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**PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY**

**THE HON P.D. CUMMINS, Chair**

**HORSHAM**

**10.03 AM, MONDAY, 18 JULY 2011**

MR CUMMINS: Good morning, ladies and gentlemen. A very warm welcome to this Public Sitting. I am delighted and honoured to invite Auntie Jennifer to welcome us to her country.

5 AUNTIE JENNIFER: Good morning, ladies and gentlemen. My name is Jennifer Beer. I'm a Wotjobaluk elder. I'm a descendant from (indistinct) Dick-a-Dick who actually is one of the cricket team that went to England and also went on to find the three children lost in Natimuk. I speak to you in Wergaia. On behalf of the Wotjobaluk people and the Barengi Gadjin Land  
10 Council I pay my respects to the elders, past and present and extend my respect to other Aboriginals present today. I'm here today to welcome you all to (indistinct) country. Welcome.

MR CUMMINS: Thank you very much Auntie Jennifer. Please take a seat.  
15 Thank you for welcoming us. We too, ladies and gentlemen, pay our deep respects to the traditional custodians of the land upon which we meet and their elders past and present and I look forward to their elders also in the future.

We are very pleased to welcome you to this Sitting of the Protective Victoria's  
20 Vulnerable Children Inquiry. As you know, ladies and gentlemen, the Inquiry was set up by government, announced by the Premier on 31 January this year and it is due to report in November this year. There are three members of the Panel supported by a Secretariat, Prof Dorothy Scott, a doyenne in the field; Mr Bill Scales, the chancellor of Swinburne University and a doyen in the field  
25 of government systems and administration and I'm a retired Supreme Court judge. I served on the Supreme Court for over 20 years and retired a couple of years ago and have been appointed to chair the Inquiry.

As you know, ladies and gentlemen, it's an Inquiry very much focused upon the  
30 system of protecting Victoria's vulnerable children, the system as a whole. It's designed to look at the system as a whole and to produce a better system in the future, thus it is very future oriented and very solution oriented. It's not an Inquiry, ladies and gentlemen, into individual cases, no matter how important or how tragic individual cases are, as we know they are. There are a number of  
35 entities appropriate for investigating individual cases. The coroner, of course; the Victorian Ombudsman, Mr George Brouwer; the Child Safety Commissioner, Mr Bernie Geary, and other entities investigate individual cases.

40 Our task is not to investigate individual cases or to investigate individual organisations, rather to look at the system as a whole for the future and to try and provide a better system in the future. Of course, we are informed by what has happened in the present and what has happened in the past but we don't investigate individual cases as such. It is important for us thus, ladies and  
45 gentlemen, to have the benefit of your submissions on the system or on aspects

of the system with which you are familiar and knowledgeable and to enable us to then draw from those submissions about how to build a better system for the future.

5 The Inquiry is only a 10-month inquiry and some persons have said, "Well, it's a very short time to cover what is a very large field," because our eight terms of reference are very extensive. I think, ladies and gentlemen, it's actually of benefit to have a limited time inquiry because what it does is it makes us focus upon the central issues for resolution, the way forward, rather than, as I say, 10 investigate individual cases. So I think this time period of allocating this year to us is appropriate for the task.

There was some comment in the media - perfectly reasonable comment - at the start of the Inquiry saying in effect, "Why another inquiry? We've had a 15 number of inquiries in the past. Is this going to be one which just gathers dust on the shelf?" That is a pre-electronic image, ladies and gentlemen, given my age, but apply that to the IT world. I think the response to that reasonable comment in the media is twofold: number 1, this is a different inquiry because it's looking at the whole system and not looking at the past to allocate liability or blame, and number 2, it is very much a results-focused, solutions-focused 20 Inquiry. I hope within that second element, the fact that it is a results-focused, system-focused, solutions-focused Inquiry are they seeds of productivity? Certainly that is what we, the three members of the Panel, and the Secretariat, hope that it will produce real tangible positive results. So we hope that 25 although that reasonable comment was made at the start, events will show that it will in fact produce results. That's certainly why we are doing it.

Can I just mention a couple of ground rules, ladies and gentlemen, for your guidance. I don't think any of this will apply to anyone here but it's important 30 to state them. The first is this is a true Public Sitting and it's thus a public event. The media can report it. It is not a court of law. As you know in a court of law, like I sat in for over 20 years, a number of protections and limitations apply. For example, in a court of law when you're giving evidence, you can't be sued for defamation, whereas in a Public Sitting like this is, the 35 ordinary rules of defamation apply, so that's an important distinction, ladies and gentlemen. Because it's a Public Sitting, those ordinary rules apply.

Second, there's a particular statutory provision which is relevant to this Public Sitting and that is, under the *Children Youth and Families Act*, it is prohibited 40 for persons to identify anyone who has been the subject of Children's Court process, either present or past. Not only should the child never be identified but also the family or even any witnesses in the Children's Court process must not be identified because the Act requires that they are not identified. That means not only not naming people as such but also stating other data which can 45 make them readily identifiable.

What we've found, ladies and gentlemen, a couple of times in our Sittings, people have wanted to refer to an individual case that's been through the Children's Court and what they've done, I think helpfully and appropriately, is they have extracted the principle that they want to talk about, left the names out, left the details out, left the identifiers out, and talked about what the problem was or the principle extracted from the case was, without names and dates. That's very helpful to us.

Finally, it's very important to us, ladies and gentlemen, to come to Horsham and indeed come to the regions of Victoria. We were quite determined when the Inquiry was established that it would not be a Melbourne and metropolitan inquiry. We have sat in the CBD in Melbourne, couldn't get much closer to the centre of it, we sat in the Melbourne Town Hall a couple of times on the corner of Collins and Swanston Streets, but we've also sat in the metropolitan regions of Melbourne, in Dandenong, Werribee and Broadmeadows, and we've sat - and are of course here - in the regions of Victoria. But we regard the regional voice as central to our work and it's very important in its own right.

So ladies and gentlemen, I do very warmly welcome you. I'll go and take a seat and commence. We're pleased to invite Julia Barling to come forward from Victoria Legal Aid. Welcome, Julia.

MS BARLING: Thank you.

MR CUMMINS: Julia, we have had the benefit of a written submission from Victoria Legal Aid which I think has been most helpful and constructive, so you can take it that I'm familiar with it and I'd be very pleased to hear you in whatever sequence you like, reading it or perhaps speaking to it, whatever is best for you.

MS BARLING: Thank you. The topics that I'll be addressing are topics specific to this region and I'm familiar with those issues as I'm currently the managing lawyer of the Wimmera regional office of Victoria Legal Aid.

MR CUMMINS: Yes.

MS BARLING: Victoria Legal Aid's Wimmera regional office which is located here in Horsham opened in 2004 and provides Outreach services to Horsham, Ararat, Edenhope, Hopetoun, Nhill, St Arnaud and Stawell. As with many regional and rural areas around Victoria, the Wimmera region has a relatively small number of lawyers providing services to children and families over a large geographical area. While the Horsham court allocates one Children's Court day a month with a total of 10 days per year, most other courts in the region have only one magistrate who hears all matter types,

including child protection matters on the same day.

I'd like to talk about how professionals can work better together in the Wimmera region and how we have done that in the past number of years. The following case study provides an illustration of cooperation between Victoria Legal Aid or VLA and the Department of Human Services, the DHS, in the Wimmera region to support at-risk children and is relevant to term of reference 4.

10 Prior to 2008, the allocation of lawyers for children involved in protection matters was controlled and carried out by the DHS Child Protection Unit in a largely ad hoc manner. Children were often referred to lawyers once at court and the absence of a consistent allocation process meant that protective workers could themselves select lawyers to refer children to, with there being negative implications for the independence and neutrality of representation.

In September 2008 myself, in my role, met with DHS about our concerns relating to these processes and after some initial reluctance, a protocol was implemented to facilitate more accountable and appropriate referral processes between the DHS and VLA for the allocation of child representatives. The intention was to replace existing ad hoc appointment processes with a streamlined formal referral procedure to provide a higher quality delivery of service for children involved in child protection matters. The referral procedures sought to avoid the attendance at court by children as much as possible and to encourage the fair and equitable distribution of the work amongst lawyers representing children in child protection proceedings.

The process agreed upon involves the relevant protective worker contacting VLA's Horsham office to advise that a protection application is being brought before the court. Details of the children, the children's parents and/or step-parents are obtained so that a conflict of interest check can be performed. A form that can be faxed by DHS to VLA to expedite the exchange of information has been developed to facilitate this process. If there is no conflict of interest, then an in-house VLA lawyer is allocated to represent the child or the children concerned. If a conflict of interest does not exist, then VLA will arrange for a private practitioner who is currently on VLA's child protection panel to represent the child or children.

Referrals are made on a rotating basis so as to guard against any suggestion of favouritism towards one particular practitioner which in the past has been an issue by some of the solicitors who have not been the beneficiary of these referrals. The protocol also encourages direct cooperative processes between DHS and VLA so as to enhance early referral of children for legal assistance. Out-of-court contact with lawyers made as early as possible ensures that a lawyer is available to see the child or children and to continue to progress the

matter without unnecessary delays. It's also effective in the early flow of relevant documentation to child representatives.

5 I understand that one of my colleagues has made submissions about a similar referral protocol that's currently in place in the Shepparton region and in the Hume region and our process is largely based on what was happening and what was working in Shepparton with some local adjustments of course. I understand that some regional offices are not having the same success that has been achieved in this region in having a fair protocol put in place and it is  
10 VLA's recommendation that a statewide protocol be developed for the referral and allocation of lawyers for children in child protection matters. There's one other topic I'd like to address and that is how better outcomes can be achieved and delay reduced through using locally based professionals.

15 MR CUMMINS: Yes.

MS BARLING: In the Wimmera region when child protection cases are contracted out to other organisations the DHS case workers are actually based in Ballarat. The worker who is contracted out to another organisation is based  
20 Horsham but the DHS case worker is based in Ballarat. When we're coming up to court proceedings we're needing to speak to the DHS case worker and in these contracted cases it's often difficult to have discussions with the DHS case worker prior to court and it's often the case that the person who is attending court on behalf of the case worker, given that they're in Ballarat, often has little  
25 or no knowledge of the matter beyond what is contained in the court report. This often leads to unnecessary adjournments of matters and heightened client frustration with the child protection system.

Another issue in this region is that the Department of Human Services does not  
30 have a legal representative that attends court in the Wimmera region. There is a practice of having case workers appear themselves or briefing one of the local private practitioners to representative the department. This has the unfortunate effect that it reduces the pool of lawyers available to represent children and families and creates all sorts of issues in relation to conflicts of  
35 interest. For contracted cases it's often the practice that the case worker, based in Ballarat, briefs a private barrister to appear at court with limited information regarding the matter and consequently that person is often unable to have meaningful discussions with the parties and their legal representatives about the resolution of matters.

40 It is VLA's recommendation that case workers in contracted cases be locally based here in Horsham and that there be a DHS child protection lawyer based in each regional centre.

45 MR CUMMINS: Thank you very much for that. It's very important to get an

understanding of how you work here because it seems to me here and, as you referred to, in Shepparton there are very positive working systems. We've heard a lot in Melbourne in particular about a lot of issues with the Children's Court. I'm quite the sure the Children's Court is working as hard as it can to address these issues and I'm quite sure the judge, Paul Grant, and the magistrates are working as hard as they can to address the systems but there's obviously a lot of issues of lawyers and the adversarial system and some quite stressful issues there. You have resolved a lot of that here, from what you've said.

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MS BARLING: There are going to be issues that flow through in any Children's Court process. There's going to be parents that are unhappy, there are going to be children that are wanting results that are unachievable, there are going to be personality issues with practitioners and different levels of understanding as to what their correct role is for practitioners.

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MR CUMMINS: I understand that.

MS BARLING: But for the most part I believe that by having open communication with DHS case workers and how that was achieved was by having a meeting not only with the management but with all of the case workers to talk about how we can best allocate lawyers for children in a way that's going to be efficient, that's going to acknowledge that DHS case workers are very busy, particularly given the geographical issues, that they may be driving off to St Arnaud for a protection application and may find it difficult to find the time to ring around and find lawyers for children; that it can be a system that is beneficial for both parties.

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I think that that was one of the big selling points, I suppose, in getting all parties on board, that by contacting Legal Aid, Legal Aid can do some of the leg work in terms of making sure that these children have got proper legal representation, whether it be within the local office of Victoria Legal Aid or by having one of our administrative officers contacting private lawyers to give them the information to have conflict checks undertaken and to see if they have lawyers available. I think that one of the issues had previously been that the protective workers understandably didn't have time to be making those inquiries. Whereas if they can put all of the information on a referral form, Victoria Legal Aid can make those inquires and by the time the matter actually comes before the court there is a lawyer that has been allocated, they know when the matter is going to be listed, they have the application and, if possible, they have seen the child before court which avoids the necessity of the child attending the court hearing which can be very stressful in itself of attending the court hearing in the main list, which happens in our outlying courts particularly, or if a protection application happens at any other time other than the one allocated Children's Court day in Horsham. Then they're seeing their

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parents particularly distressed, they're seeing other people that are there in adult criminal lists.

5 It's just not a pleasant place. I think that it is accepted that it is not pleasant for children in relation to these matters and by having lawyers allocated as early as possible we are reducing the need for children to attend court wherever possible.

10 MR CUMMINS: I think that is a very admirable and I think important aim to try and reduce the children being further stressed and traumatised by the court process itself. We all know as adults the court process traumatises everyone. Judges and lawyers try to reduce that as much as possible - or at least we should - and most, not all, do. But it's inherent, as you rightly say, Julia, in the process. But it's doubly important for children to be protected from it as far  
15 as the system can do so. So I think you have identified a very important point with that last answer.

20 It seems to me, Julia, that there is a plus and a minus about being 190 K's from Ballarat and 300 from Melbourne. The minus is there's a large region in the Grampians to cover, limited staff, distance, time, all of that is a minus in terms of actually attending to the work. But it seems to me from what you have said and written that the plus is you have a big advantage over the city and the metropolitan area in that you can get to know people on the other end of the Bar table, get to know people on the other side of the issues and so there is  
25 much more communication, it seems to me and that would tend, it seems to me to reduce -not eliminate, of course - some of the very negative aspects of the system.

30 MS BURLING: I would certainly agree with that in relation to the child protection workers that are based in Horsham. Of course, there is always differences of opinion and differences in our roles but I think that that good working relationship is very important. But that does tie into the issue that I raised in relation to the contracted cases where the case worker is in Ballarat where we don't have that relationship and perhaps that is one of the issues that  
35 makes it harder for those discussions to take place given that there aren't those existing relationships with their case workers that are operating out of Ballarat in those contracted cases.

40 But that certainly is an advantage and it's something that I think all professionals in the region have to make a real effort to do that if they're going to work effectively together.

45 MR CUMMINS: I think that's very important, Julia, and I'm glad you've identified it. Are there any other comments or thoughts you would like to make because you are very welcome to say so. The office was established in

2004? You've got seven years of experience, so you've got a good knowledge of the issues. I think you identified with your recommendations two key areas.

5 MS BARLING: They are two of the key areas and particularly having a DHS lawyer. If there was a DHS lawyer based in this region, it would allow for that relationship to build up and having worked in other regions where there was a DHS lawyer practising prior to coming to Victoria Legal Aid and having a good working relationship with the DHS lawyer, someone who does have a different perspective and different outlook when they see a report coming over  
10 their desk when they're looking at a family, able to be a little less passionate about the issues and address it from a legal perspective. It would be very useful to have a person in that position that is based locally that we're able to develop relationships with and continue to help progress matters so that's very useful.

15 MR CUMMINS: I've got those two recommendations and we'll look at those further. Is there anything else you would like to add?

20 MS BARLING: Sorry, there is one issue and perhaps not specifically relating to a term of reference. But I would also be keen - you touched earlier on there being different levels of services and issues that arise in Melbourne. I think an issue that would apply equally across the state is a need for consistent training of lawyers who represent children in child protection proceedings - - -

25 MR CUMMINS: Absolutely.

MS BARLING: - - - to understand their role and I'm sure that you've been addressed by other, perhaps more qualified, people than I, but that's certainly an issue that I'm keen to see addressed to make sure that all lawyers who  
30 represent children are doing so in accordance with the Act and their requirements.

MR CUMMINS: I agree entirely with that. As we all know, Julia, training is critical to performance, not just in child protection and not just in law but in  
35 every field of life training's critical and I think it's especially so in this area where what you sometimes see as lawyers coming into the field with doubtless good legal skills for some other area such as criminal adversary trials or things of that sort, but not really having a cultural feel for this very important area where, as the Act says, and as also both our heads and our hearts say, the child  
40 is at the centre of it and not an adversarial adult party. It's very important that that is trained into people so they have an understanding of it.

Even that statement in the Act "the best interests of the child" being the centre of everything, people interpret that differently. It's an excellent concept but  
45 people project onto it content from their own culture, whether it's an

adversarial culture or a party-oriented culture and I think an understanding through training is very important. Julia, thank you very much. I wish you well with your good work.

5 MS BARLING: Thank you.

MR CUMMINS: Wendy Middleton, Uniting Care. You're very welcome to come up with others. You might need to do a bit of self-help with seats. Come up and settle yourselves in. I would be very pleased to hear you all. When you  
10 have settled yourselves in we will work out a working protocol. As you appreciate, there are only two microphones. I think what is very helpful for us is you take it in the sequence you'd like but if you speak, if you'd state your first name so that for the purposes of the transcript we can get it because I can see you speaking but the transcript won't, on the face of the page, identify the  
15 speaker. So if you would state who you are before you speak. Is it convenient to start with Wendy?

MS MIDDLETON: Yes, I think it might be. Wimmera Uniting Care was  
20 30 years old last month. It services an area down as far as Ararat to the South Australian border to the beginning of the Mallee Track, so it is a wide area. We employ over 400 people as an agency. We deliver over 80 programs and we travel in excess of 1.7 million kilometres a year.

MR CUMMINS: I have read your written submission and the written  
25 additional material so I'm familiar with the scope and the substantial nature of your work. Proceed on the basis that I'm familiar with what you've written.

MS MIDDLETON: We are not going to go over the written material. We are  
30 actually going to give a very practical approach of moving forward - a common phrase that is used these days - and across Wimmera Uniting Care instead of a particular area.

MR CUMMINS: Thank you.

35 MS MIDDLETON: Clearly for us this is a great opportunity to represent rural and remote Victoria, that we're not a regional centre, as everyone thinks we are, we are rural and remote. Our regional centre is down the road quite a long way - I think you just said 130 K's. For me it's two hours because I measure it in time. But we are very remote in terms of very specialist services. Our focus  
40 today is around the mission of what we do and who we are is around strengthening children, families, individuals and communities and that's what we actually use as our yardstick in terms of what we do and how we do it.

45 Early intervention: how early is early intervention? We believe that there needs to be a focus on early intervention and we need to go back in terms of

before a child is even born. So that is where we will focus our attention today in terms of early intervention only.

MR CUMMINS: Excellent, and antenatal.

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MS MIDDLETON: Yes. So I will now transfer to - - -

MS DUMESNEY: Good morning, I'm Jo. I'm the coordinator of foster care here in Horsham at Wimmera Uniting Care.

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MR CUMMINS: Just one moment, Jo. Can you hear, Jo? Bring it across a little bit. Thanks, Jo.

MS DUMESNEY: In the foster care program we assess all the adults who live in the home or who will have involvement with a foster care child.

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Assessments and training take place around the adult's knowledge of the child's development, how they handle conflict and many areas involved with the adult and the child. The Child FIRST and Family Services team at Wimmera Uniting Care has recently scrutinised the process used in the Child FIRST Best Interest assessment in line with the assessment process used by our program in foster care when we assess potential carers for out-of-home care.

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As a result of this scrutiny, the Child FIRST family services assessment will now incorporate the assessment tools used by us to assess all people over the age of 18 years and not the primary carer. So it will be all adults involved in the care of the child rather than just one carer. This is recognised as an essential part of early identification of any concerns for the wellbeing of the child that may present because of contact between the children and other adults in the home.

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MR CUMMINS: Thank you, Jo.

MR STANFORD: I'm Rod. Good morning.

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MR CUMMINS: Thank you, Rod.

MR STANFORD: Rod Stanford, the general manager of Child and Family Services at Wimmera Uniting Care. Certainly, as we've mentioned, early intervention is a large focus for the work we do and across all the programs that deliver services to support families we have been placing particular focus in recent years on parenting groups, group work, to build relationships between families in their own community, within the family itself, within the community between the family and schools and various programs that we have delivered are programs such as FAST which is a program working with families with schools to connect families that are a bit disengaged from school

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to get better outcomes for children in education; Tuning In Kids which is an emotional coaching for parents, is a term that's been describing that program.

I particularly want to focus as an example today on the Mother Goose program.  
5 It's a program that brings families in a community together with very young children, particularly focusing on families with children nought to five, to build their capacity to develop their family dynamics and relationships in the community. As a direct result of an Ombudsman's report in recent years and around a gap in service delivery in one of our regions for families with young  
10 children, we responded in partnership with the Department of Education and Early Childhood Development and Centrecare to deliver this Mother Goose program.

You talked earlier in your comments about results, we want to be focusing on  
15 positive results and we believe that this program has excellent positive results for families. 20 families are engaged in one particular rural town in this program where they do structured play and family services workers are in there with the families doing structured play; modelling that to families, modelling  
behaviour management type issues, strategies; introductions to other services,  
20 bringing other service providers in to meet the families; engaging the families with each other, building that community amongst the families and enjoying a meal together.

Some of the positive results have been that those peer connections have been  
25 building very strongly between families that previously didn't even know each other living in the same town, connecting with other services for services they need, certainly increased parenting skills. Parents have requested the development of a phone tree so that they can keep in contact with each other following the end of the program and we've had a couple of really practical  
30 examples where one of the parents became unwell and other parents banded together to provide home-cooked food for that family to support them during that period, families that didn't previously know each other. This program has been running now since about February.

35 Parents that live out of town in surrounding towns around the town where the program was being conducted - car pooling to come into town with people they previously didn't know. We believe that these sort of outcomes, really positive outcomes, potentially will keep families out of the child protection system. This also raises some really big questions for us as an organisation about where  
40 our focus sits in relation to the way we work with families. Most of our funding for supporting families across our agency is focused on in-home support, one-on-one support. We need to deliver both. We need one-on-one support, we need the enhanced support but we need these parenting groups as well because they have such positive results.

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Our funding doesn't really give us the capacity to do both to the most effective level we'd like to, which results in a lot of extra work placed on our staff and are currently delivering over 20 per cent more target hours that we are funded to deliver by doing the extra work around these parenting programs. That is  
5 the issue that we face around doing what we see as being absolutely necessary because of the results we're seeing, but resourcing that is an issue for us.

MR CUMMINS: Thanks, Rod. Excellent. Louise.

10 MS SMITH: I'm Louise from Uniting Care. Wimmera Uniting Care are thinking about developing a program where a family support would sit at the Wimmera health care group, Wimmera Hospital. We're continuing the theme of early intervention and it is crucial to families that they are introduced to  
15 services at the earliest possible time. In this situation it would be pre-born and as soon as they go to the hospital, book in, however it's going to work, there will be a worker there to introduce themselves and start building the rapport and engagement with that family. We think that is very important.

20 There needs to be direct support to these vulnerable families, they need to be identified early and we think the best place for that would be at the Wimmera Health Care Group because in this region that is where babies are born pretty much. This is where the families come for that to happen. This worker would look at linking families then with other rural health services and make sure that their transition from that hospital is smooth and linked into services so they can  
25 be fully supported as they continue through.

This worker would need to be obviously skilled up and trained and there would need to be negotiations with Wimmera Health Care Group as to how that can happen at the hospital. We already have a program, financial counselling, that  
30 is based at the Wimmera Health Care Group and has been established there for a few years. We have workers sitting down there based two days a week who work with patients that are in need of financial support. So that has proven to be a very beneficial program. So we see the importance of a family support worker being based down there full-time to work with these families and put in  
35 what is needed.

A lot of these families don't see a service until they book into the hospital and we've had a situation just recently where a mum booked into a hospital only a  
40 couple of months before the birth of the baby. So it's crucial that we get out there in that area and support families.

MR CUMMINS: Thank you, Louise. Jenny.

45 MS MILLER: Just supporting what Louise has said about the early intervention working in the hospitals. What we're finding is that we're getting

a lot of referrals in that a lot of mums aren't having any antenatal care at all. So it is even getting in that connection, working in with families at antenatal care classes with that early intervention and making sure that they're getting to those appointments so they are getting that support and linking into the hospital and being prepared for when the baby comes.

MR CUMMINS: So you really support what Louise has said?

MS MILLER: Absolutely.

MR CUMMINS: Thank you, Jenny. Leanne.

MS MARRA: No, it's Melissa next. I'm from Uniting Care as well.

MR CUMMINS: You are?

MS MARRA: Melissa Marra. Support for families within their own community is recognised as best practice and within the rural communities there is a wealth of parenting experience that is untapped out there. There are many groups and organisation such as local churches and members willing to share their knowledge and their skills with younger families within the community. But historically it has been difficult to overcome these barriers such as the risk of liability and confidentiality to enable this untapped resource to be used.

Similarly, the opportunity to fund live-in nannies to support vulnerable families on a long-term basis in the same way that wealthy people within the communities can afford to buy in-home support or in-home nannies. This support in-home would be an amazing potential to develop parenting capacity and the family's development.

MR CUMMINS: Thank you, Melissa. Leanne.

MS THOMSON: I would like to talk about - we talk about vulnerable families in rural and remote communities, recently it's been announced that the Take-A-Break funding has been de-funded as of the end of the year and we have many rural and remote communities that actually receive that funding and provide occasional care to these vulnerable families that often would not have any access to any other child care or education opportunities for their children.

MR CUMMINS: It seems a very retrograde step this Take A Break problem.

MS THOMSON: It's a huge problem.

MR CUMMINS: It provides a very important safety valve, I think.

MS THOMSON: Absolutely, and that is recognised within our programs. We have a lot of families that have relocated from big regional centres out to our rural and remote communities because of the cheap housing across the area.  
5 So those families have come up without any supports, no networks at all and for them to come into the occasional care or have access to the occasionally care across those communities actually gives an opportunity for some early intervention work, identification of families that are vulnerable and disconnected from community. It allows referrals then into other services  
10 across Wimmera Uniting Care and other agencies to get in there and actually make sure that these families are supported in the way that they deserve to be supported.

I think there is a real opportunity for us to provide Mother Goose in those  
15 occasional care facilities as well as other programs to stop them becoming involved with child protection down the track. So I think this needs to be looked at and it needs to be looked at now so that we don't lose that funding. It's going to affect so many families across rural and remote areas and put those children at risk.

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MR CUMMINS: As I said at the start, Leanne, we're due to report in November but from Take A Break 's point of view, November is too late. What is the issue behind it? Is there an arm wrestle between the federal and state governments about whose responsibility it is? What's the problem? I  
25 would have thought, on the face of it, it's not too hard to see how important it is and how valuable it is. So what's the issue?

MS THOMSON: I'm not entirely sure. My understanding is I think the federal government funds 70 per cent and state is 30 per cent. I have no idea  
30 why they're actually cutting the funding. They certainly have not consulted with agencies in the relevant areas as to how well the occasional care is working and what families are actually accessing the services. We've not heard anything other than to be advised a couple of weeks ago, I think, that the funding was going to be cut.

35  
MR CUMMINS: It is a pretty urgent issue, isn't it?

MS THOMSON: It's extremely urgent.

40 MR CUMMINS: All right. Thanks for saying it.

MS THOMSON: Thank you.

45 MR CUMMINS: Wendy, that's terrific. I do commend you for being so proactive and having everyone speak to their speciality. I know you're not

limited to what you've spoken to but it does provide multiple insights. So that's very helpful to have that comprehensive review from the different angles. The other thing, Wendy, which I think has been very impressive is that it is a very positive presentation aimed at prevention and early intervention. We all know that the earlier one gets onto these things the better the result and the later the less beneficial the result.

I think you have identified things very productively. Are there any general things you would like to say, Wendy, or other issues you would like to perhaps raise?

MS MIDDLETON: I think I'd like to make comment in terms of the recommendations that may come out of this Inquiry and that is that one size doesn't fit all.

MR CUMMINS: Absolutely.

MS MIDDLETON: One of the challenges I deal with and my staff deal with daily is how do you translate policy and procedure that is made in a metropolitan area around a mass of people and translate that into the area that we cover where it maybe that it's distance and not actually individuals but the vulnerability is just as high if not higher.

MR CUMMINS: Really it shouldn't be a matter of translation from one to another, it should be that it's addressed to the regional, rural and remote itself, not simply a variation of what's applied in the metropolitan area. So you shouldn't have to translate it, it should be addressed to you. That's really the best way to do it, isn't it?

MS MIDDLETON: That's correct. But that would be a very significant change in policy direction.

MR CUMMINS: Yes, I understand that. But it's obvious, isn't it, that one size doesn't fit all. Even within this region you've got great variations.

MS MIDDLETON: We're very aware of that in terms of even our delivery and how we work with or relate or have relationships in a town like Woomelang compared to that of a town like Horsham. But once again it's always looking at building on the strength and resilience. What we do know about our communities that draws them together is their level of resilience. If you think about what they've been through over the last 10 years, they've covered off on drought, fire, flood - I won't throw the locusts and mice in there but they're there as well.

MR CUMMINS: Yes.

MS MIDDLETON: So there is level of resistance and I think there is a level of untapped resilience around the most vulnerable in our community which is our children. I think that's where we want to head in terms of our service delivery, including those that are at the other end as well that are identified as vulnerable and who are working with us in a statutory capacity.

MR CUMMINS: I commend you for your excellent work and we will take on board the insight you have provided us. So thank you very much. I wish you well.

MS MIDDLETON: Thank you.

MR CUMMINS: Marianne Hendron, Grampians Community Health. Please take a seat and just settle yourself in. Marianne, thank you very much for the material you provided to the Inquiry. We will study this and digest it. Would it be convenient for you to give me, if you like, an overview or a focused summary of what you'd like to present?

MS HENDRON: Sure. I was just planning to go through what I've presented in writing. There's just me, I'm afraid.

MR CUMMINS: No, you're welcome.

MS HENDRON: I'm representing Grampians Community Health as well the Grampians Integrated Family Violence Committee that I'm currently the chair of. In lots of ways Grampians Community Health has similarities to Wimmera Uniting Care in terms of the region that we cover. We basically cover the same region. We're a smaller organisation, we have about 130 staff and I guess we complement in many ways the work that Wimmera Uniting Care does. We have housing, family violence, drug and alcohol counselling and withdrawal, gamblers help and then psychiatric rehabilitation and support, youth work, community development, aged care, palliative care programs.

We have sites in Horsham, Stawell and Ararat. We're aware that this Inquiry has already covered a lot of ground and we support a lot of the strategies put forward, particularly I suppose from a community health perspective. I see you have had a few submissions from community health centres and we would share a lot of those views. Our comments relate specifically to our experience as a rural and remote provider and the realities that we deal with. We've just gone through and pulled out some of the terms of reference that we specifically wanted to make comment on.

MR CUMMINS: Certainly.

MS HENDRON: I guess starting with the key preventative strategies for reducing the risk factors at a whole of community level. We, in keeping with our overall philosophy, support a holistic health promotion approach to prevention of child abuse, an approach that takes account of the range of risk factors and the systemic nature of these factors in a lot of cases, rather than an individual-blaming approach. We would be supportive of a positive, community/education type campaign which aims to reduce the fear factor that keeps child abuse hidden and under wraps and I think causes people to be reluctant to seek support and seek help at an early stage and also holds others back from advising people that they know to seek help and support because of the fear of removal and, I guess, the general societal view which is obviously not to condone child abuse but to encourage people to seek support at an early stage.

15 In terms then of strategies to enhance early identification and intervention and the role of the various services that you've got listed, in terms of being a drug and alcohol service provider we believe that existing state-funded drug and alcohol services have a narrow emphasis on the treatment of individuals in isolation, that they don't give us the opportunity to engage with families or include families and especially children in the assessment process, particularly in terms of the impact of substance use and its role in child abuse and neglect. Also the current services can't really sufficiently cater for clients with multiple and complex needs.

25 Drug and alcohol services, we believe, need to have a stronger focus on a family-inclusive practice. Currently reporting around drug and alcohol, for instance - and this, I think, illustrates quite well - is based on episodes of care which are individually focused and don't capture or reflect the complexities of clients as individuals or part of family groups and much less do they reflect any community education or health promotion activities that we engage with. So I guess we're proposing strategies that better engage families and partners and carers in treatment planning and recovery pathways and properly consider a client's family circumstances, including the needs of children.

35 In keeping with that, assessment tools should also be developed to capture those needs and issues better. Also I think there has been a bit of discussion around the issue of training and we also believe that training opportunities should be accessible to staff in rural areas to assist drug and alcohol staff in delivering family-inclusive practice.

40 In terms of family violence services, I mentioned earlier the Grampians Integrated Family Violence committee. That committee undertook a survey of family violence funded agencies across the Grampians region over the last six months. All the agencies surveyed reported a significant increase in the past two years in the number of clients with what they called multiple and complex

needs and by this we generally mean clients who are experiencing two or more of the risk factors that have already been mentioned, so drug and alcohol, mental health, housing stress and so on.

5 These clients require longer support periods, intensive case management and they may have involvement with several service providers so some form of coordination and case management is required. We also have become aware of the increasing number of culturally and linguistically diverse clients moving to the region, including people from refugee backgrounds, and have come up  
10 against the significant issues that these families and households face in regards to family violence. There are a whole lot of cultural norms and expectations that sit under the dealing with violence in those families that prove very challenging for staff generally but also particularly for staff who haven't received specialist training around those issues.

15 MR CUMMINS: That is an important area, I think. It's a comparatively new area and I think it is going to be a growing area so you'd need special training on that, I think.

20 MS HENDRON: Yes, training and workers secondary consultation that we can draw on to help advise the best way to deal with those situations. One of the issues that we wanted to highlight, particularly in the context of family violence, is the lack of direct therapeutic support for children and young people who have experienced or witnessed abuse or trauma. There is much evidence  
25 in the literature to demonstrate the link between the experience of childhood trauma and the onset of mental health problems in adolescence and adulthood. For children who witness family violence, combined with the other risk factors that we mentioned above, I think you can't overemphasise the damaging impact. Yet we also know from the evidence that therapeutic intervention can  
30 be extremely effective in mitigating these impacts.

However, we, in this region experience a significant lack of accessible therapeutic support for children who have experienced and witnessed violence. I think this increases the risk of mental illness and a whole range of other  
35 problems for these children down the track, including the possibility that they too can become perpetrators or abusers themselves. So we're talking about, I guess, therapeutic support that isn't necessarily sitting within the acute mental health services for children but in a generalist sort of context.

40 Moving onto the terms of reference regarding the interaction of departments and agencies, court and other service providers working together. I guess what we picked out in particular was in terms of our integration in work in family violence we have had a lot of successes over the last 10 years and we would be keen that some of these successes be highlighted and learned from and given  
45 the resourcing to continue the things that have worked really well. One of the

key things has been the development of strong collaborative relationships with the police and this has really enhanced outcomes for clients, people who have experienced family violence, women and children in particular.

5 There has been a family violence liaison officer attached to the police in this region, however, that is one person for the whole of western Victoria. They are required to attend a lot of meetings in Melbourne, they need to liaise at various different levels. So really there just isn't sufficient of that particular role to go around and meet the needs that they could be meeting. We find that while the  
10 culture of the police has shifted significantly in terms of their recognition of the role that all the other service providers play in terms of addressing family violence, that there is a still a need for a lot of support, especially in police stations in outlying areas where there might be single police officers.

15 But that can be very difficult, especially where there are relationships that perhaps exist between police officers and perpetrators of abuse or whatever. So those are things that those officers struggle with and I think need support with. So I think increasing resources for family violence liaison and support would be really helpful and that's what the police feed back to us.

20 There are two significant initiatives that we have been involved in, the Fax Back program being one where the police fax us immediately following attending a family violence incident. This is something that we respond to as a matter of priority. However, it is not part of any funded program. There's no  
25 official recognition that we undertake that work and that's a statewide issue. It doesn't just relate to our service. So it's subject to the capacity of staff to absorb this work on top of the normal workload and I think a small additional funding component would allow Fax Back to be embedded and be a fundamental part of our service response.

30 The other positive development that took place but hasn't continued has been the delivery directly to the police of training around the common risk assessment framework which is used to identify family violence. We were delivering that as part of the operational standards training for the police in this  
35 region and that worked very successfully over about 18 months. However, we were advised that priorities were changing and so that was suspended and it has never actually been resumed and we're not clear as to why that was because the feedback we received was very positive.

40 It allowed for some really good interactions to take place between the police and family violence workers, particularly around things that the police themselves struggled with where they were dealing with recurring family violence. So the notion that women find it difficult to leave, workers were able to have those sort of discussions with police which they find very helpful.

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We were also involved, as part of the regional integration of family violence, in developing the Grampians Region - this is a big mouthful - Family Violence Services Child FIRST Family Services Child Protection partnership agreement which Wimmera Uniting Care were also involved in and that was a protocol  
5 which I've given you a copy of.

MR CUMMINS: Yes, I have the protocol. Thank you.

MS HENDRON: The reason for highlighting that was really to indicate that  
10 it's a good document, it's got a lot of really positive and valuable strategies in there. But it was signed off in late 2009 and really hasn't been driven or much done about implementing it since then and we think that it needs some resources to drive and implement it and really put it into action.

15 Finally, I just wanted to return to the issue of workforce development and training but in a broader sense the fact that recruitment and retention are critical for providers like ourselves in this region and we struggle to fill specialised roles with suitably qualified staff. So I guess that's something that we would like to see being given particular attention to in this report because,  
20 as you said yourself earlier, training is crucial and we believe there are a lot of opportunities there to pick up and look at what local training providers can do in terms of delivering training across the board to the network of services that are involved with families and children to skill-up our staff to better meet the needs.

25 MR CUMMINS: Thank you very much, Marianne. That is most helpful. It's, I think, important to identify, as you have done, some specific things as well as look at the system as a whole. Leanne with Wimmera Uniting Care spoke about Take A Break, you've spoken about the Fax Back program, both pretty  
30 limited funds needed to keep a good system going.

MS HENDRON: Not much.

35 MR CUMMINS: Not every important is a very big ticket item moneywise so it's very helpful to identify things which can make a big difference. There are always going to be issues of funding, as we know, and by being smart about it we can try and make a difference with what is available. So I think that Fax Back that you've referred to is important, very functional.

40 MS HENDRON: Absolutely.

MR CUMMINS: Again, I think there are always going to be competing priorities, both in the policing system and you've got issues about law and order; you've got issues about where do you put the money - is it at the end or  
45 at the start - and that common risk assessment training. Your best guess is

probably competing priorities, yet it's a very important area, I think. Also when you've got things in place, like the 2009 protocol, it's not much use unless it's enlivened, if it comes to light if it's acted on, if it's worked under. There's no use having it on the shelf.

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MS HENDRON: No.

MR CUMMINS: So these are very important things to identify. So thank you very much, Marianne, looking at those specific things. Looking at it generally, your submission and that of Wimmera Uniting Care really are quite complementary in some respects which is very helpful. So it all helps us, Marianne, so thank you very much. I wish you well.

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MS HENDRON: Thank you for coming up here.

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MR CUMMINS: Ladies and gentlemen, is there anyone else who would like to make a submission because you are most welcome to come forward, if you would like to. As you appreciate, ladies and gentlemen, we don't investigate individual cases, as I said at the start. But we've had three submissions today from Wimmera Legal Aid, Wimmera Uniting Care and the last one from Grampians Community Health, all of which have addressed the system, aspects of the system and I think most helpfully so. As I said to Marianne at the end, there are some very specific areas which have been identified today which don't necessarily involve a lot of funds but involve targeting, which you've addressed, plus you've addressed more general issues of the system which is really our primary brief.

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What we will do, ladies and gentlemen, is we have the transcript of this in full plus your own written documentation. As I said to you at the start, the Panel and the Secretariat have already studied the documentation that has been put in and the additional documentation I will take back to the Panel and the Secretariat plus we have the transcript of it. So it all does help us in our task, ladies and gentlemen, of seeking to provide a better system for the future. I do thank you for the care you've given to the work you have put in - there has been a lot of work put in - and for coming here today and, with you, I do hope that positive outcomes from this Inquiry.

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Good wishes to you. I wish you well and we will conclude the Public Sitting. Thanks a lot, ladies and gentlemen.

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**INQUIRY CONCLUDED AT 11.16 AM ACCORDINGLY**