd always wait until the end of a case before I made my mind up and it's important to get all the data in before people make their minds up about whether things have been done right or wrong.

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MS S: That's correct. We have asked people in certain situations have they got paperwork from doctors, from solicitors, psychologists, whatever, to back up the story that their children either should be taken or removed or placed back into their care. False allegations, you know, ringing up, making false reports about people. The department looks straight into that, you know, and then they come out to the home. The house is perfectly fine, the kids are fine, you've got services in place because you know that there's issues there and you're getting help with them, but then you get told that they're not and that comes up in a few of those stories. There is some good ones where grandparents have finally got to have their children. They've been assessed to have their children and it's about, you know, keeping the family together as one.

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MR CUMMINS: All right. Well, Ms S and E, thank you very much. We've read what you've said and we've heard what you've said and the three of us thank you both for coming forward.

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MS S: Thank you for your time and on behalf of all the 440 parents thank you for actually listening to what people have to say.

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MR CUMMINS: Ladies and gentlemen, we're going to take a 10-minute break and then we'll resume at 5 to 5 for the last little part.

ADJOURNED

[4.44 pm]

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RESUMED

[4.55 pm]

MR CUMMINS: Our final submitter, Ms M, if you could come forward. Just take a seat and quietly tell us what submission you'd like to make and you're quite welcome to refer to your notes.

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MS M: Firstly, I'd like to say thank you. I am really impressed to see everybody here. A lot of things have already really been discussed and gone over and heard. You have my piece of paper in front of you about the powers that child protection have and I feel that if it's happening here in Bendigo then, therefore, it would be happening across the State of Victoria.

As my own personal experience, being part of the system for the last 22 years and directly involved with the system for the best part of 10 years I've experienced some endorsed behaviour, I guess you could say, by child protection workers and asked that even though we are recognising the physical and the sexual abuse, there is negligence on the aspect of recognising the psychological long-term effects to our children. The first seven years of our children's life is the most detrimental with what will be making or breaking and forming that adult as being the most cooperative and competent adult that we have in front of us.

These workers are only social workers with minimal education, most of them with very little life experiences. Unfortunately, these people have the power to break down reports from professional people and override judge's decisions in the court. It's very painful to see and knowing this from the psychological aspects of it, having one child now diagnosed with a medical condition that is life terminal and possibly could be (indistinct) to a life-shortening span and still not identified within the child protection unit, and also having one other child removed and placed with the perpetrator even though in the courts it had not been decided like that, these people have an enormous amount of power.

The services that we have involved are very effective, very resourceful and quite capable of handling a lot of situations. But, unfortunately, once those reports are made back to the Department of Human Services, these services are cut until these workers make referrals back to these services and things like that and you'd heard earlier today that there should be linkages, more supports put in place and perhaps have a broader range of the story and the confidentiality possibly even shared on different aspects so that everybody gets a clear picture of the story. Knowing most of these things are not shared and knowing that these reports are pretty much broken down and these workers make and form their own personal opinion and overriding again a professional who has possibly been in the industry, like Mr Armstrong, for a number of years or decades.

The financial burden that is pretty much put on people, literally you can't see it, but I'm on a disability support pension, so I am limited. I'm financially instituted, I'm not able to really access a great deal of an amount of finances. Therefore, to be in the court system it's quite inadvertent and quite emotional, at the same time to be not able to protect your child, from a mother's point of view, is also very emotional.

5 These people have the power to destroy people's lives, to destroy our children and not actually act in the best interests. You heard earlier about the kinship and grandparents. I myself have my mother here today also supporting. My family is 40-plus members, all within a 30-kilometre radius of Bendigo. We all support each other. It's a fantastic feeling to have such a support from your family, but then to be discriminated and denigrated by such social workers who have no knowledge of what actually takes place is very painful too.

10 If there are government checks and balances, and these things are in place, then I believe it would be the regional directors on each division and it would be their responsibility to ensure that their workers are doing their job. There are different acts that are put in place, the Public Service Management Employment Acts and these things, but these things are not being followed or
15 not being followed up or not being addressed. How to have that addressed, I'm not sure. But, most importantly, psychological damage cannot be seen. Our children act out, our children see things in ways that we would not see.

20 An example that I could say is that I was in a shed one time that would have been at least three acres long and my son told me that he needed to get to the train set. I couldn't see the train set, but when I got down to his eye level, we could see through a 20-cent hole that he could see the train set, so it took us half a day to find that train set, but we found it. So to see it from a child's point of view, it is long, it is painful and it can never be repaired. It is something that
25 really needs to be addressed. Thank you.

MR CUMMINS: Yes, thank you. That's very clear and your example of the train set is a very good example. You've made that point very clearly so thank you for coming forward and thank you to your mother as well for being here to
30 support, so thanks a lot for coming forward.

MS M: Thank you.

35 MR CUMMINS: Having concluded with Ms M, can I just say to you all how much we appreciate you being here. I've got a particular thanks to the security officers and the recorder and the staff of the secretariat who have all helped today proceed in a proper and orderly way. As we said at the start, it is very important to us to come to Bendigo and to have the benefit of your submissions. As we also said, everything is recorded and we then go away and
40 study it further, as well as reading your written submissions further, so I do thank all of you for coming and being prepared to come forward.

45 I know often it is not easy to come forward and I also know it's not easy to come forward and not say everything that you might want to say because there are some things we aren't obliged to hear in public because of the restrictions

of the legislation, so that can be a burden on people so thank you for being prepared to undertake that burden as well. But what came through from you was positive, constructive proposals for the future, which is why we are here, so we thank you all very much and we wish you well and we'll close the proceedings at 5 o'clock.

INQUIRY ADJOURNED AT 5 PM ACCORDINGLY