



SPARK AND CANNON

**TRANSCRIPT
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PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY

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

MELBOURNE

9.00 AM, TUESDAY, 5 JULY 2011

MR CUMMINS: Good morning, ladies and gentlemen, a very warm welcome on a cold day to our second sitting in the CBD. The Panel acknowledges with profound respect the traditional custodians of the land upon which we meet, the Wurundjeri people of the Kulin nation, and we pay our respects to their elders, past and present, and look forward to also having elders in the future. We also convey our respects to elders from other groups who may be present. Auntie Winifred will be here mid-morning formally to welcome us to her country.

Ladies and gentlemen, as you know, many of you from earlier Sittings know very well, but all of you know that this Inquiry is an Inquiry focusing upon the system of protecting Victoria's vulnerable children. It is a systemic Inquiry. It looks to the future, informed by the past; it looks to solutions for the future rather than seeking to allocate liability or blame for the past. As I say, we are informed by the past; the past tells us about the future. A number of your submissions have made that particularly clear. We are not an Inquiry into individual cases or, indeed, into individual organisations. As you know, the brief from the government was not to inquire, that's the verb "inquire", into organisations or individuals, but of course we are informed by such matters in looking at the system, in looking at the solutions and in looking at the future.

As I am sure you all appreciate, this is a public meeting, which means that it can be reported in the media, it can be disseminated universally and it is not a court of law. In a court of law there are certain protections which are applied to persons speaking in courts of law, including witnesses, such as protection against defamation in particular, that doesn't apply in this particular public hearing so doubtless you are conscious of that. Equally, as you all know, the Children, Youth and Families Act prohibits the identification of persons who have been the subject of Children's Court process, past or present, including not only parties, but also witnesses. Again, I'm sure you're conscious of that, so what we do is in these public hearings we are careful not to identify individuals because that is proscribed by the relevant legislation.

It is most important to us to receive your verbal submissions. We've had the benefit of over 200 written submissions, a number from you here present today, which we have read and studied and we shall continue to do so. They are published progressively on our website and thus, of course, in the public domain. They will inform us in the report that we are to present to the minister in November, who then will table the report in parliament.

I'd first be pleased to invite Gregory to come forward and submit to us. We've had the benefit of his 15-page written submission and we'd be pleased to hear from you. Gregory, thank you for your written submission. We've read it and we'll study it further away from here so there is no need for you to read it, but if you take us to the central points that you would like to emphasise to us and we will further study the balance away from here.

MR NICOLAU: Thank you for the opportunity and I must admit I'm a bit humbled that we live in a country where democracy prevails and we can do this. I'm also a bit nervous because I noticed that Dorothy had her red pen out
5 and was speed-reading it away through the presentation. I do want to read just a little bit, only because it's not the whole presentation, but I've selected about the first five or six pages, which takes about 15 minutes to do because it will take you to the kind of crux of what I'm thinking about.

10 MR CUMMINS: Certainly.

MR NICOLAU: For a moment I want to begin by telling you a story, actually it's two stories (indistinct) two girls (indistinct) involved in a car accident. She received a head injury. A passer-by reports the accident and an ambulance
15 arrives at the scene within eight minutes. They assess the immediate needs of the girl and provide an intervention to stabilise her. Interestingly enough, the paramedics are university-trained, professional in nature and focus on the needs of the girl to ensure her safety. She is taken to the emergency department of the hospital where further assessments are done by
20 university-trained nurses and medicos.

Here they devise a plan that will maximise her recovery. From the emergency department, she moves into the intensive care ward where she is never left alone, her vital signs checked consistently. Although asleep through the night,
25 staff are awake and continue to check on her. Every day her recovery is scrutinised by a medical care team, goals are set and assessed frequently to determine if her recovery is on track. When she has stabilised and the threat of death has passed, she is moved to a general ward where her care or recovery continues, both day and night.

30 Let me now tell the story once more. A nine-year-old girl was sexually abused for three years. Her mother, a drug user, paid men to have sex with her and she was beaten by her father and stepfather. Research tells us that childhood trauma affects the wiring of the brain, just like a head injury. From school one
35 day, two Child Protection workers pick her up and take her to a residential program run by a community service organisation. She is told that she will not return home for now.

In the residential house, there are two workers, both of whom are casual, and
40 three other children. One had an hour earlier trashed the house. One of the casual workers, once a security guard, and now doing his Cert IV in residential care started his training a week ago, whilst the other is retired and uses this work to subsidise her pension. Although she really enjoys working with kids, she has no formal training.

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When the girl arrives, one of the children is having an argument with one of the staff and trying to get into the office. The Child Protection workers stay for 10 minutes, but then they have to leave. The girl is shown her room. It is empty, except for a bed with a mattress on it, but no sheets or blankets. The workers say they will make the bed a bit later. In the house, there are no paintings on the wall. There is a box with a mixture of old and some broken toys and the walls have marks on them: food, spit and what looks like burn marks.

10 In the days ahead, Child Protection, the community service organisation, case workers and residential staff hold meetings to determine what she might need. Because none of those present have any training in formal assessments of her physical, psychological and spiritual developmental needs of the girl they think about where they might make a referral. It takes 12 weeks for her to be seen by
15 a paediatrician, who says she will need a cognitive and developmental assessment. A care team meeting is booked three weeks after this to talk about who will provide such an assessment. It is agreed that the girl will be referred to Take Two. However, after the referral process goes through, which takes
20 another four weeks, by the time the child protection worker can allocate the time to fill in the referral document, she is not accepted by Take Two as they have other priorities.

The care team meets again two weeks later to discuss when, where to now? Twenty-one weeks have passed and the child, with the brain injury, has still not
25 had any formal assessments and is now struggling at school. There are no firm plans in place and the residential staff has no real sense of what she needs. Throughout the night the girl lies in her bed in the dark alone. The one staff member on shift is asleep at the other end of the house.

30 MR CUMMINS: It is a very salutary dualism.

MR NICOLAU: Thank you. I'm a psychologist and I've worked with vulnerable children on the streets and in out-of-home care for about 30 years. In the past 17 years I've provided counselling, assessment training and
35 consulting services throughout Victoria and the sector and more recent review and research expertise. As an aside, the training and consulting support services have been provided intensively in the north-west metropolitan region of the Department of Human Services through an innovative program called Start funded by Placement and Support in the region. If Start were to have a motto, it would be quite simply, "Respond." There are no great referral documents, other than a phone call or an email to say, "We need help." There
40 is no other program that has the ability to respond as quickly and so flexibly in Victoria, to my knowledge; however, it only exists in the north-west region.

45 In this time I've come to work in the sector, I have come to experience the

approach to care of children in the out-of-home care sector is at times fragmented. Residential care, in particular, does not often meet the therapeutic treatment needs of these children and lacks a formal, systemic, integrated approach to address the physical, psychological and spiritual development needs of children who have experienced trauma and broken attachments.

Foster care, although better supported, operated by groups of dedicated social workers and other support staff, struggle to keep up with the demand and the dwindling pool of carers. Kith and Kin and Permanent Care operate in isolation, rarely incorporated in any specific support systems, although I acknowledge and give credit to the Department of Human Services for the recent expansion of case management services in Kith and Kin. There seems to be little, if any, integration of children moving from one care type to another, although I am certain that we in the sector believe that perhaps there is.

Whilst the government and non-government sectors are full of very committed and highly motivated workers and carers, this does not necessarily translate into better outcomes for children. If you don't have the tools and resources to repair a damaged house, placing bandaids on it will only stave off temporarily the inevitable collapse. This paper addresses these concerns and proposes a holistic and integrated approach to managing the most vulnerable and troubled children who often find themselves in residential long-term out-of-home care with multiple placements and few, if any, foster care options.

Before I go on, I have to acknowledge that my view of how this sector operates may be biased as I am usually called upon in support of workers on a case where things are extremely dire. There are many, many good luck stories out there. I have heard them, but there are also many stories of desperation. Since 1996 I have consulted extensively on three cases where the children did not make it: one due to an overdose, one leapt in front of a train and the other drowned. Three lives that our sector could not save, and yet, all three, in my mind, had lives that were recoverable. Please forgive me for a moment if I plagiarise from the great orator, Martin Luther King, "I have a dream." I wish to focus on that from hereon of what is possible, rather than what is not.

In order to address these issues, residential and foster care, including Kith and Kin and Permanent Care, need to be viewed as integrated entities of a therapeutic treatment care model - and I would just emphasise that "treatment" is not a dirty word, although many I think in our sector believe it is - based on the concept that a community, including an extended family, can provide the healing environment for an abused child to thrive. Such a model incorporates components that hold in mind the physical, psychological and spiritual needs of children. Further, such a model recognises that some children who have experienced trauma and abuse will not easily return to a family environment,

whether that be foster care or kinship care or permanent care, and will require treatment, longer term healing and training in order to be able to live in a family again.

5 The model proposed is dynamic, trauma-informed, therapeutic and healing, holistic in nature and with the primary goal to change the brain of traumatised children so that they may thrive rather than simply survive. Children in care should be able to look back in years to come and say their childhood for the most part was full of play and learning in a safe and compassionate
10 environment. Whilst carers and workers will operate as if the child or young person were in the intensive care unit of a hospital, however the child or young person should never know.

15 In this model, residential care forms a critical component by providing intensive therapeutic assessment, treatment and care in a milieu that prepares children for a family environment. Residential care has as its goal stabilisation and development of a comprehensive plan as to how their physical, psychological and spiritual needs will be met - think emergency or intensive care unit of a hospital. Foster care training families provide the next step of
20 care - think general ward of a hospital. Long-term foster care, Kith and Kin and Permanent Care are integrated into the model to provide a seamless movement from one care type to the next - think return to family.

25 This can only be successful if workers both within DHS and CSOs have a clear understanding of the role of planning and the need for the sector to be responsive to the developmental needs of the children, along with the resources to respond quickly. Remember our story, the tale of two girls. Residential carers become therapeutic care specialists with appropriate levels of training, preferably graduate level, and supervision, individual and group. Foster carers
30 are involved and engaged as part of the residential model and as part of their training they work voluntarily in residential settings so that they may become known to the children and relationships can develop naturally. Ongoing training and regular supervision is not only an exception, but it is mandatory, not an optional extra.

35 On entry to residential care, the child is immediately assessed physically and psychologically and an interim plan is developed. The care team meets weekly and is informed by the highly qualified and trained therapeutic care specialist, residential staff, as to the progress of the child. Play and learning form an
40 important part of the child's recovery. The police are not used as default behaviour management specialists and when the child goes to sleep there is an adult awake and attendant to the needs of the children should they require support. Those children who cannot attend school attend the community service organisation's in-house school. For all intents and purposes, it looks
45 like a regular classroom with a teacher and three aides to 12 children.

When the children return to the residential house, the adults set the rhythm of the space and in this the children feel safe and held. A dietitian works closely with the staff to ensure the children are well-fed and a recreation worker
5 develops a program to encourage the children after school in order to build their bodies. At tea, a guest joins the children, it is a Buddhist monk; the week before it was a Jewish Rabbi. They tell stories about living in the world and right action from wrong. A community friend drops in after tea and shares a hot chocolate with the staff and children.

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Perhaps this might seem all pie in the sky, but I have seen this happen at a place called Jasper Mountain in Eugene, Oregon. I have seen the most damaged children become children again. With a commitment to treatment and care I believe it is possible here in Victoria. It will, however, take
15 enormous resolve from the whole community to give these children what all other children have, a place to call home and to thrive. There is more detail in my submission, but that's the part I wanted to read.

MR CUMMINS: Gregory, that's most positive and forward looking, so thank
20 you very much for that and we've got the balance of your 15 pages which we can study away from here. Prof Scott, do you have any questions?

PROF SCOTT: Thank you. I do have two, and the red pen is to draw
25 attention to me in what you've actually written, it's very useful. In terms of Jasper Mountain, I mean the US service system is very different, they've had a very long history of residential treatment for what they would have once called disturbed young people, that's been open to extreme abuse, as well as having some pockets of exemplary care that are lacking in our system. I'm wondering if you know of any model in Australia of therapeutic residential
30 care which links to some of the principles you go on in the balance of your written submission to talk about which exists in an Australian jurisdiction?

MR NICOLAU: There is a place up in Queensland called Alternate Care who
35 have a different model of care, in my mind. Strangely enough, it's a private, not a public organisation. I'm not quite sure how it got set up in Queensland in that manner, but in a sense they've set up a little Jasper Mountain within the residential houses themselves, and I believe in Victoria we can do similarly. You don't have to have what Dave Ziegler set up in Jasper Mountain. The children over there, they have about 20 in residential care. They live in a
40 castle. I'm not suggesting we build castles all over Victoria, but the notion of safety and strength and children feeling held happens there.

At Alternate Care they have a great emphasis on therapeutic specialists, both
45 consulting but involved in the day-to-day function of the house, they are inside the house with the children. The residential staff are given regular supervision

weekly, not fortnightly or monthly. The goals and plans for the children are assessed every day. At the end of the day workers, residential staff, will sit down with therapeutic specialists and other support people to talk about where we've come to in relation to the psychological, physical and spiritual goals of the child that day and how that fits into the overall plan.

My concern is, and I don't know whether you've done this, but if you were to talk to most residential staff and their support workers and said, "Tell me, what are you working on today in relation to the psychological, physical and spiritual needs of this child?" I'm fairly confident most would look at you aghast and say, "Nothing," or, "I don't know," or, "We're going out to kick a ball." Can I use this analogy, the difference between perhaps someone who is a residential worker or even a caseworker and someone who works therapeutically, they could be bouncing a ball with a child and you could think, "Wow, they both look like they're doing the same piece of work." The residential or caseworker might simply say, "This is good. We get to build a relationship. We're bouncing a ball and we need to fill in some time," and kind of engage with the child. The therapeutic residential caseworker or residential staff member knows that this child, in particular, has a difficulty with their hand/eye coordination and realises that with playing basketball we can improve hand/eye coordination. They also know that during playing basketball I can teach this child about deep breathing, and deep breathing has other implications for when the child becomes angry and disregulated, so in a sense there is something about intent. What is the worker holding in the front of their mind when they are working with the child? The child never has to know that that's what the worker's doing, but a worker has to have intent, in my mind.

PROF SCOTT: Thank you. My second question was about the role of Child and Adolescent Mental Health Services and private practitioners. Thinking about the system as a whole and thinking about children and young people in the Child Protection system who are not only those in out-of-home care, but those who may be with their biological family, but under a court order, thinking broadly about that population of vulnerable children, what do you see as the potential for the roles of our state Child and Adolescent Mental Health Service, but also through Medicare and through a GP referral, the role of private mental health practitioners in the ability to provide a service to this group of vulnerable children and young people?

MR NICOLAU: You have me with two hats on now because I work both in private practice and within the community. May I say I put my private practice hat on for the moment and just say that one of the dilemmas of course is that - and it's slightly political with my colleagues in psychology, there is some debate going on at the moment about who are the best psychologists - and, unfortunately, my experience has been over the years it's not actually about what form of psychology or therapy you do, it's about your ability to engage

with children, form a relationship and then be able to do the therapeutic work.

Unfortunately, within the current Medicare care system what occurs is a two-tiered system. The community believe, and I think wrongly, that there is something special about clinical psychologists. Now, I say that being one and being a counselling psychologist too, and unfortunately what also occurs is that we now have gone from the potential for 18 sessions, down to about 12. I can't remember the exact figure, it might be 11, whereby six sessions are provided, you then send a letter to the GP to say, "Could we have six more," and then send another letter, "Could we have six more," and in extreme situations you might get 18. That has now changed with the new system where there will only be 12 afforded.

Now, with very traumatised children unfortunately interventions of 12 sessions is completely and utterly inadequate and, in fact, the push to use such things as cognitive behavioural therapy for the treatment of trauma is completely and utterly the wrong thing to do, absolutely. We need to be thinking in relation to therapeutic interventions of a psychological nature, more down the dynamic and analytic place because it's only there that real deep healing in my view can occur. Also, the neuroscience research clearly states, if we look at it coming out of England, the combination of analysis and neuroscience - don't just think Sigmund Freud please because then you'll get yourself into a bit of a dither - but think of deep therapy, it clearly shows that shifts and rewiring of the brain happen in long-term deep therapies and will not occur within the cognitive behavioural framework, so that's one thing.

In terms of CAMHS and the other services that are available, one of my concerns is that it is so slow to act; it is completely and utterly inadequate. The scenario I painted to you about the nine-year-old girl, that was a real story. Twenty-one weeks for that child still not to have an assessment is inappropriate in any system. The fact that Start, as I presented before, is the only program in Victoria that I know of where a caseworker or a child protection worker can ring up and say, "Gregory, we need help," and we can respond to me again says something about our system. It's just become too huge, too large, full of paper, redtape, referral procedures that in fact gets in the way of actually doing the work, in my mind. I understand the issue of accountability - of course there is a need for it - but I think there are ways of streamlining many of the processes, in particular at the front-end when children first come into care in terms of the sort of assessment and planning that is done.

PROF SCOTT: Thank you.

MR CUMMINS: Mr Scales?

MR SCALES: Thanks very much for your submission. Can I take you to

page 4 where I think you argue that the non-government sector, as I think you said, are full of very committed and highly motivated workers and then you go on and talk about the fact that they don't have the tools or the resources.

5 Another element of this which I think you go on and talk about in a bit more detail in the rest of your submission is that you seem to be talking about a system that doesn't link with either of these as well. It seems to me you're actually arguing - I suppose I'm asking this question - are you arguing that there is also a systemic question that runs along side of the resourcing tools question which you are raising here?

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MR NICOLAU: If I understand your question, I think the answer is yes, and what I mean by that is that what I've noticed is that within the system, the different groupings within the systems, and my mind seemed to operate in isolation. So if we looked at child protection, or even taking education into account or mental health services, the community service organisations and even within the community service organisations, the various programs, it seems to me that even if we look at their training, child protection will do training in one area; mental health will do it in another area; community service organisation case workers will go and do it somewhere else and very often there is no cross-pollination of their understandings and thinking about how to work with children, so in my mind the expertise becomes very diluted in some way.

25 MR SCALES: If I can just follow on from that point, again on page 12 under Education and Schooling you ask the rhetorical question who is responsible for ensuring their educational needs are met and that the schools that they are in have the resources to manage and so on. Who do you think is responsible?

30 MR NICOLAU: Firstly, the whole community I think is responsible, but if we go the more systemic approach, there has been a continual fight, even though there is a liaison group between education and human services, to talk about who is responsible for the child who ends up at school and that fight in at least 17 years since I've been doing this consulting and training has never been resolved in my mind. I go to countless meetings, I'm invited to give an opinion about what's best for the child and find education and the Department of Human Services, through Child Protection, arguing about where the money should come from to provide an aide.

40 The resolution for me is that in a sense I think what would be best is that for every child that comes into care, brokerage funds are provided right at the grassroots level which might be within the community service organisation to determine whether that money be best spent on an aide within the school, or partly on an aide, and where is going to be the quickest response for an assessment, whether that be in the private sector or the public sector, so that it becomes more responsive. At the moment, if you have a system where a

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caseworker says, "Yes, this child needs an intervention," or "this child needs an aide at school," you have to have countless meetings to decide who is going to pay for it, or to decide who is responsible for it. In the meantime, the child is forgotten.

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I was at a consult [REDACTED] where an organisation was presenting a case to me and after they spoke I had in my mind that this child had just come into care, had been in care for a couple of weeks and I asked, "How long has the child been with you?" They said, "Twelve months." Never had an assessment.

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They had some understanding that the child had been assessed with autism. I said, "Well, who assessed that?" They couldn't tell me. I said, "Well, where's the report?" They couldn't find it. Twelve months. That happens again within education. I'll go to a school and the school will be pulling out their hair saying, "We don't know what to do with this child?" I said, "Well, the child is going to need some one-on-one support in order to manage the war zone that often is the playground for these kids out in the school environment," but they can't get it because the funds aren't there. I think there has to be a resolution to that. I can't see any other way than the funds come directly to the care organisation so that they can operate responsively.

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MR SCALES: But you do seem to be going a bit further than that though in your paper. You do seem to be arguing that each of those organisations ought to be held accountable for that which they have the prime responsibility to perform.

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MR NICOLAU: Most definitely, and it's legislated for them to have that, as I'm sure you're aware, having lived in the community for years and watched what goes on between departments and bureaucracies and so forth. It's very hard to tie somebody down. It's very difficult.

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MR SCALES: Can I ask you another question. In your introduction you make sort of the analogy between the health system and what happened to that other child, and I don't know whether that was a real example.

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MR NICOLAU: It was a real example, yes.

MR SCALES: But in your more detailed description in the paper from page 7 onwards you start off at a slightly different point than the point of your example. For example, you talk about the primary care team, but the primary care team doesn't align with what you described as your analogous description. Is that because you need to fill this out a bit more?

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MR NICOLAU: Probably the answer is partly yes, but the notion behind the primary care team - I know I haven't continued the analogy right through - the notion for the primary care team is really to say that there has to be, at a very

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grassroots level, a group of people who can act in a very responsive way to those three domains: physical, psychological and spiritual needs of the child. It can't simply drag on for weeks and weeks and months and months for something to happen.

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The reason that I've watched in the health system within hospitals is I am struck by how quickly, generally speaking, how quickly the teams respond to the needs of the patient - and I certainly hope people don't go away and think are we suggesting we build hospitals for these people, I'm not suggesting it in that way - but the intensity and the expertise that surrounds patients in hospitals, I can't understand why it should be any different with children who have been abused. I just don't get it. I don't get it logically and the research, in fact, says something quite different.

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15 MR SCALES: Can I just talk about this in a practical sense. So are you suggesting in both your thinking and in your paper that there ought to be an entry for the child into the system - and admittedly you've spoken about a particular form of out-of-home care, so I understand that - but let's talk about the system as a whole. Are you implying that the entry of the child into the system ought to be through what's tended to become a sort of health-based approach to the assessment of the child, or is that going too far?

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MR NICOLAU: Possibly going too far. In your mind if you're defining health as medical, I don't define it in that way. So, yes, I think the entry into the system should be a place where children can be fully assessed, but not just psychologically, physically and spiritually - and by spiritually I'm not saying do they have a religious style nomination - but I mean their own sense of connectedness to something greater than themselves: family, community, cultural identity.

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If I was to choose eight variables that I think when children first come into care they should be assessed on, the eight variables would be: smart thinking, self-care, self-love, empathy, cooperation, cultural identity, spiritual awareness and safety. They would be the things I'd be looking for in a child to say, if this child doesn't have those things, can't act in a way in the world where those things are beginning to develop at appropriate developmental places then that should inform our planning in terms of what we do with the child. But we don't have that. We don't have it anywhere.

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40 MR SCALES: But you are suggesting - again, I'm trying to get clarification - you are suggesting that that be institutionalised? That there would be a framework in which that's done automatically, are you?

45 MR NICOLAU: Automatically, yes. I'm not suggesting institutionalised because that, of course, brings up certain - - -

MR SCALES: No, I understand that.

5 MR NICOLAU: But I am certainly saying that when a child comes into care within the first days and certainly within the first couple of weeks there should be a preliminary assessment done and an interim plan put in place.

MR SCALES: Thank you.

10 MR NICOLAU: And to do that you need the expertise around you and the availability for those people to respond very quickly on the ground.

MR CUMMINS: Gregory, thank you very much for that. We're most obliged to you.

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MR NICOLAU: I appreciate that. Thank you for the opportunity.

MR CUMMINS: Prof Cathy Humphreys. Professor, thank you very much for your substantial written submissions, substantial in content and substantial in thought. We're most obliged to you. You proceed in whatever way is most convenient to you.

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PROF HUMPHREYS: Thank you very much and it's a great opportunity to be here. I guess part of putting in 11 submissions was that we feel that this is an extraordinary opportunity for Victoria and that we should seize the opportunity and we wanted to make our contribution out from the University of Melbourne and I guess my position is also in conjunction with the Centre for Excellence in Child and Family Welfare and so I guess it's trying to bring the research that's been undertaken over the last five years into an inquiry as a way of trying to helpfully inform that.

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MR CUMMINS: It's been most valuable.

PROF HUMPHREYS: Thank you. So what I've done is I've just taken in my 15 minutes in the sun about four issues out of the 11 submissions and there is probably loads of recommendations within all of that, but I just thought maybe to speak to four might be helpful, but I'm happy to take questions about any of the others or anything from this.

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40 I guess our particular area of work that I've been involved in over the last five years has been in relation to the Victorian Family Violence Reform and having worked with that program of reform, you can see the value of statewide reform, and I guess there are analogies in the Victorian children's system overall around the development of Child First and Family Services as a statewide systems reform.

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In relation to the family violence program, I believe that legislation, police practice, joint risk assessment, the development of community, based outreach services for survivors, men's behaviour change programs have all brought some fairly substantial changes to the way in which we respond to family violence in Victoria, and it's certainly looked to nationally. The gap in the service system does lie at the moment in the response to children living with family violence. The outreach services are supposedly for women and children, but really they are outreach services for women and have been stretched to the limit. Some of those services try and respond to women with their children, but they're not really resourced to do that at this point.

If we were to take four areas of responding to children in a more substantial way, and I've written at much greater length in the submission about this, I would say that if we want to get the biggest bang for our buck, that actually there is some excellent infants programs for children living with domestic violence and other complex issues in this state, but most of them are only going on non-continuous pilot funding and some of those are ready for continuous funding and to be taken to scale and I think we could make a tremendous difference at the earliest point for Victoria's most vulnerable children in the family violence area and I've outlined a number of those programs. I think that we've got some fantastic examples here and I think that's partly because there's been a lot of attention in Victoria to the fact that early intervention, trauma at the earliest stage, if you can intervene then, you make the biggest difference and I think that's been taken seriously here. There's been a lot of innovation, a lot of piloting, but not enough taken to scale. So that's an area where I think we've got a lot of policy and practice development but that's where we could make a real difference.

An area where we've got no development at the moment is really the area around adolescents who are violent to their mothers and fathers. Now, this is a really serious problem. That, in fact, in Victoria in the last year there were almost 3,000 incidents in which police were called to family violence incidents in which adolescents were violent towards their parents. One of the outreach services that keeps data on this said that of their 1,004 cases last year, 25 per cent involved adolescent violence, so that's from the women's sector looking at where they were getting these issues arising, so I think that's an area where we've got a policy and practice void.

These young people are some of the most vulnerable in the system and vulnerable to homelessness, mental health issues, not going to school and if we don't make a difference to them, they will go on to be very disturbed adults and continue the family violence, so I think that there are some issues where we need to draw attention to there. I think some of the most promising developments in the area involve responses which strengthen the relationship

between mothers and their children, and if we're looking at developments in this area then it's really important that we don't separate out the pathways for women and the pathways for children, and so I guess that's just an overarching principle.

5

I think that the other area where we've had a lot of development in Victoria has been in relation to trying to keep more children safe in their homes, rather than escaping into refuges with their mothers. To try and have a greater number of children staying in their own homes and with the offender excluded is actually the way to go and you save a huge amount of disruption to children. On the other hand, there needs to be further policy development in that area because our research would show that those mothers and children that are choosing to stay in their own homes with the offender excluded are actually suffering a lot more breaches of the intervention orders with very little action being taken, or not enough action being taken, or being forced out of their homes. I think that that again would be an area, if we could do more there, then we'd save, down the track, an enormous amount of money, disruption and distress, but there is more that needs to be done in terms of the safety issues and that, in fact, it's terrifying for children to be stalked and harassed in their own homes, just as it is for their mothers, so that's some issues around domestic violence.

20

Around the development of the Child First and Family Services sector, I think there has been tremendous development in Victoria in this area and that it points to the fact that the development of the secondary service system is the area where we would and could make an enormous difference to develop that platform, to develop what is now a very good referral and support system into one which creates a greater platform for the development of services for vulnerable children and their families has a lot of potential because it's been tested over the last five years, but I do think that we shouldn't just assume that you can just add on to that platform or add on to that service system, that it would require considerable policy, practice and resource development to make that a viable and different form.

25

30

We also I think in the Child First system really need to address the fact that 14 per cent of families use 64 per cent of the resources and that we need to really be pulling that group of families out to look at how to create an appropriate response and I think that Gaye Mitchell and Lynda Campbell in their work on excluded families looks at some of the resourcing model in that area, but I think that if we want to make the most of the Child First system, we need to pay attention to what the data is telling us there.

35

40

Moving on to the third issue, which is the development of support for family contact for children in care. We've done two major projects in that area. What we are seeing is that the fact is that most children coming into care, whether it be foster care, kinship care or residential care, have contact with their mothers

45

and fathers. At the moment, when we looked at our results of the Kinship Care program where we got responses from 430 kinship carers, that what we found was that 47 per cent of children, carers said that visits were not going well or going well sometimes; 43 per cent of those children having contact, carers
5 reported that the children's safety had been compromised; and for 9 per cent it was a threat to the placements and I could go on about that issue, but I've written some of the data there and it's in the main report. But my view is that this shouldn't be that children shouldn't have contact with their parents, but we can't expect that contact to go well unless there is a lot of resources put into
10 supporting all the stakeholders, the children, the parents, the mothers and fathers and the kinship carers or the foster carers to create good child contact. At the moment, once the child is in care, we tend to leave the parent behind. Actually, they are still in the child's life and we absolutely need to develop the service system there.

15 From the work that we've done with Barnardos in New South Wales, their Find-A-Family program, they've got, in over a 10-year period, 78 per cent stability in those placements. They put an enormous amount of work in the first instance into working with mothers and fathers to ensure that there is good
20 child contact occurring and that parents know what the expectations are and that there is a lot of work that's happened there to make placement stability. We're not going to get placement stability - which is one of the worst aspects for children coming into care - until we do more work in the contact area to make it better.

25 I guess just finally my fourth point is about research to support practice and policy. That over the last five years we've tried to develop a substantial research program in the area of responding to vulnerable children and their families. When I arrived in Victoria in 2001, we had the Outcomes branch of
30 the Office of Children which was based in Department of Human Services. In a restructure, that was lost and with the emphasis on vulnerable children and families lost. We now only have a very thin research base in the Department of Human Services. I also have a seconded research worker from the Department of Human Services and part of the reason why I think we've been such a
35 prolific research centre is that that one worker made a huge difference to our research resource and I worked very hard to ensure that the research supported both the community sector and the Department of Human Services, and again that position has now been lost.

40 I think that we also, if we want to transform this sector into one in which we understand what works under what conditions and for what children and their families, then we do need a better evidence base and that at the moment the sorts of data systems that we're working with and the analysis coming from those data systems is inadequate for the sorts of outcomes that we would like to
45 be looking at across the service system. If we want to have a service system

that works in the long-term then we do need to be able to look at outcome data and we do need the analysis of the data which will be fed back to allow the development of a better evidence supported practice.

5 So in the end I think that we do need to think about the restructuring of the responses to vulnerable children and their families in Victoria. That the child protection end will always be the hungry end and we could feed everything into that area, but in fact we will never be able to treat our way out of the crisis for vulnerable children and families in Victoria. What we do need is balance
10 across the universal end, the secondary end, the tertiary end supported by good evidence and that there needs to be a balance of the resource across the system. At the moment, I think the secondary service system, which allows the most vulnerable children and their families to be connected to the universal systems, is the way in which we need to develop some of the resourcing and think about
15 the focus of resources into the future. Thank you very much.

MR CUMMINS: That's terrific. Thank you so much for that and for being so focused. Could I take you to something you haven't covered this morning which you've covered very well, if I may say so, in your written submissions.
20 I've got the page here, it's page 3 of your written submission on the Children's Court. You there say this:

*It is now well known that DHS workers are leaving in large numbers. A frequently cited issue is poor or bullying treatment in
25 the Children's Court as a reason for leaving.*

You also say:

*When the court cites that at least 90 per cent of applications are
30 resolved before a final contest, then the process of getting to this point seems unnecessarily adversarial.*

So you seem to say two things to me: one is the presence and the second is the quality of the adversarial process needs to be changed in the Children's Court.
35 On the presence, that is, when it occurs, you say:

*Much of the detail of the orders which are fought out in the court
40 need not be part of the adversarial process, issues such as the level of child contact, the case planning support.*

Et cetera, et cetera. Now, it may be at the hard end you're going to need the adversarial process for those cases which can't be resolved in the 90 per cent, but your point seems to me to be you don't need the adversarial process running back upstream to that 90 per cent which can be resolved by a better
45 method than that, that's the first point. The second point is you say that, and

they are quite firm words:

5 *There is a culture which is derisory and disrespectful of DHS
workers and it's a court culture in which denigration of Child
Protection workers is part of the process.*

10 It seems to me you're making a cultural point there. I was Principal Judge in
charge of the Criminal Division in the Supreme Court for a number of years
and, as you would expect, in the Criminal Division in the Supreme Court the
adversarial process was at its fullest. But for many years I sought to change
what I perceived as a bullying, sarcastic, derisory form of testing by
cross-examination to a form which was firm and strong, because people need
to be tested, but never bullied - a fundamental distinction. What do you want
to say, if anything, about those two points in relation to Children's Court
15 because we've been hearing quite a bit about that going around the various
areas.

20 PROF HUMPHREYS: I think that - and it was with some trepidation that I
put those words so strongly because I know that they are controversial to say
things in quite such a straightforward manner - but I actually think that when I
talk with workers, and I guess when I was doing one of the projects in the
Children's Court, it was very striking, and I guess having come from England, I
saw much more respectful processes within the Children's Court that I'm not
hearing about in a lot of the courts in Victoria.

25 Now, it doesn't mean to say that every court is the same. There are different
magistrates that, as you say, demand a much more respectful practice, but there
are others, and also amongst the lawyers, a culture which in a way they've been
allowed to get away with attacking the worker rather than the case and testing
30 the case. It takes a lot of leadership from people saying that's not acceptable
because I think there have been habits that have been established as culture in
some of the courts which are difficult to change if there hasn't been a change in
what's expected. I find it difficult to think about how you make those shifts
without a change in some of the personnel or where there is sort of intensive
35 leadership and co-training about how you could work cases in more respectful
ways.

40 MR CUMMINS: Let's put aside personalities for a moment because you'll
always have quicker and slower, brighter and less bright, more tolerant, more
strict, et cetera. So allowing for personal differences, it seems to me that really
you've pinpointed a matter of culture and that the culture is what really matters
because the thing will flow if the culture is got right. Why I mentioned the
Supreme Court Criminal Division in this context is if culture can be changed
there, you would think that culture could be changed elsewhere.

45

PROF HUMPHREYS: I guess one of the things you did say was that your leadership created some difference.

5 MR CUMMINS: I hope I didn't say that, but all I said was I was trying to change it. I wouldn't presume to say it worked.

PROF HUMPHREYS: You, and probably a number of the other judges got together and said, "Okay, we're going to shift the culture," and it would require not just one magistrate, you know, it's not just the president, but a group of
10 them saying, "We've got to shift the culture." That would make a difference.

MR CUMMINS: Prof Scott.

PROF SCOTT: Yes, thank you so much for all of this. There are two
15 questions I have, one is really in the form of a request and that relates to an issue that no-one else has raised with us to date which is about adolescent physical violence toward family members. While that might at first sight look on the edges of our terms of reference, if we think about this in a preventive intergenerational way, as you alluded, it's certainly within them. I'm aware that
20 Anglicare has or had a specific program to meet and respond to that group of young people, but my request is if you could forward or ask to be forwarded to the Inquiry Secretariat any information on what the appropriate policies and practice models would be to respond to that group of young people. I'm not necessarily asking you to talk further about it now, but we would really
25 appreciate more input on that.

PROF HUMPHREYS: I can say something about it, just very quickly. That, in fact, the Anglicare model was a very good model in terms of supporting parents, but it wasn't working with the young people and so it's just about
30 taking it that step further. I've been working with Jo Howard, who was the Churchill scholar in this area who went looking at different models internationally. She has come back with a very good model from the US called StepUP which we are sort of looking at and have developed some consortiums to see whether it's possible to get some funding to run some pilots that would
35 test that in the Victorian context because there is some very good work done internationally, but we haven't got those models here.

PROF SCOTT: Thank you. So we should obtain at least a copy of that Churchill report, which should be on their website, I assume?
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PROF HUMPHREYS: Yes.

PROF SCOTT: The second question I'd like to ask combines your last two points, the one about family contact for children in out-of-home care and
45 research. As a case study, could we look at your research on high frequency

contact ordered in relation to infants and then explore that as an example of research utilisation or, as may be the case from what you suggest, non-research utilisation. Could you tell us the response of the Children's Court magistrates to that piece of research and if, in your opinion, anything has changed as a result? Because the findings of that study are echoing what we were hearing even only last week from foster carers. So what has been the response of the Children's Court to that study? Has there been any change?

PROF HUMPHREYS: Look, I think that we had a lot of cooperation from the Children's Court, particularly the President of the Children's Court, in doing the research and undertaking the research, it was very positive, and he also created the opportunity for us to present to the magistrates on two different occasions. I would say that the impact of that research within the Children's Court has been negligible. That around the sector there has been a lot of responsiveness to the issues raised so that, you know, we put it into different forms so that there was the one-pager and the user friendly. We did more than 20 presentations across the sector and to the court.

I think it was an issue of research implementation in relation to courts rather than into a pilot where you can have a policy directive so that your impact can be much less. While it's been useful research and news to change practice in the UK, so it was used in the UK at a conference between magistrates, judges and the sector in the UK, where in fact the judge who was ordering high frequency contact then used part of this research and other research in the UK to shift the case law - I don't know whether shifted the case law - but in a way said, "Okay, I can see that this isn't a good order and that we need to make some changes." We haven't seen that here in Victoria in the same way, and there's been a lot of defensiveness about that research and a continued notion that there is no need to change high frequency contact, and I think that's extremely disappointing. It's easier to change and shift policy where you can get some directives rather than necessarily in the court processes.

PROF SCOTT: Thank you.

MR CUMMINS: Mr Scales.

MR SCALES: Prof Humphreys, could I ask you to comment a bit about early intervention. As you would be aware from hearing various people in these hearings and also reading the submissions, I don't think there has been one that I've read so far that hasn't talked about early intervention. But few of them have actually addressed what's meant by early intervention and the extent to which early intervention for our most vulnerable children ought to imply some form of - these aren't in exact words - but whether it implies some form of compunction that is separate from a statutory requirement under the law. It seems to me what's implied by many people's interpretation of early

intervention is some form of compunction, although they don't actually say that. I'm wondering if you might talk a bit more about what you had in mind when you talked in many of your submissions about early intervention, how that might apply in practice, how that might apply to the most vulnerable children in a way that doesn't necessarily go to the next step of being statutory intervention.

PROF HUMPHREYS: I mean I think it's a very good point and I think that we often talk about the public health model with responsive regulation and so that responsive regulation means that in the end you can't choose not to intervene. In a public health model you can choose not to intervene, you know, you can offer me all the things I want and I can say, "No, I don't want it." When we're involved with vulnerable children, there is a point where you can't say, "No, I don't want it," and you try and develop a range of practices from the most sort of open where, "Come along if you want," through to the most coercive where you're saying, "You have no choice." I think that there are a range of options along that continuum and that's what we mean by responsive regulation.

I think that we did make a shift in Victoria with Child First having some powers which you would normally associate only with the statutory sector in other states, so that the way in which the child concern reports can be made are part of that continuum and I think provide something of a model where there is potential to use some of the legislative power, but not in its strongest form. I also think that we have got a range of intervention orders that are available to us, say in the family violence area, where you can put conditions on to the order and I think in some instances we're not using that much, particularly say with that group of adolescents that I was talking about.

At the moment in the Children's Court, those intervention orders you can only put recommendations on, you can't put conditions on which are mandatory, so I think that probably in the international arena, if you're looking at say that group of young people that are violent towards their parents, in the US models they are mandated to counselling and you probably need to do that and that would be, if we're thinking about early intervention with that group in terms of their intervention into not becoming offenders in adulthood, that would be where we could use and need maybe a little bit more development.

I also think we need more development - and it is happening in some areas where you've got very good relationships between Child Protection and Child First - where instead of Child Protection just doing the referral and closing the case to Child First, they are using the leverage of the child protection system and the worker to transfer the case together so you've got some leverage in the processes between Child First and family support services and Child Protection and we probably need to use that more often. It does require some resource to

be able to do that, but I think that there are some good models there about how you're using the leverage of the Child Protection intervention there. I think, too, that potentially there is areas where we've not looked at it in kinship care and we're still in a kind of a bit of a policy development phase there about the extent to which what are the requirements and the standards that we put on kinship carers and I think that there is still some policy development to be done there in terms of thinking about responsive regulation.

MR SCALES: Can I ask a corollary question that is in relation to Child First. It seems to me that clearly Child First is a referral process.

PROF HUMPHREYS: Yes.

MR SCALES: In many of the submissions Child First is almost a descriptor for a system, as distinct from what it actually is, which is a referral process. I'm interested in your view about whether what that implies is the necessity to get a much clearer understanding of Child First as part of the system, get much clearer the role of the various alliance partners within the system and try and understand the difference between resourcing Child First as a referral agency and what's required to support the alliance partners as part of the system. I'd be interested in whether you think I've sort of got that right from your professional perspective and whether we need to do something about it.

PROF HUMPHREYS: I think it's a very, very good point and there is a misunderstanding about - I guess Child First tends to get the shorthand for the Family Services Alliance. People often talk about Child First when they mean the Family Services Alliance and I think if we're talking about a platform for development of further development, then those alliances are what we tend to be talking about, though we do need to think about the intake point for vulnerable children and families and whether you could develop that further. Particularly I think the bit in relation to Child First in terms of the intake point that works well is having the community-based child protection worker there so that we shouldn't underestimate that the intake point includes intake to the Family Services system, but it is brokered and particularly works well where you've got a very good community-based child protection worker.

In terms of the development of the alliances, I think that that is where you could create a greater platform for service development, but that would be where you would need to make some shifts in policy, practice and resourcing if you were to make a difference there. It's a good point. How important it is that the world understands that difference - I think the thing that in a way hasn't worked well enough with Child First and the Family Services Alliances is that they were charged with the referral system for vulnerable families and to manage that system, they were also charged to develop work with vulnerable families at catchment level and to bring others in, and I don't think at the

moment that that work was never resourced to be done properly and it actually has to be led from the top.

5 If you look at the way it happened in family violence and family violence services, they actually developed a whole-of-government approach at central level where you had five ministers came together, four interdepartmental secretaries, you know, at the highest level, it wasn't just interdepartmental secretaries, but you had an interdepartmental steering committee for the whole reform and, therefore, these regional committees were able to function at a
10 better level I think than we've been able to develop in the alliance system because they're better resourced, you at least have a supported half-time worker to bring the regional committee together. So it's developed much better at that level, there is both vertical and horizontal integration basically and we would need to think about that sort of development where you would need at central
15 level to bring health, education and Department of Human Services together to work an interdepartmental steering committee if you want something to work at regional and catchment level.

20 MR SCALES: Can I ask you a question about your submission in relation to Aboriginal children in kinship care. It's a general question, so you won't need to refer to your document.

PROF HUMPHREYS: Okay.

25 MR SCALES: One of the issues that's come through again in many of the submissions and many of the people who have come to these Public Sitings is - and I'm paraphrasing here - it's this very interesting balance between self-determination and the involvement of the Aboriginal community mainstream services. From your professional perspective, do you know of any
30 systems around the world that have done that well, got the balance right between self-determination for indigenous communities within those countries and the application of mainstream services to their needs in this area?

35 PROF HUMPHREYS: Look, I think the greatest development has been in Canada and Leah Bromfield, when she was in Canada last year, who is now in South Australia - Dorothy's old home - went and actively looked at some of the indigenous specialist services and the way in which they were interfacing with the mainstream. Some of them have high profile internationally, but she felt there was some very concerning practices that still had a long way to go, even
40 in their beacon projects. So I think that it may be my ignorance in the area because it's not my area of specialisation and certainly we've had some very good speakers come out to Victoria in both the family violence area and in the vulnerable children's area from Canada, but I think that we're still on a big learning curve internationally about how best to develop really good services
45 that are responsive to children and their families in this area.

I think that you can't do it without the specialisation because particularly the history of child protection so-called in Australia is so, you know, the shadow of the stolen generation throws such a long shadow that you do need the specialisation within the Aboriginal sector to really be able to respond in sensitive ways and in culturally appropriate ways. But we could be doing more to inform the mainstream, like our cultural support plans for children, and if you looked at our research in relation to the cultural support plans for children that were coming through in the kinship care system, that most of the carers, more than 50 per cent of the carers didn't even know that their Aboriginal children in their care had a cultural support plan. That's not good enough. We could make much more of what is already the infrastructure that's there, we could make that work a lot, lot better, even in our own system.

MR SCALES: Then just one last question on another one of your submissions, I think it's under the heading of - you call it A Stressed Child Protection Service. Again, you won't need to go to the detail of it, the document is clear, and thanks for doing that. In one of your recommendations you talk about the possibility or the feasibility of a bipartisan parliamentary committee to support the development of further professionalisation of the child protection system.

Two questions. One, you don't in this paper particularly talk about what you mean in that context by "further professionalisation of the child protection system", I'd be interested in what you mean by that. Then I want to come back to some broader questions about the regulatory framework that you're implying in this. I don't want to talk about the specifics of parliamentary committee because I think that really seems to me just a cry for something different.

PROF HUMPHREYS: Yes, I guess we can all sort of say as long as child protection and vulnerable children are used as a political football then we're never going to get an ideal response. I think in terms of the professionalisation, across Australia in particular there are major issues about because there is a crisis in the workforce and there is difficulties in attracting good workers into child protection, whether you get a less and less professionalised workforce and because also a professionalised workforce is a more expensive workforce, that there is a tendency to want to dumb down, I would say, and that in some of our child protection systems in other states we've seen them actually clear out all the social workers out of the system virtually.

If you look at the outcomes in those systems, they're not good and I think that we do need to be holding fast to saying when you're dealing with the most complex, the most difficult, the most vulnerable families, if you think about what Gregory was saying about these are children who have got significant health and wellbeing issues, that to not have a well-developed and

professionalised workforce is to really sell our children short and that it underestimates how difficult the work is at the front-line. So I would say that we need to hold fast to keeping a professional workforce in this area because it's very, very short-term thinking to clean out the professionalism from the system.

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MR SCALES: But what you've described is really one part of the system, isn't it? I mean you talk about "further professionalisation", I don't want to be pedantic about it.

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PROF HUMPHREYS: It's just that we're losing, even in Victoria, 50 per cent of the front-line workers aren't social workers any more.

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MR SCALES: Again, I'm trying to understand, were you also making a point about other elements of the system beyond the child protection system that needs to be - - -

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PROF HUMPHREYS: Sure, and I think particularly in terms of thinking about residential workers in terms of the development of therapeutic care, the most obvious place is in the out-of-home care system. That we need to think of skilling up every aspect of people who are caring for vulnerable children and providing them with supervision and training development, I would say particularly in the residential care system, as Gregory was noting.

25
I think also, that said, there is just one area where I think we've got a little gem of a project and that's the Mentoring Mums project where you actually looked at how you, with professional support, used volunteers. For the women, who were some of the most vulnerable women in our system with new babies, that they found the work of the well-trained volunteer just so helpful and helpful in ways that no-one else could be helpful. It was about using the community resource of women who were good mothers to help more vulnerable mothers, but with case work support and volunteer support. So my blanket statement is professionalisation, workforce development across every area of the system, but also to recognise that maybe there is a role for a well-supported volunteer in some of our sectors as well - there's a little model there that I think is very, very helpful.

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MR SCALES: Thanks.

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MR CUMMINS: Prof Humphreys, your input is most valuable. Thank you very much.

PROF HUMPHREYS: Thank you very much for the opportunity.

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MR CUMMINS: Next, Robert Martin, Glenys Bristow and Sarah. Thank you

for coming forward. We've had the benefit of your written submission, so you can assume we know it well and we'd be very pleased to proceed upon whatever is the most convenient method for each of you.

5 MR MARTIN: Thank you. I'd like to, on behalf of the Salvation Army, thank the Panel for the opportunity to make a verbal submission today. The Salvation Army, as you rightly say, have submitted a detailed written submission developed jointly by Salvation Army West Care, East Care and South East Services Networks. We've also participated with other community
10 service organisations, including Anglicare Victoria, Berry Street Victoria, MacKillop Family Services, the Victorian Aboriginal Child Care Agency and the Centre for Excellence in Child and Family Welfare to propose significant reform.

15 As we understand it, there will be a verbal submission by members of that group later today, which includes a Salvation Army representative. We will not touch upon this submission; rather, we will present further information on the part of the service continuum within which we are most engaged; that is, with children and young people in the out-of-home care system and those who
20 have left care and are at risk of homelessness.

This verbal submission is not a reiteration of our written submission, but we'd like to outline some key principles contained in the written submission that underpin the work of the Salvation Army in the out-of-home care system. We
25 would then like to talk about our work within foster care and residential services, including models of therapeutic care. We're happy to take questions from the Panel in relation to the Salvation Army's submission and/or this presentation should you wish.

30 I guess in commencing we need to acknowledge that there has been significant reform in some areas of service delivery to vulnerable children and families over the past decade; in particular, the move to earlier responses through reforms such as Child First and Family Service Alliances. Although there is still difficulties to be overcome and the work is only partly done, we feel there
35 are signs of improvement and we support calls for a continued emphasis on early intervention and the strengthening of localised responses. Having said this, as we are primarily engaged at the tertiary end of the service system, we would also advocate a rethinking of the way in which out-of-home care services are provided and resourced; in particular, extending the provision of
40 therapeutic services to all young people placed in out-of-home care.

In simple terms there are six key principles that we believe should drive our work and the reform of our service system at the out-of-home care end. Our written submission goes into some detail, but broadly speaking they can be
45 summarised as follows: permanency; planning; stability and continuity should

be foremost in guiding our decisions at this end of the service system; there should be a greater emphasis on listening to the voices of children and those who care for them on a daily basis; placements should be in a child's local community to maintain continuity and minimise disruption, that is, children
5 should only be moved in their placement or from their community because there is a compelling reason to do so and it's in their best interests; likewise, the maintenance of family and sibling relationships is crucial, as we have learned from the experience of the forgotten Australians and the stolen generations. These relationships must be maintained and actively encouraged, even if this is
10 often resource-intensive.

When we remove children from their families we must provide resources on the basis of the need to care for these children, as would any reasonable parent. This should be the same regardless of where the children end up, be it in
15 kinship care, foster care or residential care. Finally, the lack of timeliness in making decisions concerning the placement and planning for children in out-of-home care compounds trauma and affects everyone involved. We need to design systems that can minimise unnecessary delay, uncertainty and harm within the system. We believe that if these principles were considered when
20 decisions about children in out-of-home care are made, it would lead to better decisions; that is, decisions that minimise harm and promote stability and continuity leading to better outcomes for children and young people. At this stage, after that introduction, I'd like to hand over to Glenys Bristow who will talk about therapeutic residential care.

25 MR CUMMINS: Thanks, Robert. Glenys.

MS BRISTOW: Thank you. Good morning. Thank you for the opportunity to present. I suppose I come from the front-line, is probably the best way to
30 describe it. What I'd like to talk to you about is what is happening in therapeutic residential care in Victoria because I've listened with interest to my colleagues, as they have discussed - and Gregory provided a very good framework. We have 11 pilots offering therapeutic residential care in Victoria that have been designed between community service organisations, the
35 Department of Human Services and the Centre for Excellence. They've now been operating for three years. There was additional funding for a 0.5 therapeutic specialist for each four young people rule of thumb and additional residential worker positions.

40 The best way to describe it is a therapeutic specialist actually believes in the residential staff enough to be able to put together a well-informed therapeutic plan that has individual strategies for each young person. The therapeutic specialist then sees that therapy being carried out 24 hours a day, rather than the "Oh, what happens in the other 23 hours a day model?" We found that that
45 is working incredibly well. The framework that we use for therapeutic care has

a trauma or neurobiological attachment child development, organisation or culture, systems approach and learning theory approach. It encompasses all of those areas to help what are a very difficult group of young people.

5 I listened to discussions about professionalising the workforce. In 2002, through the Centre for Excellence and a group called the Residential Care, Learning and Development Strategy, a specific Certificate IV was created as a national qualification in the community services training package. This is now being offered by TAFEs, registered training organisations and various industry
10 training organisations, of which Salvation Army is one. We have offered something like seventeen 46-day classroom courses since 2002. We now have a diploma for residential workers as well and most of our workers are now doing that.

15 When I talk about the 11 therapeutic residential pilots in Victoria, the outcomes of those are sensational and at the same time that they began, Verso Consulting was using an evidence-based research to work alongside people to evaluate how they were going. Along with the research and the development of the residential pilots, the RCLDS, the Residential Care Learning and Development
20 Strategy, which is project-managed by the Centre for Excellence, put out a tender for training which the Salvation Army West Care, which I'm a part of, and Berry Street Victoria were the successful applicants. Now, that combines what we believe, that we're residential specialists and therapeutic specialists from Berry Street Victoria, so that we came at the training with the two areas
25 come together so that it will have a very strong practice outcomes.

Now, already we've conducted 42 two-day training sessions for the therapeutic workforce. We've done a five-day training session for all the residential pilots with all the associated systems attending. We have also completed two
30 five-day courses for the newer workers that have come into the system since that time, so they've become multi-agency courses, and then we've developed a more in-depth two-day training session for all the residential workers in Victoria, along with another two-day training program which offers everyone in the pilots a much more in-depth understanding of therapeutic input. So I
35 think we've had an amazingly comprehensive training strategy, which the initial part of that has been evaluated - and I asked the permission to submit that report and I'll be able to do that in the next few days, I still need that person's permission.

40 MR CUMMINS: Thank you. You're most welcome with that.

MS BRISTOW: If I could just quickly say the Residential Care Learning and Development Strategy was set up and is project-managed by the centre, but it was set up to have a sector wide learning development or professionalisation of
45 the residential workforce and there has been an enormous amount of work been

done since 2002. As I said, the design and development of a specific nationally accredited Certificate IV training package; the design and development of a diploma for residential workers; the development of six specialist resources for use nationally has come from Victoria to train residential workers; there has
5 been a training needs analysis and tendering for specific training across Victoria in the areas that I most identified, like conflict management, mental health, first-aid, supervision training, working with indigenous cultures in residential care and a number of others and I think that this approach which has the three areas has really covered a lot of things that people raised that they felt
10 weren't being done, but they are and they're being done very well.

There is ongoing funding needed to move the rest of residential care into the therapeutic mode and that would mean additional residential carers and a 0.5 therapeutic specialist. All of the 11 pilots have a different target group.
15 They were specifically chosen so we could get the best out of each one and create Victoria's best model and that's going extremely well too and I'm sure you would have seen the draft outcomes from Verso Consulting in regard to the therapeutic residential units. If not, I'm able to get that and have it sent to you. That will do me and I'd like to hand you over to my colleague.

20

MR CUMMINS: Thank you for that. Sarah.

MS S: Hi, my name is Sarah and I've been a foster carer with the adolescent community program at West Care for 11 years. There are a few issues that I'd
25 like to bring up. First of all is leaving care. Leaving care is a big issue, not only with the adolescents, but also with the carers. Many of these adolescents are not willing to participate in any of these leaving care programs. Often many of them are in denial about leaving care and it all comes too quickly. There needs to be, as far as I'm concerned, from a carer's point of view, there
30 needs to be a longer transition period. I mean there's enough stress in life at 18 without being told, "You're on your own. You're 18. No longer are you in care." Longer support as well once they move out of their foster carers or residential, wherever they are. These kids need much more support.

35 Recently, I had a young adolescent reside with me for just over 18 months. She'd been in care for over 10 years. At 18, she was moved out on her own. What's happened in the last six months? Two different houses, three TAFE courses enrolled and dropped out of, and continuously ringing me still for support. She feels that the people now that are there supposed to be supporting
40 her, she doesn't have any bond with. Everyone that she knew before, gone. So definitely longer support, more support and longer transition periods are needed.

Therapeutic foster care. Three years ago I was asked to participate in the
45 Circle training therapeutic program. I thought it was great that kids received a

therapeutic response when they require it, rather than many years into their care experience. The training I underwent further enhanced my knowledge of child development, the impact of neglect and abuse and the therapeutic parenting techniques informed by trauma and the attached theories. The fact that there is more resources and specialist advice available quite quickly rather than going on a waiting list was amazing. After completing this training, one of the major differences was the workers then trusted the carer to continue doing this therapeutic work at home 24/7, but ongoing support is vital to this and for us to be able to continue this therapeutic care in our own homes the way we do.

A couple of other little things are unfortunately the high turnover of workers at DHS. Our kids get to know their workers, workers get to know them, they become comfortable, they know their backgrounds and then all of a sudden these workers have left and these kids have to start again, telling their story again, getting comfortable with their workers again. Another thing is the lack of information provided to the carers. Many a time kids are come in and we're told, "This is Paul. Paul's 16. We'll see you on Monday," and that's on a Friday night. We don't know anything about these children whatsoever.

I also feel sometimes that carers are not respected as much as they could be by workers. We are one of the most consistent aspects of these children's lives. They're with us more than with anyone else. I feel we need to be asked our opinion on what is happening in this child's life? What was their response like when they came back from visiting parents or siblings? What happened at school today that made them feel this way? Many a time we're not asked, we're not asked our opinion and this is where with the therapeutic care, we do get more of an input. I feel that as carers we do what we do because we care and we're volunteers. We deserve to be treated more as a part of the team, not just as a motel, sometimes as it feels. So in order for these kids to be able to have the best care possible, carers need maybe a greater input and more of a voice.

MR CUMMINS: Thank you very much, Sarah. That's been most complementary the way you addressed the issues. Prof Scott, any questions?

PROF SCOTT: Yes, just briefly. Thank you, Sarah. What you said has echoed what other carers have said. From where you sit, and looking through the eyes of a young person in your care, can you explain the different role of the agency worker and the departmental worker in relation to the same young person and in relation to you caring for that young person and how do those roles mesh or not mesh, and perhaps even is there a different way of those roles being organised? Would you be able to respond to that, please?

MS S: I think also sometimes it depends on the personality of the child, the

personality of the worker, the personality of the carer and I think that is a lot of the time what makes this mesh. I think sometimes there is not enough interaction between a DHS worker and the carer. There is a big gap there. The agency are that middle man, as I put it. How all this could mesh?

5

PROF SCOTT: Well, can I ask, for example, what if the agency worker took on more of the roles that are currently performed by the DHS worker, would that work for you as a carer?

10 MS BRISTOW: I think if I could respond?

MS S: Yes.

15 MS BRISTOW: I think if you look at the therapeutic model, there is a very clear care teams approach. It depends, of course, if it's case-managed by the agency or if by DHS, sometimes where the case is contracted to the agency to manage, which forms a much better relationship where the kids know the agency, the kids belong, like in our case to West Care, then it's much easier to form that team and just work within the case planning delegations for that, isn't it?

20

MS S: Yes.

25 MS BRISTOW: Because you get to know the case manager who was often part of West Care as well, so everyone does work more closely together and the young person has greater access as well, I think, would you say?

MS S: Yes.

30 PROF SCOTT: Thank you. My only other brief question, if I may, Mr Chair, is in relation to the training of residential care workers, would your organisation have any data on how that may have impacted on staff turnover; that is, is there any evidence that the provision of such training, and perhaps the support that goes with that, has reduced the turnover of residential care staff?

35

MS BRISTOW: Anecdotally, yes. We're meeting tomorrow with the Centre for Excellence to provide a framework to try and gather some of that evidence across the state.

40 PROF SCOTT: Thank you.

MR CUMMINS: Mr Scales?

45 MR SCALES: I wanted to ask you some questions about in your submission you talk about there is a need to reform DHS contracts across the various DHS

programs and you say that this reform process should be informed by the principles, similar to those discussed in the joint submission. What did you mean by that?

5 MR MARTIN: I think really the contracts that we have with DHS at this stage seem more about activity than outcomes and I think that what we need to do is to get back to those principles about what we're trying to achieve with young people within the system and make sure the contracts are more based on the quality of outcomes than people receive rather than just our interactions and
10 placements in our residential units.

MR SCALES: The joint submission - and you make the point in your own submission that you talk about individually-funded or individually-tailored funding approaches - the joint submission isn't very clear about what's meant
15 by that. What did you have in your mind about individually-tailored approaches to funding?

MR MARTIN: I think what we're saying there is a better assessment of young people when they come into out-of-home care to look at particular needs they
20 may have in developmental areas, in education, recreation, whether they need any psychological support, so it's about really looking at funding tailored to the needs of the individual child rather than a programmatic response in which you get a certain amount of money for a placement for a young person in care.

25 MR SCALES: So the way that would operate in practice is that there would be some form of care meeting that would begin to put together a resource package for a child; is that what you had in mind?

MR MARTIN: Yes. Well, I mean obviously as the same with an assessment
30 before a young person comes in, but also a care wrapped around the young person of people from complementary service areas who will be able to assess the particular needs of people in those particular areas.

MR SCALES: So it would be very individually-based?
35

MR MARTIN: It would be about the need for that particular young person, yes.

MR SCALES: The child, yes, that's good. I had just one other question about
40 the Aboriginal community, it wasn't dissimilar to the question which I was asking Prof Humphreys earlier. You make the point also that again you support the joint submission, that we'll talk about later, but the joint submission is very strong on the element of self-determination.

45 MR MARTIN: Yes.

MR SCALES: Is that your similar view from the Salvation Army, that for all intent and purposes we should try and make sure that service to the Aboriginal communities are provided by Aboriginal organisations?

5

MR MARTIN: As much as is possible, recognising at this stage that there would need to be a lot of resourcing and support of Aboriginal agencies.

MR SCALES: Sure, but that's the direction we should really try and put our resources, into strengthening those Aboriginal organisations so they can provide the services for their own communities.

10

MR MARTIN: That would be our view, yes.

MR SCALES: Okay, thank you.

15

MR CUMMINS: Thank you very much to the three of you. We'd be obliged to receive that further material on the therapeutic strategy, which I'm sure will assist us, and thank you for focusing so well, taking your six principles, et cetera. It was very, very helpful because we've read the material and your presentation has been very focused and complementary, as I said before, so thank the three of you very much, including Sarah.

20

Ladies and gentlemen, Auntie Winifred is here so I'd ask her to come up and we'd be very pleased for you to welcome us to your country. We acknowledge with great respect, Auntie Winifred, the traditional custodians of the land upon which we meet and I'd be very pleased to read Auntie Winifred's introduction. I'd like to introduce Auntie Winnie. She is a senior elder of the Wurundjeri, situated on the Yarra River at Dights Falls in Abbotsford. Auntie Winnie has been a tireless lands rights movement worker for 42 years. She began when she was 21-years-old and sat on a committee of management for three years, on subcommittees in the Wurundjeri council. She is a committee member on eight councils and currently on employment, education, and housing forums and we are honoured that you are here.

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AUNTIE WINIFRED BRIDGES: Thank you, ladies and gentlemen. Wominjeka, it means welcome to my land. It's a pleasure to be invited here today. I actually descend from King William Barak, who was the last head chief of the Wurundjeri (indistinct) Yarra Valley. My mother, Martha, was a (indistinct) which is Wurundjeri. Our boundaries and territories lie within the inner city of Melbourne, north of the Great Dividing Ranges, east to Mt Baw Baw, west of the Werribee River and south to the Mordialloc Creek. We are now involved partly with the government (indistinct) waterways, Plenty River, Merri Creek, Albion Creek, Yarra River, Gardiners Creek (indistinct) Dandenong Creek, which the (indistinct) it is a very long creek. So

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45

we're very happy to at long last be a partner in the government doing
(indistinct)

5 I'd just like to say welcome to my land. My land is my home and my home is
my land. This is actually (indistinct) and I'd just like to say to you good luck
with this and sharing what you're doing here today (indistinct) creating
employment and it's helped a lot of kids be self-determined and (indistinct)
10 have good jobs, they've got money, they've got self-esteem and it really
(indistinct) me. So thank you, ladies and gentlemen. Wominjeka, welcome to
my land.

15 MR CUMMINS: Auntie Winnie, Barak has long been a great hero of mine, a
person of high intelligence and great dignity and great leadership, so we're very
privileged that his descendant is here.

AUNTIE WINIFRED BRIDGES: Yeah, I just went through a reenactment
(indistinct) at Narbethong, him and (indistinct)

20 MR CUMMINS: Very good. Thank you. We're very pleased to invite Paul
McDonald, Sarah Wise and Jenny Potten to come forward. Thank you for
coming forward and, as you appreciate, we've read with benefit your written
submission and we'd be very pleased to hear you in whatever order is most
convenient to you.

25 MR McDONALD: Thanks Judge Cummins and thanks for the opportunity to
the Panel for us to present. I'm here also with Jenny Potten, our deputy CEO of
community services and Dr Sarah Wise, our general manager of research.

30 Anglicare presents this submission based on its organisational experience in
out-of-home care and family services and page 7 outlines the numbers of
people we see. We are involved in eight Child First integrated family service
sites, we have 12 foster care programs, a range of residential services and a
suite of youth and child support services as well, so we make our comment
35 from that experience and also we make that comment from myself being
former executive director of Children, Youth and Family Services and the
Department of Human Services and also as formally overseeing the state's
largest child protection operation program in the north-west region.

40 Our submission addresses three critical issues: the first one addresses the
current system and operational performance issues in its current design; the
second is the next steps in reform and we suggest a range of measures in the
next steps in the reform journey that Victoria has been on; third, it reflects the
current demand issues that are facing the system and will be facing the system
likely for the next four years.

45

Our submission covers five areas and I'll just briefly summarise each of those areas and then turn to the Panel for your direction about where you'd like us to talk to our submission. The first area is in relation to intervening more comprehensively for vulnerable children and family in their communities.

5 Certainly as you have probably heard with your previous evidence, the Child First and the Integrated Family Services design direction is good and supportive. It has produced good family-oriented outcomes and, interestingly enough, I think it's given new confidence to previous notifiers to the child protection system that there is a place or a range of services that can be
10 provided without accessing the statutory threshold. Its shared model is unique, though I may make some comments about the shared model in relation to its interface with Child Protection and Family Services.

15 However, the cloud underneath, if one can put a cloud underneath rather than on top, under the system is that the demand on many of the Child First sites and Integrated Family Services is quite significant. We operate or are involved with Integrated Family Services in four growth corridors. Our submission indicates that, for example, in one growth corridor, of the five LGAs involved, one LGA, being the growth corridor of Wyndham, show that they would
20 represent 46 per cent of referrals into the Child First system, and then when you look at the babies being born in each of the LGA growth corridor rates, it indicates not only the planning for child care and kindergarten but possibly, and likely, Child Protection and Child First interventions will continue to increase over the next five to 10 years.

25 A further issue is the role of the community-based child protection worker system. This is heralded as probably the core success story of the Child First Integrated Family Services side. You'll probably know there is about 42 EFT across the state in relation to community-based child protection worker system and since its inception of the model it has been a struggle to maintain full
30 profile of the community-based Child Protection workers within the Child First sites, yet they are the key and probably the commentary in relation to the management of the risk within the Child First sites and needs to be kept within the commitment that those 42 positions have been originally placed.

35 Thirdly, it is probably demanding more innovation in relation to the delivery of family support. Our arguments are that probably practical support, and we probably could learn from the disability and aged care sectors in relation to what types of practical family support could go into houses of highly
40 disorganised or quite chaotic, that there are some practical support innovations that could take place and yet we are still working on the traditional casework approach for these families. We think there needs to be a formula for growth corridors and possibly more co-location of teams in relation to this early intervention area, particularly at sites such as Integrated Family Services,
45 Maternal and Child Health, universal sites and even the Royal Children's

Hospital, and it is curious that we don't have or wouldn't be prepared to pilot an investigative team within the Royal Children's Hospital given the numbers of referrals that have come through that system.

5 Our second point that we'd like to make in relation to this, in relation to our submission, is the range of functions and roles that both the community sector, the department, its child protection program and the government face in this system. We've made some commentary on an operational level in our submission - and probably some system commentary is in the collected
10 submission of five agencies that will be presenting later this afternoon - but some of our operational commentary would say that given the demands that we are seeing currently in the system, we're needing to revisit our roles and our responsibilities in that system.

15 If we look at 2013, there is expected to be about 17,500 open cases in the system, around 18,000, based on 2009-2010 figures. That may have changed, but the growth in the numbers of open cases in the child protection system, and though noting the 47 new Child Protection workers that have been placed in, in fact the return back to unallocated levels of 18 to 20 per cent is likely, even
20 with the onset of new child protection and EFT going in, that the likely outlook for 2014 needs to see a service system that reflects the strengths and the roles of those functions across the service system. Can we locate Child Protection workers in co-located arrangements in early intervention sites to possibly stem that flow? Can we utilise the community services sector in high risk
25 adolescents to maybe take on the case management of the high risk adolescent function at the back-end? There is always an issue in relation to looking at intake, investigation, court and then case work; that case work tends to drift. It's a common dilemma within the child protection system and statutory cases tend to drift. What we'd like to see to probably get a better handle on the
30 current demands it will be facing over the next four years is a new view about that new collaboration and partnership with Child Protection in relation to those roles.

The third comment we bring your attention to is in the out-of-home care area.
35 In relation to placement prevention, there is two drivers in out-of-home care, two cohorts that are quite clear driving the out-of-home care rates at 5 per cent increase that have been witnessed over the last five years. That first group is babies and that second group is adolescents. We have made some comments in relation to try to utilise the unborn notification to developing a service system
40 that gives that early intervention around pregnant mothers and through to the babies as one way of seeing if we can sustain and maybe rewrite that woman's history in relation to her experience of Child Protection for her own baby. We've made comments in our submission around adolescent mediation, around better support for young mothers and in relation to this placement prevention
45 we've also made comments about supervised access.

5 If I could just make one note in my previous role within the North West, I instrumented the Arbour model in relation to the region. That was based on that there were some 450 supervised accesses happening over the course of a month in windowless rooms with chewed up plastic toys in the corner witnessed by child protection CPW1s. We overtook this building and actually suggested that maybe this is a building in which parents can learn how to reunify with their babies rather than be witnessed, and in fact the story in relation to the Arbour model is very instructive in relation to maybe where we should be going forward in supervised access - whether it's run by the department or run by the community sector is a debatable point - though I would say that it's the environment we need to create that is important for reunification aspects.

15 Our fourth comment is in relation to the court and I know it is of the Panel's interest in relation to the court and the coalition group will be making some detailed comments on the Children's Court later today; however, I'll make some brief comments about the VLRC report. I thought it was a comprehensive report and quite a detailed analysis about the options; however, 20 I felt it placed too much hope in alternative dispute resolution as the way to take reform. I thought it was too wishful in that regard, but certainly noting that improvements could be made in the AVR, it still didn't handle the clash of disciplines, that families will tend to pursue all the methods available and that we've suggested to move to looking at the recent I suppose reinforcement of 25 the Lord Kilbrandon 1960 three or four recommendations or models coming out of the Scottish system, but it was disappointing that the report didn't really entertain the debate quite widely about whether a panel of experts in local arrangements could be explored, but our submission talks about a preliminary point prior to that moving into place.

30 When you look at the court system, there is a different story from a rural Children's Court experience to the Children's Court experience in the here and now - and not putting aside the model, the development - it seems curious, and certainly while I was executive director it was shared by the President of the 35 Children's Court and myself that placing the Children's Court in one metropolitan location was a key recipe to the type of chaos and the negative experiences that all the professionals and the families were having.

40 Together we moved a pilot to the Moorabbin Court and the story about the Moorabbin Court - you may have received some evidence there in fact - but if you haven't, the early indication, I could be a bit out of date here, but certainly the early indications were that they were heading in the right directions in relation to some of the local relationships. I don't think this is the reform that at the end of the day we necessarily want, but in the sense in relation to 45 managing the current day-to-day business, if you are going to have youth

criminal matters dealt with in Broadmeadows, in Sunshine, in Werribee, in Box Hill and in Dandenong, why aren't we also talking about family Children's Court matters in those locales.

5 Our fifth point is in relation to leaving care and noting the work and the emphasis done on leaving care up to date, it has been encouraging that this is coming to the purview of both the legislation, but also models and programs. We are currently studying the option and the ability for Anglicare Victoria to actually maintain its foster care placements through to 21, and that study is just
10 about to be complete to look at the business case about what, as an organisation, it would require for us to maintain those foster placements through to 21.

15 We think the whole deal in relation to leaving care is an artificial milestone which needs to be played down as much as possible and if we can see a continuity that's reflected that as the child moves into young adulthood in the out-of-home care system, all the better and that's why we're developing this business case to actually see that all of our foster care placements are able to continue to 21 and we'd be happy, once that business case is developed, to
20 make that available to the Panel. In summary, we welcome the opportunity to be guided by the Panel about our submission and also welcome the opportunity to take a reflection of the whole service system and that's where I'll finish our presentation.

25 MR CUMMINS: Thank you so much. Dr Wise, do you wish to add anything at the moment or just take questions?

DR WISE: No, not at this stage.

30 MR CUMMINS: Just picking up for a moment, I've read with interest your reference to the Scottish panel in relation to the Children's Court process and that, as you've said in the written submission and again today, the Law Reform Commission fell one step short of where really it should have gone. Do you envisage having a lawyer on such a panel, or a magistrate or judge on such a
35 panel?

MR McDONALD: I thought on such a panel there should be a professional representative from the law or judicial on that panel. I'd say this, Judge Cummins, that when you have a look at actually the legal profession, utilisation
40 of retired judges in public policy and in other forms of decision-making and things like that is very active. Have a look at the welfare sector, utilisation of people that have gone through and experienced in other forms and methods of deliberating their expertise or sharing their expertise is actually very underdone and the Scottish panel doesn't have that provision necessarily. I would say that
45 for Victoria to move to that model I think it would be helpful to carry the

confidence of that approach in having a judicial or legal person as part representative of that panel.

MR CUMMINS: Thank you. Prof Scott?

5

PROF SCOTT: Thank you. There is so much that we could discuss but time constraints mean that I'd just like to ask two things, Paul, and they are requests. One is about a more therapeutic way of approaching contact, and you talked about your pioneering work on that. If a community service organisation were to be responsible for implementing such a scheme, would you be able to provide the Secretariat with some information on what that model would look like and what the costs would be of such an alternative model? There may or may not be any reason to respond on the spot to that, but would that be something that you would be able to help us with?

15

MR McDONALD: We could do that. I'll make this observation, Dorothy - and this might be a funny way of putting it - but if I was a 30-year-old, 40-year-old person who was in out-of-home care and looked back at my statutory life, one of the most pertinent memories I think I would have is my access visits with my parents. I think that's why we need to create the environment, but I was always very aware when I was executive director that I was asking myself where do we as a department get off? We receive an intake, we assess that case, we make a judgment on that case, we take that case into the court, we're dealing with the parents possibly in conflict with that case, and then we're also choosing to stand in the room to witness the access.

20

I just wonder whether maybe that role could be handled by a non-departmental function because it is about keeping mum, dad, the child together in some sort of regular form. Certainly there are some observations that can come from that that can inform, but I don't necessarily think it's a - I was uncomfortable that it needed to be a departmental role. It had to because of the difficulties in trying to keep the access going, and it's better to own it than not, but I'd like to think that we're in an environment where access is done elsewhere.

30

PROF SCOTT: Yes, I think it's an interesting proposition and if we could see how that could be funded in a way that wouldn't have to be subsidised by the community service organisation.

35

The second one relates to the question of subsidising the service. It is interesting that Anglicare some years back got out of the area of residential care and that the dilemmas in how do you provide high quality residential care with the funding provided and almost the moral issue of continuing to provide inadequate residential care. So I'm just wondering in relation to your foster care program, can you give us any data on the degree, if any, to which that is currently subsidised by Anglicare - and again that's sort of like a question on

45

notice - but it would be very helpful for us to have some accurate, real costings of offering a foster care program.

5 MR McDONALD: Yes, we can. We were just tick-tacking on some figures, but I'm happy to supply some to the Panel. I'll make a further observation that I think that costs in foster care are one of the issues. I think there is quite a bit of debate about whether by increasing foster care payments do you - I think Victoria sits at about 68 per cent, 64 per cent, something like that, for a cost of child against reimbursement. I think it's kind of an expensive exercise to even
10 lift that by 10 per cent, very expensive, and whether that can be done smarter in relation to better support around the foster care to keep children there, we've also - and Sarah undertook a study in relation to the ability of what it requires for carers to hold large sibling groups and what that requires - we don't seem to sort of differentiate in relation to large sibling groups together.

15 The third point, and we make some reference - and I'm moving just slightly off, but it's in a similar vein - we make some reference to the professional in-home support model. That isn't talking about professionalising foster care, but in fact talks about what would it require to get a professional full-time staying at home
20 with the child and exploring that. To your original point, I've certainly got a clear view of costings in relation to unit cost. We recognise also that in fact some of the unit costs, if required by an agency, tip in, but we can give that equation to you, to the Panel, if you like, once I've checked some of the figures.

25 PROF SCOTT: Thank you, yes. We have some data on the real cost to the carer, and there is some good national data on that, but we have very little, as far as I am aware, on the cost to the agency in relation to the program and how that translates into a unit cost.

30 MR McDONALD: Sarah has just pointed out at page 30 in relation to our figures about home-based care in three of our regions, and it is 829,000, a contribution across that, but we'll break that down via program.

35 PROF SCOTT: Thanks.

MR CUMMINS: Mr Scales?

40 MR SCALES: Just two areas. One just as a slight follow-on from where Dorothy was asking you questions about the involvement of these questions about access arrangements and you make the point, you suggest removing the authority of the Children's Court to determine access. I'm interested in following that up a little bit more about how you saw that happening, and maybe just one small point to just give it a bit more clarity. It seems to me that
45 one of the most problematic elements of the discussion that goes on in the Children's Court is actually access and that it's hard to conceptualise a situation

where a parent, or even a child, might want to relinquish that to an administrative environment, but give us a flavour of what you had in mind.

5 MR McDONALD: I am of the view that it does create a lot more heat within the court environment than probably needs to be created in a court environment. I wonder whether the court - and we pose that in fact the court isn't probably the best place to adjudicate how much access. Administratively, decisions are made in New South Wales, not by the court but actually by the department, in access. I'm not sure whether that's the best model in the sense
10 for parents, but for children in relation to that.

I think we'd be saying that that role needs to - I think would clean up some of the air and the tension that's been created in the Children's Court in part, not in total, to a more administrative adjudication. I'm not sure whether that should
15 actually sit with the case management role in the same place with the child protection program, but certainly I think that access needs to be worked out in a way that actually takes into account the longevity of the case and the types of access environments. So we'd argue that it is one of those decisions that could possibly - important case contact decision - but possibly should sit
20 administratively in an administrative exercise.

Now, whether that's referring to another body other than the department to do it or a section of the department to make that, we hadn't necessarily thought that through in clear detail. Certainly New South Wales gets the department to
25 make those administrative decisions. We haven't had the opportunity to look closely, and when I was in the department we talked a little bit, but we didn't really investigate or interrogate their administrative model about how that works and does that protect parent interests as well as child interests.

30 MR SCALES: The point's been raised in a number of the submissions, particularly for example the Centre for Excellence, it talks about disentangling many of the current roles of DHS. So I'd presume that you didn't want this to be a DHS role, so then the question becomes, "Well, whose responsibility ought it be," and so on. You might want to give some more thought to that.
35 I'm not asking you to do it unless you feel as though it's in your interests to do so, but you might want to tease that out because at the moment it looks as though it's an interesting skeleton, but not much flesh on it.

40 MR McDONALD: No, that's right.

DR WISE: Could I add to that from a developmental psychologist's perspective, and that is my training and background and my area of specialisation is actually attachment theory. It seems to me that a lot of decisions around access and contact for young children, and infants
45 particularly, are made from I guess a distorted understanding of attachment

theory and really what is required to establish a positive attachment relationship between birth parents and children. So I guess my only comment here is that around that decision-making, if that can be informed from a perspective, a developmental perspective about what really is in the children's best interests where attachment is just one of a range of influences on children's developmental outcomes and I think a more grounded theoretical understanding of those attachment processes and how they can be supported.

MR SCALES: The second question relates to another interesting idea, which is this expanded statutory case work for community service sector. It seems to me there are a number of elements of that that you might just want to talk about briefly. One is that that does seem to be taking the current community sector organisation capability a bit beyond where it currently is and I'd be interested in your understanding of that for a start and we can just follow through another couple of questions.

MR McDONALD: There are three drivers for that. Before 2009, there was 1000 contracted cases in the system. One of the decisions made, and it was while I was in there that we looked at, one of the options were how do we take the pressure off or increase our allocation rates in a way that actually not only put a worker with that child, but in fact actually put an experience of that child and that family that could be more and introduce other disciplines and other services around it.

We contracted out a further 750 cases in 2009, so there is about 1750 or 1700 out there at the moment currently contracted. We think that that could go further, for several reasons. If you talk in relation to - and this is both my experience with both hats on, my current hat and my previous hat - the experience for the child and the family in relation to certainly the child in home-based care, it was better if they felt the whole experience was probably, in relation to case planning, case decision, but casework, was when the agency doing the home-based care had the full contract.

I don't think it's such new ground. If I was sitting in New South Wales, Queensland or South Australia, I wouldn't be advocating this. The reason why I'm advocating that this is one way of actually increasing your allocation rates at a sustainable level is that you have the likes of around 20, 25 very significant community service organisations with the abilities to pick up and to absorb and to do casework in this area, and I don't think we're playing to our strengths in the sense that your comment that is this a larger or a different role or different shift for a role that's traditionally done?

My two comments are, well, there is already 1700 cases out there. At any one time you'll have about 5000 cases on orders and this is about probably about wanting to introduce a better experience I suppose for the child and the family

in the sense of both at the early intervention end when they're getting well-worked and at the statutory end when there is some consistent casework. I think when you have a look at your demand rates, Bill, the kitchen sink has been thrown at allocation rates over the last two and a half years and a lot has
5 been going on just only about that and in some regions it's down to single digits.

You need a more sustainable strategy rather than intense pressure on that that's been thrown resources over the next five years to maintain your allocation rates
10 because you won't. The unallocation rates will slowly decline. By 2013, for my old figures, we're going to be sitting at 17,500 open cases in the system. You're never going to ever put every caseworker against that unless you start thinking about a clearer role and a clearer experience and that's why I think for some in the sector it may be a shift and change. There is 1700 cases already
15 there, but for that change maybe that's what's required to take place, to actually better take a shared responsibility about how to manage cases in the system.

MR SCALES: Let me try and get a sense of clarity about what you would be arguing that a community sector should involve in. Would they be involved in
20 early intervention?

MR McDONALD: Yes, the community sector, they are already involved in early intervention, that Family Services, Integrated Family Services.

25 MR SCALES: Yes, I know, but we're talking about it within the statutory system now.

MR McDONALD: Oh, within the statutory system.

30 MR SCALES: Because that's what your argument is, isn't it?

MR McDONALD: My argument is post-court.

35 MR SCALES: So what about forensic investigations?

MR McDONALD: I'd keep that with Child Protection. If I could put it like this, we've got to play to our strengths. The Child Protection's program strength is its forensic investigation. I don't think we want to actually take anything away from that; in fact, actually we want to better support that. Their
40 work in intake, investigation, leading up to court, that's meat and potato stuff for Child Protection and they're very good at it and they've got the statutory requirements and experience to do that. I'm not arguing that we occupy that space.

45 MR SCALES: Then what do you mean by "expanded statutory casework"?

MR McDONALD: Well, statutory casework is post-court orders, supervision orders, those sort of types of orders, custody secretary orders, those sort of orders that sit at the post-court where it's been clarified that this child needs a legal framework, a statutory framework around them with its family or in an out-of-home care situation. I'm not up at the pre-investigative taking that child to court. I don't think that's the experience of the sector and when we were talking about contracted cases, even when I was in the department, it was only about absorbing those statutory casework - those court order cases.

10

The reason is for two reasons. The first reason is that there is quite a lot of case drift and case movement going on out that back-end. Secondly, when you have a look at your unallocated rates, that's where you'll see quite a few that are occupied. Thirdly, there is a capability and a capacity in which I think you've got to lean on the community services sector saying, "Do you want to step up here? You're quite good with high risk adolescents, for example; you're quite good in relation to children with your range of programs, maybe pick up that." The department may pick up and that statutory caseworker may want to keep infants and children, or babies possibly, or possibly not.

20

The thing is I think at the moment we're not taking any discretion to the continuum of cases that sit in the system to say with our current resources - and this is about knowing that we don't live in an infinite resource environment - this is about saying, okay, what's an economically savvy but also a professional intervention as well that can meet this thing rather than just not make any comment about the current cases in the system about how, in fact, we're going to alleviate the pressure and use resources into help collectively? It should not just be a Child Protection problem this, and I think some of our commentary is that it's time for maybe maturing a new collaboration that exists between the community sector and government and Child Protection about this issue. I'd say to you like baseballers on a plate, you've got Family Services over there, you've got Child Protection over there, you've got the out-of-home care there, we're all on the same field and plate, but I think we can actually take a further step in this collaboration to see who can do what and assist who can do what.

35

MR SCALES: Thanks.

MR CUMMINS: That's been most helpful. Thank you very much and we look forward to the joint submission later.

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MR MARTIN: Thanks.

MR CUMMINS: Next, I'm pleased to invite Leonie Sheedy and Frank Golding to come forward from Care Leavers Australia Network. Welcome. We've had the benefit of your written submission, which I think raises a most

45

significant area for addressing, so we'd be very pleased to proceed in whatever way is the most convenient way to you.

5 MS SHEEDY: Thanks very much for inviting us to speak. Sixty-seven years ago my brother was a vulnerable child and he needed protection and he was put into ten Victorian orphanages and institutions. I buried him yesterday at 69. I'm a bit wobbly today. I'll talk when I feel I can talk. I had a lot of input into that submission. I'm physically here, but I'm not here really.

10 MR CUMMINS: Well, we are aware that you had that burial yesterday and may we say to you we are profoundly impressed by your courage and your dignity.

15 MS SHEEDY: Thank you. I want to say that as a child of seven Sheedy children who went to a total of 26 Victorian orphanages and didn't find my brother for 40 years, there's been such neglect of every Victorian Government over the years to people like us and this country should be so proud of us, the survivors of orphanages in this country. There should be medals for every single one of us. I'm going to ask Frank Golding to hand over to talk to our
20 submission.

MR CUMMINS: Frank, there are a couple of things which particularly impressed me, was on page 4 of your submission you said that:

25 *We would argue that there needs to be a greater focus on care leavers who have children or grandchildren and are in a guardian role.*

And that's why you're here:

30 *And the care leavers of all ages need to be provided with adequate after-care services, including counselling and, indeed, access to records.*

35 Which you make very clear as well. They seem to me to be very strong points that you have presented.

40 MR GOLDING: Yes, we really wanted to argue the case that we're afraid that the current system hasn't actually been learning from the mistakes of the past; that's really a central theme that we wanted to draw to your attention and - - -

MR CUMMINS: If you do not learn from the past, you'll repeat it in the future.

45 MR GOLDING: Absolutely. Absolutely. We still see, and we hear from the current care leaver organisation, Create, and other contacts, that there are

frequent turnovers of placements, lack of stability in the placements, the lack of any planning for the future, kids are taken into care and there is no sense that there is a plan which might lead them to become productive members of society in the future, the slipshod way in which records are kept about the children. We're still hearing cases of people coming out of care with no basic documents that establish their identity. These are the sorts of mistakes that were made in our era and continue to be made. The failure of accountability means that kids are still being abused in care; the failure to provide basic education and many of our members are suffering throughout their whole life from that lack of basic education while they were in care and we believe these mistakes are continuing.

If you do any sort of cost benefit analysis of the outcomes from taking kids into care and looking at health and mental health costs, housing costs, homelessness, unemployment, prison rates and so on, you'll see that in fact in the end in the long run it actually costs the community a great deal more than they bargained for when they shortchanged the kids in care. I think you're referring to the intergenerational issue that we wanted to stress too. That so many of our members - and we've done some significant surveys of our membership, the last one being last year with over 500 care leavers responding to this.

MR CUMMINS: Was that the one published in June?

MR GOLDING: In June this year.

MR CUMMINS: Yes, we've got that.

MR GOLDING: We were just staggered by the incidence of intergenerational care and one of the key themes that our members told us was, "Over my dead body will my child be taken into care," and yet something like 13 to 15 per cent of our members then had to go on to say, "Well, I've got a child in care." They also point to the fact that their parents or their grandparents were in care.

If I can just personalise it as Leonie has too, I've got a similar horror story. The first member of my family to be placed in care was aged 11 in 1865, finished up on the Nelson, a hulk, and from there a pattern evolved so that I can now enumerate 35 members descending from that one 11-year-old who have been in 12 different institutions. Now, it seems to me that nobody is actually keeping track of that kind of development. We need to have a much better database. We need to understand what proportion of former care leavers are ending up in prostitution, are ending up on the streets homeless, are ending up in prisons. We tried as best we can to gather that data from our members, but we believe it's a community responsibility to actually track the people as they leave care to see where they end up. What are the costs to the community of

not giving a decent education?

On the question of education, I was interested to hear one of the previous presenters talk about an improvement, increasing the age of a duty of care if you like to 21. We're aware that in the UK our sister organisation in the UK has recently publicised the fact that under the Children's Act in the UK children who are in care are entitled to educational support up to the age of 25, for example. With that comes accommodation, fees being paid, bursaries and scholarships being made available and individual education plans being made available.

One of the very big things that comes out of our survey of members is the very great regret that they didn't get a decent education and some say, "It's still not too late. I would like to finish my VCE." These are people who are 50, 60 and 70 years of age who still think they've got the capacity and capability to prove that they actually are intelligent and capable people who never had the opportunity as children. So we would hate to think, and we suspect it is the case, that children in care today are missing out on that basic education and they will be like us in 30, 40 or 50 years of time, it's a matter of very great regret.

One of the other things that comes out of our members' concerns is the fragmentation of families; that's been a theme I've heard at the back of the room this morning. We believe that family reunions should be the guiding principle from day one. If that isn't thought about from day one and then continually thought through then you get what's happened to us, separation of siblings, separation and loss of family relationships and leaving care with no sort of family support. We believe that if the State is a family then it ought to take much more cognisance of the need to continue that support, as a good family would, as I do with my own family now with a 24-year-old. He's still my son and I will look after him until I feel that he's able to be let go.

When we left the institutions, we were 15 or 16 and were just told to go, sometimes with just a little suitcase or a brown paper bag with a few odds and ends in them but basically, "You're on your own," and I'm not sure that we're much beyond that today. I might be overstating the case, but we've heard of people who have just simply been told, "Well, your time's up. Off you go," without any care for any sort of plan and support as a good family would provide, so we see the family reunion principle as really fundamental and that ought to be the aim. Whatever one thinks of the families, and they might be dysfunctional and difficult and so on, they are the family of that child and if there isn't support for the family, if there is a contest set up between the child and the family then we think you're heading for further troubles down the line.

We're also a bit surprised at the system in Victoria, unlike the system in the

UK, particularly in Scotland, isn't using former care leavers more productively and positively. It seems to me there is a role for former care leavers in being independent monitors and support people for kids in care today. We know what it's like. We've been through the system. We know what the kids' needs are and we believe that we could do a great deal more to help people. It surprises me all the time that people gather together committees about these issues and don't think to include former care leavers. You wouldn't do that with Aboriginal issues today, you would always have an Aboriginal representative, but working parties and committees which don't incorporate former care leavers talking about care leaver issues seems to me to be a real anomaly.

MR CUMMINS: Thank you, Frank. Prof Scott, any questions, particularly of Frank perhaps?

PROF SCOTT: I'm thinking about the intergenerational issue and I haven't ever heard what you described in relation to tracing the descendants of your own forebear in 1865.

MR GOLDING: I hasten to add that that's an example I know, but it's not the only example. A lot of our members talk in those ways.

PROF SCOTT: Yes, and I'm very mindful that many people who would not respond to a survey would be precisely those who had already deceased, would be in prison, would be homeless, so that the data that comes from your survey is even more confronting when you take that into consideration. I'm thinking whether you have any insights into what is needed to be offered to, say, a young woman who may herself be still under a Children's Court order who is pregnant, let's take that as a scenario. What would it look like to respond to the needs of someone still in care or a recent care leaver who was in transition to parenthood that could break that intergenerational cycle?

MR GOLDING: Well, obviously a greater degree of support at that critical stage I think would be important. I think the sense of self-worth needs to be strengthened in many of those cases. I don't know precisely what you would do about that, but I see in my head the principle that people need to feel worthwhile, that they shouldn't carry stigma and shame about their recent history, or their pregnancy in this particular case, but these things happen and we're here to support you, we're not here to punish you. I think there's a great suspicion about young care leavers and older care leavers too about authority and so you need people who can take off their tie, roll up their sleeves and say, "Let's work this together. Let's see what we can do which is in your best interests and in the interests of your infant as he or she is born."

I think we set up too formal a set of procedures, we don't humanise it, we don't

personalise it enough and people who are suspicious of authority because they've been badly treated by authority are often very defensive and won't give the full story about what their needs are because they'll be judged again or they'll be punished again. I think there is that whole cultural milieu is
5 operating against them. If we could cut through that, I think that would help, but I think also just practical support and that means financial support as much as anything, but making sure there is a stable home environment which is not going to be pulled out from under them because they can't pay the rent.

10 MS SHEEDY: I think another thing to add is that the person going into care needs therapy from day one. We don't acknowledge that separating the child is the first traumatic experience that that child endures and they need to have therapy from day one and they need to have an understanding of why they've
15 been removed. Australia is a signatory to the United Nations rights of the child and we must always have that thought in our mind when we're talking about reuniting children with their families.

PROF SCOTT: Thank you.

20 MR CUMMINS: Mr Scales?

MR SCALES: Leonie and Frank, thank you very much. Do you have any guidance for us about what a program might look like that would ensure that a
25 child in care gets a good education?

MR GOLDING: Well, I've been a teacher and an educationalist. I know that the reasons kids drop out of school are complex and complicated, but almost always it involves them not being convinced that they're getting good value out of the time they've put sitting in the chair; that is to say, they don't find what
30 they're being taught all that relevant or useful, they don't necessarily get on with the person teaching them, so I think it's a number of things, but it would certainly be a review of what is taught and how it's taught, but a need for great flexibility because these kids are usually under great stress, and to be taught mathematics while you're thinking about where your mum and sister are and
35 what's happened, et cetera, so it needs to be flexible and that's why I like the English system of saying the education program is available until you're aged 25 because when you're 14 or 13 it may not be the thing that's uppermost in your mind, the importance of getting a good education.

40 We see it in retrospect, but at the time it's not the most important thing for them, so having an arrangement where an educational entitlement is available up to a mature age I think is really important, but also I think the quality of the teachers. You can't just put any teacher in there, they need to be special sorts of teachers who understand the difficulties that the children are confronting and
45 again I would say the communication with the total family. It's not just the

child, it's the parents as well.

5 I'm not aware that parents are involved in the education program of kids in
care. I suspect they're not. I think they ought to be because they have to offer
that other dimension of support for children, to be proud of their children's
achievements. If there is nobody proud of what you've done, if you're the only
one who knows that you've done a good job, it's a sort of second-rate pride.
When you go to a regular school, you've got parents and grandparents who are
involved and they also reinforce the child's success or failure, but when you're
10 an isolated person in the system you don't have that broader network and I
think making some sort of overtures to keep the parents involved would be
important too, so it's curriculum, teachers, parents and that flexibility of the
system to make it possible for a kid who has dropped out of schooling at one
point in time to recover and it wouldn't be too late, even up to the age of 25.

15

MR SCALES: Just at the other end of the spectrum, similarly, as you've given
us some guidance around education, what would a leaving care program would
like? I mean you've already talked about one, which was some form of right to
continue with their education.

20

MR GOLDING: Yes.

MR SCALES: Are there other elements to that?

25 MR GOLDING: Yes. Certainly they ought to have a portfolio of personal
information - I know some people will lose it because they get out and they're
homeless and it's hard to keep your documents - and so there ought to be a
fallback position so that if somebody does lose their ID documents, their
important documents, that they're recoverable through the system, so
30 supporting that. So many of our people say, "I don't have a birth certificate. I
don't know anything about my parents. I don't know where I was born. I think
I'm about 45, but I've got no documents." That's terrible. It's terrible. We've
got people who can't get passports because they can't produce the basic
evidence to get a passport and it's a circular situation, so that. But there is the
35 preparation before that. I mean one of the things that we've learnt is that it's
really hard to be a mother or a father if you've not had one as a child growing
up, so the ability to understand the role of parent, when your biological turn
comes, is really an important part of the preparation.

40 MS SHEEDY: Yes.

MR GOLDING: Now, that will take years, it's not a matter that you can give
them a three-week course in parenting, but there are some basic skills as well,
you know, how to live independently, how to actually pay the rent and how to
45 get a decent diet going for yourself, those sorts of things. Also, the ability to

make friends. I mean we've got lots and lots of people who say, "I don't know how to make friends. I've got no friends because I've never learnt to have friends. The system didn't allow me to have that."

5 MS SHEEDY: I'd just like to add, Frank, that in a leaving care package I think that young care leavers need to be aware that anniversary memories can reoccur when you least expect them, like at Mother's Day, Father's Day, Christmas Day, your birthday. They need to be aware of that, that they could be confronted with unbearable feelings and emotions that they just come up
10 and bite you on the bum when you least expect them. I think they also need to have photographs of themselves through the life cycle and instead of being sent a letter, like we were at 18, "You are no longer a State ward. Make a will and get on with your life," if governments are going to take responsibility for children - and they do and they're the legal parent - they're like good
15 functioning families in society, they have to be good functioning parents to State wards and not be neglectful.

MR GOLDING: The answer also is around this notion of good parenting and it seems to me that if people would look at their own models of good parenting
20 and say, "Well, how would the State replicate that?" For example, you don't just drop the kid off at 18 and say, "Goodbye." There is a 21st birthday to celebrate and there will be the video with all the childhood memories coming through and if the child gets into trouble financially, of course you'll bail them out because that's what a parent does. But the State doesn't see itself having
25 that kind of parental role and I think that's a very great pity because I think it's important that they adopt the wider role than simply saying, "We're just going to physically roof you, keep a roof over your head and feed you until you're this age and then off you go." A normal parent wouldn't do that. Why would the State?

30 MR CUMMINS: Frank and Leonie, as I said at the start, you've identified a most important area. You've spoken to it, if I may say so, most eloquently and we know that history will replicate itself unless we intervene with support and with care and so we do thank you both very much and, Leonie, we are most
35 impressed by your courage and dignity and we thank you for coming forward.

MS SHEEDY: Thank you.

40 MR CUMMINS: Ladies and gentlemen, we've been going since 9 and it's 20 to 12. I think it's time people had a 10-minute break. We'll resume at 10 minutes to 12, ladies and gentlemen.

ADJOURNED [11.42 am]

45 **RESUMED** [11.55 am]

MR CUMMINS: Ladies and gentlemen, it might be convenient to re-assemble. If you'd like to take your seats, we'd be obliged to you and we'd like to invite Barbara Romeril and Karen Scobell forward from Community
5 Child Care. Please take a seat. Now, we've had the benefit of your written submission, for which we have studied and have before us, and we'd be pleased for you to take it in whatever sequence you like.

MS ROMERIL: Thank you. As the peak body for Community Children
10 Services in Victoria, for the last 40 years Community Child Care has been advocating for a model of services for children and families where the one service can meet all the interrelated needs of a child: education, care, health, welfare, where all the needs of all the children can be met in the one place and the needs of all families in the community are met in the one place. Our
15 current system of children's services is not that, it's very fragmented and we know that it's vulnerable children who miss out in this fragmented system.

The care leavers who have just spoken were talking about the crucial
20 importance of educational support for children in the child protection system and we absolutely support their view about support into adulthood for access to good quality education. We want to add to that our voice for the importance of good quality education starting from birth because children are learning from the minute they're born and they're learning from everybody around them and participation in a high quality early childhood service can make the difference
25 for all children, but the research shows especially for vulnerable children.

Unfortunately, there is some fatalism within the child welfare system about the capacity of universal early childhood services to actually include and meet the needs of children at risk of abuse and neglect, but Community Child Care does
30 not share that fatalism and we are striving to create a society where all children have access to high quality early childhood services that are driven by a respect for children and families. We know that the research evidence shows that participation in such a service system can be the circuit breaker that breaks that intergenerational cycle that you were speaking about earlier this morning.
35

In pursuing our goal for this kind of society we are absolutely committed to building the capacity of universal children's services to genuinely meet the needs of children at risk of abuse and neglect. Our written submission sets out our rationale for this Inquiry to recommend to the Victorian Government to
40 invest directly in the universal children's services system to build its capacity. Today what we want to do is present some case studies of some long day care centres and one vacation care program which are already delivering outstanding results in including and meeting the needs of children known to Child Protection.
45

What these case studies do is demonstrate what's possible and what we expect of the whole service system. They also show what helps those services to do a good job of meeting the needs of vulnerable children and what hinders them, and by highlighting what hinders them I think it's showing some pretty clear
5 indications of what government could do to build the capacity of those services to do this crucial work. Some more detailed case studies have been tabled here today and I'll just speak now about a summary of those cases.

10 MR CUMMINS: Yes, we've got the three studies here, so if you proceed with the summaries that would be most useful.

MS ROMERIL: Thank you. So, first, the Derek Robson Children's Services Centre in Broadmeadows. This is a 60-place early childhood service that is currently providing education and care to 40 children aged from birth to six
15 years of age. At any one time about 40 per cent of the children enrolled in this service are known to Child Protection and the director of that service reports that their capacity to provide education and care to these children at risk really varies from time to time and the main variable that determines whether the service is able to meet these children's needs is the skills and experience of the
20 staff, the educators working in that service. Secondly, the Candlebark Children's Centre in Frankston is a 40-place early childhood service which provides education and care to about 63 children because many of them are enrolled part-time and over 40 per cent of those children are known to Child Protection. Many of the children have a disability or a developmental delay.

25 Now, both of these services are well-known to their local family support services as being more willing than others in those communities to take children at risk of abuse and neglect, and this is the main reason why they have such high enrolments, they're willing to go the extra mile for these children,
30 and it is an extra mile. Many of the children show very challenging and disturbed behaviour, which we know is the only way that very young children have to express their anger, frustration, fear and hurt and some of the children also display damage from malnutrition.

35 Interestingly, and not surprisingly to us, both of these services operate at above the minimum standards required by government regulation. They both have more highly qualified staff. At the moment, you don't need any formal training or qualifications to work in an early childhood education and care service as long as some of the staff are trained. In these services, all of them have at least
40 a Certificate III in children's services and over half have a diploma and both the services are currently training up a staff member to complete a degree in early childhood teaching, so the staff are more highly skilled and knowledgeable than your average service. Both of the services make very good use of the Commonwealth's special child care benefit that covers the full cost of care for
45 children at risk, and at Candlebark they also receive a significant annual

financial support from local council, \$100,000 per year to assist with, including children with additional needs.

5 Both of the services, when they can, will increase the number of staff that they have available in the rooms to reduce the ratio of children to staff for smaller group activities and for one-on-one interactions with the children. They both report that when they are able to do this, they can see immediate benefits for the children: improvements in their behaviour, the children are calmer, there were fewer accidents, fewer violent incidents, the educators working with the children are able to engage in deep discussion with the children in supporting their learning and in sustained shared thinking with their colleagues.

15 One of the services has monitored the nutritional needs of the children in their service and they've determined that the morning and afternoon tea and lunch that they're providing is meeting 75 per cent of the daily nutritional needs for the children and they have noticed, since implementing this program, significant improvements in the children's alertness, attentiveness and ability to follow instructions. Both of the services liaise with and support family referrals to a wide range of community support services, such as early intervention, emergency relief and other family support services.

25 The third case study we've tabled is a vacation care program in a major regional city. They have asked us not to identify them because they are concerned about stigma associated with labelling their community as being significantly in need, but they are proud that their long day program during school holidays, while providing activities for up to 60 children aged between five and 17 years of age, about half of those children are known to Child Protection. Again, these children often display challenging behaviours, physical, verbal and emotional outbursts, in particular immediately following an access visit with the families. Many of the children suffer from attention deficit disorder, Asperger's and other diagnosed conditions and the program is especially designed to allow lots of opportunity for physical activity and burning up excess energy, but in cooperative ways, it doesn't emphasise success and failure for those children.

35 The coordinator of that vacation care program observes that some of the practical benefits the children receive from participating is they have a break from what can be very difficult home circumstances; for children where they've been separated from their siblings with out-of-home care, coming to vacation care can often be an opportunity to spend time with their siblings; and coming back to the program each school holidays provides a consistent environment for children who are perhaps in multiple out-of-home placements.

45 Now, all three services have alerted us to what helps them to meet the needs of such high proportion of children at risk of abuse and neglect and the one

standout that they all talk about is the skills and experience of the educators working with the children. When they are knowledgeable, sensitive, sympathetic and non-judgmental, they are able to make a huge difference when working with the children. Where higher ratios of those staff to children can be achieved, when it's affordable, that also makes a positive difference. The range of subsidies that services can access to cover the cost of fees and to help with the operational costs of the service, sometimes from local government, sometimes from community agencies also helps the services with this work.

Further, where skilled debriefing is available for staff, this can make a huge difference, especially in retaining people who are working with children who sometimes display dangerous or frightening behaviours or make quite disturbing personal disclosures about their life circumstances, and for early and middle childhood educators working with those children to have skilled debriefing makes a huge difference to their capacity to continue to do that work and, of course, the early intervention and family support services in those communities being responsive to the issues that arise in the service assisting the service with meeting the needs of the children and provide an ongoing training for the educators is enormously helpful.

But it's not all roses, there are some things that hinder the services in doing this work. All of the services report they lack the financial capacity to employ sufficient staff with the diverse range of skills that are required for working with vulnerable children. For example, additional early and middle childhood educators so they can reduce the staff/child ratios to allow for those deeper relationships with the children, but also to support the additional planning and family support activities that are required in order to meet the needs of vulnerable children. The services lack the capacity to employ a social worker, family support worker, therapists or other supplementary professional staff to support the education and care program, to support the families of the children at risk, and to undertake additional work such as drafting court reports, maintaining relationships with other agencies and, of course, the crucial staff debriefing.

The services also lack the capacity to sustain sufficient administrative capacity to deal with the enormous amount of redtape and paperwork required to access government subsidies and to navigate sometimes complex referral pathways into complementary services. The services also report they are held back by the lack of opportunity for training for their staff, and especially if they want to release the entire staff team for some team building, it's very difficult for them to afford that kind of time release.

So we'd like to draw some what we think are quite specific learnings for the Victorian Government out of these case studies. Firstly, these case studies show it can be done. It isn't good enough to write-off the universal service

system as being incapable of meeting the needs of vulnerable children and finding some other way of meeting their needs. It can be done in a universal setting and these services are doing it and doing it well. But it also shows that they struggle and so it's not surprising that many other services in the system don't choose to do this work. So we can't yet say that all children have access to high quality services driven by respect for the rights of children and families. There is more work to be done.

As I said earlier, Community Child Care is committed to building the capacity of our members to fully serve the needs of children at risk of abuse and neglect and now we call on the Victorian Government to invest in some of the key things that these case studies show would really make the critical difference, debriefing for the educators and funding for the diverse professional skills required to meet the complex needs of these children. High quality early and middle childhood education and care capable of meeting the needs of children at risk costs money and at the moment Australia is not faring well in the international scene. Within the OECD, Finland is the best investor in early childhood and Australia invests about one quarter of the public funds that Finland invests, so we could go further in public investment.

We believe that this Inquiry can provide invaluable advice to the Victorian Government on how any additional investment can be targeted to be sure that it's actually producing the social policy outcomes the government is seeking. In particular, we believe a quality subsidy for social inclusion that supports the cost of additional educators, supplementary professionals and an outreach capacity for universal services would be a very direct lever that government could fund that would give it the capacity to hold the universal services accountable for genuinely meeting the needs of vulnerable children.

Further, we'd call on the Victorian Government to continue to support the national reforms that are going on at the moment that are lifting the minimum requirements for skills and training and qualifications for early and middle childhood educators. There is some pressure on governments to back down from that. These case studies demonstrate it's critical that the minimum skills and training are lifted so that the educators have the knowledge to work effectively with vulnerable children and to support the reforms that are increasing the minimum ratios of staff to children because we know that that makes a difference. We'd be happy to talk now, if you're interested, to know more about our idea for a quality subsidy for social inclusion as a lever for government to invest in the outcomes they're seeking.

MR CUMMINS: Yes, thank you very much. Karen, do you wish to add anything?

MS SCOBELL: No, not at the moment, thank you.

MR CUMMINS: Well, there was two words you've used, Barbara, one is "positive" and the other is "targeted" and your submission is those two things, so congratulations. Prof Scott, would you like to ask any questions?

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PROF SCOTT: Thank you. Yes, I have two questions. One is what would you see is the potential role for a specialised and very well-supported form of family day care for infants and very young children, particularly those who have had multiple caregivers and multiple placements or been in various situations, do you think that family day care has the potential to be part of the spectrum of services for very vulnerable children and for their parents?

MS ROMERIL: Certainly family day care is one of the models of services within the universal service system that we're calling for this investment for in capacity to meet the needs of vulnerable children. There are some unique features of family day care that are strengths and others that are weaknesses that I think would be accentuated in a service that was specially focused on vulnerable children. The strength obviously is the homelike environment and the small group setting by its nature, there is one carer with up to five children so the ratios are quite good, although there can be more children if they're school age, but still smaller groups than you would get in a centre-based service.

For many children that kind of smaller scale environment and the consistency of the carer could be critical in building their relationships and, therefore, their capacity to learn. Of course, the flip side of that is that that educator is isolated, and especially if they're working with children who have very challenging behaviours, there is no assistant in the room, there is no backup in the next room, there is no director down the corridor and the capacity of coordination units to be physically in the home providing support to that carer is extremely limited, so we'd have to really think through what's the model of support that would retain the small numbers and the home-like environment but would add in structural supports so that the carer is not isolated and the children aren't vulnerable too if the carer proves not in fact to have the skills or the competencies that that child requires.

PROF SCOTT: Thank you. It's almost like a daytime foster care model that could operate potentially with children who are still in the care of their parents, is what I'm thinking.

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MS ROMERIL: I believe in some family day care centres that's already occurring and more by luck than the management - - -

PROF SCOTT: Exactly. It was the "more by luck" bit that I wanted to know what would be required to build the capacity of that systematically. That sort

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of leads a bit to the second question, which is about how in early childhood education and care services do we not just meet the challenge of greater knowledge and skills, but also deal with the issue of values? Because while in the UK for the Sure Start program and I think in Australia real inroads have been met in universal early childhood services being able to reach out to disadvantaged and deprived children and families. They are yet largely to meet the challenge of reaching out to desperate families, which is exactly why child protection workers have the pessimism and that is, from my understanding, because many of the parents feel deeply judged, deeply judged by the early childhood education and care staff, particularly for parents who have a substance dependence, or mental illness, or an intellectual disability, features that are very common in the statutory child protection population and feel judged by other parents. So sometimes these larger group settings are socially not welcoming places. I'm not sure if going off and doing training is necessarily the best model and wondered if you had comments on the SDN Children's Services model operating in New South Wales which has done the training of the early childhood education and care staff actually on the floor of the centre, and particularly dealing with values and judgment and making a very welcoming place for the most fragile of families and their children.

MS ROMERIL: Yes, we have had a look at the SDN model and we were very impressed and believe that could be usefully adapted to the Victorian environment and I believe that there are a couple of pilots that the Department of Education and Early Childhood Development is conducting at the moment which we're hopeful will demonstrate how it could apply in Victoria.

You are absolutely right, that one of the huge barriers to desperate families, as you call them, genuinely having the right to access high quality early childhood services at the moment is a lack of empathy and understanding amongst the early childhood educators, including those families, and amongst other families using that service. I think you don't have to read too far between the lines of these case studies that we've presented to surmise that the reason they're so successful is their directors are absolutely committed to making sure that the service is responsive and they make sure that the staff are not judgmental.

In fact, the vacation care coordinator said to me that she has discovered by recruiting staff who themselves have had difficult childhoods and have come to their professional life with an absolute understanding of the background of these children, she's finding much better skills and capacity to form continuity and longevity in the role as well. I think that's a major developmental opportunity in the service system and the time is right now to intervene and ensure that the national reforms that are going on to lift the qualification levels and the expectations on early childhood services through COAG that all governments are investing in at this very minute absolutely has its eyes wide open to those families on the edge who are currently not genuinely welcome,

not genuinely able to access those services.

5 We've certainly taken that on as a peak body, as a challenge. We refuse to be
fatalistic. We insist that the universal service system does have its eyes wide
open to those families and is responsive to them in the way that they are to any
family and we would call on the Victorian Government through this Inquiry
and all other levels of government to partner with us and the service system to
shake the reforms that are going on at the moment to make sure that the service
system transforms into something that is genuinely inclusive of and responsive
10 to those families. We've got a way to go, but now is the moment in history.

PROF SCOTT: Thank you.

MR CUMMINS: Mr Scales.

15 MR SCALES: Clearly your argument about making the universal system
more broadly available is compelling and thank you for that, but I want to
focus in on what you're suggesting within the secondary system, if I can
describe it as that. How did you see that working in practice for the issue
20 which this Inquiry is really about, which is vulnerable children and therefore,
by implication, families that are associated with that? So I really do want to
separate the extension of the universal system to talking about it in a secondary
system context, give me a sense of how you saw that working in practice.

25 MS ROMERIL: Can you tell me a little bit more about what you're referring
to in the secondary system?

MR SCALES: Yes, I mean that this Inquiry is about vulnerable children as
distinct from all children who should have this service available to it, how did
30 you see that in a practical sense being made available, the broader services of
Community Child Care being made available to families and children who are
at risk? How did you see that applying in practice?

MS ROMERIL: If I ruled the world there would be a whole diversity of
35 responses to that. At the moment, there is a diversity of responses, the
Children's Protection Society is operating a specialist service out in West
Heidelberg at the moment that is funded and designed specifically to meet the
needs of children known to Child Protection - much, much higher staff ratios
even than these case studies we've presented; much, much more highly
40 qualified and a deeper diversity of professional skills in the staff team there -
that's a very exciting model, it's going to be very expensive to duplicate, but is
doubtless going to generate some excellent knowledge about what makes a
difference for those children that could be translated into a more affordable
model perhaps like the SDN model.

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There is these three case studies and a number of others around Victoria that are working with what they've got to adapt their universal model to make sure its meeting the needs; for example, this vacation care program that doesn't have any competitive activities because they know from experience that children
5 who have been back at the queue and have experienced failure multiple times in their life are not going to benefit from being in a vacation care program where there is winners and losers and focus on cooperation and everybody having a win during the day. I'm not sure there is a single model that we would say this is what the Victorian Government should be rolling out. Did you want
10 to add anything to that, Karen?

MS SCOBELL: Probably the only comment that I would make is that there is some work being done in terms of coordinating the communication between Family Services workers, Child Protection workers and early childhood
15 workers. At the moment, from my understanding anyway, it's really pretty much getting them all in the same room so that they understand at least where each other is coming from, but I would have thought that kind of sharing of ideas amongst the professionals, all of whom are working for the best interests of a child - and in this case perhaps a child who is known to Child Protection or
20 in the system - would go some way towards at least opening up the universal sector to the influence of some of the workers within the secondary system and making that communication apparent around how does one actually work to the best interests of those very vulnerable children that are known possibly to both of those sectors, so more emphasis on that kind of communication in a
25 practical and localised sense, as I believe has been happening a little bit with these pilots, would probably be a good start.

MS ROMERIL: If I could just add to that, I think if that investment in that professional relationship could be sustained over time, I believe then local
30 communities would be much better placed to design their own models that are going to work for those families, those communities and those existing services to adapt to become more responsive. I think that is more likely to be resilient and effective than any statewide model that's applied consistently.

35 MR SCALES: Just one last question. On all of the case studies I think the funding is primarily Commonwealth funding, isn't it, as I understand it, primarily?

MS ROMERIL: The special child care benefit is Commonwealth. We refer to
40 the inclusion and support subsidy, which is also Commonwealth. There is some local government funding for the Candlebark centre.

MR SCALES: But I'd imagine that would be a relatively small proportion of
45 the total funding.

MS ROMERIL: Yes.

MR SCALES: And would fade into almost insignificance compared to the Commonwealth funding.

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MS ROMERIL: That service doesn't see that as insignificant.

MR SCALES: No, I don't mean that in a pejorative sense, but in terms of total proportions.

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MS ROMERIL: Total percentage.

MR SCALES: Yes, I would imagine so. So to generalise these case studies, it does require presumably the linking between the State and the Commonwealth to find a way by which the funding could be extended across in a more universal way. Is that what you're sort of arguing?

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MS ROMERIL: The Commonwealth funding that these case study services are accessing is already available universally. Any service can apply for special child care benefit for a family that is in crisis or is vulnerable. What we're calling for is for that funding system to be supplemented by something that the Victorian Government could fund at relatively modest cost that would specifically resource what's missing in these case study services, which is the capacity for strengthening relationships with the family support services, for debriefing for the staff, the things that the Commonwealth funding isn't currently providing that would build the capacity of these services to continue to make good use, would leverage those Commonwealth funds and give the Victorian Government a lever to hold those services accountable for continuing to meet the needs of those significant numbers of children known to Child Protection and we believe it would act as an intensive to those services that are probably a bit nervous about going down that path and accessing those Commonwealth funds because they know it's going to be a stretch. If they knew there was going to be this additional state subsidy to support them with the additional work, we believe more services would be willing to take those extra steps, bring those Commonwealth resources into Victoria and start to meet the needs of vulnerable children.

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MR SCALES: So I suppose in that sense that becomes a secondary system, doesn't it, so you have the universal system which is able to draw upon the generally available subsidies that come from the Commonwealth, and you seem to be suggesting, if I'm hearing you correctly, that the way to enhance that so that it meets the particular need of vulnerable children and families, there would be this Victorian add-on, if I can put it in that somewhat inexperienced way, to meet the needs of vulnerable children and families. Is that what you had in mind?

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MS ROMERIL: Yes, but in the same service, within that universal setting.

5 MR SCALES: Yes, I understand that, but it would be a very specific requirement for that particular cohort of vulnerable children and families.

MS ROMERIL: Yes, and all the international research shows that's the model of delivery that makes the most positive difference for vulnerable children, if it's delivered in a universal setting, but specifically resourced to do a good job of it.

MR SCALES: Thanks very much.

15 MR CUMMINS: Well, Barbara and Karen, thank you very much for that very positive contribution and you're right on top of your brief.

MS ROMERIL: Thank you.

20 MR CUMMINS: Next, we're pleased to invite forward Jacinta Waugh and Kerry Antonucci of Respite Care. Please take a seat. We've had the benefit of your written submission and take it that we are familiar with it and we'd be very pleased for you to present whatever is the most convenient way for you to proceed.

25 MS WAUGH: Thank you. I'll start. Thank you for inviting us here today and listening to what we have to say about respite care. The aspect of our submission that we want to further discuss is how respite care can be made more available for vulnerable families. The points that we want to make is that we think that respite care is something that we want to have for vulnerable families, so we're not just talking about respite foster care or kinship care, we're talking about vulnerable families generally. We also want to make the point that we think it is a very good preventative measure and we also want to make the point that respite care can combat social isolation very well and it helps with connecting vulnerable children to the community and the big point that we want to make is that we would like respite care to be properly funded.

30 I'm going to start off with saying that the definition of respite care is that it is planned, ongoing, regular breaks usually of a weekend per month in which relationships are allowed to develop and connection to the community is fostered, so we're not talking about planned and unplanned emergency care, which is one-off episodes of care usually to support the needs of a crisis. What respite care does is that given on a regular basis to vulnerable families in the community struggling to provide for their children, it can enhance their long-term capacity to meet the children's needs.

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From a written submission, we've talked a little bit about the research evidence that supports this. Respite care offers potential preventative benefits for all family members, including children and adolescents, particularly those at risk of abuse and neglect, and that our own literature views strongly suggests that
5 respite care can help preserve some families at risk by preventing child abuse and neglect that leads to long-term or permanent removal of children and adolescents.

Evidence from the Child First intake system shows that 92 per cent of referrals
10 to the north-east catchment are complex that have significant wellbeing concerns and referrals from Child Protection have almost doubled over the last 12 months. So even evidence from Child First, basically which relates to the best interests frameworks of safety, stability and development, respite care we're saying there is a high need for it.

15 Some of the benefits for vulnerable children and families are that respite care has the potential to prevent problems becoming more difficult to manage and with this the associated high costs of dealing with family breakdown and possible removal of children from the family unit. Respite care is known to be
20 effective in relieving stress and gives a break and allows parents to re-energise and decreases social isolation of parents and children. Respite care provides an opportunity for children to see another way of life and enhances their resilience, stability and development.

25 What it does is that it meets the best interests framework in a way that is normative and not intrusive to the family. Children are exposed to day-to-day activities, such as shopping and going to the park, which are often taken for granted for families that are not struggling. Children are given an opportunity to see other ways of resolving conflict and negotiating relationships. It also
30 provides a backup family in times of crisis. It is a safe and familiar place for them to go in times of crisis. What respite care does, it provides a wraparound stability for the child and families who are at risk where they are unable to care for their children. It can prevent bouncing around the care system, which is particularly critical when you have significant mental health issues that can
35 have reoccurring episodes requiring hospitalisation.

MS ANTONUCCI: Jacinta has spoken a bit about the benefits directly to families, I'm just going to talk a little bit about systemic benefits of respite care.

40 MR CUMMINS: Thanks, Kerry.

MS ANTONUCCI: What respite care can do is it can provide a lower level of support similar to the Family Services support, so Family Services (indistinct)
45 possibly close working with families which provides increased throughput to

the system. This can happen because once major problems have been resolved from a Family Services perspective and the family has been linked to respite care, the family support worker may be able to close the case sooner as the lower level of support that is provided by the respite care worker may be all that is required by the family at that time. This has the potential to provide savings in the system and also to increase the throughput of vulnerable families being connected to a Family Services support. As well, properly funded respite care is likely to increase the pool of carers overall as it is often an entry point for carers into the system. Carers sometimes want to test the system out, and by doing respite they can build their confidence in being a voluntary carer.

So what do we need to do to move forward? Currently, respite care is a preventative model sitting in a tertiary system, the out-of-home care system, with mainly statutory Child Protection clients. As it remains wholly in this system, it will always be the poor cousin to longer term out-of-home care placements. The funding model lies at the heart of the challenge of change. The current model is based on the number of nights a child spends in a placement. A standard caseload for a general foster care worker is 12 children or young people. In order to meet this target with respite care, the worker has to hold a caseload of around 150 children or young people. This is because the average time of a respite placement is two nights per month. While we acknowledge that the support provided to a respite placement is not as intensive as a long-term placement, nor is it one-thirteenth of the workload. Respite placements have a complexity of their own. They need to manage contact between the carer and the family on a regular, ongoing basis and there is support provided to the broader needs of the family.

We feel that the ideal funding model would be to look at the hours of service delivery model similar to how Family Services is currently funded. It acknowledges and allows for the changing circumstances of a family and a different intensity of service over the life of a case, with recognition that there will need to be notional targets, just as Family Services currently has. We also need more relevant carer and assessment training targeted specifically to respite carers, but with the same security checks and suitability of carers that they have for all out-of-home care. There wouldn't be any compromise of the safety of children, but a more targeted training model could be cost-effective and better prepare respite carers.

There are benefits of respite care sitting in either Family Services or out-of-home care because it draws knowledge from both systems, but our wish would be that it sits as a service in its own right - this would be the preferred option - in that way we're adequately funded and resourced and would be better utilised by the community in general, we're not talking just Child Protection clients or those that have been in contact with the Child Protection system, but the broader range of the community.

In conclusion, the wonderful thing about respite care is that essentially it is about building social capital, it is about decreasing social isolation by orchestrating community connections that in time can hopefully become self-perpetuating. Respite care is a valuable preventative measure across the spectrum, as I said, not for those who have come to the attention of Child Protection because it helps to increase the wellbeing, stability and development of all vulnerable children. To maximise its true potential though it needs to be recognised, supported and properly funded.

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MR CUMMINS: Well, Kerry and Jacinta, thank you very much. That's very clear and very clearly presented, if I may say so. Prof Scott?

PROF SCOTT: Yes, just one question, and I recognise the breadth in which you're talking about respite care, but if we were to narrow in on that group of children who are currently in foster placements or currently say living with their biological parents under a supervision order, that type of situation, would there be a case for saying that the foster careworker, who is already familiar with that child, or a family worker who is already working with the family where the child is still at home might be better situated to liaise directly with a respite carer rather than have another worker who looks after respite families. I'm trying to look at this from a child's perspective and trying to reduce the multiplicity of service providers who get involved in a child's life. Rather than talking about the respite care coordinator having 100-plus children, why not respite care as an additional function performed by one of the service providers already centrally involved with that child and family?

MS ANTONUCCI: I think that that would be the ideal and I would like for that to happen and I did try to do that, but some of the challenges is in educating workers about managing carers. If it is a foster careworker, that would be fine; but if it's a Family Services worker, there is a proportion of work that they would need to skill up on. It can be done, but again it's resourced, and when it comes to the foster careworker, some of it is understanding some of the challenges of children living in the community within their family, of which they have less knowledge of. They have some knowledge, but it's not their core business, as is Family Services. I think it's definitely doable, but I think it still comes back to the heart of the funding to do it adequately and understanding the complexities of being a respite care foster careworker and knowing that you have to manage the family as well as the carer in a way that you don't have to do when you're in a long-term placement in the same way.

PROF SCOTT: Thanks.

45 MR CUMMINS: Mr Scales?

MR SCALES: Just one question, has the consortium done any work at all on what might be the future requirements for respite care, where respite carers might come from and how society can encourage people from within the community to be respite carers?
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MS ANTONUCCI: I would say most of our work up until now is in research about the actual need for respite care, not looking in the broader community as to where respite carers can come from. My own experience is that there is quite a pool of carers out there who are only able to do the weekend a month care and are unable to do more longer term care. They are definitely out there and, in fact, we get many inquiries from people wanting to do just respite care, but because the funding model doesn't adequately support it we are no longer able to recruit those carers, but they're definitely out there.
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MR SCALES: Thanks very much.

MR CUMMINS: Jacinta and Kerry, thank you so much for coming forward. That's been most clear and helpful. Thanks a lot.
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MS ANTONUCCI: Thank you.

MR CUMMINS: Finally, Mr Mohamed Nur. I think Mohamed may not be here. He may be outside for the moment. What we'll do, ladies and gentlemen, is we'll hear from Mohamed now. We're running a little bit late I'm afraid, but it's been very valuable what we've heard this morning and we'll take a half an hour break at lunch and then recommence at 1.30, so we'll see whether Mohamed is around. Well, ladies and gentlemen, we are able to hear from the Foster Care Association, so we might do that and then take the break. So Ms C, if she could come forward, I'd be most obliged. Thank you very much.
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MS C: Thank you.

MR CUMMINS: Ms C, we're pleased to take it in whatever is the most convenient course for you. What we will do is we'll study your verbal submission and the Strengthening Carers supplement out of hours, but if you could give us the essence of what you'd like to say, we'd be obliged.
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MS C: Thank you. I'll read. My name is [REDACTED] and I'm currently both a foster and permanent carer for a sibling group of four. I commenced foster caring in the early 1980s whilst being employed as a careworker at Allambie Reception Centre, which was our state's institution for over 250 babies and children. I have worked for a total of 18 years in this
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sector, being employed by both non-government organisations and DHS

We have also welcomed many, many children into our family for short-term and respite care placements.

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I am currently the vice-president of the Foster Care Association of Victoria and I spend considerable time working with staff and the board to support and represent foster and permanent carers who require assistance. I welcome this review and sincerely thank you for the opportunity to highlight the strengths in the current system and suggest some areas for further improvement to ensure the best outcomes for the children and young people in care.

MR CUMMINS: Thank you.

15 MS C: When I had to think about the most important message I think that carers want you to hear, it's to say that we need more support and that we need to feel valued. Our active numbers are dwindling and we are failing in many cases to recruit the numbers of carers we need to meet the needs of our very young and vulnerable. Why are so many foster carers dissatisfied and why are so many leaving?

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It's very expensive to be a carer in Victoria. Our carer reimbursements are amongst the lowest in Australia, yet we are expected to do more and more with these. A basic weekly payment is only a little over \$110 and for this we must purchase accommodation, household utilities, food, nappies, formulas, medicines, uniforms, school excursions, clothes, presents, sporting fees and equipment, kindergarten and school fees, toys, books, regular and social experiences, petrol and maintenance of vehicles used to transport the children to school, access meetings, social and sporting activities, just to name a few. For carers in regional areas it's not uncommon for them to travel several hundred kilometres a week to facilitate the requirements of the children in their care.

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Please don't believe that when DHS say that most carers don't want to be paid for caring. The truth is that some do and some don't. We all agree though that being a carer shouldn't be costing us money. We also agree that we shouldn't have to beg and remind for reimbursements for client expenses. We agree that our personal and family incomes should not be relevant for the means-tested services and allowances that our children in care access.

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There are significant demands on carers' time. We are expected to be flexible and available to fit in with children's activities, meetings, access visits, sick days and in some cases it's a challenge to maintain our own jobs. The expectations on our time are enormous and sometimes we feel we are underachieving if we can't attend meetings in business hours or we are forced

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to permit numerous unknown social workers to transport our very young to access visits and appointments.

5 Carers need responsive and tailored supports. Some just need a regular phone call on supervision, others need respite care or a babysitter on a Saturday night who happens to have a Working With Children Check, a police check, a huge amount of experience with sometimes challenging behaviours and who is free or at least affordable. For my family of six children, to employ an appropriate babysitter costs us upwards of \$25 an hour, so a dinner and a movie is a 10 \$180 proposition. The current one-size-fits-all attitude to carers support is not working for carers.

15 Carers need involvement in planning, answers to questions and advocacy for us and our children. We need breaks and recognitions of jobs well done. We need to access services for our children and we need experienced, competent and well-supported case managers and placement managers. We need training and forums to meet with other carers and share ideas and form relationships. We need better services from our agencies and DHS. Our children deserve to have their assessments performed and planning meetings held within timelines. 20 They need their birth families engaged with agencies and services. They need timely and responsive planning and, most of all, they need to know where they're living in the short, medium and long-term.

25 There are few allowable excuses for cases being unallocated and timelines being dragged out. If there was too much work for agencies and for DHS then they need more resources. If there are inefficiencies, they need clear supports and plans in place. Where there are inexperienced staff, they need training and supervision and where there are carers who can assist with tasks, we need opportunities, involvement, training, supervision and recognition.

30 I question the government's view that more front-line inexperienced Child Protection workers will solve any of our problems. It would be more cost efficient and potentially more productive to retrain our experienced foster carers to perform more tasks, thus freeing up placement and case managers to provide their valuable work where it is most necessary. This model works well in some of the intensive placements, Circle program is one, but not all agencies or carers are funded to be enabled to do this. 35

40 We need the workers in our agencies and working for the department to be accountable to us, we need them to answer our phone calls, respond to our requests, speak to us courteously, include us in planning and consult with us about the children in our care. We need them to follow-up on your requests and schedule meetings within timelines. We need rapid reimbursements and we need timely and skilled supervision. For all these things, they need to be 45 held accountable. They need their performance in these areas to be a

contribution to the way that they are managed, supported and rewarded.

5 Whilst foster carer is advertised to be short-term or emergency care, the reality is that almost half of the children in foster care require a home for four years or more. The current response to this in many cases is to move the child to a new permanent care family. The new placement means a lot of change and disruption for a child. It means new parents in a different house, a different community, a different school; the child must adjust to different rules and expectations, new siblings, establishing friendships, adjusting to curriculum differences; it means meeting new people and learning to fit in with an unfamiliar environment; it means retelling your story or knowing that your new parents are doing it for you; it means knowing that everyone knows you are in foster care and it means being asked personal questions again; it means feeling like you don't quite fit in for a while.

15 In many cases the child has been in foster care with a family for a significant time and in some cases the foster carer is keen to have the child remain in their family by converting to permanent care. In many programs there is a cultural resistance to enabling such conversions and carers must advocate strongly to be assessed. The permanent care programs recruit carers directly from the community and feel some sense of obligation to match them to available children. The roles of recruitment and assessment seem at conflict and often foster carers make complaints about not being considered for permanent care placements initially.

25 In cases where conversions are undertaken, carers must be assessed in lengthy and stressful processes by yet more workers who don't know them or the children in their care. The cumbersome assessment of families who are already well-known and supervised is far in excess of the scrutiny that new carers would be subjected to. This is resource-intensive and costs several thousands of dollars, which could be saved if the programs are inclusive of all phases of care.

35 In other cases where it is clear that children would require long-term or permanent planning, they are placed with families who can offer only short-term care or where the carer demographic is inappropriate for permanent consideration. The system operates program silos which duplicate each other's assessments and reports and in many cases they are uncomfortable about flexing their somewhat territorial boundaries or sharing information.

40 Carers are told that foster care is not family-making, yet many children remain with their foster carers permanently. Recruitment, training and supervision in foster care is geared towards short-term care and in many instances carers leave the system after poor experiences of emotional support relating to their attachments to longer term placements finishing.

In our system of many doors to caring, we duplicate and make complex and time-consuming tasks which could be dealt with far more efficiently and cheaply. Many children experience multiple placements, not due to
5 breakdowns, but due to the way the system offers placements which equate to various time frames; for example, emergency, long-term, permanent. Other children remain in foster care for unnecessary periods whilst their carers are reassessed for their permanent care. The carers now have an additional team of workers assessing them concurrently with their foster care supervision. The
10 cost of this must be extraordinary, not only in financial terms, but most certainly in emotional terms for the child and their carers. It becomes almost ridiculous when you consider that some carer families of four multi-aged sibling groups or several unrelated children can be foster carers, permanent carers and foster to permanent care transitions all at the same time.

15 Ongoing supports for permanent carers are very hard to obtain and this places great strain on children, families and our broader community. In many cases, the children in permanent care have been severely traumatised and may have challenging behaviours or additional needs. In many cases, the birth families
20 have been threatening towards workers and carers, yet carers are expected to facilitate access with these families in the community. Why are those offering to include these children in their families offered so little support to do this? Early intervention with vulnerable families is important, but withdrawing support from existing clients once they enter permanent care can be equally as
25 damaging and dangerous.

A recent report by Anglicare identified that 84.1 per cent of children have a sibling in care in a different placement. 42.6 per cent of their sample was separated from all of their siblings in care. There are only a few good reasons
30 for this, whilst most are a result of the difficulty of recruiting foster and permanent carers who will accommodate sibling groups or the inadequate supports offered to those carers responding to the needs of larger sibling groups. As large sibling group carers, we are frequently challenged by systems issues and financial constraints which apply only to sibling groups. For
35 example, a carer family who is offered both foster and permanent care placements to a sibling group who have come into care at different times may be considered as a foster carer to only one child. In these cases, despite keeping a sibling group of three or four or more together, we are considered ineligible for large item placement support grants or increased carer payments,
40 as some of the children are in permanent care. There are families, like mine, who have bought larger vehicles and built extensions on our homes or given up our jobs in order to accommodate the needs of larger sibling groups, yet these extraordinary additional costs are rarely recognised by the government.

45 We know that the basic carer reimbursement really doesn't reimburse, but only

contributes towards the care of the child. As carers, we understand that our government expects us to pay significant money for the privilege of caring for our state's children. We know that it is increasingly difficult in this economy to find more people willing to pay to be a foster carer. Carers of siblings merely double, triple or quadruple this massive financial donation.

Foster care is the only volunteering which is 24 hours a day, seven days a week and where you are also required to spend your own money in the role of volunteering. It's a bit like working for free and then paying the community some money each day to be able to keep doing it. The Federal Government gives some families additional money to the carer payment, but as these are means tested carers receive vastly different amounts. If you care for a baby, DHS require one parent to stay home full-time. This means that those of us who have our own children or other children in child care are ineligible to receive the 50 per cent non-means tested child care rebate. One day of creche for one of my children costs me \$90 and we have four children accessing child care or long day care kindergarten services each week. Why are we ineligible? Because I don't work or study or volunteer for 15 hours a week. Volunteering 24 hours a day as a foster carer doesn't count.

The child care benefit also provides subsidies to child care and long day care kindergarten children, but this is means tested on the carer's family income. This means that a child placed with a medium or high income foster carer will pay a lot more per day for child care than one placed with an unemployed carer, for example. Who pays the extra in this case? The foster carer. Not the government. In practical terms, one carer might pay \$19 a day for child care, whilst another pays \$90 a day. Multiply this by a couple of children and you can see why the carer payment of \$110 a week is so inadequate.

Our permanent care children don't get health care cards, so again we pay full price for all medical services. We also don't get priority access to kindergarten and early childhood day programs for our permanent care children because they don't meet the "currently at risk" criteria. Yet, other families in our community have had the luxury of their children on waiting lists since they were born. Children in care are discriminated against and marginalised by a government's eligibility criteria which we should expect would respond to the children it has a legal responsibility for.

The flow-on effect of all of this is that as carers we are an advertisement for caring and our friends and families see the strain this places on our lives. As we know that word of mouth is our best recruitment tool, the system is really shooting itself in the foot. Many families who might have once considered caring now see they are unable to afford the responsibility of another mouth to feed. The demographic of carers is changing and this brings with it its own challenges.

5 If the current lack of support to foster carers continues, our numbers will
continue to decrease, providing opportunities for private operations to provide
the so desperately needed placements. They will charge the government three
or four times as much per placement and carers will transfer to them in order to
be better reimbursed, trained and supported. The time spent debating how little
government needs to spend now to retain us will have been a waste of time.
This has already happened in the United Kingdom, Western and South
Australia.

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Our daily contact with carers at the Foster Care Association of Victoria via our
Carer Information and Support Services, identifies the challenges and obstacles
for carers, it also highlights the love and dedication our carers have toward the
children they've welcomed to their families. We are a very precious resource,
15 not only to the service system, but to these children, teenagers and babies. The
system just needs to make it easier for us to help and it needs to be more
attractive to prospective carers.

20 We look forward to working alongside our new government towards a more
compassionate and more responsive service system for Victoria's vulnerable
families and the carers who support them. We sincerely welcome this Inquiry
and will watch eagerly for your recommendations. Thank you for your time.

25 MR CUMMINS: Well, Ms C, thank you very much for that. You've
obviously put a lot of thought and care into that very articulate submission.

MS C: Thank you.

30 MR CUMMINS: We'll publish it on our website and we're most obliged to
you for it. Do you have any questions? It was very comprehensive.

PROF SCOTT: It was very clear and very comprehensive. Thank you.

35 MS C: Thank you.

MR CUMMINS: Mr Scales?

40 MR SCALES: I just have one. I mean clearly we could talk to you all day
about many of these issues, so please understand that - I'm tempted to do so,
but I know that we won't have time. There is one issue, given that - this
particular submission anyway - is primarily focused upon supporting foster
carers.

45 MS C: Yes.

MR SCALES: Has the Foster Care Association of Victoria done any substantial work on the actual cost to families of foster care?

5 MS C: No, we haven't and I think that's a worthwhile piece of work. We've actually recently put some money into funding a research paper which I've attached about what carers actually need in the way of support. I know this morning while I was retyping this I actually worked out what it's cost my family just in the car, the extension and the lack of income and we're looking at three-quarters of a million dollars. Each family clearly is going to be different, 10 depending on the sort of care that they're providing and the time frame in which they've been carers. I think it would be a very useful piece of work.

MR SCALES: Certainly from my point of view it might be helpful, if you were inclined to do so, to ask the association whether they might be inclined, 15 even if not to do that work, to maybe give us a couple of case studies.

MS C: Yes.

MR SCALES: Even your own might be of real interest to us I think, so there would be a spectrum of possibilities here: one would be a reasonably 20 well-articulated analysis of what it might cost an average foster carer to be involved in caring for a child; another one might be at the other end, which might be easier to do, some case studies that look at what's the assessment of individual families that might belong to the association in terms of what it 25 might cost in actual sort of dollar terms, including the point you make about - my term, not yours - the opportunity cost of doing so.

MS C: Yes.

30 MR SCALES: So something like that would be helpful and if you felt inclined to provide that to us, I think that might be helpful.

MS C: We would love to. Thank you very much for the opportunity.

35 MR CUMMINS: We'd like to hear from you on that progressively.

MS C: Great. Thank you very much.

40 MR CUMMINS: Ms C, that's been most thoughtful and very well prepared and presented.

MS C: Thank you.

45 MR CUMMINS: Thank you very much, Ms C. Ladies and gentlemen, we'll take a half an hour break for lunch and we'll resume at half past 1. Thank you

very much.

ADJOURNED

[1.01 pm]

5 **RESUMED**

[1.32 pm]

MR CUMMINS: Ladies and gentlemen, if it's convenient to recommence at 1.30. If Margaret Ryan and Max Jackson would come forward, we'd be much obliged to see you. Thank you both. I hope you're warmer in here than you were outside.

MS RYAN: Yes, thank you.

MR JACKSON: Decidedly so.

15

MR CUMMINS: Thank you both for coming forward. We'd be very pleased to hear you in the sequence that is convenient to you.

MS RYAN: Thank you very much. My name is Margaret Ryan. I'm a partner in Jackson Ryan Partners and this is Mr Max Jackson, who is the other partner. We're a small consultancy who specialise in - the basis for our being here today is our work in disability and family advocacy. I have a long history in social research and public policy and around the area of family advocacy, and Max has worked extensively in senior management positions in the public sector and then in his own consultancy and more recently over the last couple of years in Jackson Ryan Partners.

The basis, as I mentioned, for being here today is our work in the disability area and we're wanting to put forward to you what we consider to be two high level policy considerations for you. The first one is the proposition in our consideration that any family where there is a child with a disability is an at risk family. Over the last 30 years, particularly since 1981 when the ABS did their first survey of disability in caring, there has been considerable evidence, and including the work done by the Australian Institute of Health and Welfare, who have a functioning disability unit and as well they have areas specific to children and there are studies from the Australian Institute of Family Studies which I put forward would support the proposition that families where there are children with disability are disadvantaged and at risk families.

Also to support this, in the Commonwealth-State National Disability Agreement, one of the three high level outcomes of that agreement is that families and carers are well-supported. The fact is, however, that families with children with disability receive very little consideration in public policy. As an example of this, in Victoria when the Disability Act was being developed and it came into being in 2006, very little regard was paid to children with disability

and their families, such that in a 250-page piece of legislation the word "children" appears around about five times and it took very extensive lobbying and determined lobbying at the committee stage to have principles around families to be inserted into that legislation. As I understand it, children with disability are over-represented in the out-of-home child protection system, though I don't have any figures to support that, but certainly I know that in New South Wales it's been recognised and I've got nothing to lead me to believe that it's any different in Victoria. What I'm putting forward is that there needs to be legislation specific to children with disabilities and their families developed in the state of Victoria to correct the imbalance in public policy for this specific cohort of our population.

The second area I'd like to focus attention on is the need for population-based planning for services. We have done some extensive work around this concept in disability. It's something that we've lobbied for, it has been taken up at the federal level, it's been taken up at the Productivity Commission inquiry into disability services or disability care and support that's currently under way and again in the National Disability Agreement there was reference to the need for population-based planning. There has been extensive work done, and very good work I would say, in the disability area by the Institute of Health and Welfare, it's more been around need perhaps rather than the demand for services, but they've got well-developed concepts around met need, unmet need, unmet need and then unidentified need. I would suggest to you that when you're looking at demand for services, it needs to be very precise in terms of what's meant by this because you can have unexpressed demand for services.

I just want to give a little example of where things sit with disability in Victoria here. We have what's called the Disability Support Register, which is a way of people expressing demand for services. However, as it currently stands, it's only if you have an ongoing need, as in an immediate need, for services. So people can't actually identify, "Well, in five years' time we will be looking for accommodation, a different form of accommodation than what we have now." The current government has given a policy commitment to look at this, but again in terms of planning for demand for services - but again I get quite excited about population-based planning for services and I'm not someone who requires that there be perfect data because if we're going to wait for perfect data we'll never do anything - but there is I know what I call good enough data or good data and this can be obtained by integrating various data sources from government. For example, in the disability field we have the Survey of Disability, Ageing and Carers, but you can supplement this with information from Centrelink data and then you can also look at it in terms of what happens in education, what happens in transport to identify the potential population with a need for services and then segments within that population.

Again, in terms of looking at making a population-based planning for services and identifying the potential population, you have to be very clear around your definitions and I think you need only look at the various definitions around the age of a child and even within the Child, Youth and Families Act you've got a
5 whole range of services there. As another example, when the Institute of Health and Welfare does their children with disability, it's children from nought to 14, and in some ways your Centrelink data on the disability pension doesn't start until the person is 16, but at 16 they become eligible for a part-pension, so you need some really high level expertise to integrate the
10 various data sources which are around to start planning for services, but again particularly in the human service area I submit it does need to be population-based data.

The other advantage of population-based data is that then you have a real
15 benchmark against which you can measure resource allocation. So often you see reports which map what services we have, but you don't have anything real to tie them to in terms of being able to evaluate the adequacy or otherwise of services. Again, with resource allocation, I think it's quite difficult in some ways in Victoria because we have three metropolitan regions which account for
20 something like 73 per cent, certainly in the disability services area, 73 per cent of the population and then you have five regional areas, you might call them non-metropolitan areas, and they're only 27 per cent of the population. So getting that balance right, and it's not a matter of do metropolitan areas get too much, but you need to have a firm grasp of what the population is, the potential
25 population for services and then what is the actual service allocation and where are there gaps.

So I would urge this Inquiry to recommend to government that
30 population-based planning become the basis for estimating the future demand for services. So that's the two things that Jackson Ryan Partners are putting to this Inquiry, one is that there be specific legislation for children with disabilities and their families, and the second one, that population-based planning become the basis for estimating the future demand for services.
Thank you.

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MR CUMMINS: Margaret and Max, thank you very much for that.

MR JACKSON: Can I just - - -

40 MR CUMMINS: Yes, please do, Max.

MR JACKSON: Just add emphasis to the point that Margaret made about what we believe ought to be legislation established particularly or specifically for families for children with disabilities. The previous government rejected
45 that notion when we put it forward to them. I think it is important to recognise,

as I'm sure you all do, that there is legislation specific to children in other areas, whether it's education, the Children and Young Persons Family Act and all the rest of it. We would argue that the needs of families with children with a disability are generally different from the needs of families with adults with a disability or, indeed, adults themselves and we believe that this would go a long way to focusing on the needs of families and their children with a disability. Without it, as Margaret has indicated, the current Disability Act in Victoria virtually ignores children and focuses almost entirely on services and the processes related to adults with a disability.

10 I think the other important point to make too, and Margaret made reference to the Disability Support Register and accessing that which is based on current need, but I think it's also important to recognise that if you were to look at the access policy as established by the Department of Human Services in this state, 15 it's a 100-page policy, but in essence it's what we would argue is a diversionary policy from specialist services and, indeed, more towards community-based services, which we don't disagree with, I might add, but I think there needs to be a recognition and a process for ensuring that people whose needs, that is family and families with children with a disability, whose needs are 20 specialist-based in fact are able to access such services. The current access policy and the current funding model in our opinion diverts those families and children away from specialist services.

MR CUMMINS: Thank you, Max. Thank you both very much. You've touched upon two matters close to the Inquiry's heart, one is policy and one is data, so I'm very pleased to hear that and you've identified a matter which is very important, so thank you both. Prof Scott, any questions?

PROF SCOTT: Yes, I have. I'm not sure if it's a question that you think you might be able to address, but it is that group of families who have cared for a very disabled child, or perhaps even several children, and reached the end of what they feel they can cope with and those children may be placed in a respite facility, but once it reaches a point where the family really does not feel that they can continue in that caregiving role, in that full-time caregiving role, these children enter the statutory child protection system, not because they've been 35 abused or neglected, which is experienced as a very stigmatising and very hurtful experience by these parents.

40 Would you see it as appropriate for children who need long-term care due to severe disabilities and that that care can't be provided within their family, would you see disability services as being equipped to provide that post-radical deinstitutionalisation - I'm aware of the background here - rather than for those matters to become statutory Child Protection matters. Do you have a view on that?

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MS RYAN: I believe very strongly that it's a disability service that needs to be provided. But again, Prof Scott, you're getting down to the nitty-gritty of the access policy and the Disability Support Register and the severe rationing of services in Victoria and the families who relinquish a child such as by
5 leaving that child in respite, it's because that's one of the criteria that will get you support. I know it's very circular and that that child then enters the child protection service, or how ever it happens.

I mean actually my - and this is a little bit of a diversion - but my biggest
10 consideration is children with a disability who go into the child protection system some other way and there is not that integration of disability services and the kind of planning and the rights basis of the Act for them, which I think underpins why we would like to see specific legislation for them. Again, that
15 particular thing comes down to money and resource allocation and what we've called the scant regard paid to families with children with a disability because there's been so little attention paid to really the care of a profoundly disabled child within the family home and we have had experience with a number of families and with multiple children and it's just incredible the lack of support that's available for them, but Max?

20
MR JACKSON: Prof Scott, yes, I'd support Margaret's comments. I'd probably go a little bit further, however, and suggest that it's always important in our opinion, I believe, to look at what we would argue is the primary or presenting issue and if, in fact, the primary issue is disability then we would
25 argue that the primary service provider ought to be that service which provide disability services.

I think just as an aside too, Margaret and I have done some work in the Youth Justice Service which, of course, includes younger people. Just as I'm
30 sure you are aware that our prison system has many, many adult prisoners with a disability. Anecdotal evidence suggests to us that there are in fact many, many young people in the Youth Justice Services who also have a disability.

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MR CUMMINS: Undoubtedly so.

MR JACKSON: Yes, and we would probably argue there, notwithstanding those who may have committed some crime to see them be placed in that service, but we would also argue there that there needs to be a lot more attention given, probably through the Department of Human Services, to
40 addressing the disability needs of those clients as opposed to the custodial needs.

MR CUMMINS: Mr Scales?

45
MR SCALES: Why do you think that the Anti-Discrimination Act doesn't

cover the point which you're trying to make in relation to a separate legislation for people with disabilities?

5 MS RYAN: Some of that would be historical, but I don't believe that people see the Anti-Discrimination Act - and there is a federal Disability Discrimination Act, Anti-Discrimination Act and then there is the state-based ones - but we're talking more in terms of service provision for people with disabilities and children and their families.

10 MR SCALES: But the Anti-Discrimination Act is meant to cover all of those things. I mean what we try and do in society, of course, is rather than segment society and have legislation for every cohort, we try and have overarching and universal legislation to try and cover all cohorts so that we don't miss people in the process. So I'm just trying to get to the heart of why you think it is that a
15 very specific set of legislation is required for those with disabilities?

MR JACKSON: I think there are two points I'd like to make. The first is that I don't know why the anti-discrimination laws wouldn't cover that. All that I can suggest is that it may well be - and certainly based on our experience - that
20 the emphasis with children with a disability is always placed on the family as the primary carer and therefore the emphasis is placed on the family rather than the child.

I think the other point that I'd make is that I would argue the same question ought to be put as to why there is a need to have separate legislation in regards to education or particular mandates in the industrial laws regarding the employment of children, or in fact the issue of child protection. Surely the same arguments would apply if in fact it is society's and government's intention to have one set of legislation covering all cohorts, then why is it that we feel
25 the need or see the need to have special legislation specific to children in certain areas, but not disability?

MR SCALES: Well, I mean I could answer that if you wish, but I mean in general it's because the two bits of legislation you described is not about the
35 particular issues to do with the cohort, it's about the service itself and legislating the ability of the provision of that service. Similarly, with industrial legislation, it's again focused on the nature of the Act rather than the individuals that are involved, whereas the Anti-Discrimination Act is making all of those laws available to all citizens. But anyway, you've answered the question, so that's fine. Let me ask you the next question then which relates to that. What would the specific legislation look like if you were constructing it? What would be the constituent parts?

45 MS RYAN: Again, this would come down to looking very specifically at definitions of the child, of the young person.

MR SCALES: Forget about the definitions, give us a general sense of what you had in mind. What would it cover if there was a specific set of - - -

5 MR JACKSON: Certainly off the top of my head - and it's a very complex question I'd have to say - but certainly off the top of my head I'd argue that it needs to have a very significant section about the role, responsibilities and authorities of families. As Margaret indicated before, I think there are five principles out of about 20 or so in the current Disability Act that make
10 reference to families, but some aside-type reference, and there is no mandated responsibility for a service provider to actually include families, it's more a suggested approach, so I'd argue that certainly one significant section ought to be that relating to families.

15 I think another section may well be relating to service provision, which might include education and early childhood services, which of course is currently neglected in the current disability legislation. Other than that, I'd certainly want time to think about it, but I do believe that a piece of legislation dealing with families and children with disability could well be constructed to ensure
20 better service provision and greater protection to the vulnerability that exists for those families and children.

MR SCALES: In relation to your need for a population-based planning process, is there anything that differentiates the population-based planning
25 approach in Child Protection from the way in which you consider population-based planning in other service delivery areas?

MS RYAN: I'm not particularly familiar or familiar with the Child Protection, how they plan their services. I am working on the assumption that their child
30 protection services have come about in a similar way to disability services and other family-type services in Victoria where a lot of them have come about because there has been groups of people who have got together and lobbied for particular services in particular areas. I think this is a reason too, we don't have population-based services planning for services at the moment because they
35 talk about new developments and the lack of infrastructure in those areas and that's why I stress the need for population-based planning for services. But, again, what I would submit to you is that there would be people in Victoria who have a good knowledge of what a child in Child Protection and their family circumstances, what they look like and then you could start trawling
40 through the data that is available to see how you can match that to the child and family population.

MR JACKSON: As I understand it, the planning for Child Protection includes the planning for specific and targeted service-type supports for children who
45 are vulnerable as a result of the need to have them protected and also the

supports for those families. In fact, we're dealing with an agency at the moment that provides that very sorts of service. Whereas my view is that the trend in recent years in this state in regards to disability has been away from specialist service provision towards the more generic service provision and I think with that move then in fact the planning has diminished in terms of specialist service availability and so I'd argue that just as I understand Child Protection does have a specified approach in regards to specialist services, that ought to be the same basis for planning for disability.

10 MR SCALES: Thanks very much.

MR CUMMINS: Well, Margaret and Max, you'd be most welcome to put in a couple of pages to us if you would like on Mr Scale's question about the legislation. I don't suggest for a moment you need to burden yourself with writing a statute or covering all the various details, but perhaps just the thrust of it, the essence of it, would be very helpful if you had a bit of time to think it through, a couple of pages, send it in and we'd be most obliged.

20 MR JACKSON: We'd be most pleased to do that. Thank you for the option.

MR CUMMINS: Good. It's very good to see you both. Thanks a lot Margaret and Max.

25 MS RYAN: Thank you.

MR CUMMINS: Next, I'm pleased to invite Ali Taha to come forward. Welcome, Ali. Just take a seat and we'd be very pleased to hear you.

30 MR TAHA: First of all, my name is Ali Taha from the Islamic Council of Victoria. The Islamic Council of Victoria run a number of services for the Islamic community in Melbourne, in Victoria. We are the peak representative body in Victoria and over the last 20 or 30 years, with volunteers mostly, we have been able to effect a positive change in our community. I want to thank the organisation Care With Me for bringing this to our attention and I'd like to thank the Inquiry for the opportunity, of course.

MR CUMMINS: You're very welcome.

40 MR TAHA: Thank you. I'd like to apologise on behalf of Mohamed Nur, who is on our board. He was here today but got called into work, an urgent matter, such is the nature of our organisation, the Islamic Council of Victoria, a lot of us are volunteers and so family commitments and work commitments and other commitments sometimes have to come first, unfortunately.

45 MR CUMMINS: We understand that.

MR TAHA: There is a lack of advocacy on behalf of these vulnerable kids and we aren't resourced enough to be doing this work; however, we can play a little part we feel and that's what we're doing. There are organisations or
5 government departments that obviously are more resourced and able than we are and that gets into the whole funding issue, of course.

I'm here because I care obviously, as most people here would, and I recognise the importance of attending to cultural and religious needs of kids in
10 community care. My work with the ICV, I'm a prisoner support worker or a prisoner mentor. I work closely with the prison chaplains, and not just the Muslim chaplains, but the chaplains of all faiths, the multi-faith chaplaincy team across all the Victorian prison locations.

15 In the last two or three years since I got involved, I've seen a positive side and a negative side of engagement with culture and with religion. A lot of the guys that I work with, a lot of the men that I work with, they've been through a particular period in their life where either circumstances have presented themselves to them or they've gone and done the wrong thing, but one way that
20 they seem to realise what they've done and move on is to link or connect with their culture and connect with their religion. Normally you notice a big gap in their childhood where there was no connection with their culture, there was no sense of belonging and I guess having that sense of belonging, you don't seek another group or a gang to have that sense of belonging. Everyone needs a
25 sense of belonging, especially kids, and they're going to seek it if it's not given to them.

There is the long-term effects of not supporting and not linking these kids with their culture, there is a financial burden on the state, on the taxpayer paying for
30 all these men to be in prison. Now, I look at it and think we're working with these guys now, we support them post-release, but what about prevention. Obviously you can't allocate all their problems to one issue, but what I can say is that the burden on society is much greater than any financial cost and it's one that you can't put a monetary value on. We're working now with these guys to
35 reintroduce them to their culture and to relink them with their culture, but I ask myself often had there been this link in their childhood, would they have been here today? Most of the time I answer no.

At school, growing up - I'm 29-years-old, so I was at school not that long ago -
40 and one of the things we learnt about was the stolen generation and Kevin Rudd came out and apologised a couple of years ago. I'd hate to see, as a proud Australian now, our Prime Minister in 30 years time having to apologise to a particular generation or group for something that we've inflicted on them now. Taking away culture or not providing that cultural link to kids in
45 community care, I feel that that's a risk we're taking.

Kids that are in detention, often I hear stories about - and I've visited kids in detention centres - there is absolutely no cultural link whatsoever and it's a big concern for me because these kids are coming from one extreme to the other.

5 There is a sense of loss, a sense of confusion and I really feel that the plight in detention centres is a lot more serious than in the prison system obviously, but whether they're in community care or in detention, we have a responsibility to ensure that their rights are given to them and that should be that they have access to learning about their culture and about their religion. There is good

10 and bad in every culture and I feel that as kids being our future, if you want to change the world, do it through our kids. I fear that culture is something we're losing and often it's spoken about that we should assimilate to the Australian culture. I think the Australian culture itself is made up of many cultures, and that's the beauty about the Australian culture, so why would we want to take

15 that away? We're actually affecting the future, our culture is ourself.

The solution I see is more funding made available to organisations such as Care With Me. The ICV works closely with Care With Me and the Red Cross and other organisations, but there's only so much we can do without funding

20 and this isn't a good example of consulting the community, but I think again Care With Me are a good example of the community working with the community, understanding the community itself. So I'd like to really make a point of that and I know of a couple of cases recently where the government has pulled back funding from community organisations that work with local

25 people in their area. I think it's appalling, the amount of money that gets spent on other things is extreme in some cases, and yet you hear of a government worrying about a \$150,000 grant, or they've stopped a very small amount of funding to an organisation that's been around for 10 years, worked with over 10,000 people. I find that absolutely appalling and I believe that it's people in

30 the community, not government, that should be making these decisions about funding and where funding should go or who it should go to.

I said I'm going to keep this short, so I will. Again, thank you for this opportunity. As I said, our kids are our future and I really believe that working

35 with the community is vital in educating yourselves (indistinct) in government about the real needs of our community.

MR CUMMINS: Ali, thank you very much for that. It's most important that we hear the voice of your community, so thank you for coming forward and it's

40 very valuable to us. No questions, Mr Scales?

MR SCALES: Just one. Mr Taha, you argued for more funding for cultural organisations like the Islamic Council. Are you arguing for the funds so that you can both promote and advocate for the rights and needs of people from

45 culturally diverse backgrounds being met? Is that the nature of the funding that

you're looking for?

MR TAHA: To an extent, yes. I am from the ICV. The ICV itself works in particular areas and there are other organisations in a better position to work
5 with vulnerable kids, so I'm advocating for funding for not just the ICV, but for any organisation that is prepared or able or willing and able to work in this area.

We at the Islamic Council of Victoria, and this is a general feeling amongst
10 members of our community, we feel a strong urge not just to provide these services to the Muslim community, but to the general community. We want to give back, we want to contribute. In often working with prisoners, we're open to working with non-Muslim prisoners too, if we have the resources, absolutely. So I'm not here advocating for a particular organisation as such.
15 Care With Me is probably a better situated or better organisation to work with with these kids, but yes, that definitely plays a big part.

MR SCALES: Thank you.

20 MR CUMMINS: Ali, thank you very much and very good wishes with your mentoring, most important work.

MR TAHA: Thank you very much.

25 MR CUMMINS: Mr W, thanks very much for being here. I know you've been here a fair while, so thanks for your patience.

MR W: That's quite all right. This man's helping me.

30 MR CUMMINS: You're both most welcome. Take a moment. Take a seat.

MR W: Before I start, I want to say - well, there is four lots: one, when I was a kid, especially when my granddaughter was kidnapped by the what's a name, Human Services, and also I would like, which I'm going to put to youse now,
35 to withdraw funding from the Salvation Army, from all the other institutions and have an inquiry into activities.

Now, my name is [REDACTED] I was born on [REDACTED]. At the age of nine days, I was admitted to Broadmeadows Babies' Home where my mum was paying for me and because she could not keep up the payments, I was
40 claimed by the Catholic Church and so my mum abandoned me. I was at Broadmeadows for three years. A lot of babies died through diseases, which it wasn't the home's fault anyway. At three-years-old, I was transferred to St Anthony's at Kew and I had to have a medical certificate to prove I was all
45 right and on that medical certificate there is only one word, I was sane. If I

was insane, they wouldn't have send me there.

At six-years-old, I was sent to St Joseph's Home, Surrey Hills, and that was bad for me. Of a morning, if I held a pencil wrong, especially wintertime, I was hit
5 across the knuckles, and somehow or other I must have said something very bad to the nun, I was grabbed by the hair and dragged out into a basement. I was there for a number of days where rats bit me and took the top off my left thumb, it's missin'. I finished up in hospital.

10 At nine years three months old, I was admitted to St Augustine's. I don't know how I got there. I believe I was doped and I woke up in a dormitory. Second day at school, I was scratching meself because I was itchy and a heavy, wooden duster flew and hit my head and knocked me down and the teacher
15 come up to me and said to me, "If I see you playin' with yourself you're goin' to cop this," and bang on the thing. The first nine months at school, I was severe punished because I had my hands under the desk.

Now, when I was about 14, I again was physically assaulted. I was sex
20 abused - which I don't like saying it - but anyway I was sex abused and we went on a cadet camp. It wasn't my fault. We got out of bed early at 5 o'clock, which we was told not to get up until we're called and when we got called out of bed, had my pillow fight and feathers all over the place, we were lined up for four hours, it was a freezin' cold morning, but it was summertime, and we were marched down to dig a big trench, pick and shovel. I had a pick and my
25 best friend had a shovel. As I raised the pick, he came towards me and I said, "Keep back. Keep back." Without me knowing, he come up behind me and I picked up my pick and I drove it into his hair and I got the biggest hidin' I've ever, ever had in my life. I was kicked by this Christian brother. I was picked up over his head and he threw me to the ground, he threw me to the ground and
30 he left me laying there until some of my friends dragged me to the hut.

Now, when I turned 15, the day I turned 15, I was kicked out and I was sold to a horse trainer. I worked for him for two years where I was physically
35 assaulted, no wages and used as a slave labour. At 17-years-old, I was on the streets, I was on the streets. I had nowhere to go. There was no backup service. No Social Security. No nothing. But I earned a livin' by thievin' and, I must say, I did learn to trade and the trade was I was a professional pickpocket, so I was never short of money. Then I went on into the army and so forth, but I must say it seemed very strange to me, a private admission, I
40 wasn't under the State wards. I wasn't a State ward. I was private admission. That's what I was and life went on.

In St Augustine's, I'll mention a name now, in St Augustine's I never received a birthday present, or happy birthday, or Christmas presents. I received nothing.
45 All I got was bang, bang, bang, whack across the backside. Sits across the

desk, pull me pants down and there was pennies in the straps, and it hurt. It finished up I had to make out I was crying, I had crocodile tears runnin' out me eyes so I wouldn't get severe bashings and that was my life story at St Augustine's.

5

Now, the second thing I want to say to youse people. My learned friend, who is going to read out from this here about the kidnap of my granddaughter by her service department, which that really hurt me.

10 MR CUMMINS: Well, if she's gone through the Children's Court, keep it general, thank you, so we can understand. We've followed what you've said, you've said it very clearly, so thank you for that, Mr W, and we understand that every single child needs to be treated properly, we understand that. So just tell us the main point of this, if you would.

15

MR W: Yeah, the main points, it's all in there. It's about my daughter.

MR B: Where do you want me to read?

20 MR W: Start right down.

MR B: From there to there?

MR W: Yeah, speak loudly.

25

MR B: About two weeks after [REDACTED]'s death and [REDACTED] was just going on to 18 - - -

MR W: That's my granddaughter and my daughter.

30

MR B: - - - a bloke came to our front door one night and asked if my daughter was - - -

MR W: No, no, that's not it.

35

MR CUMMINS: Take a moment.

MR W: Somehow or other it's mixed up. It's back here, here.

40 MR CUMMINS: Just keep it general, thanks.

MR W: Yeah, we will, mate.

MR B: No, that's where you just showed me.

45

MR W: Okay. I'll have to explain it then.

MR CUMMINS: You tell us, but leave out the details.

5 MR W: Okay, sorry about this balls-up, excuse the expression anyway.

MR CUMMINS: That's all right.

MR W: What actually happened, my daughter, she had a baby in the
10 [REDACTED] because she had problems with her boyfriend, she walked out
of hospital and left the baby behind, but it was only for a couple of hours.
Then the Mercy Hospital said, "Oh, we're going to send you to Banksia House
to learn motherhood," which she already knew motherhood because I had three
15 other daughters. So while she was in there she said to me, "Listen, I'm going to
lose my baby. They're going to take my baby away from me." I couldn't
believe it, so anyway when I found out they're going to take her baby, because
she suffered from depression earlier, on her mum's death, she suffered from
depression and that's why she was under treatment, she was under treatment.

20 So anyway, the day, they had a meeting, the Human Service Department in
Banksia House. I was there, my daughter was there and my other daughter,
[REDACTED], she was there also and they told me they're going to see who's
going to be the carer of the baby. When they questioned me about it they said,
"No, you're too old. You can't look after a baby. We want somebody else to
25 look after the baby," and they had the parents from the other bloke who was the
father.

So anyway I said, "Well, I'd like it adjourned until I can get some legal
representation, a barrister," which then I'd already made arrangements for a
30 barrister to be there to help me. So anyway, when they had the meeting the
doctor got up - the witch doctor I called her at the what's a name - she said my
daughter refused to look after her baby, she refused to do anything with the
baby, refused to feed it, refused to get up at night-time. "In fact," I said to the
doctor, "isn't it a fact that you gave her Serepax pills and all these pills to stop
35 her lookin' after her kid," which she did, and it's in, all written down. Then
Human Service got up and swore black and blue under oath and said that my
daughter refused to go for her medical appointments, which I took her every
time, and they told a pack of lies about my daughter just to get hold of that
baby.

40
Now, after the baby was awarded to the other parents, which the son was
charged with sex offence and got seven years gaol and the other son was full of
drugs and he got years in gaol and they said I was too old, they gave it to the
other side, although they were the same age as me, so what was the difference?
45 Then on top of that, what actually happened then was they threw my daughter

out of hospital, didn't even check to see if she suffered from depression, didn't even check to see if the birth of the child affected her or anything like that. Gave her no medical attention whatsoever, threw her out and she's layin' on the floor and saying, "I want my baby. That's my baby," and she bawled her eyes out, "I want my baby." Nobody helped her whatsoever.

I had to go to her. I had to help her and she said, "I'm going to kill myself. I'm going to kill myself." She went home. Every night for weeks and weeks and weeks I laid awake to make sure she didn't leave the house, she'd do damage to herself and this night I fell asleep, I woke up, the phone rang, it was the police from Heidelberg. They said, "We've got your daughter here. She tried to kill herself. Throw herself under a car."

Now, that kid, my daughter of mine was going to kill herself and then she was put in Human Service in care, she's still in care, she's still in care. But she comes home every day and we talk and that and she doesn't want to see her baby. Sometimes I trick her, well she's six-years-old now, sometimes I trick her and say, "This came from [REDACTED]," and when she does see her child she's quite happy. But she doesn't want the kid back and I don't want the kid back now because it wouldn't be fair to take that kid away from that family. It wouldn't be fair to do that, so that's why I don't want to do anything about it. But I really want a full investigation, which I tried to get help. Nobody wants to know about it. I want a full investigation on the Human Service why they took that kid away and lied and swore under oath all this happened, which it was full-on liars.

MR CUMMINS: All right, Mr W.

MR W: Now, just one more little thing.

MR CUMMINS: Yes, one more.

MR W: Yeah, just one more. This is my last wish and I hope it happens. My last wish, can you read this out for me, [REDACTED], please, and read it loud and clear.

MR B: Which one, all of this?

MR W: Yeah, it will only take a couple of minutes.

MR B: I have made arrangements with my - - -

MR W: Speak up.

45

MR B: I have made arrangements - - -

MR CUMMINS: We can hear you.

5 MR B: I have made arrangements with my four daughters and their friends
that I be dumped on the steps of Parliament House, Melbourne, Victoria. I
want them to put a big banner with the message, "I was one of the forgotten
Australians. Now I'll never be forgotten," alongside with my coffin and my
body inside. Mr Rudd, our Australian Prime Minister, on 16 November
10 2009 in the Great Hall of our Australian Parliament did apologise to
500,000 Australian children, which included thousands of British and Maltese
kids.

I am very disappointed that Mr Rudd apologised over and over again because I
15 had made arrangements to give \$1000 to each of my daughter's friends who
were going to dump my body on the steps of Parliament House, Melbourne,
Victoria. I told my daughters that if they failed to do what I wish, I will come
and haunt each one of them for the rest of their lives. Arrangements have been
made with my Melbourne barrister, [REDACTED], to defend them should they be
20 charged. Since Rudd apologised, I've had to change my wish. I now want to
donate my brains to - - -

MR CUMMINS: Keep going, [REDACTED]

25 MR B: - - - my brains to the - sorry.

MR CUMMINS: Keep it moving, Mr W.

MR W: Sorry, wait on. Since Rudd apologised, I've had to change my wish.
30 I now want to donate my brains - - -

MR CUMMINS: All right. We've got the message.

MR W: Yeah, wait on.

35

MR CUMMINS: If you can't say it, just give it to me.

MR W: Just read it out.

40 MR CUMMINS: Thank you. You'd rather have your brains used for evil and
corrupt purposes. Thank you, we understand that. Now, Mr W - - -

MR W: (To Mr B) You buggered it up. (To Mr Cummins) I don't know my
brains - - -

45

MR CUMMINS: I understand what you've said. Now, Mr W, thank you very much for coming forward. You've spoken very clearly and very forcefully. We understand what you were saying, that every single child matters and every single child needs to be treated properly and you've made that point very clear, and Mr B has as well, so thank you both very much. You're welcome to keep your papers and we'll press on with someone else. Thanks very much, Mr W.

MR W: Yeah, but is anything going to be done about my daughter?

MR CUMMINS: What's happened is that we don't look at individual investigations. We've heard what you've said, which is relevant, but you have to get an individual organisation to look at an individual case, like the Child Safety Commissioner or someone else, all right.

MR W: Yep.

MR CUMMINS: So thanks very much, Mr W, and also [REDACTED]

MR W: Okay. I hope I haven't wasted your time.

MR CUMMINS: You have not wasted our time, so thank you for coming forward and thanks for your story that you both gave. Thank you very much.

MR W: Okay, next please.

MR CUMMINS: Thanks, Mr W. Ms Joanne Howard, please. Thank you very much, Joanne. Just take a moment and just take a seat and we'll just take a little pause. Now, Joanne, thank you very much for coming forward from Peninsula Health and we'd be very pleased to hear you.

MS HOWARD: Great. Thank you for the opportunity. I really wanted to raise three key points in my presentation within a lens of early intervention and prevention. I manage a drug and alcohol agency and youth services and I've been particularly interested in the issue of adolescent violence in the home which Prof Cathy Humphreys raised before, and I'm the person who undertook the Churchill fellowship, so I'll make sure that we send the information through.

MR CUMMINS: Excellent. Thank you.

MS HOWARD: In relation to adolescent violence in the home - and an agency I work with has done research on this issue - it's become very clear to me that it's a significant gap in policy and programmatic responses and particularly because when adolescents use violence in the home, the Victorian

data indicates there are almost 3,000 cases where police are called. Most of the adolescents are aged between 14 to 16 years, so they're still very young; they can be as young as 10, so there is 11 cases last year where there were 11 ten-year-olds who came to the attention of police.

5

It is very frequent that when adolescents use violence in the home that they also use violence against siblings and that violence can include very severe physical and sexual abuse, as well as other forms of abuse and violence. From what I understand from parents and some initial investigations with Child Protection, that when there is a notification because of an adolescent's violence that impacts on a younger sibling, it becomes a Child Protection issue and the most frequent and common response appears to be that Child Protection will remove the child that is a victim of that violence from the home because obviously they are a victim, but I guess the response from Child Protection isn't to recognise that although there is in fact a child that is both perpetrating the violence and frequently has been a victim of violence themselves, because there is a very strong relationship between a child's experience of family violence and their perpetration of adolescent violence in the home and then going on to be adult perpetrators of family violence.

20

So I wanted to raise this issue because I think there is an enormous scope for prevention in terms of working with children who have experienced family violence, so to break that intergenerational cycle of abuse. We need to work with adolescents who are violent in the home because if they're just seen as perpetrators - and really there is almost a non-response, even though the police are called, there is no services specifically set up to work with adolescents and to work with usually their mother or a sole parent, so there is an opportunity to do some really good work that has so far been neglected. Even with the Victorian Family Violence Reform that hasn't actually facilitated work with adolescents who are violent. They still fall through the gaps, so that was one issue I wanted to raise in relation to adolescent violence.

MR CUMMINS: Certainly.

MS HOWARD: I also wanted to raise a few issues in relation to working in the drug and alcohol sector. I'm always interested in policy as well and it's interesting that within the Victorian Government sector, what was formerly Department of Human Services has now evolved into two departments - the Department of Health and the Department of Human Services - and drug and alcohol and mental health sit within the Department of Health. What I can see, having only recently moved into drug and alcohol, is that there have been policy development around drug and alcohol and mental health, so that dual diagnosis lens, and that's been at a state and a federal level. So it seems to me that alcohol and drug use and mental health are almost a one silo kind of platform and then there is child protection and family services and youth

45

justice in another and there is actually very little intersect between the two.

I work with clients and we do a lot of work with forensic clients, so people who have come to attention of police, courts and through the prison system because of substance use and also have co-occurring mental health issues, but a survey of those clients showed that roughly 80 per cent of female clients had experienced family violence and a large number of the male clients have perpetrated family violence. It seems to me there is a glaring omission in terms of prevention and early intervention when we just focus on dual diagnosis, so mental health and drug and alcohol use, and we don't include the lens of family violence and then particularly one that dovetails into looking at child protection.

So we notice that we work with a lot of women who are involved with Child Protection because of their drug and alcohol use and/or their mental health and/or their experience of family violence. Frequently whilst Child Protection are involved with us in order for us to take a role about their client's use of substances in order to parent effectively, we notice that if there isn't a lens of family violence, then frequently a woman, with a violent partner, the woman is asked to cease her use of drug and alcohol, so her to address that for obvious reasons, but is totally unable to do that while she is still with a partner who uses violence and also uses drug and alcohol.

So I guess as part of my fellowship I was interested in looking at the whole issue of family violence, adolescent violence in the home and child protection and what I did note was that there were several innovative programs that actually started to work more with men who used violence - and I never thought I'd be saying this because I always used to feel that we need to work with the women and children - but more and more I'm starting to think that men who are violent, certainly they need to take responsibility for their violence, but even if they're precluded by court orders, or by Child Protection, or whatever from being part of a family system, nevertheless they either go under the radar or frequently maintain relationships with their partner.

There are some really innovative programs in the United States that actually work with the man who uses violence against his wife and partner and then works separately with the mother of the child, so it's almost like dyadic work with the father and child and mother and child, with safety being a paramount consideration, but in acknowledgment that men who are violent are often left out of the service system. We work with the mothers and children still, that's the main paradigm in child protection, so I just think that we need to consider that there are a lot of men who still have relationships with their partners and children while the violence is going on or post-violence, post-orders.

I just wanted to point out also four very brief statistics around the interface of

child protection, child abuse and drug and alcohol abuse. So we know generally across Australia that 31 per cent of parents involved in child abuse had experienced issues with alcohol and 70 per cent of parents with alcohol issues who were involved with child abuse had been victims of family
5 violence; we know that 77 per cent of parents with an alcohol problem also experienced domestic violence; and we know that 65 per cent of parents who demonstrate domestic violence has substance abuse issues. So I just think it's really crucial at a policy level to look at the interface of mental health, drug and alcohol and family violence rather than them being separated or siloed and to
10 recognise that despite the best intentions of Child Protection or the police or family violence legislation, that women who have been in relationships with men who are violent, those relationships still continue, so we need to actually address the reality of people's lives, if that makes sense.

15 The last thing I just wanted to touch base with, having worked in the community health sector for over 15 years, is the value I think of a public health approach, so whilst there absolutely is a need for statutory bodies and services like Family Services, there is also a really key role in the primary
20 health sector and the public health sector in relation to prevention and early intervention. I've noticed - and I've been sitting in this morning and I don't think I've heard anyone state it - but I believe one of the key determinants that we really need to address is poverty.

25 The reality is that most people that have significant drug and alcohol problems or mental health problems, family violence and child protection, there is absolutely a lens of poverty there and poverty is definitely a key determinant, as is the experience of trauma, which also dovetails into poverty. So unless we really make a difference in supporting families to be able to be, as we talk
30 about, social inclusion, to be able to have access to a reasonable standard of living, to have safe, secure affordable housing, to gain access to health services and to overcome that incredible - I think sometimes we just don't recognise how difficult it is for the other in our population, the people that are marginalised who can't access all of the things that most of us take for granted, then we're not going to make a difference unless we really address the
35 discrimination that poverty brings with it.

So I think it's around I suppose a systemic approach which looks at the child, the family and the community in broader society I think that we need to do that on a broader, systemic level to really make a difference. I think the one thing I
40 love about community health and primary health, public health is that it services in people's local communities and it is the little things like a playgroup for mothers and their children that may not necessarily fit into the playgroup where the more affluent parents go, or about having outings or doing artwork with kids, just those grassroots things that are done in neighbourhood houses or
45 community health that really can make a difference in terms of prevention and

early intervention.

I'll just see if there's any last bits. I just guess, yes, the last thing would be around how can we engage boys or men more actively, both at a preventative and early intervention level. It's interesting hearing the presentations today that there is a pointy end and we absolutely have to be there, but it's almost about what can we do at a preventative end to stop the need for kids coming into care, so that's probably it.

10 MR CUMMINS: Joanne, that's most comprehensive. Thank you very much for that. Any questions, Prof Scott?

PROF SCOTT: No, I look forward to reading your Churchill fellowship report.

15 MS HOWARD: Okay.

MR SCALES: Just a couple of questions. You made mention that you said there was scope for substantial or significant prevention to address the pattern of family violence and then I think by implication you were saying from generation to generation. Do you want to elaborate a bit more on what you saw would be the nature of those substantial interventions?

MS HOWARD: I think in terms of early intervention you can go right back to working with little children and teaching basic skills so that they can grow up to learn to deal with conflict or communication, but in terms of early intervention and prevention, I think it's around supporting people to be connected to their local communities. We work with a lot of young women who themselves have been in care and are now pregnant, so I'm from Frankston and Frankston has a very high rate of teen mothers and it's around really having coordinated community responses, so where services do work together. But I think it's really important, and some people have alluded to that, that we talk about client-focused services, but we really need to consult with the people to whom we deliver services.

35 Recently we had a case of a 19-year-old woman who herself had been removed from her parents' care at a young age and had grown up in foster homes. She was pregnant and it was almost like all guns blazing. There was something like eight or nine services involved in her care and when she had the baby and she went home to a hotel room there were service visits six days a week, there were service visits to check on her progress with the baby and we were one of those services because she had drug and alcohol issues. The stress that that placed on her having to keep the house clean. She didn't want the baby to be crying, she wanted to be so organised, it just occurred to me that this action was - although it was well-intentioned - no-one had actually consulted with her

about what the best way to support her was. So I think early intervention has to involve the people or the community groups with whom we work and I think we need to do more work with young people and to me the work with the adolescents who are violent or children who have experienced family violence, there is an absolute opportunity there to address the trauma they've experienced from their experience of violence and to support them into adulthood.

MR CUMMINS: Joanne, thank you very much. That's most comprehensive, as I've said, and most helpful.

MS HOWARD: Thank you.

MR CUMMINS: Next, Ms Bernadette Marantelli. Welcome Bernadette.

MS MARANTELLI: Thank you. Good afternoon.

MR CUMMINS: Just take a seat and settle in and we'd be very pleased to hear you.

MS MARANTELLI: My name is Bernadette Marantelli and I currently work for the Centre For Multicultural Youth and I just wanted to thank you for the opportunity to present today.

MR CUMMINS: It's a pleasure.

MS MARANTELLI: I have some written notes and I think the safest bet is if I read from those.

MR CUMMINS: Yes.

MS MARANTELLI: Issues surrounding children and young people, their families and carers and community from diverse cultural backgrounds are as complex as they are important. Child protection and safety is the key systemic issue confronting many refugee CALD communities in Victoria. Whilst ensuring the safety, rights and wellbeing of children and young people from CALD backgrounds, it is a legislative and moral imperative interaction with child protection system can have a long lasting detrimental impact on them, their families and broader communities.

Available data is structured in such a way that it is difficult for those working with migrant and refugee young people to drill down and establish the extent of the representation in the Victorian child protection system, as well as how they are faring in regards to their physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge. However, data from the New South Wales Department of

Community's internal systems suggests that approximately 4 per cent of children in the child safety system in that state are from a CALD background, although it is suspected that the actual number could potentially be higher. What we know is that there is an increasing number of refugee and migrant families settling in Australia who are becoming engaged in the Victorian child protection system. This presents as a significant challenge for individuals, communities, service providers and government.

As noted in the Australian Centre For Child Protection's 2009 report on the Working With Refugee Families project, many of these families came from African and Middle Eastern countries and have common experiences of trauma, dislocation and loss and many are victims of genocide, war and torture. Pre-migration experience, together with the considerable challenge of settling into a vastly different new country can significantly affect family wellbeing and parenting practices.

For many of these families, parenting styles that were normative in their countries of origin are not endorsed here in Australia. The lack of validation of parenting beliefs may lead to additional stress for parents from refugee backgrounds. Common settlement challenges may include finding and maintaining meaningful employment, access to secure and safe housing, financial constraints, family reunion, migration issues, racism and discrimination, education, social exclusion and isolation, language and communication barriers and physical and mental health issues, including those related to their pre-migration experience.

The historical background of many refugees combined with challenges for refugee families settling into Australian community can exacerbate and be exacerbated by difficulties within family relationships, including intergenerational conflict, altered family dynamics that can include changing parenting and gender roles which challenges the traditional family roles, domestic and family violence and lack of extended family support.

Australian norm's culture laws and societal expectations are new for refugee families, including child protection laws. Refugee families are often confused by these laws, child safety processes and their rights and responsibilities around caring for their children. In their home countries, governments rarely intervene in family matters, which are usually resolved within the family unit or through their elders, religious or community leaders. As such, many people from CALD and refugee backgrounds experience significant challenges and barriers in relation to children, families and parenting.

So how can the Victorian child protection system be delivered in such a way that is effective in protecting vulnerable refugee and migrant children and young people whilst decreasing its negative effects on individuals, families and

5 diverse cultural communities? Firstly, we need to keep in mind that the vast majority of refugee and CALD parents love, support and protect and care appropriately for their children. That it is only in a minority of cases that the intervention of Child Protection is required due to substantiated abuse, neglect and/or exploitation.

10 The Centre For Multicultural Youth believes a comprehensive strategy around child protection safety issues should be developed in consultation with the communities concerned as the Victorian child protection system can be improved to more appropriately engage and respond to the unique circumstances and needs of refugee and migrant children and families in order to achieve better outcomes.

15 So just a couple of points, I've not only presented a couple of issues, but some solutions hopefully. This can be achieved by enhancing existing cultural sensitivity, competence and responsiveness training for child protection workers as there can be a lack of knowledge or recognition of different cultures within diverse communities. Improving early intervention and prevention strategies, particularly in relation to parenting practices for refugee and migrant parents. Presently, there is limited provision of education for newly arrived parents and families regarding the Victorian child protection system, domestic laws and parenting practices, roles and responsibilities in caring for children in Australia and the broader government and non-government human services and support systems. Knowledge and understanding of these areas is essential in order to prevent, at the earliest stage possible, engagement of families in the child protection system.

25 In (indistinct) with interpreters in some cases interpreters have even been engaged where required, in other cases inappropriate interpreters, such as relatives, have been used. This can compromise the family's understanding of the situation and reasoning for the intervention, exacerbate distress and may result in an inaccurate information evidence being provided and may prejudice the investigation or decision-making process. Training provided to staff with working with CALD families is also seen as good practice.

35 Introduction of transcultural or bicultural worker roles and a multicultural support unit within Child Protection. Such units and workers would be specifically trained to provide support to CALD children, young people and families engaged in the child protection system to advise and educate Child Protection workers on cultural issues, act as a secondary consult at all stages of Child Protection intervention, but particularly during investigation, legal intervention, case management and case planning processes. The workers would further act as an agent for improving community's knowledge around the Victorian child protection system.

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Improvements implemented regarding data collection. Accurate data on a number of children from refugee and CALD backgrounds entering or at risk of entering the child protection system is required. Incidents involving people from CALD communities, particularly from newly arrived communities, needs to be known and can only be collected by the Victorian child protection system. Accurate and informative data is the key to systemic reform within the Victorian child protection system regarding both how it engages with refugee and migrant children, young people and their families. I've lost a page.

10 MR CUMMINS: Just take a moment.

MS MARANTELLI: Just bear with me. Improve collaborative working relationship between Victoria's child protection system and the organisations working effectively with CALD and refugee communities. Through improved systems of working collaboratively, organisations who work directly with CALD and refugee communities have developed expertise and knowledge of working with diverse communities. The child protection system will have greater access to opportunities for secondary consultation across all phases of Child Protection involvement with individuals, families and communities. Further, pathways to support services and early intervention programs can be better established and support individuals, families and communities from refugee and CALD backgrounds.

The Centre For Multicultural Youth believes that through the employment of these strategies and improved early intervention response to concerns held for the safety and wellbeing of vulnerable refugee and migrant children and young people can be achieved. Services that are more responsive to the needs of refugee and CALD individual families and communities upon arrival and during the settlement process hopefully will reduce the incidences or at least the severity of involvement of Child Protection services, thus minimising potential negative impacts of such involvement.

Where Child Protection involvement is justified and abuse, neglect and/or exploitation is substantiated, intervention strategies can be better informed, directed and employed to improve the outcomes for refugee and CALD children and young people, their families and carers and communities and the broader Victorian community. Thank you.

MR CUMMINS: Thank you very much, Bernadette. Your three entities: abuse, neglect and/or exploitation could include that third element because that can certainly occur and is often not referred to but, in particular, your dual approach of both stating the issues and positing some solutions is a very valuable approach because we have to look at both those elements, as you have done. Any questions?

45

PROF SCOTT: Yes, just one brief one, if I may. I'm very familiar with the study you cited from the Australian Centre For Child Protection, it was done by my colleagues and we weren't able in that study to consult with children and young people because of research ethical issues, so while that study I think
5 gives a good window into how parents are experiencing the adjustment to a new land and parenting in a new land and their bewilderment and their fears, it doesn't give us any glimpse into how children and young people in those families perceive it. So I'm wondering if you specifically in your role in a youth-focused agency might say something about how the young people that
10 you've been in contact with, what would they say the strategies, the solutions may be? Would you have any sense of how they would perceive these issues?

MS MARANTELLI: Look, my experience and in terms of overall experience is relatively new to the multicultural sector, but having worked in the
15 north-west for in excess of 25 years, and specifically young people, now more recently CALD young people, my sense is that one of the challenges is not only all those issues I mentioned around settlement and education, employment, social, cultural capacity and all those sorts of things, but there is also, when adolescence hits, there is an added complexity, if you like, and the
20 way that adolescence is managed here is somewhat different and the context is different and it is something we do quite regularly at the Centre For Multicultural Youth, is have a number of consultations with community and young people because they obviously need to inform and have input into the services that are being designed and planned to support them, but my sense is
25 that lack of knowledge around the Australian system.

I think that issues around education, particularly early on, put them at risk of falling through the gaps and therefore their children possibly at risk of that as well. But again, I think if you were to talk to young people, I think there needs
30 to be more information and a greater - I think the young people would say this - currently in the west we have several young people who have had children and the children are subject to a protection order and my sense is that sometimes that's warranted and sometimes it's not and possibly greater consultation may have prevented the intervention down through the child protection. I don't
35 know.

PROF SCOTT: What sort of intervention, can you say?

MS MARANTELLI: For example, I think housing is often an issue, so it's
40 very difficult to concentrate on anything separate to housing when that's your primary issue, that you don't have a roof over your head on any particular night. So I think when that's your competing priority, other things fall by the wayside where that's not necessarily the intention or the way that an individual
45 may parent.

PROF SCOTT: Thank you.

MR CUMMINS: Mr Scales?

5 MR SCALES: Thank you very much for your submission. We've been
privileged I think, this Panel, to hear from children who find themselves in the
centre of this dilemma that you describe and your organisation, because it
comes from I presume the position of the young person, would probably
understand this dilemma - that it's not just the cultural backgrounds of the
10 parents which is creating the dilemma, it's the transference of the cultural
background of the parents on to a different cultural future for the child and the
way by which both of those things create a dilemma for both which then causes
the situation where at least for a particular cohort of our young people they
then find themselves in the child protection system.

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MS MARANTELLI: Mm'hm.

MR SCALES: Now, that's a real dilemma for us, isn't it?

20 MS MARANTELLI: Yes.

MR SCALES: Your recommendations don't quite go to the heart of that.
How can you help us with what might be some solutions to try and address that
problem?

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MS MARANTELLI: Yes, and I think you're right, I think that's a key issue
that you've touched upon. Look, if I was to answer that very quickly, I might
suggest something like some culturally appropriate mediation which would
look different to how we possibly provide mediation, but certainly we see a
30 significant number of people through our Reconnect program, which is a
FaHCSIA federal-funded program, and we see a number of people who are
leaving home at 17, 18 because of the conflict that ensues between themselves
and parents and that is sometimes because say, for example, a parent's
expectation that here in Australia you need to be a doctor, that's something
35 that's valid, that's something that's worthwhile, and yet the actual dilemma for
the young person is that they've had interrupted education or lack of
opportunities at education, so we see that which is slightly sort of off the point
of what you were saying but I think it's interrelated as well, it's about adjusting
and being aware of new systems and new opportunities and something we do
40 often talk about is that really in Australia a doctor, you know, is obviously seen
as a good profession, but so is a carpenter or a plumber or an electrician. There
are certainly lots of opportunities here, but yet there is significant pressure
placed on young people from parents around the expectations and then also
about how things are managed and within that, too, you can also consider
45 gender roles that within some cultural context women again will have less

opportunities to access certain services and opportunities as opposed to their male counterparts.

5 MR SCALES: Your point about mediation is a very interesting concept and maybe that is something that we ought to add to your quite substantial list, so thank you for that.

10 MS MARANTELLI: But I do think the key to that is the multicultural/bicultural workforce and involvement of people from those communities in consultation and strategies in working towards solving the issues as well.

MR SCALES: Yes, thank you.

15 MR CUMMINS: Bernadette, that was most insightful. Thank you very much.

MS MARANTELLI: Thank you.

20 MR CUMMINS: Next, Mr Michael Donnelly. Welcome, Michael.

MR DONNELLY: Thank you.

MR CUMMINS: If you take a seat and we'd be very pleased to hear you.

25 MR DONNELLY: My first comment must be that this is a very personal submission and it is not a submission on behalf of the community service organisation whose board of governance I now chair. My involvement in this work at this sector goes back to the 1970s when I was a member of a Catholic religious order of brothers who conducted Boystown in Beaudesert in
30 Queensland. During my teacher training I spent a month there teaching at its school and to this day still remain in contact with the individual De La Salle brothers who had been directors of Boystown.

35 When finally qualified, I was subsequently sent to teach here in Melbourne in the inner east or south-east and I spent part of the summer holidays in my early years of teaching assisting at a parish summer camp at Phillip Island. The parish that sponsored that camp had three homes, or as they were known then, for what would now be known as children in statutory care within the boundaries of that parish. Some children who resided in those homes attended
40 the summer camp and I can still remember some of their names as well as the challenges of managing their behaviour.

45 When I subsequently became a principal of a Catholic secondary school in another part of Melbourne in 1991, my association with the organisation that ran one of those homes was recommenced because it had responded to a

request from Community Services Victoria, as it was then known, and moved its operations from the south-east into the growth corridor where my school was situated and had within it, one of its houses, a young person who wanted to attend a religious school. I enrolled her and the organisation's education officer enrolled me on to its board.

I have subsequently had three terms on its board of governance and have held positions of treasurer, deputy chair and now chair over my 20 or so years of involvement with it. While I am now in my day job the CEO of a not-for-profit disability community service organisation, I had worked in education for 25 years and still see education per se as the only syllable that we have to effectively address all significant social and community issues and still remains the best means of giving any person the opportunity to develop their potential and to increase the possibility of positive outcomes in life.

Most of that subsequent involvement on the board at this statutory protective residential care provider has properly been at more than arm's length from the children and young people in care because the board clearly understands that it is a board of governance rather than a committee of management.

Nevertheless, this year I have had to become operationally involved because of a perfect storm of sudden leave requirements and vacancies in its various lines of management. That experience certainly raises in my view a critical systemic question about economies of scale, organisational capacity and the ability particularly of smaller agencies to have sufficient management capacity to cope with sudden absences or vacancies and that is related to those smaller agencies in the current funding model and their incapacity to be able to pay salaries sufficiently high as larger organisations to employ long-term, experienced managers at all levels of their organisation.

There does need to be an open and transparent process dealing specifically with this issue I believe rather than it being addressed surreptitiously through the implementation of service reviews that, according to reports of agencies involved, feel more like name, blame and shame exercises rather than the processes of discovery leading to mutual learning much akin to the approach taken at the end of South Africa's apartheid era with its Truth and Reconciliation Commission that appears to be or should be their aim. To the extent that service reviews attempt to deflect any criticism from department or elected political officials and/or their unwillingness to examine the systemic context of a complex and difficult work undertaken by poorly paid - and I think there is a significant issue there in the sense that those poor wage levels are an example of the system devaluing the work - but my judgment is also that those workers are generally committed and compassionate and it's a largely feminised workforce whose award pays them a princely sum of \$18 per hour to risk being assaulted in their workplace and to deal with really challenging behaviour in a complex, emotional environment.

Back to my reflections about what I have observed in this period of operational overview. Suffice it to say that the current system causes me great concern from my perspective of parent, grandparent, former teacher, former principal, citizen and taxpayer. Perhaps I have idealised what I experienced as a young, starry-eyed teacher in training, but it did seem to me that cottage parent models of care away from the city with a school attached to them tick many of the boxes that are deemed necessary to achieve successes in the dealing with abused and neglected children who have been placed in protective care. The removal of those models from the system may have led to the baby being thrown out with the bath water. The system of care should be horses for courses rather than one-size-fits-all and I do acknowledge that many elements of the current system are horses for courses, but there seems to be one element that has been removed.

My knowledge of cottage parent models of care from the past and my visit to Jasper Mountain in Oregon in 2010 on behalf of our board to see at first-hand its operations lead me to leave that such a model ticks the following boxes. The first one is about education. Education is dealt with effectively in that teachers can be recruited who are better attuned to working with troubled and traumatised children and youth, rather than sending children to be in the classes of teachers at mainstream schools who understandably see these children and their challenging behaviours as unfairly disruptive to the learning needs of the other students in their classroom. There can even be more specific vocational training that gives work skills to the future. For example, what I'm pressing about Boystown was the number of kids there that got involved in caring for an animal, a horse, and then finished up in the careers of being stockmen in western Queensland outstations.

Cottage parents can run a house as though it's a home is the second point that I think is important, not that terrible language of a residential unit, or even to be considered as though it's a worker's workplace in which children are more likely to experience real stability and continuity of care if there is that stability and continuity of presence of only a relatively small number of significant adults.

Current models of care with their eight-hour shift or their 12-hour shift models contain within them, in my view, their own seeds of destruction in that they eventually become a workplace rather than a home. It is logically possible under these shift models that children can go to bed and not know who will be looking after them when they wake up the next morning. That, to me, is as psychologically abusive as the neglect that may have led to they're being placed in care.

The third point I'd make about such models is that support to the workers

caring for the children can be available on site 24/7 and collegiality can become an established way of working and best practice behaviour management caught rather than academically taught. There properly does need to be nurturing of the carers so that they can then nurture the children.

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The fourth point about such models is that in them an entity exists for the child to become attached to and it is a connection to something bigger than one's self. I don't know what attachment could be made in an ever changing roster of workers in a suburban house with little other than a street address as its identity. Probably a more esoteric point is that I think a connection with a natural environment, rather than the built environment, does seem to be part of the healing process for the soul. But, most critically, a therapeutic dimension to the care can be delivered on site and whatever models that come up that evolve or emerge, I believe that therapeutic dimension has to be at their most critical and at the core of those models and behaviours plans can be observed and monitored in place by professionals if they are to some extent on site with the children. Whatever model of care is developed must have a therapeutic dimension at its core if there is to be a transformation in the life of the child placed in protective care. There needs to be so much more done than merely keeping a child in a safe environment.

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Therapeutic interventions are critical to children who have been removed from their familiar surroundings because of abuse or neglect and such children mostly perceive this removal as yet another traumatic event in their life. They need to be in a situation where they can learn that adults can be a helpful resource rather than a source of threat. Effectively, their brains need reprogramming to also learn emotional control and to accept the natural and/or logical consequences of the choice that they make. At the same time, a message needs to be given to them that they need not necessarily become the victim of their own circumstances, that their life does have hope.

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Staff need to be paid wages that reflect the complexity and challenging nature of the work that they do. Such higher wages than currently are able to be paid may be more manageable in a former cottage parent model than in the current model. I remain ambivalent about the lack of specifically defined qualifications needed to work in the sector and there is a generic definition, but there is no specific definition, unlike serving a beer to anyone in the state of Victoria. Some of the best parents have learnt their parenting intuitively from their own parents rather than from having studied to obtain a Cert III or Cert IV in community services. Given the emotional complexity and trauma associated with this work, staff also need to be given regular and extensive clinical supervision and debriefing.

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I'll just raise in this very brief submission a couple of other issues that I think are worthy of address. One is about the cessation of DHS running what had

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been called contingency houses for emergency accommodation at short notice. Their cessation appears to have had an enormous impact on the agencies. It is difficult for agencies to convert residential units into homes if there is a turnstile at the front door and entry to the house is unplanned and sudden, or if
5 there is not a good match between those already living in there and the new arrival.

The second point I'd say would be what happens when things go wrong, as they certainly will. There needs to be an acceptance that mistakes will happen from
10 time to time and we need to be more mature as a community than to immediately be expressing moral outrage. There does need to be some ability to cope with the ambivalence, seeing that the system has both good and bad at the same time, rather than immediately becoming defensive. I personally applaud the minister for her decision to call this review and I also applaud her
15 for her measured and reasonable comments at the time of an incident that received considerable publicity a few months ago where she indicated that there were systemic issues that needed to be addressed. I do have significant personal knowledge of that incident, but I will choose not to make a comment because of the public nature of the hearing, other than to say that the staff who
20 were involved in that were exonerated of any culpability, both by Victoria Police and the Department of Internal Investigations, yet one has left the industry as a result of the attention that was brought to her and both of them without any pay for a period of six weeks because they were casual staff and that's probably all I could say I think.

25 Recent comments have not been so measured or reasonable, but I do hope that we can prevent this important matter becoming the political football that it usually is for both the government and the department are regularly placed in a no-win situation and that needs to be acknowledged. If they act precipitately,
30 they are condemned. If they do not act quickly enough and the child is injured or killed, they are also condemned and that, I believe, is a systemic issue.

I think a third point I would want to make is about the opportunity costs of some of the current models. I know from the agency which I chair it costs
35 roughly half a million dollars per annum to run a residential unit and it needs five children in it to make it sustainable and cover its costs in the current staffing model. The agency which I chair subsidises each of those houses and loses money on every one. There is a strong indicator that there is a significant issue with the funding model and how it impacts on smaller agencies, but as a
40 citizen and taxpayer I am more concerned and regularly ask myself if there is any value for money for this level of expenditure when I'm aware of at least one of our houses that is only able to accommodate two children whose behaviour was particularly challenging.

45 There is a fourth area that seems to have vanished from my notes to you. I also

wonder about - I don't know whether it's an ideology or political correctness - but there are certainly challenges about the holding of children, the physical touch of children. Now, we know it's so important from what was discovered about the children of the remaining orphanages, and yet both in schools and, I suspect, in this work of child protection there is considerable - I don't know quite what the right word is - hesitation about touch for children. There are times, it seems to me, that it is quite appropriate for staff about to be assaulted have a right to self-defence and restraint, and there is also a need at times for children to be given comfort when that's appropriate. I think that's a vexatious issue and a challenging issue for the whole of the sector to come to terms with.

In my concluding remarks, if I was to say what the highlights were, I believe that interventions must be therapeutic and it is a significant event, intervention, to take a child away from its natural family. I've said a little bit about that earlier. Even if such an approach costs more, it needs to be seen as an investment, rather than a cost. The future expenses resulting from the failure to address the trauma are well-documented in terms of potential mental health, homelessness, unemployment. More than a safe environment should be the aim of a revised and renewed system of care.

The second plea would be for all of us to accept that mistakes or perceptions of mistakes will be made in any system that is so full of human interactions and when those mistakes occur they need to be reviewed to enhance the system rather than attributing blame and making the work even more difficult for workers than it already is.

MR CUMMINS: Thank you very much, Michael. I agree entirely with that last point and also with your emphasis on therapeutic dimension. That's most thoughtful and it's a sensitive submission. We'd like to publish that on our website, if that's convenient to you. If there is any part you want left out, you can let us know.

MR DONNELLY: No, I think I've removed any evidence that identifies the organisation. I hope I have anyway, so I'd take your judgment on that.

MR CUMMINS: No, you've been most careful about that, for which many thanks. Any questions, Prof Scott?

PROF SCOTT: Just briefly, in reference to economies of scale and organisational capacity and the financial burden on smaller agencies under current funding models, are you suggesting that smaller agencies shouldn't be in the field?

MR DONNELLY: Look, I think if things don't go terribly wrong they can be in the field, but when you have three levels of management above you can get

the perfect storm where you have vacancies, someone's husband becomes critically ill. Those things do happen. Now, in a much larger agency you have backup, you can pull people from another region. It's just that agencies see their identity tied up in their work and they'd be naturally reluctant to sign their own death warrant - I understand that - but they are also, in my view, pretty committed to the work and the psychological precept of all the caring professions that do no harm. If that's to be the case, it needs to be open and transparent I think. The process by which the sector is engaged on that question? No, I don't know the answer and I expect that there would be debate about it, but I believe it's good if we have it.

PROF SCOTT: Thank you.

MR CUMMINS: Mr Scales?

MR SCALES: Mr Donnelly, thank you very much, and can I just follow-up on Prof Scott's question because this Inquiry is not about the status quo, it's about making sure that vulnerable children get better care than they get now and I was struck, as I think Prof Scott was, by that part of your submission and I'm going to push you a little bit harder on this because I do think that we are not just talking about any other service here, are we? We are talking about services to vulnerable children in a very difficult state which, if not handled well, will affect their whole lives, as we would have even seen today from some of the people who have appeared here and have spoken.

So it does seem to me that you are being a little coy, I might say, without trying to put words in your mouth, about the implications of having organisations that in fact don't have the resources to be able to meet to some extent those very demanding needs of vulnerable children, not that the children are demanding, but their needs are very demanding. So it does seem to me that a logical consequence of one of the things that you have quite rightly raised, and sensibly and courageously, so thank you, is that this Inquiry ought to be looking at strengthening at least the regulatory framework that governs all the institutions and organisations like the one that you're describing.

MR DONNELLY: Well, I can't disagree with you about that. What immediately came to mind as you were speaking though was the model of care and my time spent visiting Jasper Mountain last year, my conversation with its director and author Dave Ziegler, has done lots of writing about the therapeutic intervention and I think most social workers would be probably leaving university believing that we've got to get rid of anything even resembling an institution. Yet they had tremendous outcomes, they had the data to prove that they made a difference and they were no more expensive, so I don't know whether to what extent the US model will transfer to Australia and I think to me it's not necessarily the - well, there will always need to be a regulatory

environment because it's such a contentious issue in the community and I think there needs to be the most important element about the psychological treatment that needs to be involved to turn kids' lives around.

5 MR SCALES: Just one other question, even if I take your model, which you very clearly set out, even the education element is resource-intensive because it does require - I mean you would know as a teacher - the pedagogies associated with meeting the needs of children in this particular cohort is not cheap and there are some other forms of education that are not dissimilar to this where we
10 have student/teacher ratios that can be as low as sort of two to one.

MR DONNELLY: The examples I've seen when I was at Boystown myself teaching there, they were not one to two and the client group may have changed over those years, as probably it has. The examples I saw in Jasper
15 Mountain last year, they were smaller class sizes, but they were not so small as to be I would imagine at no more than potentially double the cost.

MR SCALES: It's more the expertise that I was driving at, rather than necessarily the cost per se, and I was just trying to bounce off what I thought you were saying was that we have to make sure that those organisations that are caring for children have the capability to be able to meet the demanding needs of those children.
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MR DONNELLY: I think the point I was wanting to make even more was that I don't think normal mainstream schools are necessarily the best place for kids with challenging behaviour. I think you'd be much better off if you actually had people who have the gift and have the commitment - and they are around in schools - but can go and do specialised work and they'd be paid teachers wages.
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30 MR SCALES: Thank you very much.

MR CUMMINS: Michael, thank you very much for speaking from both the head and the heart. Thank you, Michael. Mr Doug Smith, come forward.
35 Welcome and please proceed in the way that's most convenient to you. We have your written submissions, for which many thanks.

MR SMITH: Thank you. It's lovely to sit before Dorothy 20 years later. I did my social work course as a very mature age student and you can see my
40 particular qualifications there.

MR CUMMINS: We can.

45 MR SMITH: I'm a social worker, mental health social worker; clinical family therapist, I'm also a family law mediator or accredited dispute resolution

practitioner and I'm very interested in ethics and how this affects the lives of children. I'm interested in that last question you were asking Michael and maybe at the end of my submission I wouldn't mind just speaking to that, too.

5 MR CUMMINS: Certainly.

MR SMITH: But I might forget, if you could remind me please. So I'll present very briefly my critical analysis of the areas in which I'm familiar and/or am involved that are failing badly and causing and deepening rather
10 than preventing harm. I'm trying to look at systems, systems we have and the actual harm element of them. I propose that the current approaches to protecting vulnerable children in Victoria are not only not best practice, but are causing harm. Now, this is not a universal statement that there is ultimate
15 destruction all round, but it's looking at many harmful elements of the way we practise protecting our children. The Child Protection agencies and the Family Court are the ones that I have particular current involvement in and knowledge of, so I certainly don't have lots of knowledge about all other areas of child welfare.

20 The elements of these systems that are causing failure in their function are: the dehumanising effects of economic rationalist policy; organisation preoccupation with risk management; topdown coercive managerialist models; overprocedurisation of protective work and adversarial court processes. Now, I'm taking a really big bite here. It may be shallow, but I hope it's to the point.

25 A very brief summary of the concerns of the AASW (Vic) branch ethics group, of which I'm a member, is that Child Protection agencies have so codified and regulated the work of their protective workers that effective engagement with vulnerable families and children is enormously hampered, if not made
30 impossible. On top of that, economic rationalism and management structures do not allow the recruiting and maintenance of highly trained and experienced staff in direct fieldwork and casework. The department policies do not support good practice in that regard. Recruiting of graduate social workers and lesser trained service providers with SOC 2, SOC 3 supervision as the main front-line
35 service provider cannot possibly achieve best practice and this causes harm to clients and workers alike. All there is of work with children and families require effective engagement between client and service providers, so I'm saying it's a very individualised type of work, the protection of children.

40 Protecting vulnerable children is a highly developed professional skill that recognises every family as a unique system. Only policy and practice that recognises this will achieve the protection of children. I and members of the VEG believe that we should have a set of principles to guide our work and then the skills, freedom and support to work with the individual vulnerable family
45 systems. A phrase that picks up this shift in thinking is, "Moving beyond

regulated evidence-based practice to practice-based evidence." Very much into statistics about something that's going to work, but in fact doesn't.

5 Codified ethics in the context of risk management has corrupted our ethics into robotic, controlled thou shalt documents which are used for control and punishment rather than inspiration, guidance and development of ethical literacy. The really excellent models of practice that are well known are readily available within skilled and experienced social workers, but such workers and their skills are being crushed and limited by risk management and regulation and promotion out of direct client work. The pay structures do not reward experienced and skilled social workers to remain in direct service provision, which I hope is somewhat consistent with what Michael, our former speaker, has been saying.

15 Members of VEG support the concept of collaboration between worker and client as a social work ethic which enables and guides excellent practice and ethical literacy. We believe that this, in turn, becomes the means to unique family-oriented excellent work. Ethically, literate workers can provide practice-based evidence. One of my colleagues who is on the branch ethics group, Dr Jim Poulter, I'll just quote him in an email he wrote to me recently:

25 *Many of the problems in Child Protection flow from the fact that there is a robotic approach to decision-making and professional judgment is undermined rather than supported. Under the managerialist model, decisions tend to be made that protect the organisation from risk, rather than clients. This is evidenced by overprocedurisation and the circumscribing of case decisions, rather than being able to more flexibly respond to the unique circumstances attached to each case. Procedures are certainly needed, but these must be made subservient to a set of overriding principles.*

35 *Therefore, if acting on a procedure will result in injustice in a particular case, then the practitioner must follow the underlying principle rather than the specific uncontextualised procedure. In order to ensure that ethically appropriate decisions can be supported, a mechanism is needed that cuts across the normal managerial model; that is, a matrix management approach is needed. This could, for instance, be achieved by having an ethics standard unit which would be attached to the Office of the Children's Commissioner. Its function would be slightly different to the Police Ethicals Standard Unit in that it would not have a prosecutorial function, only a mediation and adjudication function. In other words, practitioners who felt they had been given unethical instructions or had been victimised for their ethical*

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actions, could initiate a complaint.

5 I'd add to Jim's proposal a function of that group, if it were possible, unit, a training and monitoring role to support a changed process in managers away from the current managerialist model because this sort of shift really needs support. It doesn't just happen because some big brother says so.

10 Now, I'd commend to you some of my references. This book, which actually was Jim's last copy - I can't give it to you, I'd love to, but it might be accessible somewhere through a library - and he wrote 16 years ago this wonderful novel called *Fitting The Pieces, A Novel of Child Abuse Investigation*. I thought it was worth putting that up as a way of making some sort of comparisons as to whether anything has really changed in 16 years. I sort of doubt it. I also commend a more recent book that Dr Poulter has written, *The Protective*
15 *Investigation of Child Sexual Abuse* and he's just in the process now of giving another revision of that model so that his book will be second edition next year. I also commend to you the papers and proceedings of the AASW branch ethics forum held in May this year. It's not formally published yet, but it was a very interesting conference relating to how we need to manage ethical issues.

20 The other concern is in the area of mediation and also the court system. The other deep concern I present to you today is the urgent need to review the management of matters in the Family Court that involve or affect children, which is almost all matters. Removal of children from their families involves
25 court proceedings, but also family separation in many cases still involves court proceedings and the change also to parenting orders and so on. I'm incredibly disappointed and very worried to see the incredibly slow movement away from the adversarial court system when the laws have already changed to actually allow non-adversarial and non-conflict models.

30 The best interests of the child cannot possibly be served by an adversarial system, yet the judges persist with the profoundly conflicting conflict-producing models and I cannot understand how anybody could see how parents and guardians fighting and attacking one another can possibly be
35 in the interests of children. I characterise this adversarial system. So what is the adversarial court system? Other than organised and deliberate orchestrated heightened conflict. The preparation of affidavits and the giving of evidence encourage increased conflict and protract the context of abuse for children. I'm involved in this area of work and I have current and past cases involving
40 incredible damage done to children and their parents and guardians by the adversarial court system. Such conflict sets the context for those affected by such battles and I see a repeated pattern through many generations into the future.

45 A further destructive aspect of the Family Court system is the rules of

admissible evidence and the completely second-hand nature of the information on which judgments are made, such as family reports, expert witness statements, untested conflicted parent statements, sworn statements, commonly the perception of the parties, but it's very hard to find what is the objective truth in this process. I have observed the incredible distortion of truth and fact and although I'm semi-retired, I'm involved actually in working with people therapeutically and a recent case was just was so sad, and I won't identify it in any way. To see the judgment and see how much harder my work will be and how much harder it will be for the parents and how additionally damaging it will be for the child, the actual judgment, will make it so much harder.

As I consider the cost of the court hearing and I hear some of the former speakers looking for funding, I am absolutely speechless. Why this particular case even came before the court leaves me speechless also. I'm not trying to appeal to that particular case, I'm just saying it's one example of what the conflicted system of our courts is doing to our children. I'm not blaming anybody here, I'm just saying I'd appeal to you to bring to the government the deep concern that we have to get rid of conflict-encouraging systems of dealing with issues to do with children.

Since there has never been options for non-adversarial proceedings to occur in the Family Court for several years, why are we tolerating adversarial court proceedings? What would it take to support and assist judges, barristers and lawyers to learn non-combative conciliation and mediation skills? This would have to be cost-effective, no matter how long retraining might take. I hope it wouldn't be offensive to people who are so eminent, but nevertheless it's very damaging the way it is. Alternately, getting to understand that even in the most dangerous cases of violent, abuse and intimidation before the Family Court, non-combative methods are superior and effective. Abuse matters can be dealt with in other ways. Now, I just have put a number of papers, only one copy, just sort of as references.

MR CUMMINS: We've got that.

MR SMITH: I don't really need to refer to them, except to say that there is eminently better ways of doing things and these have been around for a long time: mediation, masters and so on. I'll just put that there for your interest.

MR CUMMINS: Thank you.

MR SMITH: I also have just put in a copy of the Attorney-General's interview on radio less than a year ago about things that he was suggesting about the non-conflictual models. I'm quite sure that many more family lawyers would prefer and would gladly adopt non-combative strategies if it was made legally easier for them to implement. A movement of financial resources away from

adversarial court process towards the very neglected and under-resourced areas of counselling and family therapy for separated families would be much more healing and protective of our children.

5 By definition, children are the most vulnerable of all when their world is not providing them with what they need to feel and be safe. I encourage you folk commissioners to recommend to the government the removal of adversarial proceedings from the Family Court and that therapeutic and healing interventions become a part of all interventions in family matters because of
10 our vulnerable children. Of course, this is a Victorian Government thing and the Family Court - the Victorian Government doesn't run the Family Court - but nevertheless I would hope that some word could go forward somehow.

15 MR CUMMINS: Thank you very much, Douglas. I am obliged to you for that full presentation in writing, it's most helpful to have it in writing as you have done it. We've got one copy of the addendum which we can make into three progressively. Prof Scott, any questions?

20 PROF SCOTT: No.

MR SCALES: Just very briefly, you list in one of the things that should be done and suggested that the branch ethics group has suggested that it should be a set of principles to guide work. What were these set of principles?

25 MR SMITH: I should have brought the document, I'm sorry.

MR SCALES: Just a summary, I mean I don't need every one of them, but is there a set of general headings?

30 MR SMITH: It's a fairly large and complicated sort of a question about how we look at ethics. Collaboration is a concept that's normally not actually seen as an ethic or an ethical principle, but in fact when you relate that to how work goes with families and children, it is probably one of the most central. The group ethics, the Vic group ethics, is trying to struggle with how to get away
35 from ethics that are very much about risk management and towards actually working, working directly with people and individually with family groups.

MR SCALES: So it's still a work in progress?

40 MR SMITH: Absolutely, yes. But that conference that we had in May, when the proceedings are available, I think it would be quite informative about a shift away from I think a code of ethics that tries to protect organisations and regulate workers to giving really highly skilled workers greater freedoms because they have the skill.

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MR SCALES: Thanks very much.

MR CUMMINS: Douglas, thank you very much for that and for the material you also provided with it. Our good wishes.

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MR SMITH: Thank you.

MR CUMMINS: Mr R. Take a seat, Mr R.

10 MR R: I did write some notes down, so if you think I'm a little higgledy-piggledy it's because there's so much crammed in me brain.

MR CUMMINS: That's all right. Go through your notes, it probably the best way to do it, Mr R.

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MR R: I was actually taken from my family - I call it kidnapping personally - at five and a half months old and the jurisdiction in those days, the laws were inert, they were not very good. The stuff I've read and information I've read shows me that unfortunately people weren't that highly educated and the laws themselves were inert, too. They were not very feasible, there was too many loops and too much stuff went down that I couldn't explain in this room now.

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I was incarcerated from my family for 17 years and the only time I saw my mother was lying in the coffin and I didn't even get to see the colours of her eyes, so I wrote a song called I Don't Cry and that song depicts how it was. So I never actually got any information at all as a very young boy about why I was in those places and also I didn't even know what a dictionary was because even going to school, they did not - the teachers, how to use a dictionary, and that was right up to the age of the sixth grade in those days. But when I went to New South Wales I re-educated myself through the system up there and I got then to know how to use a dictionary, how to use verbs, nouns, pronouns and that sort of stuff, so I got quite acquainted with the English language and I find it quite exciting personally, although it's the most bastardised language in the world because it comes from every country, you know, so we can understand why we have problems with the English language.

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I'd like to just point out some things. Mr Rudd apologised in November 2009. It's taken them 20 years, Australia 20 years to note that they were the signature to the UN Human Rights Act, so that gives you an idea of how long it's taken. It's taken over 60 years to get my apology from the Federal Government. In 1996, I got the information from the FOI, through Jeff Kennett when he was in office, about the ins and outs of my childhood that I did not know existed and I was told by a guy named Tyson that the files were destroyed at the age of 18, so it gives you some conclusion how long it's taken me to get this information to know that it's true.

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I was pretty angry when I read the letter because it shows me what's going on and I see that the way the letter actually comes out, that it shows pretty clearly that my mother was actually murdered by the system, the way they handled things and so forth. So I am calling for wards of the state, who have been through hell, to be able to present their case in the Federal Court - and I'm not too impressed with the legal system in Australia and I would like to request arbiters from overseas to be present in each case. I know that's going to cost a lot of money, but how much is a child worth, that's the point, and I would like to see that happen.

Now, according to information I recently obtained, 10 per cent of the amount they say, 500,000 - let me tell you, it was actually a lot more than 500,000 - so I don't know where they get their figures from. It's 10 per cent Aboriginals under federal control; it's 10 per cent migrants, which were slaves from Britain, which was agreed by the Prime Minister of Britain and also Australia that they come to Australia to fill the population, to bring the population up - so the way they went about it was pretty shabby - and then there was 80 per cent of Australian children, so that was Australian people who kids were born here in Australia at that period of time. I want to ask the question, this is not being properly brought out to society exactly what those things are that could make a difference to the way people think, right, it's lack of information.

There is a lot of things like when I notice the statistics, like statistics use a lot of propaganda and stuff like so the public doesn't get the full information about what is really going on behind the scenes. I have to ask a question, if I am going to agree to the system, to respect the system, I would ask the system to respect me. It goes both ways. It's not like one way for them and one way for you.

I was in business for about three years or so after being married and having three children and bringing three children into this world and I worked hard and in the painting trade, I worked like very hard, like it was hard yakka work in those days to earn our money. I had to go to night school too and get my education up to a certain standard, but when I got to New South Wales that's when I picked up how to understand the hierarchy side of things and so I'm talking lay talk today because I'd like everybody to know what I'm saying, not just one segregated part of society, you know.

I just found out last week by a federal member who told me that Rupert Murdoch, who used to have dual citizen in America and Australia, has a lot to do with the Sun Herald, so I don't actually agree with most of that stuff I read so I try to balance it out as much as I can. There is a lot more to this. I wrote a letter this morning and dropped it off at Mr Baillieu's office up in parliament and I'm requesting that we get this golden card presented for us to carry around

to use, it can be topped up by the government, they can top it up. Open places, presently opened now under the State Government, they present 7.1 million. 7.1 million is not very much for the amount of people in Victoria who have been in the institutions.

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As I say, there is no real figure on it, it's just an assumption. The place is not big enough, it needs to be bigger because it needs to be ready for the onslaught of those coming in and they're only dribbling in and they're sitting down and watching how it's all going, so with all they're not coming back. That's the way it is. They look at us, see how we handle ourselves, what they do to us. There is a lot of issues, like they say we've got to have certain laws, that we've got to behave by their behavioural manner, but they too need to behave themselves too, so it goes both ways.

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As I say, I got that thing in 1996 about my lifestyle as a young boy and so forth, childhood, babyhood. Mental capacity was very low because of the conditions that we were living under, the pressure, a whole heap of stuff. I would like to say that I don't believe that families should be broken up. Everything should be done not to break families up. Families are the most important thing in this country. You take your families away, you got nothing. What have you got? You've just sold your whole nation out so you have to go and get your act together on this and you have to really make the politicians wake up and come down from slumber land to the real earth that we live on and bring about these issues. I've asked Mr Baillieu to contact me. He didn't contact me the last letter I gave him when he first came into office, so I'm not too happy with him personally. I like to see things happen.

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I've now got seven grandchildren and I have issues with my family. In around 1995 I was taken on by the so-called justice system of Victoria and the magistrate got up and said, "You should know better, being brought up in an institution." I nearly dropped dead on the spot. I couldn't believe that he was so ignorant. So I hope this apology has woken up the judicial system to what's really going on and what you're facing.

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The death rate amongst state wards or I'll say federal wards, (indistinct) is enormously high, 75 per cent of them ended up in prison and I would like to see people go into the prisons and have them released and put into places maybe where they can get a home, a place where they can call some place of their own, give them some kind of decent - locking them up and all that, you're just giving them everything they want because that's all they know. They don't know anything else, so why lock them up? They don't need it. They're in there because of what happened to them, in the places, and they can't go out in society because society knows nothing about it. What they do know, what little they do know under the senate report in Canberra is not really as much as they need to know, so they've only got bits and pieces really. So I would say

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that I'd like to see a lot of them released and put into a place where they can establish and help them get back or into some kind of format of their own life because they've been deprived of something for ever and that's what I want to see, amongst this other thing with this card.

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I hope I've helped you understand some things and I am not against you people doing what you're doing, it's great, I just want to see changes and I want to see families brought together. I don't want excuses for breaking families up. A lot of people go in their naive and you're so disparaging with who's a social worker, who's that, who's a protective service? Who are they? People don't understand what goes on when their families get broken up. You're left completely desolated, isolated. One of me daughters said, "Completely lost," you know, "deeply lost." Got no system of life, no reason for being. Suicide rate's high and, you know, you structure this thing on the systems today because it was never fixed up back there, so how can you get your systems right today if you can't fix this up, get this fixed up and then you can learn more about how you need to have a system that works.

20 You can't have a system that works with this kind of result of your past history and, as I say, I've got this thing here, what's called your apology, right, and I fit every bit on that apology, right, and that talks about the ones overseas and that was about 10 per cent and it was 10 per cent the Abbos, it was 80 per cent Australian children. There used to be an old song which went years ago which said, "Fix up your own backyard before you fix anybody else's backyard up." I wrote that song, I also wrote a song called, "I got a hold of me soul," and I sang that song in front of the DHS ministers up here in Melbourne here in West Richmond when it was opened, the place was opened, and they had segregated systems like going.

30 But the system, it's primitive, it's not a very good structural system. It hasn't got lawyers in there to protect us, it hasn't got medical physicians in there that can protect us, give us some idea of what our healths are like. A lot of wardies don't like going near doctors. They don't know what a doctor is for, some of them. There's a lot there too frightened to even speak. There's an awful lot of them can't even read and write, they've been abused by the system day in and day out and they end up in court and they don't know what to do and they're shoved and pushed around by a system that thinks it knows and it doesn't know anything at all, so these things need to be addressed.

40 Children also in the families today with the way things are - and I'm not knocking the fact that children shouldn't be here - but there is a way of smackin' children and there's a way of not smackin' them. There's a way, you know, you can speak to a child - I can only speak to a child the way I was brought up, right, so if someone says I haven't got the tools to bring up a family, I'd have to say to them, "Well, you better go back to your books and

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look at where you went wrong because I'm the product of what you made," and that's what I'm trying to say, you need to change. You need to look at your system, go back to the days where they took advantage of these systems and find out where you can make it better, you know, and that's a hard task. I'm not
5 saying it isn't, right, but it needs to be done and it needs to be clarified and there's still a lot of us out there who are in, what are they called, like left to the wind.

MR CUMMINS: Well, Mr R, thank you very much for that. You expressed
10 yourself very clearly, for which we all thank you. We have no questions of you?

PROF SCOTT: No.

15 MR SCALES: No, thank you.

MR CUMMINS: Mr R, thank you for coming forward and for writing it out in advance as well, Mr R.

20 MR R: Thank you. I hope it all goes well.

PROF SCOTT: Thank you.

MR CUMMINS: Thank you, Mr R. Well, ladies and gentlemen, we finally
25 have the joint submission and we'll take a five-minute break and we can rearrange the chairs and things to have the benefit of the joint submission, so we'll see you in five minutes.

30 **ADJOURNED** [3.59 pm]

RESUMED [4.05 pm]

MR CUMMINS: Well, ladies and gentlemen, welcome to the final session,
35 one we've been very much looking forward to and we're very pleased to have a full Bar table here, so perhaps we might invite the senior counsel to commence and you take it in the order that suits you best. For the purposes of the transcript, it would be convenient if you state - we know, of course, who you are - but if you stated your names on the record when you're making a major, you don't need to say it each time, but your first major one and we'll sort of
40 take it from there. So, Michael, good to see you.

MR WYLES: Thank you very much. If it please the Panel, I have the
45 privilege of appearing before you this afternoon on behalf of the five community service organisations responsible for providing the vast majority of services in out-of-home care and youth support in Victoria: Anglicare

Victoria, Berry Street, MacKillop Family Services, the Salvation Army, and the Victorian Aboriginal Child Care Agency. Together, these community service organisations, which have come to play a vital and integral role in the delivery of welfare services to the Victorian community, have joined with the
5 peak body representing 100-plus community service organisations providing such services, the Centre for Excellence in Child and Family Welfare, to take what we consider to be the unprecedented step of developing and providing to this Inquiry a joint submission.

10 We trust that the benefit to the Inquiry of this collective effort has provided this Panel with the assistance it needs to achieve a sea change outcome for the future of all Victoria's vulnerable children and their families. The joint written submission was submitted to the Panel under cover of letter dated 30 May
15 2011 and we thank the Panel for the opportunity to speak to the submission, which we trust the Panel has found to be comprehensive. Subject to any requests from the Panel, we propose taking about 30 minutes of the time allocated to speak to the submission and thereafter to deal in the remaining time with such questions which we anticipate the Panel will have.

20 MR CUMMINS: Thank you, Michael, and take it that we are well-familiar with the submission. We've had the benefit of reading it and doing so more than once.

MR WYLES: Certainly. So in the time allocated we look to best assist the
25 Panel by speaking to the two fundamental principles upon which the written submission is predicated.

The first fundamental principle is the concept of a public - and we use the word
30 private partnership - but in this context we stress that it is not private in the sense of profit; it is private in the sense that the community service organisations rely very much upon the philanthropic spirit of the Victorian community and have developed their, if I might call it, business model on the basis that they can bring to the benefit of the community that goodwill of the Victorian people and others. So we use the term "public private partnership"
35 and what we are talking about is a public private partnership between the state, via DHS most likely, and the community service organisations.

The second fundamental principle upon which the submission is built is the
40 replacement of the adversarial system with a panel system for the making of decisions on intervention and removal of children from their families, a system modelled closely upon the Scottish Children's Hearings system introduced in Scotland by the Social Work Scotland Act in 1968 following Lord Kilbrandon's report in 1964.

45 If we turn to public private partnership. First and foremost, a coalition of

community service organisations, together with the Centre for Excellence, invites the Panel to embrace the concept of public private partnership with the emphasis on partnership for the protection and care of vulnerable children. We advocate a partnership where the community service organisations share
5 equally with the state the responsibility for securing the opportunity for our vulnerable children and youth to grow up in a safe and stable environment where they can achieve the levels of health, wellbeing and education appropriate for their age, proud of their culture. We're talking about transitioning the present infrastructure, not throwing the baby out with the bath
10 water.

In the language of modern management, we recognise that the present structures which the state devotes to improving the life of vulnerable children is reposed in four silos, each essentially exclusive of the other. There is DHS
15 in one silo; Child First and Family Services in another silo, Child Protection in yet another silo and out-of-home care in the fourth silo. While it would be unfair to characterise each of these silos as mutually exclusive, it is to recognise reality to note that each can readily become caught up in its own demands such that the confluence between them necessary to prevent cracks is
20 not always achieved.

Our joint written submission, particularly in chapters 3 to 7 and 12, advocates transitioning this quartet of silos to a continuum which can readily be conceived as being constituted of the following interrelated segments: first,
25 intake, where matters are brought to the attention of DHS; second, investigation; third, the legal process, seeking intervention orders; and fourth, casework, out-of-home care.

In an environment where the Ombudsman has advised that 1000 new
30 out-of-home care beds will be required by 2013-2014 and where the number of cases in the system is expected to grow from 13,000 to 14,000 per annum, we consider it is essential that the strengths of both DHS and the community service organisations be recognised and exploited so as to deal with this burgeoning demand for welfare services in the most efficient and effective
35 manner. When we speak of efficient and effective, we're not simply looking to achieve KPIs, we're looking to the development of an infrastructure for the delivery of protection and care which can facilitate aspirational outcomes for the vulnerable, to break the cycle.

40 Can we speak to you about a whole of government response. It is for this reason that we advocate the adoption of a whole of government approach to each identified case where the whole of government, DHS, health, including mental health and education become stakeholders in the provision of care so that in time the growth of the vulnerable is reversed. Vulnerability has no
45 single cause and the demand that DHS be solely responsible for its prevention

and cure is properly to be viewed as a derogation of duty by other arms of the executive, for example, education and health. Each of the CSOs present here today has recognised expertise in the provision of care both prior to and post-legal intervention. In providing the social care which they do, each of
5 these community service organisations deploys for the benefit of the community as a whole substantial resources funded by the spirit, the philanthropic spirit, of the Victorian community.

We ask that the Panel recommend to government that the expertise of
10 community service organisations be exploited and that they be invited to partner with the government in the provision of those services. This partnership can be achieved by advancing the governance structure for the provision of services to the vulnerable from one of purchaser/vendor, where we recognise that DHS is also a service provider, but in effect it is a captive
15 purchaser from the community service organisations and the community service organisations, captured vendors. Let's change that to a governance structure which recognises and embraces the skill set of both.

This governance structure can be readily built upon each of the eight present
20 DHS regions. In each region, a children's council can be established. Each council would consist of members appointed from DHS and from the community service organisations. The councils would be responsible for setting policy for the local region and for the allocation of resources within that region. The involvement of the community service organisations as a partner
25 at this level will have significant benefits for government. Community service organisations will no longer be selling services on terms set by the government and will have recognised ownership of the outcomes which flow from the provision of such services. Those organisations will be able to assist government in what must be recognised as an extraordinarily difficult task of
30 assessing the services which are required within the region and developing effective and efficient long-term preventative and short-term remedial strategies for dealing with the community demand.

In our submission a localised approach has been proved to be vital to
35 delivering to the community. Our Victorian community, largely harmonious, must be recognised as having several divisions: divisions based upon community, socioeconomic, education, racial and social lines. These divisions dictate a multi-pronged local approach to the vulnerable. They make central approaches most ineffective.

40 How local is local? That question is a difficult one, but at the very least the policy settings for the community need to be made as close to the community as is feasible. As they are setting policy and allocating resources, the children's councils will in turn determine the shape of the multidisciplinary operational
45 teams which provide the services required within subsections of the larger

region for which each council will be responsible.

Whether these - and in what seems to be the trend, use the MDT if I might -
whether these MDTs can be built upon the present Child First model, or
5 whether the MDTs will, in response to the policy settings designed by each
children's council be required to assume a different shape is part of the detail
which it is too early to canvass at this stage. The essential characteristics of
these multidisciplinary teams are detailed in chapter 5 of the written
submission.

10 Within this public private partnership model the expertise residing within DHS
can be much more effectively utilised if devoted to the first three segments of
the welfare service continuum, which we have previously identified. They are:
intake, investigation and the legal process. There is no doubt that DHS has
15 expertise in that area. The community service organisations have expertise in
the provision of care and that expertise can be better exploited by looking to
them to provide the pastoral, social care, including out-of-home care, which is
demanded following legal intervention. Each multidisciplinary team, or MDT,
will comprise employees of DHS and of community service organisations
20 located in the region working together. The effectiveness of the
multidisciplinary approach has been evident in the success that Child First has
had to date.

A public private partnership of this nature is likely to have long-term benefits
25 for the whole community as the utilisation of the department's skills in early
intervention and prevention is likely to decrease the occasion of vulnerability
over time. So, too, the use of community service organisations to provide the
out-of-home and pastoral care where legal intervention has been ordered will
be conducive to achieving aspirational outcomes which can break the cycle of
30 vulnerability.

It is only to recognise reality to note that the achievement of such aspirational
outcomes is especially difficult for government institutions to achieve. Of their
nature, these institutions cannot accommodate individuality in the same manner
35 as a community service organisation can. For example, a community service
organisation can choose to use its own funds to tailor individual responses for
those exceptional cases which demand so. That is too much to expect of
government. This flexibility which could be achieved in the delivery of
welfare to our vulnerable demands the partnership we advocate. Prof Munro
40 has noted in her interim report, the Munro Review of Child Protection Part 1, A
System Analysis, that:

*An overstandardised system cannot respond adequately to the
varied range of children's needs.*

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What we do emphasise is the imperative for a localised multidisciplinary approach to the phenomenon of vulnerable families and vulnerable children, and we deliberately refer to vulnerable families, not because of the truism that no man is an island, but because the two go hand in glove. If you reduce the vulnerability of families, you reduce the event of vulnerable children. A system of public private children's council built upon the existing eight DHS regions will secure the partnership between the state and the community service organisations, with the community service organisations stepping up to take equal responsibility with the state for the provision of community care. This is a system which can work and which can secure an improvement in the delivery of care to the most vulnerable by those with the skills best suited to assist.

We mention a matter which you will not find in our written submission but which occurred in preparing for today. Because we note in passing that it might be said to be somewhat remarkable that the governance structure for the provision of support and protection to the vulnerable children of this state does not at a state level include a body akin to a board of directors constituted by appointments from both the state and the community service organisations, which body would be responsible for setting policy direction and the allocation of resources.

We ask the Panel to consider making such a recommendation. It is time for a permanent body to take responsibility for our vulnerable children, not a mere advisory body, but a body constituted of persons who are independent of government but equally responsible to it. There are many examples of such bodies which the government has put in place. The old concept that only the state have responsibility for the welfare of our society is out of step with the demands of our modern community. There is room for the partnership of which we speak in the protection of vulnerable children and we ask the Panel to take up our invitation to recommend such a course.

If I might turn briefly to children's hearings. On 15 April 1971 children's hearings took over from courts in Scotland most of the responsibility for dealing with children and young people under 16 in need of protection or who commit offences. That system was recommended in the 1964 Kilbrandon report.

On 6 January this year, the Children's Hearing Scotland Act received royal assent. That Act reforms the children's hearing system to build on the philosophy and vision of Lord Kilbrandon and to strengthen and modernise the system. Three overarching principles underpin the children's hearing system: the welfare of the child is paramount; the child's views must be taken into account; no order should be made unless it is better to make the order than not to.

A children's hearing is made up of three panel members, whose role is to make the decisions that are in the child/young person's best interests. The process within the hearings is for the child or young person to talk with the panel members and answer questions put by the panel members. A legal representative can be present to speak on behalf of the child if the panel members consider such a step necessary. At the hearing, a social worker informs the panel of the child's situation and makes recommendations for an outcome which can make the situation better. Where the child is of school age, a teacher will attend. The process is not adversarial. The panel members are volunteers and the website for the children's hearing panel page will quickly educate about all of the factors which are taken into account in calling for volunteers and the process which is in place. Prior to the hearing, the children's reporter prepares reports. The children's hearing system is a cornerstone of the Scottish response to the protection of vulnerable children. It is working. It should be given serious examination as the appropriate model for Victoria. Thank you.

MR CUMMINS: Thank you very much, Michael. How would you like to proceed from here?

MR WYLES: We had anticipated that the Panel, having had the benefit of the submission, may have questions or may even have questions about the overview which we've sought to give you now and then we would like to deal with the questions.

MR CUMMINS: All right, excellent. Perhaps Prof Scott, you might like to commence?

PROF SCOTT: Thank you. There are three areas that I'd like to explore, so I'm not sure if they are the same areas as my fellow Panel members, whether we then explore them area-by-area or each of us just takes all of our questions in turn, but the three areas that I'd like to talk about are the hearings, the panels and the Scottish model and the children's council proposal, and in the written submission, the proposed functions of the role of a Commissioner for Children. Mr Chairman, do you want me to start with perhaps the panel issue?

MR CUMMINS: Yes, you can start with that.

PROF SCOTT: I was in Scotland the year before last, and I would need to check with my Scottish colleagues if I have it right, but I understand that most of the cases that come before the panel would be similar to what we would talk about as a protection application by notice where you might be seeking a supervision order; that is, a child would not have been removed from their family, but this would be a child about whom people had some significant

concerns.

5 Given that in the Victorian system the vast majority of protection applications now are by safe custody, the children have already been physically removed from their families and are coming to the Children's Court within 24 hours of that, that is a very different scenario than what the Scottish Panel would be dealing with. This is extraordinarily raw, these children are traumatised from having just been removed, the parents are in acute distress and I think there is a mismatch between the panel model and that scenario.

10 If you were to be talking about a panel as a way of dealing with issues that would currently be seen as appropriate for a supervision order where a child was not leaving the family home, or no other member of the family home was being required to leave as a condition of such a supervision order then I can see how it would fit in a hierarchy of responsive regulation, but I have deep reservations about its capacity to perform the function of the type of case which is now the typical case in a protection application. I have concern about what would be the appeal mechanism, would it be to VCAT? Are we asking in this model for the Children's Court to deal with all matters other than protection applications, so that the Children's Court would deal with all of the other matters in relation to court orders? Can you clarify for me and sketch out this in greater detail in a way which would address some of my concerns?

25 MR McDONALD: I'm happy to make an opening on that. I think the system that we're recommending and suggesting should form the architecture of a new Victorian system is that we don't believe that a complete expertise in relation to the complexities of the matter can reasonably sit within one individual, whoever they are, and that in fact even when you have a look at models like Koori courts and a number of other things, a range of experts are introduced.

30 Firstly in relation to the panel concept, we are advocating in fact actually a more informed and broader range of skill set - it is not that it is a reflection on the current system - but it is required in relation to the complexities of these cases. Secondly, we believe that the strength of that system can deal with some of the expected complexities and difficulties that will be presented to the court. We've mentioned things like removing children on custody orders or IPOs or removing them into out-of-home care establishments. In thinking this through, we'd like to work with the Panel or suggest greater investigation into how a system like this can work on that 24/72-hour requirement and also in relation to how it consistently can deal with these matters. At the moment what we've got is a bit of an attempt at alternative dispute resolution and then it spills straight into court.

45 We think that the family's experience in that matter and the child's experience and the professionals involved require an environment that actually is able to

5 explore the case and explore the issues of the case and make some decision from an authoritative group of people to inform that case and I think that we need to unpack what are the things that probably a panel like this - I'd have to say that I'm not so sure whether a panel could not absorb most of the cases that would in fact be appearing in the court in the way we design, but certainly we'd like to work further on unpacking some of these issues.

10 MR WYLES: Can I just add, Paul, that if I've understood some of your concerns correctly, professor, you deal with the scenario where the child has been removed and then families are in court, in the Children's Court, and you point to that stressful situation. For myself, I cannot see that that situation could ever be better than the present architecture they have in Scotland and the reason for that is this: that the adversarial system itself creates stress. It must. We hark back to a time, it originated from a time where we originally tested things by testing the arguments. The attraction in the panel system that the Scottish have established, and even with the new Act you will see - I accept, I don't wish to disagree with you - I accept that the vast majority of their cases at the present time are different, but certainly the changes which they've introduced into the Act which was brought into place this year indicates that 20 they are anticipating that there will be more removal orders and that they will be dealing at a later point in time and deal with that because that's the way they seem to have modified it to have a person in charge of that now. What I would contend is that you will actually have less stress and you will have a better outcome for the child and for the family if there is a panel which is 25 investigating the matter with them as opposed to them having to postulate a position where they are defending their own position and somebody else is seeking to knock their position down, which is the present system that you have.

30 PROF SCOTT: Could I come back and deal with that?

MR CUMMINS: Yes, keep on the panel because I'd like to deal with that as a topic.

35 PROF SCOTT: That if a child has been removed, and we're talking 24 hours later or within the next working day, it's not a state of mind in which most parents would be able to engage in a process that was addressing the concerns in their family. It's very different from where you may have had the department and a community service organisation working for months with a 40 family, it now may be appropriate to actually seek a supervision order to keep that process of working going and can be done in a consensual way. The rawness and the trauma in the aftermath of the removal of a child would in my mind make it very difficult for the child and the parents to participate in a Scottish-type process.

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MR WYLES: But do you suggest it makes it easier for them to participate in our process?

5 PROF SCOTT: I think our process currently is very, very difficult, but I think that the trauma and the powerlessness may make it very difficult to participate in a process when you've just had a child removed and one may not even be given legal representation. I think the model you're suggesting from Scotland is fundamentally not designed for now the typical situation coming before the Children's Court. There is also the situation of would you be able to maintain
10 in every region a panel of at least three members who would be available to hear all protection application by safe custody cases within 24 hours?

MR WYLES: The Scottish do seem to be able to manage.

15 PROF SCOTT: It's a very different geographical context.

MR WYLES: But a much bigger population.

20 MS CRONIN: Can I add something, one of the things that we discussed in developing up this submission is that there are a number of elements to it in terms of what we're suggesting as changes from the system. Any of one removed from that puzzle means that there are weaknesses in the rest, so while we actually did discuss some of the weaknesses that you're identifying, and the one that you've just raised around keeping active panels in all regions was
25 something that we discussed would be an issue.

A large part of what we're talking about is actually the need to move the entire system more to an early intervention, moving the whole system further up because you're right, they are different cases, but what we want to look at is
30 shifting the system so that there is a much narrower gateway into removing children and putting them in out-of-home care. So a lot of the resources actually in other parts of our submission we're talking about a much stronger early intervention approach to the system.

35 PROF SCOTT: I'm happy with all of that as a philosophical position, it's the mechanics of when that has failed which is what I'm seeking clarification on.

40 MS CRONIN: Yes, and there are some things that the detail of which we were very clear would need to be worked out more and that we thought there is some value in running some pilots around how does it work and that there would need to be different mechanisms to manage, as you say, the panels in different regions.

45 MR CUMMINS: We'll stay with the question of the panel and the adversarial for the moment. Mr Scales, would you like to ask any questions on this topic?

MR SCALES: Well, I'm interested in the discussion. I haven't been convinced yet and I'm listening, so let's keep it going.

5 MR CUMMINS: This is a lesser point than the one that Dorothy has raised, but I did ask Paul this morning, what about having a lawyer or a magistrate or a judge on the panel and in an elegant answer - I'd expect no less - he said that that could be and he added that that, indeed, might be a helpful transitional step from the present mode. I mention that because Lynn was here and some of you
10 were here, but not everyone was here, so I add that in. Nothing more from me.

MR SCALES: Dorothy, do you have other questions?

15 PROF SCOTT: Not on that issue, I have other questions on the topics.

MR SCALES: I have other questions, too.

MR CUMMINS: Prof Scott.

20 PROF SCOTT: Shall I perhaps ask the question?

MR CUMMINS: Yes.

25 PROF SCOTT: That is about the children's council and certainly there are elements of that that sound very attractive. My concern is about its potential limitation to really have a significant, that is, a population level impact on vulnerable children and families is that most of the resources that need to be expended to reduce the level of vulnerability to prevent children coming into the statutory child protection system are well beyond the Department of
30 Human Services. They would be in services such as health, I'm thinking of alcohol and other drug treatment services, adult mental health services, child and adolescent mental health services, the educational system, right down of course to early childhood education, maternal and child health, which has local government, but funded through Department of Education. So to really have
35 an impact on primary and secondary prevention of child abuse and neglect such a region or council that was distributing resources would have to have far more than DHS at that table.

40 How would you see that working, particularly seeing that adult specialist services in some of those areas I've described where the children are extremely vulnerable because of parental substance misuse, et cetera, it may not be self-evident to those sectors that they should be having their resources allocated by a children's council so that they can perform what some of us would wish to see child and family-centred practice. Can you address that
45 fundamental issue, that a council may have difficulty struggling with having

the authority to allocate resources which are most relevant to the prevention of child abuse and neglect?

MR CUMMINS: I think David, was - if you could hand that up, thank you.

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MR ELDRIDGE: I think there has been a little bit of work going on in Victoria around the Better Youth Services model in two communities in particular, one that I'm fairly aware of down in Geelong, and it didn't arise out of the issue of out-of-home care and child protection, it actually arose out of the frustration in local communities in terms of the failure of education, training and Commonwealth organisations as well to respond to the needs of that community.

10

We are seriously lacking in Australia a layer of governments at the local level and that does mean, particularly the Commonwealth, but also the State Government, are often uninformed buyers of the services that a particular community needs. So in Victoria you have your lenses in the education area and your lenses in the homelessness areas. There is no overarching sort of governance body at the local level and I just think, not only in this area, but in a range of areas that needs to be happening. It happens a bit in health and some other areas are emerging, but the issue really is not only about the governance, but around the collection of data.

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I think that communities need to take or need to be in a position to take responsibility for the data on what is working and what is not working in their community and education is a good example in terms of it does impact on this area. To try to get out of state authorities, even if you're the Commonwealth, a report on suspensions, expulsions, performance of skills, other than a fairly naive spread that is currently being done on the Commonwealth website, it's very difficult to get and it's very difficult for statewide authorities to offer that.

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I think that if we could focus a layer of governance in local communities with associated data collection, you could not only plan better for the child protection system, but you could plan better for the delivery of those secondary services that support child protection and I think there is a move to look at communities of services in LGAs and clusters of LGAs in Victoria at the moment to look at how that might be done, but I think a children's council would add to what does need to be a much more concrete layer of governance and data collection in local communities.

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PROF SCOTT: So if I could pursue that. Are you suggesting that there are structures at the local government level and then there is another structure at the regional level - assuming that local government areas neatly match into regions - and how is the children's council to deal with the resources, for example, that clearly come from the Commonwealth Government, the refugee

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re-settlement services, the FaHCSIA-funded early childhood? I'm trying to get my head around what a governance structure would look like that was genuinely allocating resources that cut across local, State and Commonwealth government.

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MR ELDRIDGE: I think we have an opportunity to cluster local government in ways that we haven't looked at for some years or in the past. If you don't include local government, I don't think there is a governance structure. Take, for example, the purchasing of some of the DEEWR services in local communities. I think there is a few reports out recently that talk about it being very poorly bought at the Commonwealth level because of a lack of information at the local level. Not every community needs the same thing. Not every community or subregion of communities needs the same thing. If you had local data, you could plan better to allocate Commonwealth, State and local government resources. Without that data, I think we continue in this level. Children's councils would be one element, one foundational element of how you might cluster local governance.

MR McDONALD: Just a couple of things in that. In our submission in chapter 4 we outline some principles for vulnerable children, families and outcomes we would seek. Secondly, we would move to a legislative responsibility that others outside the department, as in the whole (indistinct) that the government had to play in relation to vulnerable children, so moving from a wider state framework basis. We think it is amiss that there is no legislative accountability or responsibility for health or education in relation to these children.

Then as we move down to more of the regional architecture, the observation would be not only at state level, but in fact at a regional level we don't have an architecture where you may consider sibling departments such as area health services or those sorts of things in which you have a range of individuals coming around. The only architecture that sits probably around vulnerable children you could say is in relation to the 24 subregional sites around Child First where agencies come around, so between that and not even a state coordinating body, there is nothing. Our attempting in putting forward the children's council is to say we do need a planning data collection and also commentary about what are the needs of this group.

I would probably have to say, if we went back to the start of the legislation, Dorothy, it was probably a lost opportunity that at the time we didn't bring in health into the Child First platform and didn't bring in early childhood into the Child First platform in a formal, contracted way, in a formal part of those Child First. Now we have PCPs, we have Child First platforms, we have different platforms and I think what we're proposing is, in fact, actually the children's council at least starting to pick up the vulnerable children group. We wouldn't

say that mental health or early childhood development or any of those are out of that equation in relation to those children's councils, they would make up that, but it is seeking the partnership within that reflects that, reflects services of vulnerable children and reflects the department or departments and that's
5 what we've argued in chapter 4, that there is other departments and executives at play here that can also contribute. So the design needs to be worked up, but at the moment it's an actually unoccupied space without architecture in relation to this local planning.

10 MS CRONIN: Paul has picked up most of what I wanted to say, but the other element that we have proposed in responding to exactly the issue, I mean that's one of the core issues that the community sector struggles with all the time about how do you get the other parts of the service system to respond to the needs of the children, young people, families we work with when they are
15 invisible within those systems?

The other part of the puzzle that we're proposing in terms of addressing that is that there actually be an annual report against defined outcomes so that the legislation is changed so that it's clearer about the objectives that we wish to, as
20 a community, see for our children and young people and that then we report against those, so that other government departments are held accountable through being required to report against some of the issues that David raised about how difficult it is to get data out, that they are required to report annually about the number of children who are in out-of-home care who are in the
25 education system as an example, that we would need to identify what data needs to be collected and then report against that because whatever KPIs departments are required to report their performance against are the things that they put more attention into doing. What we would seek to do through changes to the legislation and using the annual report as a tool is to actually seek for
30 people at the regional level, for people in the Education Department to want to be around the table because if you are being required to report your performance about something then you are more likely to want to have a seat at the table that is making decisions about what's happening in your local area.

35 MR CUMMINS: Mr Scales, any questions on this topic?

MR SCALES: Yes. I must say, I found this unclear and I think if it's going to have legs, it has to be developed. Let me give you the reasons why: first of all, you talk about organising this within a regional community. There is
40 already bodies that are working in this very same area, some of which you've mentioned, including area health boards. You haven't explained how this particular body would work with the existing organisations that already provide services in those areas.

45 Secondly, you haven't differentiated between organisations that come together

within certain geographical areas, like area health boards, who have clear, set responsibilities by government based around set criteria, either to establish infrastructure, or alternatively, to provide a set group of services, like area health boards are. As you know, area health boards are given a very precise set of services to provide, there is no ifs or buts about that, it is based upon some sort of resource allocation.

That is very different to what we see in the child protection system whereby the life of children is chaotic, the lives of families are chaotic, we find it hard to predict how many services need to be provided at any particular time. This particular proposal doesn't in any sophisticated way address those things. So I think you have to take that away if you believe that this is worthy of consideration, you need to develop those things out, so that's the first point I'd make.

The second point I'd make is that there is a very big difference between establishing a governance framework at a statewide level and establishing a governance framework at the substate level. You can see how one can logically develop an approach that says you can have a body not unlike you've described here - I'm just trying to find how you describe it - the Children's Services Coordination Board. You can see how that, at a state level, could be quite a coherent body that could establish overarching statewide services, can report on the performance of those statewide services across state organisations, including health, including education, including DHS. It becomes much more problematic when you break that down in a regional level. So I think there are a number of elements of that proposal that need further development if we're able to consider it in some coherent way.

MR CUMMINS: Just pausing there, picking up what Bill has touched upon, I was going to say to you at the end, through you Michael, that you are most welcome to put in some further material in the light of our discussion. It's very valuable to have these interactive discussions, but you have the invitation to put some further thoughts in writing and it is often quite useful actually to do both I think, one is really a step to the other. So certainly don't be precluded from talking about it now, but remember that after this afternoon you're very welcome to put in some further thoughts, having had a look at the transcript and had a think about it, so picking up either of the matters that Mr Scales has dealt with, bearing in mind that you have that second step as well.

MR ELDRIDGE: In response to Mr Scales, I think he is correct in saying that it is much easier at the statewide level, at the government's level. My problem is even at the state level your access to accurate data around issues like education and some other ancillary services is going to be challenging, which is why I think we do need to explore, and maybe we can talk about this about how some of it might be done, the collection of localised data because it's

much easier to get schools in local communities to address some of the issues or to even talk openly, and that's happened in some of the Better Youth Services pilots, some of their challenges around retention of students, around suspensions, around exclusion policies than it is at a statewide level where a large bureaucracy is in a sense aware of its vulnerability, maybe might be the term I'd want to use.

I think if we can localise data it will assist young people who are in out-of-home care or young people, if you are looking at early intervention, to be able to be picked up and responded to and the schools where significant numbers of these young people reside may be reinforced in terms of the Education Department investment. It is interesting looking at some of the work going down at Whittington at the moment, around some of the Education Department's work around that, yet the connections haven't been made to some of the child protection systems.

MR SCALES: David, the decision about what any local government instrumentality will provide to anybody will be determined by the centre. That's what will happen. That's the practical reality. Nothing will be transmitted by any school to any organisation unless it is approved by a particular body, so I think in some ways that's why you need to tease this out.

MR ELDRIDGE: Yes, I've got no doubt about that.

MR SCALES: Because there won't be any dispute about the need for good data.

MR ELDRIDGE: Yes.

MR SCALES: I don't think that will be in question. Then the second question that comes from that is how to collect good data, who should collect it, what should be collected, and so on so I think that is part of developing the debate, the discussion, the way by which these things are done.

MR ELDRIDGE: Interestingly, in the Geelong model the state bureaucracy have been much more positive about provision of local data than they have been around some of the centralised data.

MR SCALES: Sure. But they will decide it.

MR ELDRIDGE: Yes.

MR CUMMINS: Anything more on this topic?

PROF SCOTT: No. The last topic on which I wished to ask a question was

your vision for the role of the Children's Commission. I noticed that the proposed functions, while they may not be exhaustive, are all very much related to child protection, so it's about setting standards for service provision in relation to Child First, statutory child protection services, out-of-home care, about independent oversight, receiving investigative complaints, own motion powers, investigation and then the last point is about an Aboriginal Commissioner for Children related to the fact of the continuing over-representation of our regional children and young people in care.

10 In the rest of the country the model of children's commissioners is much, much broader than those functions. Were you envisaging that the children's commissioner in Victoria would be as narrow as that, dealing with the very, very most vulnerable of vulnerable children, or would you envisage a children's commissioner for all children who would be an advocate for children, who would perform functions such as the impact on children of any legislation that might be passed? So there are very broad concepts of a children's commission and there are very narrow ones, can you say a little more about the rationale for adopting a narrow one?

20 MS DE WOLF: I'm Sandie De Wolf from Berry Street. You make a good point, Dorothy, and also the calls for a national children's commissioner is about all children and I'll be interested to see what my colleagues think, but I think we started from the Child Safety Commissioner and what was required to move the Child Safety Commissioner to something different and with broader powers and more independent powers. I don't think we started from the point of all children and I don't know what my colleagues would say about that, but I think it's a very good point that we would need to reconsider, possibly.

MR McDONALD: There is an assumption that also the Child Safety Commissioner has that remit in commenting on children's matters in relation to the work he's done and the work that's come out of that office. I think where our attention lays is in relation to some of the roles of an independent oversight, some of the roles in relation to complaints, some of the roles in the ability of the own motion were spaces that were unoccupied again, you know, "Who was doing that? I think the Ombudsman has been filling that void in part and that it needed some finessing I think in relation to the receipt of complaints, in relation to making some independent commentary about functions of the system.

40 Interestingly, there is no regular commentary about the functions of the Act. Is there anything? I mean in relation to any amendments that one may have or the processes of amendments that one may have in the Act, there is no regular oversight about are aspects of the Act working or not working? They seem to come on as an as-needs basis. What we've argued is in relation to that space needing to be further occupied, without probably venturing wider than that.

But I will make a comment about the debate about the children's commissioner in relation to all children. One example of a debate that's interesting is should it be 12 to 25, should it be 12 to 21, should it be 12 to 18, is where, in fact, actually the work of the children's commissioner is. This is where I think it is requiring some further thought and analysis about not only in relation to is it all children and does that take some of the emphasis off our most vulnerable? Is it all ages that thus may take the emphasis off our - not 12 to 25, I mean zero to 25 - off about children or teenagers or young adults? These are some of the policy guidance that we've suggested about, well, for vulnerable children, for children who are the most vulnerable, we're needing some role in relation to that, without saying that the rest are excluded, but you move into widening that, you start to actually taking the spotlight off some of the most vulnerable in relation to that.

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PROF SCOTT: But if we were to look at other jurisdictions in Australia, we may find a number of models that try to do both under the one office, WA or New South Wales, which clearly differentiates what they see as the role of the Office of the Guardian and Children's Commission, and then there is the ACT, there is the public advocate role that encompasses various aspects of what this type of role would be. So would it be useful to come back with some further clarification on perhaps the strengths and weaknesses of this model vis-a-vis other states and territories in Australia and thinking about vulnerable children in a broader sense, which is our terms of reference, not just those who are connecting up to the statutory child protection system, whether you would see this office as having broader powers which again might potentially have an impact on prevention of child abuse and neglect, not just how we respond to children who are deemed to be in need of care and protection.

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

MS BAMBLETT: Can I just say - Muriel Bamblett, the Victorian Aboriginal Child Care Agency - I think the point, Dorothy, about powers, it's not about roles and responsibilities. I think that what we need to be clear is the powers that the children's commissioner would have. I think if we get mixed up with roles and responsibilities - and it is the powers that they need to have in order to make the best decisions to know about children and I think it's critical that any children's commissioner that we have in Victoria has powers and I think if we have a system where they don't have power and they don't have the ability to make good decisions or to inform decisions or to inform policy, I think that we haven't got a good commissioner and I think a critical element has to be their powers.

45 PROF SCOTT: I agree. The power has to match the role, but there is also the issue about the breadth of the role.

MS BAMBLETT: And the independence.

PROF SCOTT: And the independence, yes.

5 MR CUMMINS: Anything further on this topic? Finally, your next topic?

PROF SCOTT: No, that was it.

10 MR CUMMINS: That was it. Mr Scales.

MR SCALES: Can I take you to page 9 of your document where you have the model of the new protection care system. Can you tell me where leaving out-of-home care fits in that model?

15 MS BAMBLETT: Where leading?

MR SCALES: Where leaving out-of-home care fits in that model.

20 MR CUMMINS: At the point of leaving the care.

MS BAMBLETT: Yes, that - - -

MR SCALES: No, my point is that it's not there.

25 MS BAMBLETT: We consider it part of out-of-home care.

MR SCALES: Do you?

30 MS CRONIN: Absolutely.

MR SCALES: Well, you may want to think about whether you add it to this because it seems to me that the debate that's coming through, and it seems to me a very sensible contribution to the discussion by other people is that there is another set of quite distinct requirements about leaving out-of-home care and I think under that schematic that you've created there, it would be valuable to add that, with all of the various elements in the same way as you've got some subpoints under each of those headings because it does seem to me that the people are now beginning to say that is another distinct set of issues.

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40 MS CRONIN: I think that is a very good point and I think we would need to have a think about how to integrate it into the scheme because I think probably it's one that sits along the bottom because - - -

45 MR SCALES: Could well be.

MS CRONIN: - - - it's about what are the skills that we need to be giving to our young people about - it's transition to adulthood so there are issues around transition to adulthood that are more than just in out-of-home care and that we're not equipping young people around that, so I think you're right, it needs to be in here, but I think it is more than just the out-of-home care box as well.

MR SCALES: I think you should look at it because these things, ones they are written, tend to remain in stone and I think that you make a really good contribution in the way in which you have described this, but at the moment it's got a couple of gaps. Can I suggest that there may be another gap. I recognise that it's in here, but again the debate that's coming out within the community is making a much bigger play than you have in both your own submission and in this diagram, and that is about education.

Now, it does seem to me that you've described education in here under out-of-home care, but many other people are arguing that it's a much more fundamental question of the total care system and so again you might want to just look at that. There might be others that I've missed as I've gone through your submission, but I think it may be sensible for you to have another look at that. I mean this diagram would be helpful for us, but I think only helpful to the extent that it actually gives a much more complete picture.

MR ELDRIDGE: Away from the submission, could I suggest that the foundations for good leaving care are appropriate placements for our care, particularly around the issue of education, and I think some years ago in something I was doing with the Commonwealth, we had a look at an emerging Irish model, which has probably been buried now, where they talked about case managing every young person through the Irish education system in terms of their educational achievement, not so much in terms of their welfare achievement, and I think that there is some value in exploring that, particularly for young people who come under the notice of the department.

More broadly, I might want to advocate it too, but I think that there is an issue about the foundations for transitioning into community life are built long before the leaving care issue and I'd like to talk about continuing care, at what point it goes until and maybe we can come back with something on that too because you talk about secondary services, the ones least capable of responding to the needs of this where you have young people coming through out-of-home care with inadequate education preparations are, in fact, the educational training systems funded by the State and Commonwealth, either at TAFE level or a return to school, they are not capable of taking on the challenge at this point. I don't know that I'd want to build an alternative system for them, but I do think that those providers need to be able to face the challenges of young people who are functionally reading at grade 3 and 4.

MR SCALES: No, I'm certainly not asking you to redesign the system, but what I am asking you to do is to draw on the wisdom that we're hearing.

5 MR ELDRIDGE: Yes, yes.

MR SCALES: And we're hearing a very different message. We're hearing a message, and we heard some of it today in all sorts of forms and we've heard it elsewhere, and that is that the education system has to have a very different
10 look and feel if it is to meet the needs of children in care. Now, at the very least you should bring some of that colour and light to this debate.

MR ELDRIDGE: And I think the colour and light sits within the agencies who are sitting at this table.

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MR SCALES: Of course it does.

MR ELDRIDGE: They are providing services, they're struggling to set up schools and maybe if we just do a little ancillary paper on the focus on what's
20 already happening and what are the barriers to an opportunity rich environment post-care for young people who are in care.

MR CUMMINS: That would be good.

25 MR McDONALD: Happy to do that and, Bill, just to follow on. I suppose the omission on the detail is not a reflection of the priority that any of the organisations would sit. I mean really education is transformational for many of these. That's why we went to the legislation about naming it because in fact actually the debate about this cohort with education - I could take, for example,
30 out-of-home care - there is about 3500 children going to school in out-of-home care. You will talk to education and they'll say, "Yes, but I'm moving 500,000 in and out every day through the public system and that prioritising of those three, three and a half thousand under state care is something that is often done in goodwill, but lacks any legislative accountability about the role that
35 education needs to pay for children in state care. That's why we picked that up as our fundamental catch-all point to start with and build on there and we will provide a more detailed paper because a number of the agencies sitting here in front of you are running education-type support services for children as we speak, so we're happy to put that detail in.

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MR SCALES: Can I take you to page 31. There are two elements to this. One is the more general point about early intervention and I'm interested in your general view about what that actually means in practice. It seems to me that a sophisticated debate here about early intervention is to what extent does
45 a community demand something a bit more than just goodwill on behalf of

those of the families who might have children who are very vulnerable, and I'm trying to get a sense of your view about what early intervention might mean in practice for those most vulnerable children whom we know, by virtue of the characteristics of either the child or the family, will find themselves without some form of intervention in the system?

MR McDONALD: I think what's facing the system is that on top of - we're trying to build an early intervention system that while fundamentally has some good platforms to it that we're wanting to strengthen, I'm not sure of the exact point, whether I'll answer this exactly the way you've described it, Bill, but what we propose in our submission is that the early intervention services such as maternal child health services or such as hospitals or such as some of the universal family services could have I think supported to it the role of integrated family services and child protection services of an investigative nature actually co-located or regularly visiting there to actually see if we can pick up the earlier and more vulnerable children that are presenting them and hitting those systems.

I think that we probably are arguing that we're wanting to build on the current universal and secondary service platform by bringing some of our strengths that we know in working with vulnerable families into those systems before waiting too late until they're actually notified to the services. In terms of earlier intervention, as we've underlined it, an early and quick response, we're wanting to actually populate within the early intervention system a lot of the good skills that often are probably locked up in the investigative end co-locate those so that the intervention can be added in a more potent way.

MR SCALES: But does that imply a form of earlier statutory intervention?

MR McDONALD: I think we'd be reluctant to move down an earlier statutory intervention to bring those type of family groups into even a semi or quasi or earlier first phase statutory intervention. What we have found in relation to the demand coming into Child First is that the demand has actually increased as Child First has grown its roots in the community. People have felt confident, families have felt confident. They like having that intervention, it is not only the referrers into Child First, it's the families experiencing that. You may start to add a different chemistry, a different sort of sense of acceptance of that service system if you start bringing the statutory onus to it.

I mean I think the unborn reports is an interesting story. The unborn reports gives some legislative trigger to approach a pregnant mother about a service, yet that pregnant mother still has a choice about whether to receive or not. The evidence so far says that most do receive those services and most do accept them through that way. So I think drifting the statutory obligation or environment up into the earlier intervention end, to be frank, is not necessarily

needed given the demand and given the acceptance of our experience of the integrated family services working with these vulnerable families already.

5 MS CRONIN: Can I just add something to that, the other point I wanted to make about that was one of the other parts of the puzzle of our submission is around the funding model and enabling greater flexibility for CSOs to have in terms of responding to children, young people, families' needs. The example that is often talked about in a lot of services is where the limited number of options that the service system has to respond to need, and it is often that 10 families don't - they are not seen by the system until children are removed and where a lot of our resources go is into out-of-home care. So what we want to see is greater capacity for CSOs to have the ability to put services in at an earlier point with those families.

15 For example, I think one of the case studies - and I can't remember if it was in this or something else, one of ours - was about a young, single mother with mental health disability, you know, depression. If you had the capacity to put in some resources around someone coming into cook dinner at night, helping with homework with the kids, then they might not need to get to the point 20 where the children are removed. The other element is the re-engineering of the child protection workforce so that they are, as Paul mentioned, co-located. That is not necessarily about a statutory intervention earlier on, but if you've got someone in a school who is able to identify the kids and the sorts of triggers, the issues that are being presented, that schools that don't often have 25 access to those, the skills and expertise, then you might be able to respond at an earlier point in that child/family's career within the child protection system. So the two bits are moving the workforce so that they are closer to where children and young people are earlier on and then having the capacity to shift the resources so that we're able to do things other than just remove children and 30 put them into out-of-home care.

MR McDONALD: Our submission is argued in one part also of bringing up family group conferencing up into the early intervention phase. At the moment if you have a look at a number of child protection service systems, it's buried 35 right down into the middle or post-court phase of family group conferencing or in the middle, at the late stage of investigation. We would argue that, in fact, this is certainly a family strengthening and an extended family strengthening exercise and we've said in this paper that the need to bring family group conferencing up into the early intervention phase is again about how to actually 40 bring the right type of problem solving around the table, and you don't need to probably in those sort of forums need a statutory framework to bring those families there, they tend to actually be willing, if you get there earlier, be willing to attend those and work those through, those issues. So that's the type of, I suppose, interventions we'd like to see more populated up the early 45 intervention phase.

MR CUMMINS: Lynette.

5 DR BUOY: Thank you, Phil. I guess a comment that I would like to make in
relation to that is that it's about having a mix of responses, so it's about
community engagement, it's about programs, but it's also about outreach and
that the early intervention strategies that we need to put in place need to be a
10 mix because it's actually about engaging with those families, which we might
sometimes refer to as the hard-to-reach families or those more difficult, and
actually bringing them along and making the responses relevant for them, so
often what we do is we apply programs on to them and they don't participate
because it's not relevant to them. What we need to do is have more direct
engagement and work with those families through a series of responses,
15 including outreach and community engagement, that actually makes things feel
relevant for them and then they'll come along. It's just about not imposing
things on them. So our response would be it's not about making it statutory, it's
about making it relevant.

20 MR SCALES: That's a reasonable segue there - sorry, David.

MR ELDRIDGE: I just wanted to say one thing. I think that if you look at
two areas where we've worked out as a community a little bit more of a more
targetted response in terms of early intervention, it's youth homelessness and
young people's mental health, if you look in the youth areas. The approach has
25 been to track back down the issue.

The reality for government and the community is that the more you track down
a particular stream of an issue, the more generic the response has to become.
So that if you start tracking back through families and the tension that emerges,
30 it's about what schools look like, and that's a big challenge. It's about the
comfort, how comfortable some parents, particularly parents whose own
experience of schooling has been bad to engage with the school and where the
early intervention can be worked. I think we've got a lot of the approaches, but
there hasn't been an acceptance across systems that early intervention requires
35 tracking back down an issue and placing the responses broadly across systems.

I think one of the great things in terms of child protection that Ireland did - I
hate to raise Ireland again because they're in trouble at the moment - was that
they had parent-friendly rooms in primary schools that encouraged mums or
40 parents who were dropping kids off to stay and watch a TV show and have a
coffee and start to see the school as a non-challenging environment. I think the
challenge of early intervention is to engage voluntarily people so that they start
to receive the supports that will prevent the breakdown occurring, so I mean I
think it's a conversation with the broad secondary systems that will facilitate
45 the early intervention. There are things that can be done once protective issues

are identified earlier, but if we're talking generally early intervention, it's about mainstream systems saying, "We're committed to this whole process of engagement."

5 MR SCALES: It's a nice segue into Child First. I make these comments slightly provocatively because of the group we have at the table. In a sense you have such an important place in this whole sector, that I make these comments.

10 Your comments are not consistent with what we're hearing in that - I should rephrase that - it's consistent in one sense. It's consistent in that people seem to be reticent in looking at Child First and trying to disentangle Child First and ask a number of quite serious questions about Child First without undermining the general principle of Child First. For example, rarely do we get people who
15 come and say, "Child First as a referral agency first step in the process works well. However, what doesn't work well is the way by which those members of the alliance of Child First are well enough resourced to be able to meet the needs. Nor is it working well enough in that it's now moving to a tertiary end rather than being what people assumed it was going to be, which is either in
20 some cases at the universal service end or secondary end."

My reason for raising it with you is that it seems to me you have the unique position of being able to put that sophisticated argument in such a way that this Panel is able to look at it and say, "Yes, that all makes sense" or "it doesn't."
25 Yet in a way what I've got out of yours is a bit of everything and I suppose it's a plea to go back and look at your submissions and make sure that's what you want to say because if I was to read this now, I'd say you're comfortable with where Child First is at, with probably one exception, and that is that it's not meeting demand. If that's what you want to say, fine; but I'd like you to just
30 make sure that's what you do want to say.

MR CUMMINS: You might take that on board. That's I think a take-on-board question.

35 MR SCALES: I've got a lot of questions, Philip, but given the time I won't.

MR CUMMINS: We'll pull up stumps at half past 5.

MR SCALES: Okay. Well, there are a couple of others that I think are really
40 very important and one goes to the whole question of the balance between the provision of services to the Aboriginal community via organisations like VACCA, who are doing an outstanding job, and the balance between that and providing services to the Aboriginal community through universal services. You I think are very firm in this submission in saying that it ought to be the
45 movement of services towards the Aboriginal organisations so that it is more of

a self-determination approach. I just want to make sure that that's the direction that you're suggesting is the right direction to go because it's a very powerful signal.

5 MS CRONIN: Can you just say that last bit again.

MR SCALES: Yes, it's a very powerful signal I think to the panel.

MS CRONIN: No, not that bit, what - - -

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MR SCALES: It's the balance between the self-determination and the provision of services to the Aboriginal communities via universal services. Your submission is very powerfully in favour of moving towards the one that I think many would endorse, but not universally, but most would endorse I would go on to say, the provision of service to Aboriginal communities under a self-determination model.

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MS CRONIN: So I'm happy to lead on that one, with Muriel's endorsement. That very much is the position that we put. What we have tried to present in the submission is that our view is that the first and most important thing to do is to build the capacity of the Aboriginal community sector to be able to respond to the needs of Aboriginal children and families and that the mainstream community service organisations cannot do the best job that we would all wish to do without that capacity there. That other organisations will always need to be able to respond to Aboriginal children and families, but we cannot do that without a very strong sector, Aboriginal-lead sector, and that that is a really important thing that needs to happen immediately.

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MR CUMMINS: Muriel, do you want to add to that?

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MS BAMBLETT: I think having been involved with this consortium and having worked alongside in this sector for so long, I've seen a growth in Victoria that hasn't happened in any other state and territory and that's because of the commitment towards self-determination, the commitment not only from the sector but from the department, and so there has been a journey in growth. But, unfortunately, I guess you haven't seen it as big across the state, so there are pockets of the state where there are no Aboriginal services delivered and so I guess this consortium has supported that, on the premise of Aboriginal self-determination, that there be a view to growing the Aboriginal child welfare sector more broadly across the state.

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Outside of this submission I particularly would urge us to look at youth and the area of youth. I think that we're struggling with youth suicide, evidenced in the child death review, the numbers of children, our young that are over-represented in child deaths, so I think that youth is an area that we are

45

particularly concerned about. I endorse and I really appreciate that this partnership asked VACCA to be a part of this consortium to put in this submission, have been openly encouraging VACCA's full participation so I think it speaks well and augers well for Aboriginal children that we've got a service system that is about capacity building Aboriginal services. Certainly we've enjoyed a very good relationship with the sector on capacity building, assisting us with workforce issues, assisting us with strengthening our therapeutic approach. That's a partnership approach that you just can't get anywhere else; it's built on self-determination, social justice principles and doing it for the right reasons for Aboriginal children.

MR CUMMINS: Thanks, Muriel.

MR SCALES: Philip, I think that's fine.

MR CUMMINS: Michael, I wanted to ask you a question at the end. I didn't say it at the start because I wanted other things to get airspace. The overwhelming burden of submissions to the Inquiry - I'm not expressing my view, I'm simply reflecting the submissions - is that the adversarial system in the Children's Court is, at best, unproductive, always stressful and quite often, at worst, harmful.

There are overwhelming submissions that go to this point, that at least the adversarial system is used much too extensively and inappropriately. Now, as we know, the whole legal profession is moving towards considering our fundamentals that we were reared on as mother's milk and even last week Chief Justice Doyle in the Gerard Brennan oration at Bond University very seriously addressed this question on the civil side.

MR WYLES: That's right.

MR CUMMINS: So let's assume all of that for the moment - what a lot of the submissions say is that it's variously called the 10 per cent, the hard case, the pointy end - but what a lot of the submissions say, and they take in effect a step short of what you have said, is that there is a hard residue of cases where you need the adversarial system. Do you want to say something about that or perhaps address it later, whatever suits you best?

MR WYLES: I think it would be more beneficial for the Panel - I want to also take on board some of what Prof Scott has had to say about the Scottish system and we'll certainly come back to you on that - - -

MR CUMMINS: Build it into that.

MR WYLES: - - - and build it within that. I think that the immediate

response would be, and what we'll seek to develop further, is that we're not so concerned about the hard cases at the present point in time. What we are concerned with and what's very difficult in the adversarial system is for the focus to be the welfare of the child. What does strike you about what happened
5 in 1964 is that somebody started thinking that for children it may not be appropriate to be imposing upon them, for example, where they've contravened the same punishments; likewise, it may not be appropriate to be dealing with them in the same manner when we're seeking to understand what is actually in their best interests, so we'll certainly take up that invitation to explore further.

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MR CUMMINS: In particular, if you're looking at the hearing system, the Scottish system, how does that so-called 10 per cent - that's not my figure, that's a notional figure put in the submissions - how does that 10 per cent get dealt with by the hearing system and by the non-adversarial systems? I think
15 that's a critical point.

MR WYLES: Yes, all right. Thank you for that.

MR CUMMINS: Now, counsel has the right of reply.

20

MR WYLES: If I might open in reply and say that can we thank the Panel. I think the discussion has been certainly of great assistance for all of us and what we were seeking to do in the submission was to see if we couldn't achieve a movement in the system, if I could put it that way.

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We think that what you have alerted us to today is that I suppose we're taken a little bit by surprise in one sense in that there are certainly principles and directions which we sought to embody in the submission which aren't, as you've pointed out, Mr Scales, fully developed, so we can certainly now move
30 away and take your comments on board so that we can come back with further developed ideas, and particularly how the council system would work and how the governance structure would work. I think it's fair to say that everybody around the table would agree that if we can assist you with that, we think we will have provided some assistance.

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The only other matter that I would mention is to say that section 11 of the report, and dealing with the Aboriginal response to these problems of vulnerable children, we would say to you is consistent with the concept which underpins the report of the need for there to be a localised response and so that
40 is, if you like, the ultimate localised response which can then work within the community when we come to the broader level. I'm not sure whether Paul or Micaela will have any further comments.

MR SCALES: I think VACCA is more than localised. I mean this is very
45 much a sophisticated - - -

MR WYLES: Precisely.

MR SCALES: - - - statewide approach by highly professional individuals.
5 This is much more than localised. There's no question about that.

MR WYLES: No, no, when I use the term "localised", what I mean is what
we are grappling with in the delivery of the services is that you have to
recognise, as we've said earlier, that there are regional nuances or local
10 nuances. Now, the only reason we point to VACCA is to say, yes, of course it
is a totally sophisticated organisation, but when you identify that it is dealing
with the Aboriginal situation of vulnerability then that is entirely consistent
with the rest of the submission which we are making.

15 MR CUMMINS: All right. That's been most helpful. Do you want to add
anything, Paul?

MR McDONALD: I'll just sum up.

20 MR CUMMINS: It's always dangerous going after counsel.

MR McDONALD: Yes, always dangerous. There is nothing further I shall
add in relation to critiquing counsel, except to say that we're grateful and
appreciative of the opportunity. Some of the ideas we've flown, we didn't ever
25 come to the table having fully worked out the details, but the concepts - and we
saw this I suppose as a signpost to receive feedback to further critique to
further working that up prior to us putting in any detail. So on leaving care, the
role of education, the Child First commentary, the children's councils, the role
of the children's commissioner and the Children's Court models certainly we
30 thank you for your critique and we'll propose some further information to assist
you in your deliberations.

MR CUMMINS: We look forward to it.

35 MR McDONALD: Thank you.

MR CUMMINS: Good wishes.

INQUIRY CONCLUDED AT 5.32 PM ACCORDINGLY
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