



**SPARK AND CANNON**

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**PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY**

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

**WODONGA**

**10.01 AM, MONDAY, 25 JULY 2011**

MR CUMMINS: Well, ladies and gentlemen, a very warm welcome to our Public Sitting this morning. We're delighted that you are here. Thank you very much for coming in on this wet Monday morning. We've learnt never to complain about the rain, so it's nonetheless a Monday morning. The Panel and  
5 the Inquiry wishes to acknowledge with respect, indeed profound respect, the traditional custodians of the land upon which we meet, the Dhudhuroa people and the Wiradjuri people, and we pay our respects to their elders, past and present, and we look forward to their continuing presence in the future and acknowledging their future elders as well.

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Ladies and gentlemen, as you are aware, the government established the Protecting Victoria's Vulnerable Children Inquiry announced by the Premier on 31 January this year and we are due to report to the minister by November of this year. In turn then the minister will table the report in parliament, so it is a  
15 public report tabled by the minister in parliament and thus, of course, fully available for public reading, scrutiny and consideration.

A very significant part of the Inquiry's process, ladies and gentlemen, has been having regional Public Sittings. The Panel determined at the very start of the  
20 Inquiry that the Inquiry would not be Melbourne-centric and would be very much involved in hearing from and learning from citizens in the regions. Thus, we are here today for the benefit of your submissions, to listen to you, to learn from you and to take it away and further consider what you say.

We in fact record the public submissions that are made verbally to us and we transcribe them and we publish them on our web site and we study them further. We have had over 200 written submissions, some addressing one or  
25 two specific issues, others addressing the whole system. Those submissions are progressively being published on our web site as well, so both the written  
30 submissions and the verbal submissions are ultimately all placed on the web site for public information.

Thus, today, ladies and gentlemen, it's not only a Public Sitting here in Wodonga, but is in truth a Public Sitting generally available once the transcript  
35 is processed and placed on our web site. We have sat in the Melbourne CBD, almost at the epicentre, in the Melbourne Town Hall a couple of times on the corner of Collins and Swanston Streets and we have sat from Bairnsdale, to Mildura, to Warrnambool and regions in between and, as I repeat, we are delighted to be here in Wodonga today.

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As you appreciate, ladies and gentlemen, this is an Inquiry looking at the system as a whole, the system of child protection and care in Victoria. It is not an Inquiry addressing individual cases. Indeed, the terms of the appointment of the three of us, the Panel, were that we do not investigate individual cases or  
45 organisations. You'll note that word "investigate", so our brief is not to

investigate individual cases or individual organisations. Of course, we can have regard to what has happened in individual cases informing us about the system as a whole because we need to know what has happened in order to look at the future, but we don't investigate as, for example, the Ombudsman might, or a Child Safety Commissioner might or, tragically, a coroner might investigate an individual case, so when you're making submissions we'd be obliged if you would concentrate upon the system as a whole rather than individual, specific cases.

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10 We are very much a solutions-oriented Inquiry. The Panel is looking at the system as a whole to provide solutions to issues so that in the future we can have a better system, so it's systems-oriented, solutions-oriented and forward looking. Other organisations look backwards at individual cases. We look at the whole system, providing solutions for the future. I'm delighted that we  
15 have on the Panel Prof Dorothy Scott on your right, a leading expert in the field and a leading academic, and on your left, Mr Bill Scales, a chancellor of Swinburne University and having held numerous very senior government positions over the years and the Panel is I think well able to look at these systemic issues which we are briefed to examine.

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At the start of the Inquiry, ladies and gentlemen, there was an issue raised in the press, "Why another inquiry?" A perfectly I think reasonable issue, why another inquiry? There have been numerous inquiries in the past, some have been largely implemented, some have not been implemented much at all, some  
25 have been partially implemented. There have been numerous inquiries, not only in Victoria, but around Australia. Indeed, when I was a Supreme Court judge back in 1991 I did the trial of Daniel Valerio and that led to a report by Mr Justice Fogarty, two reports back in the early 1990s, and there have been numerous reports since.

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I think the answer to that question is this: this Inquiry is different to the inquiries in the past. Some inquiries in the past have looked at individual cases, or just a cluster of related issues to individual cases and various governments over the years have more or less implemented what the inquiries  
35 have said. This Inquiry here is a systemic Inquiry looking at the future and we are hopeful that in the case of this Inquiry, government will not only table the Inquiry, but be moved to act upon the recommendations we make. So there have been numerous inquiries in the past, some have been more or some less implemented, but this Inquiry we hope, because it is systemic and looking at  
40 the future, with this tabling in parliament we trust that will lead to practical outcomes for the future. Certainly that is why we are doing it, the three of us on the Panel, very ably supported by the Secretariat, to get practical actual outcomes for the future.

45 As I've said, ladies and gentlemen, it's a Public Sitting and what you say is

recorded and then published on our web site, so it is very much a Public Sitting. There is a couple of ground rules, ladies and gentlemen, that I'll mention to you. I'm quite sure neither of these ground rules will affect any of you, but it's proper to mention them as a ground rule. The first is this, ladies  
5 and gentlemen: we are not a court of law. We are a Public Sitting. As you know, when you give evidence in a court of law you can't be proceeded against for defamation because the court has a system whereby defamation rules do not apply. In a Public Sitting like this is, the ordinary rules of defamation do apply, so bear that in mind although, as I say, I'm quite sure here today that that  
10 will affect none of you, but do mentally note that that is the difference between this Public Sitting and a court of law.

The second thing is this, ladies and gentlemen. Under the *Children Youth and Families Act* there is a specific prohibition on the identification of parties and  
15 witnesses who have been in the past through the Children's Court process or are presently going through the Children's Court process, so if you are making a submission bear in mind that that prohibition by the *Children Youth and Families Act* does apply to this Sitting, that you must not identify any persons, including witnesses, not just children or parties, but witnesses also who have  
20 been in the Children's Court process. That's a provision designed as a protective provision, especially of course a protective provision for children because they are the epicentre of that act, just as they are the epicentre of this Inquiry.

25 So, ladies and gentlemen, that's the nature of this Public Sitting. As I say, we are here to listen and we are here to learn and we do already have had a number of written submissions from this excellent city and region and we'd be very pleased to hear further persons, as well as persons who would wish to add to or focus upon aspects of their written submission. So I'd be very pleased to invite  
30 Luke Rumbold and Maria O'Reilly from Upper Murray Family Care to come forward. Take a seat, take a moment to settle yourselves in. Luke and Maria, we've had the benefit of your written submission, which we have read and we're indebted to you for that, and we'd be very pleased to hear either additional material or a particular focus you'd like to make into aspects of your  
35 submission and we'll take it, Maria or Luke, in whatever is the convenient sequence to you.

MR RUMBOLD: Thank you. I think that will be me. Well, I don't want to go through the submission, but just to make one or two points about it I  
40 suppose. I guess the point that I'd like to highlight today is that suggestion in the document of a systemic separation I suppose of out-of-home care from child protection. Given the focus of the Inquiry and looking at systemic issues, I thought you might welcome some ideas which are a bit different and I think in the submission I indicate I think some of the problems with what I call a  
45 tight coupling with out-of-home care and child protection, the system. You'll

also see in that submission that I separate out-of-home based care from residential care, I made a distinction between those two and different things, so for me that was I hoped some contribution to this Inquiry which may not have been said before.

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MR CUMMINS: Thank you.

MS O'REILLY: I've only been in this role for a short period of time so I don't talk from a strong and lengthy knowledge base, but from what I've seen in the last eight months that works really well that we'd like to reaffirm is the therapeutic foster care model and see it addresses many different issues. The opportunity to see real change in the children's lives and empowering the carers to be a strong part of that healing process, but also lower case loads for the workers which I think would contribute to recruitment and retention of workers in the out-of-home care field, so that was something in particular that we would like to put forward.

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MR CUMMINS: Well, that theme has come through quite clearly, Maria. Are there any other things you'd like to identify specifically, either you or Luke? You're welcome to make an emphasis if you'd like.

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MR RUMBOLD: Sure. Well, look, it's a little hobbyhorse of mine. It's not quite in the core of your Inquiry, but one of the terms of reference is around the infrastructure I think for integrated family services and I made the point there that community agencies have no capital funding and I don't know why that's the case when we have the same obligations as an employer for occupational health and safety, but also more importantly I think dealing with very vulnerable children and families trying to have a safe and welcoming space and yet there is no provision in funding for that, which I think is historically an anomaly. That's it.

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MS O'REILLY: My turn?

MR CUMMINS: Yes, yes.

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MS O'REILLY: I think the other point that I would like to make is around the kinship care model, which is very successful and I understand it is very new to child protection, but that it's very minimal and that there's great potential to support vulnerable children in kinship placements if there was more funding around that kinship model. I'm sure that's been raised before.

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MR CUMMINS: It doesn't hurt to raise it again, Maria.

MS O'REILLY: Yeah, okay.

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MR RUMBOLD: And possibly just one other thing, if I might, I think it's under section 4, it's around relationship with family law-type matters. As an agency that operates in both spaces, the family law space and the state child protection space, it's a puzzle still that they're very separate, they're still very paralleled systems, they're not linked. Sorry, a practical example of what I mean is that children contact centres which are federally funded for separated parents in conflict certainly could be excellent places for supervised access for children in a state child protection system. So we run an excellent service like that but there's no systemic linkage, if you know what I mean, by using that facility.

MR CUMMINS: I think that's a very important point and it is relevant to us, Luke, because it's a systemic issue and also, as you correctly say, it's a matter of importance in itself, so it is certainly relevant to our consideration.

MR RUMBOLD: Good.

MR CUMMINS: Prof Scott, are there any matters you'd like to raise?

PROF SCOTT: Yes, there are a few matters that come from the written submission as well as what you've just mentioned. I'd like to start with some broad ones and then go down to some much more detailed ones, if I may. The first one was the point you made about the capital needs of community service organisations, which is a very important point and not a point that's been made widely. I wonder if you could also talk about issues around recurrent funding and the degree to which - you may want to take this on notice - but to come back to us if necessary with any data you may have on the degree to which your agency is, in effect, subsidising core services to children in the care of the state, home-based services, for example. Would you be able to provide that data if you have it?

MR RUMBOLD: Yes. I couldn't do it right now, but we could as a follow-up provide that sort of data. Off the top of my head - and Maria can do this better than I - I think one of the benefits of the Victorian model by having community agencies doing out-of-home care is that you do get a lot more community engagement. A tangible example of what I mean by that, one of the local rotary clubs gave a donation only last week of several hundred dollars specifically for that program because they saw that was a worthwhile local thing. So right across Victoria there are community groups doing that, either through direct donations or in kind. We have a partnership with the men's shed in Wodonga and they've made furniture and other things for children, so it's that sort of community engagement and partnership that I think really value adds in a whole range of ways, both directly and indirectly.

In terms of capital works, something has to give at some point. If it stays the

way it does, there's going to be a crisis in the sector in the next 10 to 20 years. We simply can't sustain. The only providers that will be left will possibly be large church organisations that can use their own physical assets because secular organisations like ours simply haven't got the capacity. At the moment  
5 for us to invest we have to basically borrow, have a mortgage and build and it's ridiculous.

PROF SCOTT: Thank you. I wonder if I could go to something that's more specific, and perhaps you could elaborate what you've said in the written  
10 submissions. One is the proposal that the care plan be developed by the family worker, foster care worker in the agency with schools, GPs, the family, the carers and others. Were you proposing that you would need additional funding to take on that role because you did talk about unit cost elsewhere in your submission.

15 MR RUMBOLD: Yes, absolutely, because there would be worker time involved in such activity so you'd need to be subsidising that sort of cost. The starting point would be working out the process, how would it actually work and who would the players be and I think you'd need to be fairly flexible about  
20 that, the age of the child, the sorts of agencies, you couldn't be too prescriptive as to who would be participating, but clearly because it is a direct line of work of the worker, that would be a cost.

PROF SCOTT: Could I also ask about the facilities in the region for health  
25 assessments, including mental health assessments for children coming into care.

MR RUMBOLD: Sure.

30 PROF SCOTT: And I notice that some carers have been very concerned about the absence of completed medication charts. Could you say a bit about say, for example, the degree to which general practitioners or paediatricians in this region are available to do comprehensive health assessments when children enter care and also that issue of psychological assessments.

35 MS O'REILLY: I think it is challenging in a regional area to get that done in a timely manner. We've had to often - not often - but we have had to take children down to Melbourne for that to happen and I think it's a regional issue for GPs, psychs, you know, just to have enough people in the area to cater.

40 PROF SCOTT: And dental services?

MS O'REILLY: And dental, yeah, absolutely. We're at the moment looking  
45 at trying to establish a partnership with a new dental school that's being set up, but dental is very high, yeah, because the Medicare rebate is not - it's hard to

find people that will bulk-bill.

5 PROF SCOTT: Would your agency records be able to provide, again on notice, some more specific data; for example, the proportion of children coming into care organised by, I don't know, Family Care, where there is a health assessment completed in the first two months of the placement, or the first two weeks of the placement, or intervals like that and specifically where a child is receiving medication, the proportion of situations where a medication chart isn't completed. It isn't clear from the submission if this is isolated or if  
10 this is the majority and it would really help to have greater specificity around the data around some of the points.

MR RUMBOLD: I'm sure we could provide that.

15 MS O'REILLY: Yes, certainly the medical assessments, yes.

PROF SCOTT: Thank you. Could I move on to the issue of the argument for residential care being managed by the State Government, presumably DHS in the current structure. Can you say a little more - you've said a little about that  
20 in the written submission - but that is a novel recommendation and why that should be the case, the problems as you may perceive it in its current structure.

MR RUMBOLD: Sure, and I need to say that it's completely my work. No-one else should take responsibility for that recommendation. It's just a  
25 thought that on a logical basis the children who are in residential care have to be the most vulnerable children in the community, otherwise they shouldn't be in residential care. Because they are the most vulnerable, they have the greatest need and the source of the greatest resources has to be the state, not an individual agency. I think in the past what's happened is that individual  
30 community agencies have either indirectly or directly been somewhat blamed for maybe some poor outcomes of children when, in fact, the job before them was really unreasonable in the sense of what was being asked. So I think if the state does have a bottom line responsibility for the wellbeing of its children then residential care can be that focus of where that can take place. That  
35 doesn't mean to say that community agencies can never do residential care, but how it's done, therapeutic residential care, or short-term or transitional residential care possibly but at the moment I think it's just been - "dumped" is too strong a word - but I think there's too great a responsibility on community agencies for some of the most vulnerable children. That's a personal opinion.

40 PROF SCOTT: And your agency doesn't provide residential care?

MR RUMBOLD: No.

45 PROF SCOTT: And the reason for that is?

MR RUMBOLD: Well, that was my personal belief, that I didn't think it was an appropriate thing. I thought that, as I say, the children need the greatest resources and that should come from the state.

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PROF SCOTT: All right, thank you. The other general concern that you raise is children being in foster care for too long. You talk about children being in foster care for three years before there is a clear action around reunification or children going on to a permanent care order. Can you say a little bit about why you think that is and what needs to be done to address that?

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MS O'REILLY: I think there is a lot of - from my very brief snapshot - there seems to be drift in the system where because the system is so overloaded, that the capacity for permanent care staff in our region to actually undertake planning and assessments is minimal, so children do remain in care longer than they need to and in my experience what I have seen happen in the last few months is we've had some newborns come into care and that's drifted and they've got older and older and, you know, two, three years with the one carer. They were ideal candidates for permanent care, but of course the carers built an attachment with them and would then seek permanent care when potentially that's not the best outcome for the child.

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PROF SCOTT: So just correct me if I get this wrong, the children for whom reunification is not being pursued are remaining in foster placements which are meant to be temporary - - -

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MS O'REILLY: Yes.

PROF SCOTT: - - - and then they become de facto permanent care when that may not have been the ideal placement for that child.

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MS O'REILLY: Very well said, Dorothy.

PROF SCOTT: And presumably, therefore, the foster placement is unavailable for other children?

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MS O'REILLY: That's right, yes.

PROF SCOTT: Right, okay, and you're saying that's happening on a significant level in this region?

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MS O'REILLY: Yes, yes.

PROF SCOTT: I think they were the specific issues that I wanted to ask, thank you.

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MR CUMMINS: Mr Scales?

5 MR SCALES: Why don't I just take up that very last point. Has that come about because the courts - and I don't want to put words in your mouth here - but is it because the courts hasn't been clear enough about what has been the long-term intention for that child?

10 MS O'REILLY: Potentially. I couldn't comment on those particular cases, but potentially that's one aspect

15 MR SCALES: Can I take you to the very first point that you made I think which was this issue about out-of-home care and maybe the substantial change to that and I just need to try and understand a bit more about your thinking really.

MR RUMBOLD: Sure.

20 MR SCALES: As I was listening to you, it seems to me your thinking is as much about resources as it is about whether the state is the best person to look after the child. Would I be misinterpreting your view?

MR RUMBOLD: We're talking about residential care now?

25 MR SCALES: Yes, residential care, that state should take over residential care rather than the NGOs or community-based organisations?

30 MR RUMBOLD: It is primarily about resources, the intensity of resources, yes.

MR SCALES: So what would happen, in your view, if we were to take a different view about that and find a way by which the community sector organisations were appropriately resourced. Would that change your view?

35 MR RUMBOLD: Yes, it would. Yes, it would. I suppose the other thing - my recommendation about out-of-home care coupling with another department is the same sort of logic - it's the relationship that colours what happens. No, I haven't said that well.

40 MR SCALES: Well, let me try and clarify that a bit further. As we know, there are various elements of out-of-home care.

MR RUMBOLD: Yes.

45 MR SCALES: From respite care.

MR RUMBOLD: Yes.

5 MR SCALES: To foster care, to permanent care, to residential care, to secure residential care.

MR RUMBOLD: Yep.

10 MR SCALES: Now, in your own professional view, are there areas there that in your own professional view are more likely to be better served by either the community-based sector or the government sector and, if so, why might you think that? I'm trying to draw on your experience here by the way, so don't feel as though you have to have as clear a view as you think you need to for this discussion.

15 MR RUMBOLD: Sure. Well, my personal opinion about it is that clearly secure welfare needs to be a statutory responsibility because of the nature of the placement. Everything else beyond that certainly can be provided extremely well by community organisations. The reasons I split the thing  
20 between home-based care and resi care was the profile of the population of the children in those places. If - and again I'm coloured by my history - if, as you suggest, community organisations could be properly resourced to meet all those needs, there is no reason why independent agencies could not provide residential care. It's just that up to now it hasn't been the case. Again, using  
25 the example of capital works, you're dealing with an incredibly under-resourced sector, dealing with some of the most complex and vulnerable young people in our community and it's about if we're properly resourced, absolutely we can serve that population, but historically that hasn't been the case and I guess it's about taking responsibility for those children.

30 MR SCALES: Sure. Along those same lines, can you help me to understand how what I might describe as sort of planning or organising for the future is done in the Upper Murray region because in a sense it goes to the heart of the resourcing story. So again from your own professional experience, for  
35 example, is anybody sitting down with you and saying, "What do you think might be the needs over the next one, three, five, 10 years? What do we think might be the human resource requirements to do that? What might be the physical infrastructure requirements to be able to meet these needs?" Are you ever involved in a discussion of that kind?

40 MR RUMBOLD: Yes, the relationship between I think our agency and others and the department's I think is extremely good, very collaborative and very inclusive and the department has gone to such measures of having planning forums and out-of-home care. The caveat with that, of course, is that it's not a  
45 completely free flowing, open discussion. It's a matter of, "Here are the

options we've got, here are some models and this is what we're thinking of," but certainly the relationships are incredibly positive and very collaborative and collegial.

5 MR SCALES: Given the collaborative and cooperative relationships, what would you do to improve that, in the extent that it might be able to be improved?

10 MR RUMBOLD: Well, again, my personal comment would be that the relationship is tricky in a sense that if you've got a very large, complex public department and you've got locally-based community organisations, there is always a power imbalance on different levels and for a range of reasons and I suppose one of the things that's an ongoing issue is that it's so easy for the department to almost do all the work and then come for a conversation, as  
15 opposed to engage at the start with the idea, do you know what I mean?

For example, most recently I understand the department's been restructuring its child protection workforce and there's a paper out, but there's no thought about engaging the community sector with talking about what that might look like.  
20 All that work's done internally and then we're presented with, "Here it is, what do you reckon," sort of stuff. So that's symptomatic of what I'm talking about, it's just natural for a large, complex department to be very self-sustained and in some ways closed and that relationship in a true partnership is subtle, but it's tricky. I'm not sure if I've communicated that well.

25 MR SCALES: No, you've done very well. Part of the reason why I raise it is because in your submission you talk about the possibility of shifting the responsibilities from the Department of Human Services really to Education and Early Childhood Development.

30 MR RUMBOLD: Yes.

MR SCALES: Was that what was behind that, that somehow it might make the relationship, the communication, the ability to work together easier if that  
35 was done?

MR RUMBOLD: Yes. My thinking, and again I've got to take personal responsibility for that - no-one else should wear the blame for that one - it was a number of things. One is that I think child protection by its very nature has to  
40 be crisis-orientated, it has to respond instantaneously and you would have seen I think in some of those appendices one of the complaints from foster parents and other workers were that we can have all the structures for consultations as we can, but it's very difficult to have consistent participation by child  
45 protection for logical reasons. It's not because they don't want to be there, there is staffing issues, there is crises they have to respond to and it's really

hard to have an ongoing developmental relationship with people who come and go, if you know what I mean. It's no-one's fault. That's how it is.

5 That crisis response transfers in a whole range of ways in the relationships with the services that we provide and that's why out-of-home care I think shares some of those similar issues that child protection has, so it's all that context. So if you have a different relationship with a different player, and the reason I've suggested early childhood and education is that, but also it's around the fact that, as I mentioned briefly in that document, we know through local research  
10 and overseas research that the thing that is most common for children in out-of-home care are poor educational outcomes compared to their non-fostered peers. This has been known for generations. So what are we doing about it and where's that responsibility?

15 For me the reason about moving it, realigning it was that - and again this is my personal opinion - once a child is placed in an approved placement with an authorised organisation, the safety issues are almost diminished because that's been done, it's now the wellbeing and welfare of that child and one of those is the health and education of that child. If we know the outcomes for our  
20 children are not that good in out-of-home care educationally-speaking, then surely we should take that responsibility into the education system and say, "These are your children. What are you doing about it?"

25 At the present, you've almost got another department in between the placement agency and the school, which is DHS, and if I can give you just one simple, little example. I received a letter from a school principal some time back bitterly complaining about our staff taking a child out of the classroom without consultation with the teacher. Of course this was a bit of a shock, but when I investigated it, it wasn't our staff, it was child protection staff who had gone in  
30 and done that. Why do we need three players involved in the child's life? So for me that was the rationale for the realignment that, you know, it's too easy - no, that's the wrong word - but if you're an educational official it's obvious why you'll be diverted to another government department than taking responsibility for that child yourself and I think if we can improve educational outcomes for  
35 children, the lifelong implications of that are profound.

MR SCALES: I mean I thought your submission made a really good case about making each of the appropriate departments responsible for that part of the child, if I can - it sounds a terrible thing to do - but that part of the child's  
40 life, including education. Can I just raise one other question, again from your own experience, are you also arguing that the educational life of a child in care is so different from the educational life of a child in a - whatever "normal" is - but a normal functioning family, is so different that it requires a very special way of educating that child? Were you going that far, or not quite that far?

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MR RUMBOLD: Well, I mean it's hard to generalise. You could. Thinking of another example, we had two children who were turning 18, doing year 12 and the department wanted to withdraw wardship and, therefore, support because the children were turning 18 and yet that support was important for the foster family to be able to allow those children to finish year 12 and there was a real struggle saying, "No, no. Why would you do that while the kid's turning 18? This is ridiculous." So that's one aspect to it, but in terms of the range of children - I mean you know the profile of children in out-of-home care, where they're coming from - their needs are intense and without sort of labelling or generalising too much, the profile is that they've usually have broken school attendances, there has been a whole number of schools they might have gone to, it's been a very disruptive experience, let alone the whole trauma bit, which we know affects people's capacity to learn. So you've got this whole vulnerable group of people with special needs, if you want to use that phrase, but I don't think the system is particularly well consciously addressing.

MR SCALES: Can I move on to some other issues, that's very helpful, thank you. In your submission you talk about some strategies to enhance early identification. I won't go through the detail, but one of the things you raise is cross-sectional professional development, common assessment, referral, standard feedback and a few other things. Do you want to give us a bit of a flavour of what you had in mind there, how that might work in practice, particularly in the Upper Murray region.

MR RUMBOLD: Okay. Well, in my experience in another field at the federal level, the Federal Government has been working on - and I think Dorothy knows about this - the common assessment tool for vulnerable children and that's been a cross-sectorial process and I think it's been very successful. So the idea there was to find a screening mechanism for early childhood workers, GPs, a whole range of people in the community to identify and further refine their concerns about children who might be at risk, and I think it's been a really good process and it was based on the idea of having a common tool, a common understanding, a common language so we're all talking about the same thing. So that was along the same sort of lines, that it's really difficult for us to address a problem if we're naming it differently, if we're understanding it differently. The more we can have common purpose and understandings, the easier it is for us to get to an agreed and shared outcome that we know what our contribution will be.

MR SCALES: You mentioned also Child FIRST in your submission.

MR RUMBOLD: Yes.

MR SCALES: To some extent I think Child FIRST was meant to try and do some of that, not exclusively, but it was meant to try and address some of that.

MR RUMBOLD: Yes.

5 MR SCALES: Is it still too early to see whether it's going to be able to do that?

10 MR RUMBOLD: I think it is still early and that was because, as you know - and again it's symptomatic of our field - when new developments take place, they're rarely implemented across the state, they're normally implemented in a rolling fashion. So we've got Child FIRST right across Victoria now, but it's been at different times and different places so the learnings and the histories are different across the state and I think it's only about, what, four-years-old or thereabouts, I think, so it's still very early days. But even at this early stage I think it's been a very great success and I think that's been indicated by the very  
15 almost seamless way that it's been implemented and it's almost sunk without trace, which I think is a good sign, and certainly up our way I think it's been working very well.

20 MR SCALES: Thank you. A very relatively small question, under that same broad heading you talk about sharing of information and so on and it's a broad issue that you cover in a number of parts of your submission. As we've been going around there have been a number of people that have been - "suspicious" is the wrong word - but there may not have been the sort of trust with the department that that might encourage the department to produce this  
25 information. Did you have a view about who might collect that information, who might publish it?

30 MR RUMBOLD: No, I haven't thought that in that much detail and I think that would need to be a fairly broad consultation, but that issue that you've talked about, which is trust - and in the community that's very important - and I think to get there you'd probably need as wide a consultation process as possible so that could be thrashed out.

35 MR SCALES: So it may or may not be the department that publishes that?

MR RUMBOLD: No.

40 MR SCALES: Thank you. You make reference to, in the north-east of Victoria, very little in the way of services for vulnerable Aboriginal children and families.

MR RUMBOLD: Mm.

45 MR SCALES: Do you want to just outline a bit - like what are the implications of that and the effect of that on vulnerable Aboriginal children and

families.

MR RUMBOLD: Well, I think you're going to be hearing from Mungabareena I think, so you'll be getting much more expert knowledge than what I've got, but as a mainstream agency our cultural awareness and sensitivity is dependent upon good working relationships with indigenous organisations and players and the resources for those are thin on the ground and therefore we haven't had that many indigenous children in care I don't think, but when we do it's, you know, tricky to get the support when they're there.

MS O'REILLY: It is, and again coming back to the support being able to be provided by VACCA has been minimal because they're constrained, their resources are minimal as well.

MR SCALES: One of the issues that again comes through in the Inquiry is - I think it's a fairly strong view - that the support for Aboriginal families and children should be conducted by indigenous groups primarily.

MR RUMBOLD: Yes.

MR SCALES: And even from non-indigenous groups that are providing care are effectively saying, "There's a better way and it's a way that's provided by the Aboriginal community itself." Do you share that view, or do you have a slightly different view about that?

MS O'REILLY: I guess I've seen the way that an Aboriginal organisation works down the other end and very admirable, you know they're a great resource to draw on and they are providing some care up this end that doesn't happen so I - - -

MR SCALES: And I accept the caveat that was raised earlier, that it's got to be appropriately resourced.

MS O'REILLY: Yes.

MR RUMBOLD: It does.

MR SCALES: And supported and all of those things, but put all of that aside just for a moment to the extent that we can, the general principle that's been espoused is that we really ought to be trying to support Aboriginal indigenous organisations to be able to do that.

MR RUMBOLD: Absolutely, and at the risk of making a bad joke - which I'm famous for - it's not always black and white in the sense that families don't

always come in one or the other, in a sense we have many blended families, so I wouldn't want to see a completely divided field of one or the other. I think what needs clearly happening is properly resourced indigenous organisations who are able to provide the full gamut of services to families, unquestionably.

5 Equally, mainstream organisations such as ours need the support in terms of cultural awareness and backup so that we can work with such families too because, as I say, we've got families where not all the members are indigenous but some are, so it's a combination.

10 MR SCALES: Along those same lines, again in your submission you mention children from linguistically and culturally diverse backgrounds. Is there a particular issue in the Upper Murray that you think we ought to be made aware of in regard to culturally and linguistically diverse communities.

15 MR RUMBOLD: Well, I'll make a general comment and Maria may want to make a specific one. When you look at the ABS data in the far north-east of Victoria we're a fairly homogeneous profile, so we don't have large numbers of ethnically diverse populations, so that means it's very individually-based so when we do get a referral it's usually maybe an isolated family or it's a small

20 number of populations. So there are complications around working with such folk in the sense that they can be socially isolated, they can be geographically isolated with special needs and we haven't got a critical mass to be able to specialise in that sort of field, if you know what I mean, but we still have the need.

25 MR SCALES: Yes.

MS O'REILLY: In my experience, that hasn't been an issue up to this point. We haven't had a referral and haven't needed to draw on that yet.

30 MR SCALES: Okay, thank you. I think there was just one other, yes, the professionalisation of the foster parent model. Did you want to explain a bit more what you had in mind there? I mean that's a big issue and we've had diverse views I think come to this Inquiry about the extent to which foster care should be professionalised.

35

MR RUMBOLD: Yes, I think at the moment it's sort of neither fish nor fowl. As Maria said, in an ideal world it would be a professional field with therapeutic foster care but, as you know, the foster care model is predicated on

40 the volunteer model.

MR SCALES: Yes.

45 MR RUMBOLD: And I think it's a bit unfair for our volunteers in the sense that there is more and more expected of them as volunteers, which I think is

tipping into almost a professional expectation of their role and that was what I was trying to communicate in that submission, that it's almost an expectation of professional standard in care on a volunteer basis and I think that's unfair and, again, for the state to make a decision about what they really want. Some of the examples I was giving was around the bureaucratic nature of practice, you know, there is manuals on almost everything, quality of care concerns, et cetera. We have a very formal bureaucratic response to looking at issues, this is with people out in the community, it's a civil society which is almost being regulated, if you know what I mean, in a government way and I think that hasn't been clarified. It's almost we've inexorably sort of inadvertently gone down that path of regulating private lives.

MR SCALES: I'm just going to tease you out just a bit more though, are you suggesting that there ought to be effectively sort of a salaried professional service of foster carers, is that what you were suggesting?

MR RUMBOLD: I think I'm suggesting role clarity.

MR SCALES: Role clarity, okay.

MR RUMBOLD: You know, are they volunteers, or are they not? If they're volunteers, what's a reasonable expectation of their performance and conduct? As I say, I think we're slipping over into a different expectation, almost unconsciously, that people in the community, ordinary mainstream families are being asked to take on some very damaged young people and to comply with very strong, formal procedures and still provide normal family life and I think we've just reached that point where we've gone beyond the traditional model, if you know what I mean.

MR SCALES: Thank you, that's helpful. In the appendix from some of the carers they talked about increased care payments. Have you done any work yourself on knowing what those increasing care payments ought to be?

MS O'REILLY: No.

MR RUMBOLD: No.

MR SCALES: Do you want to hazard a guess? I mean is it so significantly underfunded - putting aside the professionalisation so-called of foster care - is your experience that the funding simply to be able to provide the needs of a child are significantly underfunded from your own perspective?

MS O'REILLY: I've been in situations where carers have certainly raised that they're being asked to provide more than they're being funded for and it has then stopped them from caring.

MR SCALES: Okay. I know this might be a stretch, you may not have thought about it so don't respond if you haven't, but have you given any thought to how that might be addressed - again getting back to the resources story - you can do it in an ad hoc way or the government just simply says, "We will today increase carers' payments by X," or there can be a more systematic approach the way in which we see in some other payments, not including social welfare payments, or payments in the for profit sector where we look at wages and salaries, did you have any broad view about how that might be addressed over time in a sort of systemic - - -

MR RUMBOLD: I think, and we haven't done any particular work on that, but I think all the different measures you outlined would be good. I mean there's no reason, for example, why there couldn't be a floating sort of reserve pool of funding available on a regional level so at a case-by-case basis an application could be made - it happens now but it's a very modest process - but as Maria said, we know the health needs of children coming into care can be quite strong and if you've got children needing dental work, that can be quite a significant cost. If you've got a child with a learning disability which needs additional support and backup, that's a cost.

MS O'REILLY: I think even uniform costs, I think the department will pay for one uniform, but that's been a battle that we've had originally. It was, "Well, you can only get them a second-hand one," which further labels them I guess, so those simple educational costs, school stuff.

MR SCALES: Thank you very much.

MR CUMMINS: Well, as you can see from the questions, Luke and Maria, we are particularly interested in data, so if you can provide some data upon notice, as has been said, we'd be most obliged for that. Second, you're most welcome if you'd like to put in even just a page or two of further thoughts because as you were saying, Luke, particularly in verbal discussion with the Panel, there is a few ideas you might want to perhaps put down on a page and satisfy yourself you've expressed it the way you want to. You don't need to put in a lengthy one but often a page or two is quite helpful after a discussion, so we'd be very pleased if you'd like to do that and also the data. You've been most thoughtful. We are very obliged to you because you've looked at the system, which is what our brief is, and we are most assisted by it and our good wishes for your continuing work.

MR RUMBOLD: Thank you.

MR CUMMINS: Thanks Maria and thanks Luke. Next, we'd be very pleased to hear from Rhonda Janetzka.

MS JANETZKA: That's me.

MR CUMMINS: Please come forward, if that's suitable.

5

MS JANETZKA: I don't belong to an organisation, it's just an individual who has been in the system in the past and very interested in the changes and everything that's supposedly going on. I took note of what you said to start off with, but looking from the Murray report, which is that one there - - -

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MR CUMMINS: Yes, indeed.

MS JANETZKA: - - - and the other inquiries and investigations and all that that has gone on for protection of children, I see a lot of reports like the Murray report that has got good, substantial suggestions in there, and that was done seven years ago and I'm here listening to another one where I can't see, as an individual, that any of it has really been put into practice.

15

MR CUMMINS: Well, it's a very good question, Rhonda, and I think there's two or three levels - and Prof Scott and Mr Scales might wish to say further than this because they're much more expert in this field than I am - but there seems to be two or three levels. There is, of course, a Commonwealth level and a state level and the Murray report have the senate and each system has its own priorities, as you know.

20

25

Looking at it from the outside, I've seen some reports where there are 150 recommendations and they're all really treated with great priority and they all cost money and what happens is that not much happens, so I think you have to be targeted. I also think that you have to be sort of realistic. I mean governments will I'm sure try to do the right thing, but there's always an issue with police on the beat and with emergency wards in hospitals and all sorts of other issues in the community and I think what one needs to do is really be intelligent and targeted about the recommendations you make. I'm not for a moment underplaying the significance of the area. There is no more important area in the community than vulnerable children - we all know that - and a measure of society, I think, is its treatment of vulnerable children and we know that as well.

30

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So I think in terms of other reports, as I said at the start, some have been implemented more than others, some not much at all, which occasionally is a matter of lack of political will, sometimes it's a matter just of funding, sometimes it's a combination of both but what we hope, Rhonda, is that this particular Inquiry will be targeted and achievable and we're confident that something will come out of it. Prof Scott?

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45

PROF SCOTT: I'm a little caught on the spot, Rhonda, because it's seven years since I read the report of the Senate Inquiry into the Forgotten Australians, but I do think there there is an extraordinary experience of adults who were once in state care have a voice that's very, very important in this Inquiry and we've had written submissions and verbal submissions from CLAN and others. I think what's different in emphasis in this Inquiry is that its focused on vulnerable children as a larger group of children than children who are in out-of-home care and it has prevention as one of its major terms of reference, so that it's the prevention of children coming into the child protection system which is a major emphasis. You may not have heard that from Upper Murray Family Care because their focus is very much in providing foster care and those types of services, so that's the different emphasis here. That takes us into looking at how complex issues like parental drug and alcohol misuse, domestic violence and for some parents serious mental health problems, those sorts of difficulties that people are struggling with in trying to nurture their children might be best responded to in ways that prevented children coming into care, but I think your question is a very important question.

20 MR CUMMINS: Absolutely. Mr Scales?

MR SCALES: Rhonda, the only thing I would say, some of these actually have been implemented, as you probably are aware. Let me try and just go through some. Not all of them have. Under the broad heading of statements of acknowledgment and apology, as you know, there have been a number of - the Commonwealth has made an apology, I'm not sure they call it an apology, and a number of the states have done similar things. If we can go by what a number of people coming before this Inquiry have said, that's made a difference to their lives. Some of them have been very badly hurt by the way in which they were cared and they said that that made a difference.

There are a range of recommendations here around internal church processes and (indistinct) not a lot has been done in those areas, although some churches have done more than others, so there are some broad issues there. There are some issues, important ones, around location, preservation, recording and access to records and I do know that there are a number of not-for-profit organisations who are taking those broad recommendations very seriously and there are a number of not-for-profit organisations who have now very sophisticated methods for recording, publishing, helping people to search for records about themselves that's going on - not everyone, admittedly - but there seems to be more that's been done during that period.

There is another series of recommendations that relate to changing acts of parliament and after this particular report came down the Victorian Government changed its act of parliament. Now, one might argue whether it

was changed in the right way or whatever, but I do know that that particular Act, around the Children and Families Act, a lot of that was very much based on some of the recommendations that came out of this report and there are others by the way, and you would have heard mentioned even just earlier  
5 around education of children and so on that probably haven't been done as well as what they should have. But I think from our point of view we're cognisant of many of these issues and to the extent that we might add to the stock of knowledge that we might add to the pressure for change, that's what we'll be trying to do. But as Dorothy said, you raise a really important question. We're  
10 conscious of that, I might say, very conscious of it. Do you have, from your own perspective, taking up this senate committee report, are there any of the recommendations there that you feel very strongly about that we should be taking into consideration, from your own perspective?

15 MS JANETZKA: I'm a bit stuck at the moment because I can't think of anything.

MR SCALES: That's fine.

20 MR CUMMINS: But, Rhonda, you're very welcome to speak to us later if you'd like, you can have a bit of time to have a think.

MS JANETZKA: You see Luke Rumbold brought up a lot of things that I would have said to you, the medical, the dental, education, you know, children  
25 that are too hard in the education system are put in a basket and usually they're children that come from very traumatic backgrounds. Well, what chance have they got if they don't get an education? Then they go into the justice system and it just keeps spiralling and then we've got the drug use and the deaths and all that sort of stuff and it's all linked together, so I really listened well with  
30 Luke. He's got his head screwed on right about those things, so yeah.

MR SCALES: But I think it is true though that we do see this as being not just one particular set of issues, but it is a system and the way in which the system comes together to try and support families and young people is a really  
35 important issue for us and it won't be any one sort of magic bullet, it will be the way by which a number of people take responsibility and are held accountable in the way in which Luke was suggesting earlier that we think is going to be really important.

40 MS JANETZKA: And something that concerns me is, Dorothy, you said keeping families together. Well, when does it come to a point where those children are being so damaged trying to keep the family together, when does it stop? When does the child's safety come first before trying to help a woman get off drugs and prostitution and all that sort of stuff?  
45

MR CUMMINS: We're conscious of that.

5 MS JANETZKA: Those children are being damaged every day that they're in those environments so, you know, the balance between family and the safety of the child.

PROF SCOTT: Yes.

10 MR CUMMINS: That's an issue that's come through, Rhonda.

PROF SCOTT: Yes.

15 MR CUMMINS: Look, thank you for coming forward. We're obliged to you, Rhonda.

MS JANETZKA: Thank you.

20 MR CUMMINS: Next, we're very pleased to invite Nicky Briggs and Sharon Jenkins to come forward. Nicky and Sharon, thank you very much for coming forward. We're most obliged to you for coming to speak. We'd be very pleased to hear you, Nicky and Sharon, in whatever sequence you'd like. If you'd like to read something, you're very welcome to do it, or speak generally. We'll follow whatever is most convenient to both of you.

25 MS JENKINS: Well, we weren't intending to speak when we come here, we were coming to listen, but then listening to some of the stuff has made us feel that we should speak.

30 MR CUMMINS: Excellent.

MS JENKINS: I'm actually white. I work for Mungabareena and I have been accepted by the community, so yeah.

35 MS BRIGGS: The families will access Sharon as well.

MS JENKINS: Yeah, will access me as well.

40 MS BRIGGS: But Sharon is culturally, you know, like sensitive, culturally sensitive when walking into a room when meeting with people and that's what makes her approachable as well in the community, yeah, and we've dot formed - we call got together and dot formed some stuff. Is there any questions you'd like to ask us about the dot forms?

45 MR CUMMINS: Would you like to read it, perhaps Sharon, and then Nicky and you can just say a bit more about it. That would be a good way to do it.

MS JENKINS: Okay.

MS BRIGGS: I'm a bit nervous, too.

5

MS JENKINS: Yeah, we are nervous.

MR CUMMINS: That's all right.

10 MS JENKINS: We say education for parents, like parenting groups and setting up more supportive social networks. Up here we do have parenting groups, but they're not culturally specific for Aboriginal families, so when we have to get someone to go to these parenting groups sometimes it's hard for them to become involved in those groups and a lot of the times you will get them not turning up.

15

MR CUMMINS: Well, Sharon, this is under the term of reference for the Inquiry, "Factors that increase the risk of abuse and neglect occurring and effective preventative strategies," it's under that term of reference?

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MS JENKINS: Yep. Yeah, it would be.

MR CUMMINS: Yes, all right. We'll take other points under that term of reference, that would be good.

25

MS JENKINS: Okay. And I think one of the things too, and I've seen this happen with some families I've worked with, is a child was just taken from a carer and given back to its family, just like that, with no - you know, they didn't work on having some access and stuff like that.

30

MS BRIGGS: Exit plans.

MS JENKINS: Yeah, like an exit plan for that child to go and I find that would be very hard for the child and for the foster carer and possibly the family that was getting this child, you know, it's just sort of bang and here it is and I think there should be a way to do that a little bit more slowly.

35

One of the big things, I went to a family violence conference, it was an indigenous one, and they were talking about putting a social worker, a nurse in each school so that you're dealing with these problems before they become a child protection issue. I see so much of, you know, it's not until it gets to the child protection section that we can become involved or anything can be done to help these families and I think we need to start back at school or where they're picking it up and not straight into the child protection system. (To Ms Briggs) Have you got anything to say?

45

MS BRIGGS: With the workers, like some of the workers are really culturally inappropriate, their behaviour, like the way that they talk to the parents. They'll set them up to - like the parent will feel as though they've set them up to fail. Parents will write what they do down on certain days, but yet we'll have our DHS staff putting access on their certain days where the parents have got a parenting course, access, something like that and the appointments between the parents and the workers, there's not enough communication flowing, there's not enough communication flowing to the workers. We do put ourselves out there, but I know that myself, I've been made to feel tokenistic, as a tokenistic black, by them and I don't like that. There's a process that they have to follow and they need some cultural training, yeah.

MR CUMMINS: Training's always very important, Nicky.

MR SCALES: Can we talk about it as we're going along? Would you be comfortable if we did that?

MS JENKINS: Yep.

MR SCALES: What would, from your perspective, what would the cultural training look like, from your perspective?

MS BRIGGS: Well, on the kinship system?

MR SCALES: Yep.

MS BRIGGS: Yep, the kinship system, our families, the body language that they are sending off. Look, just our family system, what is culturally appropriate, what is culturally inappropriate and also, you know, you might have gone somewhere else, you could have been up the top end and worked and then come down here where you're all different, you know, they're completely different up there and then they come down here with the mentality. I've worked with blacks up in, you know, some of the states so I'm right aware, but what they do not realise is we have different issues down here, yes.

MS JENKINS: I think that's one of the big problems, there's a lot of - these workers see every Aboriginal as all the same. They're not treating them differently from where they come from, or what beliefs they have and stuff like that, yeah. I think, too, that like Nicky was saying, they set our people up to fail. They give them so many things to do, which is totally unreasonable, you know, they could be giving them things, you know, attend parenting class and let them do that and pass that. But they're giving them attend parenting class, drug and alcohol counselling. It's about working out what is the most

important thing for that parent at the time, not just listing a whole heap of things and saying, "Go for this," because, well, I'd be confused.

5 MR CUMMINS: It's got to be manageable and achievable.

MS JENKINS: Yeah, it has to be.

MR CUMMINS: We follow.

10 MS JENKINS: And when someone becomes involved in the child protection system, there comes in a whole heap of other emotions and things like that. Whereas when they're outside of it and you can work with them, it's a lot easier. You know, child protection is scary. It's scary for me, you know, and it's horrible to imagine what these people are feeling when they're in that  
15 system.

MR SCALES: Nicky and Sharon, can I get a sense from you about how we should think about a child or a family when they are introduced to the child protection system. One would hope that they never get introduced to it, but  
20 when they do, are you suggesting that somehow we need a very different form of case management, assessment of the family and the child? Is that what you're suggesting?

MS JENKINS: I would suggest because there are workers who are supposed  
25 to go with the child protection workers and they often can't get hold of them, so there's one big problem because you haven't got - but I think you probably do need to work with them a little bit differently and a bit more sensitively, but then again that probably goes for all people that are in the child protection system because, you know, your life takes on a new role when you become part  
30 of that system. It's scary, you know, they have so much power over parents and their lives that - - -

MR SCALES: Would you suggest that we should be thinking about it maybe  
35 one step before that? Is that also what you're thinking about so that we - "intervene" is not necessarily the right word - but that we try and support Aboriginal families in a different way than we currently are so that they don't get into the system?

40 MS JENKINS: (To Ms Briggs) Would you go there?

MS BRIGGS: Well, it's the whole approach of - I don't know if I'm saying it  
right - it's the way that the workers go in there and the mentality of the workers, yeah, and you see as, being black, you sit back and you're seeing, you know, there's still that impact of the Stolen Generation so there's still that,  
45 "Hang on, you're coming into my house and doing this and that," and, you

know, DHS they'll walk in with that authority and so they go back to feeling powerless, yeah, and if we can get in there to do prevention work before it gets to that stage.

5 Like with my role, I cannot have anything to do with any of the DHS clients until I have a referral from DHS and in order for that referral, they have to go through our VACCA agency and then I can come in on board, but I can't come in before they've contacted VACCA. Whereas there have been times when they have taken advantage of my role, me being new to it, I thought I was  
10 taking a client in for something else, they took advantage of it and they done, you know, the intake on her and me in my position with the community, that can put me in a position where my own community can backfire on me as well, yeah.

15 PROF SCOTT: Could I ask about the Aboriginal family decision-making models. I'm not sure what happens in this region, but in other places people in Aboriginal organisations have spoken positively about that. It may still be too late in terms of this earlier intervention suggestion, but I'm wondering what  
20 your thoughts are on how that works when the wider family, the extended family is invited to come together to try to find a solution for the needs of the children in this family. Does that work up here for you?

MS BRIGGS: Yes, that does because even though our family might be far apart, they still have a big influence on us, yeah. So it does, it really does and I  
25 suppose that's where it needs to come back to having that cultural training on the family kinship and how that does affect us and that does support us, you know, that we know that we've got each other there for support. Am I making sense?

30 PROF SCOTT: Yes, so you'd support the Aboriginal family decision-making approach?

MS BRIGGS: Yes.

35 PROF SCOTT: And you've experienced that here?

MS BRIGGS: Yeah, I have. Sharon's more experienced in it, she's done the role before me, yeah.

40 MS JENKINS: From a personal point of view, about the family decision-making, I feel that family decision-makers should be able to step in earlier, not when that child is in the child protection system. Because I don't know what it's like in Melbourne and that, but up here, like we'll know when  
45 someone's getting into a little bit of strife with their kids and if we could step in, if Nicky could step in and help them and stop them going into the system,

we'd be a lot better off. But Nicky can't help them until they're in and the report's been substantiated. You know, they're already in the system with all that on top of them before Nicky can help them and I don't think - personally, I don't think the DHS workers take family decision-making as a real thing up here. It's like, "Yeah, we'll do it," and, "Yeah, we've done it, so it's okay." I don't think they really see it as what role it has and how positive it is for the Aboriginal community.

MS BRIGGS: Yeah, because it gives that decision-making back to them, but at the same time in a supported group so, you know, it's like each family member takes on a role of support in that area.

PROF SCOTT: Thank you.

MR CUMMINS: Now, Sharon or Nicky, are there any other matters you'd like to raise under that term of reference, "Factors that increase the risk of abuse and neglect occurring and effective preventative strategies," or would you like to go to the next term of reference?

MS JENKINS: What's the next term of reference?

MR CUMMINS: The next one is, "The strategies to enhance early development, early identification and intervention."

MS JENKINS: Yep, yep. In that one, we've actually suggested that we need support workers at playgroups, when we have Aboriginal playgroups. I actually do that now, I'm a family violence worker, but I go to the playgroup when they have playgroup on so that, you know, it's just about talking to the parents and finding out, that's where you find out where things can go wrong. It's about building networks with the people that work with the people so that, you know, they can come back to you and tell you, and that's the same, the second one is just we need support workers in the Aboriginal community to help before child protection is needed. You see we don't have a family support or anything like that at Mungabareena, which would be a great support to have to help these people so they're not going into that system.

MS BRIGGS: How come DHS don't have Aboriginal workers in like the child protection area and all that?

MR CUMMINS: Well, that's one of the points you've raised here in your note and we've noted that.

MR SCALES: Can I just talk to you about the playgroups. It's interesting that a number of other people coming before the Inquiry have talked about playgroups, and in a way similar to you, that they have a role that goes beyond

just simply the role that we've tended to allocate to a playgroup and that they are almost part of the early intervention system. Do you feel that as a professional in the field, that they are taking on a much bigger role, particularly for vulnerable families.

5

MS JENKINS: The playgroup people?

MR SCALES: Yes, playgroups

10 MS JENKINS: We're probably lucky with our playgroup because like the girl that runs our playgroup will come back to me and tell me anything that has happened in that playgroup, but look I really think that you know we have a maternal nurse that's often there, so that's a really great thing to have as well, and just having a support worker there. It might be just popping in for  
15 15 minutes, half an hour but, you know, what you can find out in that time, or if anyone has an issue, you know, to be able to have a look at that and help them. You see I'm lucky because I'm not the family decision-maker and as a family violence worker I can, you know, do some of these things for these parents to help them or guide them where they need to go.

20

MR SCALES: But it's a bit of an integrated system, isn't it, the way it fits together sort of matters in a way.

MS JENKINS: Yeah.

25

MR SCALES: One of the issues that people have raised with us when they've talked about this is this dilemma about trying to create an environment where early intervention is possible, but not undermine the desire of people to come to a playgroup and feel as though it's a safe place to come where they won't be judged, where they won't be criticised, where they won't be made to feel  
30 inferior to other people around the place. Can you give us a sense of how that might work in practice so that we can get both this lovely balance between early intervention on one hand, but at the same time give people an opportunity to come to a safe place on another.

35

MS JENKINS: Well, I think for me I've been really lucky in my role because I've been accepted by the community, so when I turn up at playgroup I'm just like a part of it. Yeah, we go and we're just a part of it.

40 MR SCALES: Just one of the team.

MS JENKINS: I think that's about what you've got to do, is become part of their group and not think - like we don't go up there and say, "You got any problems?" We go up there and, you know, we might sit around with their  
45 kids, or you know just talk to them about every day things and I think that's

what we need to do more. It's not, you know, marching in there and, "Yep, we're here to help you. What's your problems?" But, yeah, just getting a bit involved in their lives and, you know, their kids' lives.

5 MR SCALES: It's a bit like you were saying with the maternal and child care health nurse who is very trusted and people know they can go there and they'll be treated with respect, so that's the sort of model that you're thinking about?

MS JENKINS: Yeah. And, you know, I've been working for Mungabareena for three years and, you know, I've fallen over at times with their cultural stuff and that, but it's about learning it. You make mistakes, you learn from it, you don't do it again. What I would love to see is Aboriginal people in those positions - not that I'm going to give mine up - but it would be so much better. I'm lucky, I've been accepted, but you can't guarantee that the next white  
10 person that comes into a position will be accepted. I went with a DHS worker to a family one day and just to see the difference in how the girl connected with me and was really - probably "nasty" would be the word - to the DHS worker and I think if I'd gone in there by myself we could have probably done something with her, but then her kids were taken away and that's sort of what  
15 happens and it's a sad thing to see.  
20

MR CUMMINS: The point, Nicky and Sharon, that Mr Scales has made about the playgroups is a very important point. You don't want them being counterproductive - - -

25 MS JENKINS: No.

MR CUMMINS: - - - or really self-defeating and your analysis is very helpful on that question.

30 MS JENKINS: Because, yeah, when we go up there it's just like we're part of it.

MS BRIGGS: We walk in on their level.

35 MS JENKINS: Yeah, and that's important too, not to come in above.

MR CUMMINS: We follow that, thank you. Any other points that you would like to raise with us?

40 MS JENKINS: I don't know, I'd just like to see some way that we could get some Aboriginal workers in child protection.

45 MR CUMMINS: Well, we've got that point and that's, in fact, not only have you verbally raised it a couple of times, but it is on page 1 of your submission,

the third-last dot point and we've got that as well.

MS JENKINS: I think, too, another thing is that the culture needs to change within the child protection system with the workers because, you know, I could  
5 actually see someone being Aboriginal and coming into that system and suddenly becoming a part of their culture. Because it's a huge thing, the culture of the child protection workers, really, really big, yes, and I think that  
10 somehow - I don't know how you'd do anything about that because it's been entrenched there and it's been there for a long, long time, you know, and I would think it would be hard as an Aboriginal worker to come in and try and do what you know is the right thing to do by your community, but still try and be a part of that, the culture that is child protection.

MR CUMMINS: Prof Scott?  
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PROF SCOTT: Just one question. Is your organisation part of Child FIRST in this region?

MS JENKINS: No.  
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PROF SCOTT: Do you have any views about that, about Child FIRST and how it serves or doesn't serve Aboriginal families?

MS BRIGGS: Me as a worker - Tracey is the worker down here - so I'll go  
25 and make contact with her and find out more.

PROF SCOTT: Thank you.

MR CUMMINS: Mr Scales, any other questions?  
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MR SCALES: No, that's terrific. Thank you very much.

MR CUMMINS: Nicky and Sharon, thank you so much for coming forward. I'm very, very pleased and I know that Prof Scott and Mr Scales equally are  
35 very, very pleased that you have both come forward. Thank you for your written dot points, for what you said verbally, but particularly for coming forward. We wish you well with Mungabareena and thanks for being here.

MS BRIGGS: Thank you.  
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MS JENKINS: Thank you.

MR CUMMINS: Well, ladies and gentlemen, are there any persons who  
45 would like to come forward other than the people who have very kindly come forward? Rhonda?

MS JANETZKA: Could I just ask one more thing?

5 MR CUMMINS: Yes, come forward because we need to capture what you say, certainly.

MS JANETZKA: Luke Rumbold said about the children turning 18 and the education. I'm sitting back there listening and I also would like to ask is there any thought to having assistance for the children once they turn 18 and they're out of the care?  
10

MR CUMMINS: Certainly that's been raised with us, Rhonda. We know that a cutoff date, whatever it is, always has big issues around it and that's certainly been raised with us as well.  
15

MS JANETZKA: Because it's really important, you know, they've got this support and then they've got a chance to have in some cases an education and stuff like that, but as soon as they turn to an age, they're out of foster care, they're out of everything and there's nowhere for them to go.  
20

MR CUMMINS: That's certainly been raised with us, Rhonda, so thanks for reinforcing that. Good on you.

Ladies and gentlemen, thank you very much for being here. As we said at the start, it's most important that we come to the regions and have the benefit of your input, both written and verbal. We are very conscious that one size doesn't fit all. We're very conscious that what might work in the Melbourne and metropolitan area is not appropriate in the regions and vice versa, so we do value your input very much. We wish you well and we now conclude the Public Sitting. Thanks, ladies and gentlemen. We've in fact got a phone conference at 11.30, so we'll go and attend to that.  
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**INQUIRY CONCLUDED AT 11.27 AM ACCORDINGLY**

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