



**SPARK AND CANNON**

**TRANSCRIPT  
OF PROCEEDINGS**

Telephone:

|           |                |
|-----------|----------------|
| Adelaide  | (08) 8110 8999 |
| Hobart    | (03) 6220 3000 |
| Melbourne | (03) 9248 5678 |
| Perth     | (08) 6210 9999 |
| Sydney    | (02) 9217 0999 |

---

**PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY**

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

**MORWELL**

**10.08 AM, WEDNESDAY, 8 JUNE 2011**

MR CUMMINS: Ladies and gentlemen, a very warm welcome this morning. We're delighted to be here and I'm particularly delighted to invite Auntie Sarah Morgan to welcome us to country.

5 AUNTIE SARAH MORGAN: Thank you, sir. So good morning, ladies and gentlemen, on this very lovely, cold morning. I would like to pay my respect to the elders, past and present, of this land and the Gunaikurnai people from the area of this community. The welfare and wellbeing of our children should be of the utmost importance to say the least. Too many children end up in the  
10 care of institutions, foster homes and with the public people that are there for them when their own family can't take care of them, for whatever reasons. In the past, the system had failed kids and their families, so we are looking to parents, community and whoever want to contribute their ideas to make this work better for these children and to help them on their way to becoming  
15 healthy, productive and happy individuals, so thank you everyone for attending this event and I hope you enjoy yourselves, so thank you.

MR CUMMINS: Thank you, auntie, that's very, very good and thank you for being here.

20

AUNTIE SARAH MORGAN: Yeah, no problem.

MR CUMMINS: Auntie Sarah, thank you very much from all of us. We all pay our respects and warm acknowledgments to the traditional custodians of the land, the Gunaikurnai Land and Waters Aboriginal Corporation, we pay our  
25 respects to their elders, past and present, and we look forward to their elders continuing into the future.

Ladies and gentlemen, we are very pleased to be here today. The Panel is here  
30 because we wish to hear directly from you about the whole of the system that we have been briefed to investigate and consider, protecting Victoria's vulnerable children. As you know, there have been a number of inquiries now over a number of years and, indeed, one of the matters which was raised, including in the media when this Inquiry was first established, was why  
35 another Inquiry? Why another report? But as I'm sure you appreciate, this is quite a different Inquiry. It's an Inquiry looking at the whole of the system, it's an Inquiry looking to the future, not to the past, and it's an Inquiry which seeks to draw out of the system ways of improving it to secure the future of Victoria's children. Also for that reason, it is quite a finite, limited Inquiry. We've only  
40 got the nine months to do it in, but that emphasises the very same point, namely, that we are to look at the system as a whole and to look at solutions for implementation in the future and that's our brief, ladies and gentlemen, that's what we're doing and we very much value your input into the system and the solutions for the future and I'm sure we'll be assisted by your submissions,  
45 bearing in mind that that is our brief.

We're not permitted to investigate individual cases, as I'm sure you know, or individual organisations because our brief is to look at the system as a whole. As you know, some inquiries in the past have looked at specific cases or have  
5 been triggered by specific cases. It is quite different with us. As I say, we're looking at the whole of the system for the future. The rules of the presentation, ladies and gentlemen, are these - and it is important for your own welfare that I spell them out - the first is that this is a public sitting and that means that whatever you present to the Panel is in public and can be reported, it can be  
10 reported in the media, and we record it, we transcribe it and we will publish it later on during the Inquiry, so what you say is in public.

We will in fact study what you've said and consider what you've said, as well as listening, of course, carefully to you today, so that's part of the public  
15 process of the Inquiry. But there are a couple of limitations on it and they are these: first, we are not a court of law and the ordinary protections you have if you give evidence in a court do not apply here in this public sitting. Ordinarily in court you are protected from any action against you for defamation. If you give evidence in court, you can't be sued for defamation, but here in a public  
20 sitting you are liable for defamation - I'm quite sure that will apply to none of you, ladies and gentlemen, but I'm telling you that is the situation in law - that it is not like a court of law. Here, in this public sitting, you bear in mind you are not protected from any process of defamation and equally any process of self-incrimination, so it's not like a court of law, this is a public sitting without  
25 those protections that normally apply in a court of law. As I say, ladies and gentlemen, I'm sure that doesn't apply to any of you, but I state it for your own protection and in fairness to you.

Next, we want to also bring this carefully to your attention, that under the  
30 relevant legislation, the Children, Youth and Families Act, you cannot identify a person, whether it's an adult or a child or a witness who has been in any Children's Court proceeding, that's both present and past, so don't identify any person, that means not only by name or address, but by any other description such as habits or anything like that. So if you're wanting to make submissions,  
35 don't identify any person who has been through the court system and because we are looking at the whole system it helps us much more if you give us your general submissions rather than stories about individual cases which you can't name anyway, for the reasons I've just said.

40 So they, ladies and gentlemen, are the ground rules, but once again we do thank you. We've got the benefit of two very talented members of the Panel, Prof Dorothy Scott and Mr Bill Scales, and the three of us, as well as the very helpful secretariat, are very pleased to be here to hear from you and, as I say, we'll listen to what you'll say, we'll record it and we will study it further and  
45 also publish it.

- I'll just go back here, ladies and gentlemen, so I can more readily receive you and we'd be very pleased if Trish and Pauline McCluskey came forward first and make your submission to us. Thanks Trish and Pauline. If you just settle  
5 yourselves in there for a moment. Thank you both for coming forward. If you'd find it more convenient to read what you'd like to say, you're most welcome to do that, but take it steadily, take it at your own pace that's convenient to both of you.
- 10 MS T. McCLUSKEY: Thank you very much. It's probably going to be much easier to read. I'm Trish McCluskey and on behalf of my sister, Pauline, who is here with me today, I'd like again to thank the Panel for giving us an opportunity to present to you today.
- 15 We have only one issue to discuss and I hope that we'll be mercifully brief. The issue that we want to discuss is the separation of siblings in out-of-home care, particularly the out-of-home care system in Victoria. My sister and I are concerned that the sibling bond is not given the focus that it deserves as the longest and one of the most supportive of a person's life, despite a plethora of  
20 research showing that placements in out-of-home care are actually most stable when siblings are placed together and that the sibling relationship remains a source of intimacy and support throughout people's life. I think this is still poorly understood.
- 25 Australian public policy, as you'd well know, is regarding the removal of children in care, including children from the stolen generations and forgotten Australians is littered with examples of the profound and disturbing stories of the abuse of children's human rights, but I think we can learn from history. This is a source of learning about the intergenerational ramifications of family  
30 separation and dislocation identity, self-esteem and a sense of belonging. Pauline and I are anxious that the continued separation of sibling in care does not become another shameful part of our history where in years to come everybody sits around shaking their heads and asking how, in 2011, this was allowed to happen.
- 35 I think, in particular, the current Child, Youth and Families Act 2005 has been disappointingly ambiguous in its few references to siblings. For example, in Victoria, when making a permanent care order, a magistrate is, in fact, compelled in making that order to grant access to a parent, whether in fact or  
40 not that parent want access. The order can't be made without access provisions. However, no such provision exists for siblings and what may actually happen is that on the granting of any order, but in particular a permanent care order, siblings may never see each other again.
- 45 Sadly, Victoria lags behind the rest of Australia and the developed world in

5 failing to have legislation that ensures that the sibling relationship is enhanced and promoted when children come into out-of-home care, and I have available at any time that the Panel would require or request, extensive research notes into the practice and legislation throughout the rest of the world and the country on practice with siblings coming into out-of-home care.

10 Given the stories of continued demands on resources and a lack of time for the workers to devote to the promotion of the sibling relationship, Pauline and I believe that the answer lies in the definitive and unambiguous legislation and legislative changes, backed up by rigorous practice standards. In particular, this would translate into practice which is not resource-driven, but which places the best interests of children, in this case siblings, is paramount and that children's needs dictate best practice, not available resources.

15 As we all know, the human rights of children are enshrined in legislation and charters to which Australia and Victoria are signatory. It is an accepted basic human right to be allowed to live with your family unless, on adequate evidence, a court decides otherwise. In the case of separating children from parents after abuse or neglect, this is obvious. However, no such legislative right exists to separate siblings. There is no legislated mandate to allow 20 siblings to be separated from each other. However, this is the norm. In fact, the separation of siblings in care has become so routine as to be unremarkable to have become accepted practice.

25 Pauline and I believe that well-intentioned rhetoric is no substitute for action. For example, it is not enough that it is an ideal or a practice aspiration to keep siblings together in out-of-home care. Like any other basic human right, it must be a mandated imperative. This, unfortunately, is particularly important in the case of Victoria where so few systematic opportunities exist for the 30 voices of children in care to be heard. Pauline and I believe that only through the authority of legislative change will the rights and best interests of siblings be privileged and better understood. Considerable practice changes in education will also be required so that children aren't separated because of sibling conflict, parentification or other things that we know are symptomatic of either a developmental stage or of trauma. 35

40 As social workers, my sister and I are anxious that rhetoric about sibling rivalry and risk does not become the accepted ways to explain away the most significant relationship that many abused and neglected children have with their siblings and why they can't be together. Access at McDonald's isn't enough, four hours in a park every few months is not enough. This relationship is one that needs strong roots to sustain a lifetime of love and the unique understanding that only a sister or brother often has of you.

45 Earlier research this year by Dr Sarah Wise noted, and I quote from her public

research paper Altogether Now:

5                    *Contact between separated siblings, those in care and those at home, was generally poor. Less than one-third had contact on a weekly basis or more frequent. Perhaps more stark was the finding that nearly half of all children with siblings living elsewhere never saw their siblings or only saw them on an irregular or infrequent basis.*

10       Pauline and I believe that when the parents, courts, child protection, foster parents, resi workers are long gone and a young person leaves care, it is their siblings who will be there for them for the rest of their lives. My social work training is very important to me, so I would like to end this submission from my sister Pauline and myself with a quote from McDonald, who is quoting  
15       Virginia Woolf who says that:

*If social work cannot demonstrably change the very few things we intervene in, then we become part of -*

20       what she called -

*the peculiar repulsiveness of those who dabble their fingers self-approvingly in the stuff of other people's souls.*

25       Pauline and I don't want to be part of dabbling in other people's souls. Thank you very much for the opportunity to present today.

MR CUMMINS: Trish, thank you very much, and Pauline, you join in that?

30       MS P. McCLUSKEY: Yes, I do.

MR CUMMINS: Is there anything else you'd like to add?

35       MS T. McCLUSKEY: No, that's fine, thank you.

MR CUMMINS: Well, Trish and Pauline, that's a most thoughtful submission from I think not only the head but also the heart, and focusing on the sibling bond I think is a most important contribution so thank you both very much for that. Stay there for the moment if you'd be kind enough, Prof Scott, would you  
40       like to ask something?

PROF SCOTT: Yes, thank you, too. I am just wondering if you're aware of specific practices that may be occurring in Victoria or elsewhere that have addressed this problem very successfully?

45

MS T. McCLUSKEY: Yes. Prof Scott, I'm not sure about Victoria, but I know interstate that there has been moves to open more group homes to allow siblings to remain together because the constant issue is a matter of resources and the difficulty of getting foster parents who are able or willing to take on sibling groups of two or more. The opening of group homes is one of the answers to that. However, I think trying to tailor resources to fit practice is, as we know, riddled with difficulty and I think what's been most successful is examples from overseas where legislation has compelled, in both Britain and the US, has compelled authorities to find, maintain and resource foster placements where siblings can be kept together and that when the reverse is tried, when resources are tried to tailor the needs of siblings, expediency and difficulty will always win out over children who are unable to advocate for their own opportunity to stay with their siblings.

PROF SCOTT: If I could just clarify, in many instances children are half-siblings or they may be full siblings, but one may be at home with their parents and another in care, in some cases in permanent case.

MS T. McCLUSKEY: Yes.

PROF SCOTT: Do you have any models or examples in Victoria or elsewhere of how sibling contact can be appropriately maintained when children are not growing up in the same setting?

MS T. McCLUSKEY: Yes, it's very difficult, particularly where one sibling remains at home and the other issue of difficulty, and we see here in Victoria all the time, is where siblings come into care in a serial way which, you know, is certainly not the fault of child protection or anybody else, it's a system of how things happen. But there are a number of examples where foster parents can be encouraged or supported or resourced to take on children over time but, yeah, where one child remains at home, of course whether that sibling or not has access to their sibling in care is often at the discretion of a parent or the resources available of the agency that is providing.

However, if I could say to the Panel that apropos that issue, perhaps the most compelling evidence about how we should keep siblings together is in fact coming from colleagues in the legal fraternity where with changes to the Family Law Act there has been considerable interest and a number of cases which I'm happy to forward to the Panel where separating parents have been refused the opportunity where siblings are separated out, dad takes one child and mum takes the other and, in fact, most of the innovation has in fact come from the law. In Australia there are a number of examples, case examples at law where that has been refused where the best interests of children and the paramountcy of that has been transferred from one act to another, and so if I could respectfully refer the Panel to that information which I'm happy to pass

on.

MR CUMMINS: Pass it on if you would, Trish. That would be good. We've got material, but to make sure we've got the full picture if you could send that on, Trish, that would be excellent. Mr Scales?

MR SCALES: No, I think that's all pretty clear.

MS T. McCLUSKEY: Thank you very much.

MR CUMMINS: I think, in particular, your point that you've made very clearly, Trish and Pauline, is the significance of legislation, so that came through very clearly in your submission, so thank you for that. Our warmest wishes to you.

MS T. McCLUSKEY: Thank you.

MR CUMMINS: Next, we're pleased to invite Mr Alan Tatlow to come forward. Just take a seat, settle yourself in and when you're ready we'll be very pleased to hear you.

MR TATLOW: Thanks so much. Recently retired as of July last year after - it seems much longer - about 35 years both in England and Victoria in work in what used to be called foster care, then became alternative family care, now out-of-home care, but you know what I mean I think through the changing terms. So these are just some observations that may be of interest gained in this work and I think one point I'd like to stress is the need for permanency as an aim in the lives and plans for children in need of care and protection.

MR CUMMINS: Yes.

MR TATLOW: I've seen many hundreds of children in good quality foster care, but I think the point needs to be made that foster care is essentially a temporary situation. It can last, and I've known it to last 18 years and beyond, but throughout all foster care placements the reality is that that does not have, the permanency, that children really need to grow up with security and certainty. Neither do the carers have that certainty because of the legal status of foster care. Carers are not able to commit themselves perhaps in the way that adoptive or natural parents can, so I do see a problem with long-term foster care. Children do need permanency and decisions perhaps need to be taken very early on about children's future, very early on if there is a long-term need for substitute care rather than on an ongoing annual basis possibly for many years.

Foster care, I'm suggesting, should be time limited. I'll just make a suggestion,

18 months, two years maximum. If there is no planned exit from the alternative care system via a return to the originally abusive parents from where the child was removed then only permanent options, such as adoption, can provide children with permanency. So as well as obviously working  
5 intensively with parents to help them care effectively for their children, there is a need at times for realistic recognition of those who may never be able to do so, for various reasons.

10 Substitute family care may not always be suitable for children and I'm just referring to Trish and Pauline's submission concerning large sibling groups is an obvious case in point. But I've certainly seen, not for some years now, but excellent quality care in family group homes, small residential units,  
15 particularly with children, adolescents with high complex needs presenting behavioural challenges to carers. I think there is a case to be made for good quality residential care which can possibly act as a bridge or an introduction to  
20 more intimate forms of care, but I think certainly one size does not fit all in terms of home-based care always and inevitably being the right option. The system really does need a range of placement options.

20 I'd like to suggest a need for staff coming into this very difficult area of work, child protection, the whole scene, foster care and so forth. I'd like to see some efforts to try and bring in people with extensive life and family experience allied to the appropriate training and qualification so as to have a more  
25 balanced workforce to meet the needs of these children so they are being served by a staff group with ample, adequate and relevant life and family experience themselves.

MR CUMMINS: Yes, got that.

30 MR TATLOW: It interests me that in Gippsland, which would perhaps have the population of a large metropolitan borough in the United Kingdom where I worked, we seemed to have six or seven separate alternative care agencies. I think that could easily be established. That seems a very large number to serve  
35 the population of this region, even given its size and a certain need for diversity. I would recommend some rationalisation of the services recruiting training and providing out-of-home care, alternative family care, whatever term is used, because I think a lot of resources and efforts are duplicated. There is a certain amount of confusion in the community.

40 Finally, I'd say that we talk of the biological parents of vulnerable children, children in need of care and protection as mums, dads and so forth. I would suggest parenting is not just a label, it's an activity that is shown through  
45 sacrifice, care for children, willing to put one's own life and preferences on hold and I'd just like to see that reflected in the system as parenting not simply being a label or a biological activity, but it's much more than that.

MR CUMMINS: Yes.

MR TATLOW: Those were the only points I wished to make.

5

MR CUMMINS: That's very helpful. Thank you, Alan. Prof Scott, any matters you'd like to raise?

PROF SCOTT: Yes, I'd like to explore with you your ideas on adoption. This is, of course, a very complex area and difficult area and one where Victoria is somewhat different from other English-speaking jurisdictions in how little adoption there is. Can you say something more about, apart from the time that children have been in out-of-home care where there is not a move toward reunification as an eligibility criterion, can you say a little bit more about situations where biological parents may not be prepared to give their informed consent to an adoption and the conditions under which you, if any conditions, would see a dispensation of parental consent being appropriate. There are current provisions under the law which are not exercised very often at all, but this is an area where there is likely to be a diversity of opinion and I wonder if you could say a little more about your views on that.

10  
15  
20

MR TATLOW: The important factor to me is the quality of the emotional bond between the child and the biological parent, that needs careful assessment, but it relates back to my earlier point that parenting is not simply a label that, "Because I've produced a child I have a right." So I'm saying the blood tie is not as important, you know, child/parent relationship, as the emotional tie and that can be displayed by recording efforts, activities, contact, constructive developments. I think these need to be very carefully developed. I would suggest that parents need to be made aware of the efforts required of them to regain or retain their status as the child's caregiver and every help given up to a point when perhaps the law of diminishing returns comes in, so the emotional bond.

25  
30

The length of time a child has been in care is important. I think adults glibly talk, you know, of annual reviews or a year or two. A child's sense of time is much more critical and what seems to adults a short time to allow for change, reunification to take place, is very different, very different. I think if the principle of permanency is enshrined as a desirable goal, then there may be less emphasis on a child remaining effectively in emotional and legal limbo when it's made clear that the system legal service-wise seeks a child's permanent placement within a loving family within the optimum time as conducive to children's best development.

35  
40

PROF SCOTT: Thank you.

45

MR CUMMINS: Any other matters you'd like to raise?

PROF SCOTT: No.

5 MR CUMMINS: Mr Scales?

MR SCALES: Mr Tatlow, I'm interested in your comments of a couple of things that you said. First of all, when you spoke about the need for relevant life and family experiences, do you want to just tease that out a bit more, give us a sense of what you meant by that and what you had in mind?

MR TATLOW: Yes. Well, simply the observation that work in the child protection field is very draining, challenging, demanding and for what can often be young people to take, comparatively young people after full-time and tertiary education is completed, it seems to me placing a huge burden on those young people both to cope with the challenges they face and perhaps to a certain extent to present authoritatively to all concerned, so I would say it needs mature judgment, mature life outlook and stability that not all, but in many cases, comes through living many aspects of life that young people won't.

MR SCALES: Was your reference and thoughtfulness about this issue related to people primarily in out-of-home care, or was it throughout the system?

25 MR TATLOW: Throughout the system, yes. If I may, sorry, digress. Our carers, foster carers, have a very intensive, intrusive form of assessment and scrutiny to approve them for their challenging task. That may sometimes be applied by quite young staff, I suppose, that's one anomaly.

30 MR SCALES: Sure.

MR TATLOW: Whereas if it was more mature people it could have greater profundity and relevance.

35 MR SCALES: I mean this is obviously a very difficult question for the whole of the sector in many ways and we see lots of people moving in and out of the sector - - -

MR TATLOW: Indeed.

40 MR SCALES: - - - particularly doing those critical roles of child protection workers and so on.

MR TATLOW: Indeed.

45

MR SCALES: Am I going too far to suggest that you think some greater level of diversity within say the department, is that what you're alluding to?

5 MR TATLOW: I think there could be benefit in that. Now, whether that's in terms of staff, you know, peer support and help to each other, or matching with particular client families, that could be of benefit by diversifying, as we said, the age and the life experience of practitioners, I would see benefit there, and it could be too, again as I've said, the more mature entrant to the field may be more stable in a particular region and area, whereas young people by their very nature, whenever they come into any profession or occupation are inclined to be seeking moves for career or other family development purposes. That may contribute too to instability in children's lives.

15 MR SCALES: I know we're starting to drift into a very difficult area here, but in other parts of labour markets, which is now what we're talking about, how a particular labour market operates and the way in which people come in and out of labour markets, we do seem to have a lot more flexibility in some of those other labour markets than we do seem to have in this particular area. Are you then suggesting that somehow there ought to be different entry points into the system with different ways by which people could be remunerated based on their life experiences? Is that the sort of generality of what you're trying to drive at?

25 MR TATLOW: I think that's well worth considering. I think the more flexibility to meet presented needs, the better and what you've just suggested I think is perhaps one - - -

MR SCALES: I'm not trying to suggest - - -

30 MR TATLOW: No, no, sorry.

MR SCALES: - - - I'm just trying to get a sense of your own experience and how that might play out in a broader sort of public policy context, I suppose.

35 MR TATLOW: Yes, without being aware of all of the ramifications.

MR SCALES: Of course, and that's up to us to think about really.

40 MR TATLOW: But I would generally endorse greater diversity, greater means of bringing people into this field to offer their skills, life experience and outlook in whatever way is of greatest benefit.

45 MR SCALES: Could I ask a couple of other questions. I was also interested in the comments you made about the number of organisations in Gippsland and I think you were suggesting that they were sort of bumping into each other and

so on. I mean clearly my expectation is that you would say they are doing all very good work.

MR TATLOW: Yes.

5

MR SCALES: But give me a sense then why it is that you think that less might be better than more. What is it that leads you to that conclusion?

MR TATLOW: Concentration of effort and resources, frankly. I think there is good cooperation and collaboration between the agencies, both on an individual staff level and in various forums, but I simply say that with limited staff resources and time I would have thought running, as I say, however many, six or seven services for the population size in Gippsland, I would have said that's not economical, that's not rational.

15

MR SCALES: So again without putting words into your mouth, you're suggesting that somehow it's about the getting the better use out of the existing resources in Gippsland might be better achieved by having larger organisations that work together in a different way and sharing resources?

20

MR TATLOW: I think it is worth looking at. Yes, I think that could be assessed for the potential returns and cost benefits, but I just feel that perhaps there is an element of overservicing.

MR SCALES: Do you want to test your arm a little bit further and maybe give us some experiences over your 35 years, and particularly in operating in this particular area where you felt that might have helped you if the organisations were - I mean I think I'm trying to interpret your words here - - -

MR TATLOW: Yes.

30

MR SCALES: - - - slightly larger, better resourced, you know, do you want to test your arm on that?

MR TATLOW: Well, in one sense just operating recruitment and training for foster carers, I suppose, and I know we're dealing with protecting vulnerable children, but that's the aspect of which I've had most contact with these children. So I would have thought a smaller number or subregionally-based services are going to become known or have the profile, "That's the service you go to if you're interested in foster care," where there definitely is confusion where people apply to different agencies. I think there is an attempt to apply the same standards throughout. That won't always be possible, I suppose. It could lead to more standardisation, which I know could be a good or a bad thing, depending on how it's interpreted. Sorry, I'm not responding very well.

45

MR SCALES: No, no, that's good. I mean the great advantage of your contribution is that you're really operating at the pointy end, or you have been operating at the pointy end and sometimes your insights can be extremely helpful from that point of view, so thank you for doing that.

5

MR TATLOW: If I could just add, I had intended to make a written submission, which I'm sure would have expressed my thoughts more clearly. I asked my local MLA office to advise me of the time scale and, for whatever reason, that was missed, so here I am attempting ineffectively to tell you what I think.

10

MR CUMMINS: It's been very clearly and well logically put forward, so thank you. Alan, thank you very much. We're most obliged to you for coming forward and for taking the trouble of riding it out in the way that we've just discussed.

15

MR TATLOW: Thanks so much.

MR CUMMINS: Next, I'm pleased to invite Mr Gerald Laws to come forward. Gerald, if you'd just like to take a seat. Make yourself settled in there and take a minute just to get any papers out you'd like to get out that you would like to refer to and when you're set we'd be pleased to hear your submission. Just take a moment and just get settled. Were you here at the start, Gerald, the very start?

25

MR LAWS: No, I was not. I've just arrived here in the last 20, 30 minutes.

MR CUMMINS: I thought you might have, that's fine. I'll just tell you the ground rules basically are these. This is a public hearing, Gerald. It's not a private sitting, which means that whatever you say can be published in the media or elsewhere and, indeed, we record all of this and we have it transcribed and we study it and then we publish it on our own web site as well, so it's a public hearing so you might like to bear that in mind. The second thing is this, Gerald. This is not a court of law. When you are giving evidence in a court, as you probably know, you can't be sued for defamation or anything like that.

30

35

MR LAWS: No.

MR CUMMINS: But here in a public - I'm sure this won't apply to you - but here in a public sitting you haven't got that protection against being sued for defamation, so don't name any people or anything like that, just make your points general. As you probably also know, under the relevant legislation you can't identify any person who has been through a Children's Court proceeding, whether it's an adult or a child or a witness, so don't identify anyone.

45

Our purpose, Gerald, is not to investigate individual cases. There have been over the years quite a few inquiries looking at individual cases. Our Inquiry is quite different. We've been instructed by the government not to look at individual cases, but to look at the future and to try and provide solutions for the future to be built into the system, so we're looking at the whole system. So it doesn't advance us to hear individual cases, we'd really like the benefit of your thoughts about how the system might be improved so if you could bear that in mind, Gerald, and you take it as it suits you.

10 MR LAWS: Well, I have made a copy here of basically what I'm about to say.

MR CUMMINS: Yes, you're welcome to read it if you'd like to if that's the most convenient way for you.

15 MR LAWS: Well, you can have a look at it and if you find anything in it that you think is out of order, well, you can say so before we get started and then we can't get out of order.

20 MR CUMMINS: All right, pop it forward to me and I'll run my eye through it. Thanks, Gerald. Yes, that's very helpful. Thank you very much. I think we'd be very pleased to hear your submission. Have you got another copy there?

25 MR LAWS: Yes.

MR CUMMINS: Well, you just take it as you would like to, Gerald.

MR LAWS: Well, what I'd like to say is that I think we've lost the eight ball because I consider the family to be the basis of our society and where I think we're coming from today amongst our young and amongst a lot of adults is the fact that we don't look at children as even being vulnerable any more. People do just as they like and the kids suffer the consequences and by the time it gets to the stage where it goes to DHS or whoever, police or whatever, the damage is usually done and further damage is done because after it has been through the courts, et cetera, et cetera, there are recriminations inside families and there are people with agendas and all the rest of it.

Now, I have had the unfortunate thing in life of seeing exactly what happens under these circumstances and it can go on for years and it then becomes a cost to the government in mental health and other things, so you build your costs and your costs is built in because in the first place at schools, in the family and other places we are not bothering to keep up a standard. We haven't got the guts, the gall or whatever it is that it takes for people to learn that children have to be looked after. We start worrying about it, the way I see it, after whatever has been done. It's too late. I am not going to say that we can dodge that issue,

because we can't. But the fact of the matter is that a dollar spent before then I think is worth two after and that is where I find as a society we're just falling down. Our education system, whether it be in the home or in the family or whatever, is not right.

5

Everybody of my age can look around today and see the \$7000 that's handed to somebody after they have a baby. What's it get spent on in a lot of cases? Drugs, booze, new car. It doesn't end up where it should go in a lot of cases. I'm not saying in all, but we've got to find a better way of doing things than we've got because if we don't, all we're going to have is another generation, and God help us, I can't see how they're going to be able to handle anything.

I sat just recently and listened to a 30-year-old woman saying, "They owe it to me." Nobody is owed anything in this life. If you have a child, you should set out to have a child knowing that you will have to keep that child. My mother once said, "If I knew that five minutes of fun led to 18 years of having you lot, you'd have never any of you got born," and she was a lady, tough old bush lady, who believed in doing the right thing by her children. But today a lot of kids, they're just left on the street. Great fun for a start and then it wears off.

20

People have to be trained to believe, before they leave school, that having a family is a privilege and that privilege is to be taken very, very seriously. Ending up in courts of law and social workers on the door and everything is too late. We have to change the way we address this whole situation and I believe that that has to come through education and that is my submission. I have had personal experience in more than one case where people's expectations of what the state will do, for any state, they're to take the responsibility for our doings and all the rest of it.

30 Can we go on as I see it, and maybe I'm wrong, allowing people to think that the state can pick up the tab for everything? It can't, because no matter whether you have a situation where some people do the right thing and a lot of people don't, or vice versa, people will get sick of it and if we turn our eyes on our own children and off them and let it go on the way it's going now, and you don't have to be a road scholar, you read the paper and you see what children's ways of treating the old, children's ways of treating one another and everything else, our values as a society are slipping. They're going away, they're slipping away and we're not going to improve those values with using fear techniques of, "If you don't do this or do that then DHS won't come," or whatever, we have to breed those values in as being a value because we believe in them and that has to start when they're teenagers and before in the family. That's my submission.

45 MR CUMMINS: Well, Gerald, that's a very thoughtful submission. You have emphasised the importance of, first, personal education - - -

MR LAWS: Yes.

5 MR CUMMINS: - - - from early on. Second, you've emphasised the importance of personal responsibility, and you've also made the point that everyone says prevention is better than cure but it's not being done enough and you need to have much more emphasis upon prevention rather than the cure later on.

10 MR LAWS: Yes.

MR CUMMINS: So we take on board those important points, Gerald, and thank you very much. There is nothing you wish to ask Mr Laws?

15 PROF SCOTT: Perhaps if you had other suggestions on how we do this. I understand the point of view very clearly and I have a lot of sympathy in fact for what you're saying. It's how we do this that I think I struggle with.

20 MR LAWS: Well, the way we do it is, first of all, we have to have and teach respect for each and every person. Now, I have known of cases where children have seen their parents by authorities put down. You can't expect any kid whose seen his parents put down to walk out of a place and hold his parents in the same regard after that. It doesn't happen. We can't have children saying to their parents, "If you don't do this, or do that or allow me to do this or do that, I'm going to report you." That happens. Some parents can handle that. Some can, but a lot of the modern day parents don't bother to handle it, they take so much of it and then they simply dump the kid, not necessarily put it out the door, but they don't bother with educating or what's naming that child any more because they say, "Oh, he's taught that he's got rights."

30 One of the things in life that I grew up with when I was a lad, "Children should be seen and not heard." That was a bit harsh, but I've now arrived at the stage where old fellows should be seen and not heard. Where was my game? And that's how far our society has changed. Somewhere in the middle surely has got to be a better place, you know, and you see and you hear this. You see it every day. You walk through the supermarket, you hear children trying to intimidate their mothers into what they want and even threaten their mothers that, "If you don't do so and so, I'll tell my teacher, who will tell the social worker." That's the wrong way around. We have to breed into kids today that family, family is the most important thing there is. Why? Because if we don't how do we expect those kids when they grow up to bother teaching their family anything. Because they didn't have to do it so why should they and that's where they've gotten to, a lot of them.

45 They don't have respect for individuals. Things that you and I grew up with

that would never have happened, are happening today. We have to really take a look at it and say, "Why?" Where have we gone wrong? We've got on the wrong railway track somewhere and we've got to take the almighty dollar, which is yours and mine anyhow, and start to learn where to spend it in the right place, and I think that that starts in the family and it starts in the school and in other organisations such as football and other things like that. We have to teach that what we grew up with was respect for others. If we don't teach this, we are just going to go on building a larger and larger and larger, what do they call them now as the house police, right. It's the wrong way around.

10

I've seen where it ends up and in a lot of cases it's a lot of tragedy and I have no doubt that there are social workers who have known where suicides and things have taken place. That is one hell of a price to pay. I have seen a woman who today is a broken spirit, a totally broken spirit. Oh, that child got protected, was taken. But what did they leave behind? Nobody has ever come back and taken a look. Nobody.

15

If you destroy somebody in a car accident, it's bad enough, you take them off to hospital and get them fixed. But if you destroy somebody mentally, how do you fix that up? You give them a drug, such as Largactil, or what have you, Marol or whatever, and sit them in a corner. Don't you think that this is a tragic way of doing things? I would like us to try, to really try to start at the start and change things because where we're going as far as I'm concerned is a slippery dip and it's only going to get worse and faster as we go down it.

25

MR CUMMINS: Well, starting at the start is always a good place, Mr Laws. Anything else?

PROF SCOTT: No, thank you.

30

MR SCALES: Mr Laws, I'm wondering whether, without naming individuals or any cases, I get the impression from listening to you that you've observed, either with people who are in your community or elsewhere, that there have been families that have really cried out for help - - -

35

MR LAWS: Yes.

MR SCALES: - - - and that they've had trouble getting that help. Am I right? I mean without talking about individual cases, I'm not asking you to do that, but just from your observations.

40

MR LAWS: From my observation, the ball has already started to run and has run too far, right. Now, years and years ago if in a town, in a small country town where I lived somebody had started knocking the old girl around, giving the kids a hard time and all the rest of it, the local people would just quietly go

45

around and have a word, and it wasn't always a nice word, but today the attitude is, "Don't become involved. Stay out of it," and nothing happens until you have some poor bloody kid just had the arse beaten off him, or mum's been really messed up, or whatever. It's really got to the stage it's too late because  
5 once that happens, we go into too big a trauma field.

We've got to learn ways, means and techniques of cutting these things off before they get around to that. We've got to change the mentality today in the community, and it's there, don't you worry about it, it is there in the community  
10 of, "Don't become involved. Stay out of it," and then when something terrible happens everybody says, "Oh, you think somebody would have said something about that," but it wasn't said, and when it is said, it's too late. It's like one gentleman, just as I was coming through the door said, "We have so many  
15 different people involved in things." If you're involved in some of these things, it's like a merry-go-round. You don't know where you are. You don't know who's going to come through the door next.

MR SCALES: So it would help if families who found themselves in need, I mean because the fact is we are where we are with many of these things and  
20 many of us would wish that we weren't there, but that's the reality that we tend to deal with, so you think it would help if there was a clearer identification about how people could find help? Is that part of what you're saying?

MR LAWS: Yes, but it's not only that, people should be able to go and find  
25 help and not necessarily find that they're going to put themselves inside a great big - - -

MR SCALES: Yes, that's right, so the system doesn't take over.

30 MR LAWS: Yeah.

MR SCALES: You don't want somebody to cry for help and then find that - - -

35 MR LAWS: If there's a family that needs help, whether it be economic or whether it be help because of a disease or what have you, such as mental health or what have you, it really doesn't need a lot more pressure adding to it because in some cases that pressure actually turns over and becomes more pressure in the family and children are usually the first ones that lose out when that  
40 happens, you know, mum or dad can walk away, they can get in the car, drive out the front gate or whatever, but the kids can't and what you have to do in those situations is get in there early and try and do it in such a fashion that it doesn't become us and them, and that's what it usually ends up as, us and them, and the kids are the ones that lose over it normally, and this I have  
45 unfortunately seen on more than one occasion, that small things blew out to

huge catastrophes.

5 There's a lot to be said for the old busy-nosed grandpa around what's a name that went in there and actually did something quietly. A lot, you know. But when you've got a whole stack of people arriving and the police arriving at the front doorstep and all the rest of it, and the children today are about 10 times in front of where we were at the same age, you can't expect them not to notice, you know. Children today are bright because they have everything in front of them from - well, they put them in front of the telly in their bassinets. They're  
10 learning from day one and unfortunately they're learning a lot of wrong things in a lot of cases and they take on a lot more than we believe.

15 MR CUMMINS: Gerald, you've given a lot of thought for this and you've presented it very clearly, so thank you very much for that and we've recorded what you've said and we'll take that away and work on it, so thank you for coming forward very much.

MR LAWS: Thank you. Thank you for the time.

20 MR CUMMINS: Next, we'd be pleased to invite Mr Steven Unthank to come forward. Steven, just take a seat, settle yourself in and we'll be very pleased to hear you. Steven, you take it in the sequence that's convenient to you.

25 MR UNTHANK: Thank you, Mr Chairman. Just at the outset, I wish to make a reference to the guidelines for making verbal submissions, and it mentions the Inquiry is not about reviewing individual cases or organisations, it's forward looking rather than looking back to allocate liability or blame, and it is about reviewing the service system as a whole and focused on seeking solutions for future, so that is what my submission's about. Even though there  
30 are some organisations that are identified in the documents, it's not my intention to bring out those organisations, but rather the system that has been put in place that has resulted in me making this submission today.

35 MR CUMMINS: We follow that. Thank you.

40 MR UNTHANK: This morning I met with the senior registrar of the Latrobe Valley Magistrates' Court to confirm that the organisation that is referred to in the documents is not in any way going to interfere with this submission, so I was assured that that is before the chief magistrate now so I'm okay to make a submission regarding the process.

45 Firstly, this is about the Working With Children Check system. This month concludes the five-year intake of organisations regarding compliance with the Working With Children laws. The Working With Children Act 2005 states in section 1(1):

5                    *The main purpose of this act is to assist in protecting children from sexual or physical harm by ensuring that people who work with or care for them have their suitability to do so checked by a government body.*

10                    As of the latest statistics, over 730,000 Victorian adults have complied with the Working With Children laws. Unfortunately, there's one organisation that isn't complying with the Working With Children laws for some 600 employees and agents in teaching, child minding, child services and this has been ongoing for the last entire three years that the Working With Children laws have been in place for religious organisations.

15                    On the recommendation of the Honourable Frank Maguire, Member for Broadmeadows - that's why I'm here, he recommended I appear before this Panel - the documents in front of you contain a letter from the attorney-general which was issued last month and it was addressed to Mr James Merlino MP, State Member for Monbulk, who is the opposition police minister. He was the police minister during the process of this matter, so he's taken the initiative to try and fix up some oversights from his previous department, which is actually commendable.

20                    The letter reads:

25                    *Re Working With Children Check. The Department of Justice takes Mr Unthank's allegations seriously and has dealt directly with both Mr Unthank and the name of the religious organisation on a number of occasions. Mr Unthank first wrote to the department alleging breaches of the act by the organisation in July 2008. The department responded by referring Mr Unthank to the Sexual Offences and Child Abuse Unit of Victoria Police, emphasising the importance that he report his allegations to the police. Correspondence was also sent at this time to the management of the religious organisation in Australia, informing them of their obligations under the act. Ministers or elders within this religious organisation aren't required to undergo a Working With Children Check under section 9(3)(i) of the act, religious organisations, if their work satisfies the definition of child-related work under section 9(1) of the act. The department has written to the management of the religious organisation in Australia on a number of occasions, most recently in November 2010, informing them of their obligations under the act and offering to meet and conduct information sessions for their staff and ministers. Victoria Police have responsibility for investigations and enforcement of the act.*

30

35

40

45

In the last three years that I've been working on this particular case, it involves 2500 children. Each child receives ongoing internal ministry advice from church leaders and senior church elders and local church elders, who all have been instructed by the organisation not to comply with the Working With Children laws. This is actually a tragedy as it places these children at heightened vulnerable risk because the Working With Children laws were set up to stop convicted sex offenders, convicted murderers, convicted child rapists, convicted drug dealers from having easy access to children, and this particular organisation does not want to have to comply with preventing convicted drug dealers, child molesters from having access within the organisation. So over the last three years I've dealt with all departments within the Victorian Government, Department of Human Services, Department of Justice, Victoria Police, the attorney-general's office. It's been a merry-go-round. From day one they still have not been able to get this organisation to comply and it's being handballed around and around in circles.

On 15 August I received a letter from the Department of Justice that said - it is referred to in the documents:

*Thank you for your email of 30 July 2008 to the attorney-general highlighting alleged breaches of the Working With Children Act (the Act). If you believe that criminal offences have occurred, then the Victoria Police SOCA unit is the most appropriate body to investigate the complaint.*

So following that advice a complaint was lodged with the Victoria Police SOCA unit. Nothing happened. Another complaint was lodged and I had a meeting with a number of detectives from the CIU and they said they would look into the matter and then it was stopped. So, therefore, I wrote to the newly appointed Chief Commissioner of Police to bring him up-to-date on the matter and received a letter from the chief commissioner's office, which is dated 10 March 2009:

*Dear Mr Unthank, I write on behalf of the chief commissioner to acknowledge receipt of your correspondence regarding alleged breaches of the Working With Children Act 2005.*

A few weeks later I received a letter from the assistant commissioner crime dated 27 March 2009:

*Dear Mr Unthank, I refer to your letter received by Victoria Police regarding alleged breaches of the Working With Children Act 2005. The matters that you have raised have been assessed by members of the crime department. I am advised that the matter you raise in relation to the alleged breaches of the Working With*

*Children Act 2005 are presently under consideration by the Department of Justice.*

5 And since that time I've now dealt with two assistant commissioners of crime and we've got a third acting assistant commissioner now, so through all of those there's been no response regarding that. Then on further advice an information was sent to the child safety commissioner and received a letter of reply on 29 June 2009:

10 *Dear Mr Unthank, thank you for your letter dated 9 June 2009 and the materials enclosed with it detailing your concerns that the church has failed to comply with the requirements of the Working With Children Act 2005. My staff have contacted the Department of Justice's Working With Children Check unit and Victoria Police,*  
15 *seeking more information about the concerns you have raised. I expect to receive further information from these organisations over the next few weeks and will write to you again at that time. Thank you for bringing this matter to my attention. Signed, Child Safety Commissioner.*

20

That was June 2009. I'm still waiting for a reply. A few months later, in August 2009, I received a letter from the Department of Justice Working With Children Check unit:

25 *Dear Mr Unthank, thank you for your letter of 7 April 2009. I understand that Victoria Police have since been in contact with you and clarified the respective roles of the police and the Department of Justice. I am pleased to have received advice that you are now in continuing communication as to how the police may proceed in*  
30 *responding to your allegations of noncompliance with the act.*

35 This is now over one year of noncompliance with the Working With Children laws and still nothing has been done to protect any of the children. Then my local MP contacted the officer or the Director of Public Prosecutions and brought the matter up with him, so the Director of Public Prosecutions replied in a letter which gave some very helpful hints. It said this:

40 *State Member for Hastings, dated 21 September 2009. I refer to your letter dated 13 September 2009 and the enclosed two reports on alleged breaches of the Working With Children Act 2005. I have to confess to have experienced some difficulty in comprehending the nature of Mr Unthank's complaint. I have perused the material forwarded to me, but I am not sure I have fully understood the basis of the complaint. However, it does seem*  
45 *that he is alleging the commission of criminal offences, namely*

breaches of the Working With Children Act 2005. If so, it is a matter which must be thoroughly investigated by Victoria Police before my office or I can become involved. Neither my office nor I have any investigative powers. Until an investigation into Mr Unthank's complaint has been conducted and completed, I have no power to act in this matter.

The submission that I made in one of the two reports did contain some errors and as the Director of Public Prosecutions brought that out to me, I was able to address those, so I'm stumbling because I'm not a lawyer, I'm actually a carpenter by trade and no-one is helping me in the matter of protecting this. No government departments have come forward and said, "We will help you. We will assist you to protect these children." Everybody passed the buck. Then I received a letter on 25 November 2009 from the Office of the Attorney-General.

MR CUMMINS: I've actually read ahead now through all your documentation. Can I just take you to the letter of the attorney-general of 5 May 2011, second paragraph. Just take a moment and you'll get it, it's the last document in your file. I'm a couple of years ahead of you on these documents, so forgive me for taking you ahead.

MR UNTHANK: Sure. That's okay.

MR CUMMINS: But 5 May 2011, second paragraph, second sentence, is that the matter you referred to when you started this morning when you said that you'd been up to the registrar of the court. Is that right? The second paragraph, second sentence, that you've filed documents, et cetera.

MR UNTHANK: Yes, so just confirm that the documents are before the chief magistrate, but they haven't been filed or stamped, otherwise I would not make an appearance. So they're for consideration only. There's no - - -

MR CUMMINS: They haven't actually commenced as such.

MR UNTHANK: No, there's no SH number assigned. That's what I had confirm.

MR CUMMINS: All right, thank you. Now, go back to the sequence which you were taking.

MR UNTHANK: Okay. The letter dated 25 November 2009 from the Office of the attorney-general:

*Dear Mr Unthank, thank you for your correspondence dated*

5                    *16 November 2009 to the attorney-general. Responsibilities for the matter raised in your correspondence rests with Minister For Community Services. Accordingly, I forwarded a copy of correspondence to the minister's office for consideration and response.*

I then received a letter from the Office of the Minister For Community Services:

10                    *Dear Mr Unthank, thank you for your letter received 26 November 2009. Your letter is currently under consideration and a response will be forthcoming shortly.*

15                    Since that time, there's been no response. I then believe that I may possibly have made a complete and total mistake of all my allegations concerning not the compliance with that, so I had it reviewed by local federal member Mr Darren Chester for our area and he forwarded the information on to the Prime Minister, Julia Gillard, who then passed it on to the Honourable Brendan O'Connor, MP Minister for Justice and that was reviewed by him and I  
20                    received a personal reply from him:

25                    *Dear Mr Unthank, thank you for your correspondence dated 17 October 2010 to Mr Darren Chester MP and dated 16 October 2010 to the Prime Minister, the Honourable Julia Gillard MP. Your correspondence was referred to me as I have portfolio responsibility for the Australian Federal Police. The particular concerns you have raised are very important concerns and as such I suggest you forward your correspondence to the Office of the Victorian Minister for Police.*

30                    So I knew that I wasn't losing my mind in this matter, so that I did, and what I found in the whole process was that nobody was willing to meet with me to discuss the risk that any of these children faced. I did accompany a parent along to the police, who the parent made a complaint regarding the matter, and  
35                    the officer that the parent dealt with instructed his best advice is to leave the church; but that's not good enough when we have legislation that's designed to protect children, but that there's nobody that's willing to enforce or police that legislation. Even though the legislation has been very successful, over  
40                    730,000 adults have complied, it only takes a small number of people to refuse to comply that still have access to children that is of great concern.

45                    So in line with the guidelines for making a submission, it is the end of the five-year intake for people to comply. Everyone must have complied with the Working With Children laws and child protection laws by the end of this month. My submission is that a Panel be established to make sure that the laws

are policed and are enforced, that responsibility is ascertained directly as to who is to do those things. The attorney-general wrote that it is for the police to police the legislation and to enforce the act, but at the moment they are unwilling to police and enforce and this places children at potential risk.

5

I'm not making any references to any children that may or may not have been physically or sexually abused. This is about prevention. We've had five years to get it right. There was one major amendment made which allowed the Australian Federal Police to be exempt from the Working With Children laws because at the time when they were travelling to Victoria for cases involving matters concerning them, they had to be accompanied by someone who did have a working with children licence just to work with children, yet we have ministers of religion that are taking other parents' children out from door to door preaching within the community, they don't have a working with children card. We have ministers of religion that are providing discipline to children within the church setting.

This religious organisation operates over 150 schools and secondary schools within Victoria and none of their instructors are registered with the Teachers Association, nor do any of them have working with children cards. The police are aware of that, the Victorian Government's aware, so now that we're at the end of the five year intake, my recommendation is that somebody now take the necessary steps to make sure that we look to the future and that the laws are enforced rather than just have them sitting in everyone's bottom shelf, they're actually out at the front and they're being taken care of and our children are protected in that area.

MR CUMMINS: Well, we follow that, Mr Unthank, and thank you for progressing your submission in a way which is consistent with the guidelines and that you obviously considered the guidelines. It's plain that no organisation is above the law and it's also plain that the law needs to be enforced across the board, not just 90 per cent of the time, but a hundred per cent of the time, so you've made that point very clearly about the system, which is what we are looking at. We also take on board your point about the five years having run, you know, that the time has well and truly come for the proper application of the law.

MR UNTHANK: But what I've noticed is that there's no actual strategy in place from 1 July to police - - -

40

MR CUMMINS: And that's your point about the system, that the system needs to be able to progress it, so it's a point about the system. We understand that and take that on board. I don't think I can usefully ask Mr Unthank any particular questions. I've got the point that he's making very clearly and also the history that he's spelt out very clearly.

45

PROF SCOTT: Yes, I'd just like to say that I appreciate you bringing this to our awareness, this issue of compliance with the act, and I believe it is within our terms of reference and I think this has been very helpful. In my reading of the submissions to date, I think this is the first time that this matter has been raised as clearly as this, so I thank you for that.

MR SCALES: I just had one question just for clarification, are you also arguing that those people, in this case you've raised it in relation to a particular organisation, but in more general you're saying that those people are working across the breadth of work with children, for example in schools, kindergartens, all of these other areas - - -

MR UNTHANK: Just a correction, they operate their own internal church schools for training and teaching and education. They're not schools and kindergartens as we understand, like a primary school or a private school. Each school operates on 50 days per year and a normal school, as children attend for education by law, operates I believe on over 200 days per year, so these are small church-run schools.

MR SCALES: Yes, and there seem to be two elements of what you seem to be saying. You seem to be making a specific case of a particular religious organisation that you've mentioned, but you were also generalising the point, weren't you?

MR UNTHANK: Absolutely.

MR SCALES: So I was talking about the more generalised position that you seem to be making, and in the more generalised position you seem to be arguing that there ought to be a set of regulatory arrangements within each of those activities, whether it's in health, education or whatever where any person who doesn't have the appropriate Working With Children Checks simply is not able to work in those areas, as distinct from some sort of criminal case against the individuals for not applying within the act. Am I right in saying that's what you're alluding to?

MR UNTHANK: You are hitting the nail exactly on the head in that area. The Working With Children Act does make it an indictable criminal offence to work with children if you do not have the working with children licence. It's up to two years imprisonment and substantial fines, but it's also a criminal offence for the organisation that engages you. However, in a religious structure if a church hierarchy or a religious corporate hierarchy instructs members to disobey the obtaining of a working with children licence, the church members will obey over the government and that's an area that's very, very serious because you're turning genuine citizens into potential criminals

and that's the sort of thing that then the ongoing effects of having 600 people who would comply with the laws in normal circumstances are being told not to. If any of them were individually prosecuted, they could face gaol and really its fear of a religion that's causing that. That was discussed - I've got a copy -  
5 there was a report by Graeme Hammond in the Sunday Herald Sun, 10 April 2011, that discussed those matters and those concerns. That's in the public domain so I'm happy to make a reference to that matter there.

The teaching profession does not have to have working with children licences.  
10 They're one of the categories that are exempt, in the same manner that Victoria Police are exempt because their process of screening is much more stricter, but they work with the working with children unit and part of their disciplinary body is linked in with the Department of Justice. But other organisations that aren't part of the teaching federation, they're not linked into the Department  
15 of Justice, so if one of their teachers is charged with a criminal offence, there is no provision in place to withdraw their working with children card because they don't have one, so they continue to work with children and it can be covered over. But if you've got someone that you trust to work with your children and they can show you their working with children card and then it's  
20 withdrawn, you are then aware that that person isn't qualified at the moment to work with children. So that with the end of the five years intake for the Working With Children laws, there's now a very strong reason to put in place a system that clarifies through education, that clarifies through possibly whether it's brochures, one-on-one contact with organisations that you must comply  
25 with these, there's no exceptions. No exceptions were granted, except to police, the Australian Federal Police and teachers and anyone that says otherwise, then that's a serious claim.

MR CUMMINS: The bottom line of it really is that every individual and  
30 every organisation, religious or otherwise, has to comply with the law. That's the bottom line.

MR UNTHANK: There's no way around it. The law is the law.

35 MR CUMMINS: Understood. Well, Mr Unthank, that's been most helpful. Anything else you'd like to ask?

MR SCALES: No, that's fine thanks, Bill.

40 MR CUMMINS: Thank you for presenting it and thank you for doing it in the careful way that you have done it - - -

MR UNTHANK: It was very hard.

45 MR CUMMINS: - - - consistent with our requirements, so thank you very

much, Mr Unthank, and we've got your material here.

MR UNTHANK: Thank you, Mr Chairman.

5 MR CUMMINS: Well, ladies and gentlemen, we've been going an hour and a half now so it might be a convenient time to take a 10-minute break and get yourself a cup of coffee and try and warm up a little bit. See you shortly.

**ADJOURNED** [11.37 am]

10

**RESUMED** [12 noon]

15 MR CUMMINS: Ladies and gentlemen, we're pleased to invite Narie Anderson to come forward. Take a seat, Narie, and thank you very much for being here and coming forward. As you'd appreciate, we are looking at the system as a whole and if you'd direct your submission to the systemic questions, rather than individual cases, we'd be most obliged.

20 MS ANDERSON: Certainly, okay. Look, thank you for the opportunity and I do apologise that we haven't had the opportunity to provide you with a formal response - - -

MR CUMMINS: That's quite all right.

25 MS ANDERSON: - - - but I did want to take the opportunity to say a few words today.

MR CUMMINS: Well we're glad you've come forward.

30 MS ANDERSON: Obviously in this area, Latrobe Valley, unfortunately we have very high figures in child protection, in family violence, in gambling, in unemployment, particularly in the youth area. I think that we see the need for effective services and I think that generally the services that are on the ground provide very, very efficient services. I think the part of the issue as the system  
35 has evolved over recent years has been in fact that the service system has become streamlined, which I think initially was extremely effective and it needed to happen. Historically services were delivering the same service and duplicating services all over the place, but I think as it's become streamlined it's  
40 in fact caused some other spinoffs.

40

The services that are working alongside child protection are very, very limited to only being able to respond to those children and families that have got direct child protection involvement. I think a classic example of this is in the changes that have occurred with the rollout of the Child First and Integrated Family  
45 Services system which in this area, I will add, is a highly successful and

functioning alliance. However, one of the unfortunate effects of the rollout of that I feel has been in the reducing of the availability of response to families in need, but not necessarily at high risk, or perhaps until they become high risk and I feel that as a service system this is an area where the ability to actually  
5 intervene earlier and put supports into assist families that are experiencing difficulties has been reduced. The basic family services as it existed, which was a far broader response to community, is now so channelled that in fact I feel that it's closing the doors until people are reaching the level of high risk. It feels like what really is needed going forward is across government, preferably  
10 whole of government approach because all areas end up being impacted by the issues that are presented by these families.

A couple of areas, in particular, that I think need focus: one is the area of leaving care. I think that historically the system has not handled this well. I  
15 think that the system closes its doors or has closed its doors to young people at 18. There is no normal family these days that would be putting their young person out at the age of 18. In fact, I believe it's now more like 30, and yet we expect these young people to get out there in the world and deal with life.

20 The agency that I deal with also has a major response into the homeless area and we see these young people therefore just stepping from one part of our program delivery area across to another. I think that the setting up for young people in the longer term, what we're doing in fact is setting up young people for longer term involvement with the welfare sector. I think that the individual  
25 support to transition to a healthy, successful adulthood, the support has to be available through to the age of 25 and readily available for these young people.

There is a couple of other areas that I would just like to comment on while I have the opportunity. One is the support for carers. They are such a valued  
30 resource. We all talk about the young children that are entering into the system with more and more complex needs and I feel that carers in home-based care are trying desperately to try and support these children and the ability for them to resource support for perhaps a more therapeutic approach or to develop strategies to provide optimum care is something that's not readily available. I  
35 think that it's something that could be developed within a system that you actually have more advice and more supports available to carers.

I think that the way in which we have structured our permanent care system is unworkable, basically. The financial supports fall away if a carer is thinking  
40 about moving across to permanent care because they wish to provide a permanent home for any young child, that in fact they lose most of the financial supports and the other supports that are attached too again, so specifically the child protection system, it's really not a viable option to take that step, hence we do keep leaving children in limbo when we could be  
45 locking their futures down more securely than perhaps we do within the

system.

5 So overall for me it's either end of the service system that really needs improvement. One is the earlier intervention and the availability, ready availability of that to the community, without child protection involvement necessarily, and the other is the ability to plan and provide in longer term views for the children in the system. That's probably all I really feel I wanted to add at this stage.

10 MR CUMMINS: You've addressed the system, which is excellent, because that's what we are looking at, so thank you very much for that, Narie. Prof Scott, are there any matters you'd like to raise?

15 PROF SCOTT: Yes, Child First is something we've been very interested in and I wonder if you could say a little more about it, both what you see as the strengths - and I note your comment about the alliance in this region - but perhaps the degree to which it might link with adult specialist services, adult drug and alcohol services, disability services when a parent say has an intellectual disability, adult mental health services. Can you say a little about  
20 how, given the complexity of needs in the families being served, Child First might have a capacity in relation to a broader coalition than exists in most regions than perhaps exists in this one?

25 MS ANDERSON: I believe that the way in which the Child First (indistinct) model has rolled out here, it certainly initially has pulled together the direct services that are working with the sector and the alliance as such is working extremely well. The aim, and everybody works to, work more effectively with a broader system and we all know that that's the optimum. I think in - and I'm speaking specifically now to Latrobe Valley because it's what we're here for  
30 today - I actually believe that all of our services here are stretched to the point of there is no flexibility left in the system. I believe the mental health services, in particular, we know that we need to engage more effectively with mental health services, we also know that they are stretched to the max, that their ability to actually be able to be more effective is limited directly by their  
35 resourcing.

One - and I'm not really wanting to focus on mental health - but one facility for the whole of the Gippsland region with the number of beds that's provided, I mean it is an in/out door. They're trying to effectively engage with mental  
40 health services, or for that matter any of the other services becomes an issue because everybody is stretched so tightly that there isn't the flexibility left in the system to be able to do the early intervention that as a system, as a service system we would want to be doing more effectively than we do. I know the rhetoric of, you know, working collaboratively and working effectively and I  
45 actually believe in rural areas you have to do that to survive, but there is just

not enough left in the system to be able to do some of these things as well as we would like.

5 PROF SCOTT: Could I just follow up a little about Child First again. When you say it's working well, is there any data which would support that, which is not to minimise the importance of a judgment, an observation from those who are close to the action and can offer an opinion, but how would we know it was working well and how would one be able to really - - -

10 MS ANDERSON: There is actually enormous amounts of data. The alliance has just completed the catchment planning process and the data - and I haven't brought any with me obviously - but the data that's been collected and put together in relation to the performance of the alliance locally, it's very, very strong, very strong, and I'm sure there are people in the room that would  
15 certainly be able to provide that.

PROF SCOTT: We'll follow that up with you perhaps, thanks.

20 MR SCALES: Just along the same lines, when we talk about Child First, of course, we're talking about an entry to the system and then we're talking about the alliance partners.

MS ANDERSON: Yes.

25 MR SCALES: When you describe Child First, which part of it are you speaking about?

MS ANDERSON: All of it, actually.

30 MR SCALES: Well, do you want to talk about it separately and in terms of the way in which the entry to the system operates, how effective that operates and then talk about it in the context of the various alliance partners and the resources that might be available to them?

35 MS ANDERSON: Oh boy, okay.

MR CUMMINS: Just take it in sequence.

40 MS ANDERSON: Yes, the intake area is well-known, established and I believe fully recognised right across the system. A lot of the referrals in are through the child protection system obviously and I believe here probably a very high proportion of. The partners are a combination of the out-of-care service providers, plus those services that are more directly aligned with offering services to children and families in relation to child protection and  
45 other services.

Our own contribution to the alliance is actually - we have an adolescent parent support role which we're working with adolescents who are parents or soon to be parents. Again, because of the limited amount of funding for us, it's only a  
5 one EFT position and again an area that is so well-directed to early intervention because you're more often than not dealing with couples or - well, they are usually couples that are often being systems, young people themselves who are having babies who don't have all the supports that you would like to see offered to most young people and nor do they have the skills. To be able to  
10 work intensively, and that is our model, that we actually work with these young people for up to six months, or beyond if needs be, to work intensively with young people at that point in time as they're just having their babies and being able to help to support them to learn how to parent and so on and so forth has been a really, really effective way of actually providing some form of early  
15 intervention, if that is the point of the intervention, and that's always open for discussion I guess. The broader Child First and IFS, the family services component of it sits predominantly with the one agency and, with the other parts of the alliance, add specialist roles. Yeah, that's probably - - -

20 MR SCALES: I suppose what's at the back of my mind here is that as we've been talking to people around the state, it almost seems inevitable that the design of Child First will do exactly as you described it will, which is to direct more and more families in greatest need to Child First as an entry point and therefore to allocate that to the various alliance partners. It almost looks as  
25 though it was, even if it wasn't deliberately done, if you were designing it to do that, you would probably design it the way it is.

MS ANDERSON: Yes.

30 MR SCALES: And I suppose at the back of my mind the question is are we seeing what you would expect to happen from that design and therefore are you and others in the sector therefore really arguing a slightly different point, which is make Child First work as a form of support for families in crisis, and then somehow have another design or another system that tries to look at early  
35 intervention because it may be that in fact I suppose what's going through my mind is that it may be in fact that you actually can't do both within a sort of Child First framework.

MS ANDERSON: I agree and I'm not being critical, I'm not sitting here and  
40 being critical of the Child First and IFS model.

MR SCALES: No, I knew you weren't by the way. Far from it.

MS ANDERSON: But the spinoff was that we lost the more generalist family  
45 services. It completely disappeared and became part of the Child First and IFS,

which by the pure need is so streamlined and needs to be. It could be argued that it isn't because it's there to deal with a more generalist response to those, but it's still those at high need. I mean unless they're identified at high need, they're not even going to get in the door. So what we've lost, the service system has lost, is the ability to respond to families earlier. That families are stepping forward and saying, "Hey, I'm needing a bit of help." But they're not in high need. They are really struggling to be able to find the appropriate service. It's not a matter of finding it. It's not there. The service system has lost it and it's for me - the Child First and IFS system works, but what it's lost is a lot of that support system that was historically there that has gone and we have to wait until families are at the level of high need before they can actually get into the system so, you know, we've created a rod for our own backs in many ways.

15 MR SCALES: Can I change tack slightly on to a second point that I think you made which was of real interest and that is this question about young people moving out of the system or the support of the system at age 18. Are you suggesting that sort of modernity is creating a different environment in which children mature? I mean you alluded to it? You linked that by saying - and I know it was a bit of a throwaway line and my family is in the same situation, they leave at 30, so I understand exactly the point - but it seemed to me that what was behind that was a lot of very good sense and wisdom that seemed to be suggesting that modernity is creating a different level of opportunity and necessity for maturity that the child protection system may not have caught up with, but am I reading too much into your comment?

MS ANDERSON: Yes and no. I mean there are classic examples. If you've got a young person in care and they reach the grand old age of 18, the carer payments stop. Even if that young person is wanting to continue to reside there and the carers wish to continue to support that young person - and in an ideal world perhaps even on to university or something - there is no financial support to assist that carer in doing that. So the system, and it's not only the carer payment, it's everything allied to the supports that they can access through the child protection system ceases, so the child is effectively pushed out of the placement unless the carers are able to maintain and sustain the ongoing financial situation of the young person. So it's like there is nothing about the needs of the young person at that point in time that's taken into account.

I mean the leaving care system that's now coming on board is certainly part of that and it's certainly part of the solution, but it's only part of. You know, the ability to be able to support those young people to stay in the home of the carer, to have some ongoing support and stay in the home would be probably the preferred option, and again it's about the long-term planning for these young people. We don't long-term plan for these young people and certainly not beyond 18 because it all ceases. What we too often see is them coming in

through the doors of the homelessness, the doors of unfortunately into the juvenile justice and justice system and so on and so forth and this is why when I talk about it would be great to see an across government or whole of government approach to this because if we don't set these young people up correctly all we're doing is putting the burden on to other areas of government expenditure. That we're often setting these young people up to be part and dependent on the welfare sector almost for the rest of their lives by the way in which we have introduced them to adulthood.

5  
10 MR SCALES: Could I just ask one other question here just to tease this out just a little bit further. In the same way that you describe the sort of perverse incentives or moral hazards associated with carers when they decide that they may want to take a child into permanent care, you also get the same thing at some point with a child at 18.

15 MS ANDERSON: Yes.

20 MR SCALES: In the sense that what we have I think as a community said is that at some point we do want to take a child or a person and put them into the standard services which might be available to the community at large, various social welfare services, various housing services and so on. Have you turned your mind to at what point, if it wasn't 18, what would be the point at which you might, you know, say to a child or a young person, "Now is the time where we are required really. It's just in everybody's interest that we now normalise these arrangements and you become part of the broader social security, social welfare net."

25 MS ANDERSON: I believe that on one hand the system wants to be able to say, "Yes, we've now stepped this young person out of the responsibility of government," but the reality on the ground is that the needs are still there for the young person and there is no tailoring that is required that would facilitate that shift across to a more permanent arrangement that is a viable option for, whether it be the carer and indirectly the young person as well. There needs to be some sort of tailoring to the needs of the young person.

30  
35 MR SCALES: So in your mind is this a different service, or is it a modification of an existing service that you are thinking of?

40 MS ANDERSON: It could be either but to me, and probably the more complex the needs of the young person, the less likelihood you're going to have of the ability to do this, and not necessarily because of connection to carer. You may well have a totally committed caring, loving environment. The more complex the needs, the more expensive it is, the more less likely they are going to be able to take on that burden without support. Our system has created this.  
45 Our system locks those young people into the system. It doesn't facilitate

moving them out of the system.

MR SCALES: Thank you.

5 MR CUMMINS: Anything further?

PROF SCOTT: No, thank you.

10 MR CUMMINS: Narie, thank you so much for coming forward. It's been most helpful to us. I'm not sure whether Peter Van de Burgt is here yet. He's not, so we might then need to take a break. We'll take a 10-minute break before the next speaker. Thank you, ladies and gentlemen.

15 **ADJOURNED** [12.23 pm]

**RESUMED** [12.39 pm]

20 MR CUMMINS: Ladies and gentlemen, we're able to recommence so I hope you've got yourselves a cup of coffee and settled down and we're very pleased to invite Mr Peter Van de Burgt forward. Bring your coffee with you, Peter, and just settle down there and just get yourself set and take a moment. You're welcome to wear your coat, I've just put mine on and get a glass of water and settle down. While you're doing that, I'll just tell you what the ground rules are, Peter.

25 This is a public hearing, which means that what is said is in public, it can be reported. It is recorded by us and we then study it and then we publish it ourselves on a public web site. So it's a public place, it's not a private hearing. Second, it's not a court of law so you don't get any of the protections of a court of law from defamation or anything. I'm sure that won't apply to you, but you don't name any people or anything like that individually.

30 MR VAN DE BURGT: Yes.

35 MR CUMMINS: The third thing is this, what our brief is, Peter, is not to look at individual cases, but to look at the system as a whole and see what advances we can make into the system, so if you'd bear that in mind rather than talking about individual things and how we can get the system better in whatever particular area you'd like to concentrate on, so if you can take it from there, Peter, I'm sure you'd assist us.

40 MR VAN DE BURGT: Thanks for allowing me the opportunity to suggest some areas of improvement to ensure best outcomes for children in care.

45 Our story. Together with my wife, Jackie, we have been fostering for over

16 years and have recently become accredited Circle program carers  
therapeutic care. The type of home-based care we have provided for in the  
past, emergency reception, respite, short-term, long-term placements together  
with permanent care conversions. My wife and I are both actively involved in  
5 regional, and previously with the state foster care associations, for the years we  
have had over 300 children in our care. In this current year, we have had  
emergency reception, respite, short-term, long-term and Circle placements.

The reason for the submission. The Gippsland region has its own unique set of  
10 parameters which determine delivery of home-based care. Lack of funding is  
the major issue. Resources, geographic limitations and oversupply of  
community service organisations and a chronic shortage of carers which  
deliver the home base care are other issues.

15 Areas which need to be addressed in home base care system. Best interest  
practice - and I'll elaborate a little bit further on each of them, I'll just name  
them now.

MR CUMMINS: Sure.

20

MR VAN DE BURGT: Best interest practice for the child in care; system  
abuse; recruitment and retention of foster carers; respect for the role of carers;  
reimbursement; implement therapeutic framework of care; looking after  
children; lack framework; government entitlements; permanent care  
25 conversions.

Firstly, I'll talk about best interest practice for the child in care. Currently, the  
existing dynamic occurs within home-based care program delivery. First  
priority is given to the Department of Human Services, followed by the child's  
30 parents, then the CSOs, then the child in care and the carers come along a  
distant last. Under the current legislation, the best interest model should be  
followed with the correct dynamic being child in care well out in front, DHS,  
CSOs and carers grouped together working as a team, and a child's parents last.  
I guess we can all dream of a perfect world. There needs to be increased case  
35 plan or best interest plan FIP meetings for each child in a more timely manner.  
Timing of access for children to have contact with their families should be at  
appropriate times. For schoolchildren this should occur outside school hours,  
even on weekends. More effort should be made to keep sibling groups together  
if they come under the same protection order event.

40

System abuse. There is often a mismatch between the needs of children and  
young people requiring foster care and the carers who are available to take the  
placement. There is not an adequate pool of carers to give the program  
flexibility and the quality it requires. Significant system abuse occurs when a  
45 child re-enters the child protection system and is allocated a different carer and,

more often than not, a different CSO. The system process needs to be implemented where the first port of call would be the last placement made before family reunification. Should that not be practicable, then any other carers who have established a positive relationship with the child in question.

5

Another form of system abuse occurs after placement breakdowns where again no effort is made to re-establish contact with former carers. Another form of system abuse that has recently started to develop is the failed kinship placement. Kinship carers, like foster carer cousins, are not adequately supported to survive the placement as they are not familiar with such typical traumatic attachment behaviours.

10

Another form of system abuse surrounds access. Children, Youth and Families Act 2005, the CYFA, is focused around best interests for the child, but the system is quite happy to ignore that principle. By having access during school hours, it automatically highlights to a child's new school friends that they are different and the natural progression for any inquisitive child is to ask questions, further alienating a child in care who is already experiencing difficulties in the traumatic situation of being removed from family. Too many children in the child protection system struggle at school simply because the learning foundations have not been set correctly in place at an early age. It is a right for every child to have an education and not be a victim of the system. Hardly any children in care have an education plan in place. Our experience has been that most schools do not know how many or who are children under child protection laws.

15

20

25

Another form of system abuse is an unacceptable level of respite and/or day care placements with a current carer. These are singles of a failed matching of a child to carer. CSOs to me have a conflict of interest when determining a placement for children coming into child protection system. CSOs have predetermined targets and quotas which must be met in order to retain current funding. Too often placements are taken on without really having the best interests of a child coming into care. For example, agencies accept a placement for a child via a reception placement. Once it's determined by the courts that the child will be in a system for a while, agencies will keep the placement within its pool of carers so that funding continues. Too often these placements fail when traumatised children are placed with inexperienced new carers that are not familiar with such typical traumatic attachment behaviours.

30

35

Recruitment and retention of foster carers. Closer scrutiny of new recruits is important. Unfortunately, there are some carers who believe that money can be made by fostering via carer reimbursements and Centrelink entitlements. It becomes painfully obvious to many genuine carers, the carers who fit in this category. Unfortunately, children in their care suffer. More carer representation on assessment accreditation committees with the funding for a

45

sitting fee and travel to attend made available. Currently, all members of an AAC, other than carers, are funded, wages and travel, by the employer. Contribution of a carer's opinion should be valued on the AAC deliberations.

- 5 Recruit new carers specifically for respite care for current carers. This new carer would be assigned a number of existing carers. In the Gippsland region, very limited, if any, ongoing training is offered or afforded to existing carers. Many current carers would not have had a refresher course or any form of specific training in the last two years. I would suggest the figure would be  
10 definitely over 75 per cent fall in this category, probably closer to 90 per cent. This would be because the courses are not made available or carers do not attend due to lack of funding support.

- 15 We had participated in the Best Practice Engagement Project, BPEP, in 2007 organised by the Centre of Excellence. Unfortunately, many of the ideas and thoughts gathered in that program have not been implemented or followed through. Retention of newly trained carers would greatly be improved if the CSOs only slowly introduce new or inexperienced carers to children with more  
20 difficult behaviours. Again, too often these placements fail when traumatised children are placed with inexperienced new carers that are not familiar with such difficult trauma and attachment behaviours. The new carers feel overwhelmed by the stressful environment and too many feel incompetent simply due to the lack of support provided by their agency and DHS. Another way to greatly improve retention of newly trained carers would be to get them  
25 involved in the carer network similar to Gippsland Region Foster Parents and Caregivers Association.

- 30 Respect and role of carers. Carers know the children in their care. We live and talk with our children constantly. We are charged with meeting their every day-to-day need and assisting them to heal from traumas they have suffered, yet we are rarely asked what is in their best interests when it comes to planning. Although the current act provides an avenue for carers to contribute, improved systems need to be implemented that actively recognise and involve carers as valued and contributing members of a team. There needs to be an  
35 increased participation of carers in case and BPEP meetings for each child in care. Currently, very few carers are invited to attend or contribute to outcomes affecting the children in their care.

- 40 An issue which causes major angst among carers is access for children. Lack of communication with the carer is often the cause. Lack of input into the access schedule, failure to notify of access, cancellations, inadequate notification, less than 24 hours of access, planned access, timing of access and the early return after access are areas for improvement in communication. There needs to be more training made available where carers, CSO staff,  
45 together with DHS staff, all can attend allowing each other to understand their

role in delivery of the best interest principles. More often than not the only constant in a child in care is the carer. Too often your DHS or CSO social workers are allocated to a child as if they have been allocated a worker.

5 Reimbursement. While it is acknowledged that DHS carer reimbursement is only meant to contribute towards the cost of day-to-day care of a child, the general rate of reimbursement is not adequate. The process of dealing which rate of carer reimbursement applies to placement is unclear and lacks transparency. Extra expenses are not covered in this reimbursement; for  
10 example, upfront placements, start-up costs, specific clothing, sporting, extracurricular and recreational activities, transports to access and child care. The DHS need to increase the general rate of reimbursement to ensure that the cost of petrol, travel expenses, clothing and recreational costs are covered. There also needs to be clarification of what expenses are expected to be paid  
15 out of which money: carer reimbursement, education or medical payments, client expenses, DHS, discretionary funding, leaving care funds.

Implement therapeutic framework of care. The Circle therapeutic care model offers many positives for carers. Once a young person is in care, we have to  
20 create a healing environment. This requires a carer to be therapeutically trained, as well as resources to ensure therapeutic activity, sporting, recreational, counselling and health can occur. There is a need for CSOs to increase foster carers therapeutic skills through training, information and skills development sessions with expert facilitators.

25 A problem currently exists where CSOs do not ensure that child care is provided and training convened at times that make it impossible for carers to attend. All training expenses for carers must be covered and currently all carers in Gippsland are expected to travel long distances for training sessions.  
30 We should also be looking at various training options for carers, including online, DVDs, podcasts, et cetera.

Looking After Children, LAC framework. Carers had such high hopes when the LAC system was first implemented. The training was good with child  
35 protection workers and CSO workers and carers being brought together for training sessions. Well, now carers call in the LACless system or talk about the lack of LAC. This framework forms the culture of working together for the best interests of children. We need to strengthen the care team model and LAC framework to ensure carers have the necessary information on the children they  
40 care for, carers views are heard and respected in planning and important outcomes for child and carer are achieved. Too often the lack of communication between workers leaves the carer ill-informed. The carer is often left without vital information regarding the child's background, trauma history and therefore without the basic information needed for the care of the  
45 child.

Government entitlements. Currently, there is much confusion regarding Centrelink benefits for carers. The Federal Government entitlements, such as family tax benefits and child care reimbursements for all children in  
5 out-of-home care should not include any means tests relating to the carer. The problem is even more complicated for children on a permanent care order. There needs to be more clarification, documentation and sharing of Centrelink information. The information which DHS has via the reimbursement database should be made available to Centrelink.

10

Permanent care conversions. Poor handling of permanent care conversions are currently the norm. In my opinion, the permanent care conversions should take no longer than three months to complete from application to approval. Level of support and reimbursement should remain unchanged once a permanent care  
15 conversion has taken place. Pressure should not be placed on carers to convert to permanent care.

The way forward. The child in care should always be the first consideration. We as a society need to break the abuse and neglect cycle that occurs from one  
20 generation to the next. The courts need to start hearing outcomes of real cases to appreciate the magnitude of issues associated with each decision. There should be a central, independent body funded by CSOs to administer allocation of placements. This body would be better equipped to match placements based on previous history or suitability. More resources should be made available to  
25 carers to meet the demand of an ever increasing child protection system. The majority of permanent care placements should be convergence of home-based care.

Permanent care should only be for children under five years of age if it's a  
30 single child or up to eight years of age for a sibling group. By default then all carers should first experience respite, short and long-term placements before taking on permanent care of a child. Pooling of CSO resources to work together and deliver an effective training and refresher program to all carers, CSOs to support their carers in networking with other carers. There needs to  
35 be interregional communication between DHS to identify the transient family that evade the current system. Hopefully some positive outcomes will be generated from this Inquiry and our most vulnerable children are better protected. Thank you for the opportunity to address the Inquiry.

40 MR CUMMINS: Thank you very much, Peter. That's most comprehensive. You've obviously really applied your mind to this and thought about it over a long period of time and the benefit of that was replicated in the paper that you have presented to us and with its emphasis on information and training, and I particularly liked your core proposal, to use your words, that carers are valued  
45 and contributing members of the team, very central to your submission, but it's

a very comprehensive submission so thank you very much for presenting it.  
Do you have some questions you'd like to ask of Peter?

5 PROF SCOTT: Yes, thank you. I guess there are two questions I'd be  
interested in you addressing and one is that issue of the professionalisation of  
foster carers. We've heard quite a bit in other places we've visited and  
submissions of people arguing that foster carers should be employed, to be  
employees, not just receive a reimbursement for costs and that would be a very  
10 radical shift from the current volunteer-based model of fostering and I wonder  
what your thoughts are about that and the degree to which you could have both  
paid and volunteer foster carers operating in one system, so that's my first  
question.

15 MR VAN DE BURGT: May I just answer the last section of that question  
first. It wouldn't work, simply would not work because you will cause an us  
and them situation. If you are referring to a similar model that New Zealand  
are operating under where they pay say \$35,000 a year and have up to four  
children in their household at any one time, personally some words from our  
Office of Child Protection, the commissioner for - - -

20 PROF SCOTT: Child safety, yes.

25 MR VAN DE BURGT: Yes. Some words of what Bernie has mentioned once  
in the conversation with me is that when he started working on the streets and  
working with underprivileged children or neglected, vulnerable children that  
they saw him as a paid person and, "You're only doing it because you're paid."  
Every child that comes into our household knows that they will be as best  
as Jackie and I can possibly and with our two permanent care children look  
after them as best as we possibly can and loved and nurtured and so that they  
30 can grow and prosper and it's not because we're getting paid for it, it's because  
we have a genuine desire to do it. I touched a little bit on how I thought some  
carers can make money out of - a living out of it - - -

35 PROF SCOTT: Yes, I saw that.

40 MR VAN DE BURGT: - - - and when you start talking about professional  
carers, you'll get too many of that group that will only go for the money, but  
not actually cater for the needs of children, you know, recreational stuff and  
things of that nature. They'll quite happily sit them in front of a TV or play  
with PS, or whatever you call those things, and not actually go out and interact  
in the community. They'll further alienate and damage the children.

45 MR SCALES: Can I just follow up on that then, picking up on Dorothy's  
point. The professionalisation story then, how do we go beyond that from what  
we've currently got so that we further do the things that you're suggesting here

around training and these other things, but while at the same time maintaining the broadly community-based, voluntary-based carers? What's in the back of your mind there? I mean are you suggesting that there should be some sort of relatively soft regulatory overlay that makes that happen, while at the same time maintaining the existing general structure that we currently have? Is that what you had in your mind?

MR VAN DE BURGT: Self-regulatory behaviour of all carers I believe should be an issue or come to the fore. If I could, could I speak about this one in private because I don't want to put it on record?

MR SCALES: Yes, that's fine. You can have a think about it, by the way. I mean these are tricky ones.

MR VAN DE BURGT: I can give you instances, and I don't want to make them public, and so, you know - - -

MR CUMMINS: What's the point of the instances, leaving out the actual detail, what do they demonstrate?

MR VAN DE BURGT: That the care of the child under the semi-professional or professional system would be significantly reduced.

MR CUMMINS: Similar to what you said before. Yes, we understand that.

MR VAN DE BURGT: Yes.

MR SCALES: Dorothy, did you have - - -

PROF SCOTT: My next question is a different topic.

MR SCALES: This might be a related topic, but in your submission you talked about the role of the community-based organisations that deal with various carers and you were alluding to the fact that some do it very well and some do it not quite so well, and that's understandable. What did you have in the back of your mind there about what we might want to do about that?

MR VAN DE BURGT: The view that I have of the current Gippsland scenario - and I'll only talk about Gippsland because I know Gippsland best. When foster care started back 18 years ago, there was one CSO that was specifically in the Latrobe Valley for adolescent children, 13 and above; another one in south Gippsland, 13 and above; there was one operating in east Gippsland that did the whole gamut and another one in south-western and Latrobe Valley that looked after 13 and below. They honed their skills on looking after those particular sectors. Now you've got all six CSOs competing

for the birth to 18-year-olds and they're not doing it well. I'd rather see that you get one or two specifically orientated for adolescents because the majority of placement breakdowns actually occur with adolescent placements, and unfortunately in Gippsland too many are placed into residential units and that's  
5 where the system abuses them more again.

MR SCALES: So to follow up again on Dorothy's question a bit further, are you suggesting that part of the professionalisation also goes to further professionalising the community-based organisation?  
10

MR VAN DE BURGT: The CSOs, yeah. That's the way it needs to be, more professionally orientated. Instead of just service delivery, make them skilful in a specific area.

15 MR SCALES: Okay. I'm sorry to tease you out a bit further on this, but what would an outstanding CSO in this area look like? What would be the characteristics of such an organisation? Let me just try a few things on you. I mean would it be about, not in any order, but would it be about the importance of sufficient size to be able to have good management? Would it be the  
20 capability of staff?

MR VAN DE BURGT: Economies of scale will be an issue. Yes, economies of scale will be an issue. That's one of the reasons why I believe in Gippsland six is too many. I can understand why we have GJAC involved to look after  
25 the indigenous side of carers and I can understand why we have one in east Gippsland, but when the east Gippsland one moved into south Gippsland and competed against the three other agencies, the competition is too hard. Resources became thinned out and quality of service dramatically dropped.

30 MR SCALES: So there's an economy of scale question.

MR VAN DE BURGT: Yep.

MR SCALES: What else would it look like? I mean dream for a little longer.  
35 Tell us what it would look like.

MR VAN DE BURGT: I'd like to think that pooling of resources and set up an independent body to administer that funding and resources, yet still have the autonomy of each of the others. As I mentioned, placement of children to me  
40 are one of the major issues. We've had children come into our care, go back home and when we have some of our functions, we see those children in another agency and, you know, we communicate with them, but they've been moved around probably half a dozen times in half a year, so to me that's no good. You're destroying children. You're going to create another generation of  
45 abused and neglected adults that are going to have an effect on their children.

Currently, our situation is, you know, we're looking after generational kids in care.

5 PROF SCOTT: Could I keep going with this before getting on to another question, but around this area of community service organisations, would you see them as being in a better position to manage the various reimbursements, allowances, brokerage fund. Is that something that you think a community service organisation would be better suited to doing?

10 MR VAN DE BURGT: Well, currently my understanding of the system is that they should now approach DHS for that brokerage funding and reimbursement level and things of that nature. I have no issue with centralisation of DHS looking after everything, I believe that it's a system that's working well. Currently, when CSOs are stretched to the limit, some of the  
15 information is not provided to DHS in a timely manner. A lot of information is not provided to carers, that's for sure, but that will come later on. The only model where information comes quickly and swiftly is when you enter into the Circle program under the therapeutic care because you have strict timelines to adhere to.

20

When Jackie and I first started caring, the foster care system was similar to what therapeutic care is now and I hope to God that this therapeutic care becomes a hundred per cent and not just a 20 per cent target that it is. Every child that comes into care, everything is thrown at that family to make sure that  
25 (a) the parents get their act together, but mainly that the children are looked after correctly.

PROF SCOTT: My other question, if I may, was about permanent care placements and I just wondered if you could say a little bit more about why  
30 you think that permanent care should only be for children under five years of age if it's one child, or up to eight years of age for a sibling group?

MR VAN DE BURGT: Just anecdotal evidence in Gippsland is that once a  
35 child turns 13 or, you know, reaches puberty, too many placement breakdowns occur and you're looking at - our story is a successful one - but Jackie and I worked hard at training ourselves, skilling ourselves up to make sure that we could understand all the behavioural issues that might confront us. Even at the age of 16 and a half he's still a handful, but now at the age of 21 he's grown up. So what we tried to reinforce into our lad was a certain set of values and we  
40 just reinforced and reinforced and reinforced those values and eventually it wore through.

A lot of people that have never experienced traumatic children, when they're  
45 young there's no issues, but as soon as they become teenagers and their past catches up with them, they don't know how to deal with it and there's no

resources. Once they come under a permanent care order, if there's nothing set in concrete prior to that permanent care order coming through, being granted, as in counselling or anything of that nature, the carers are left to fend for themselves.

5

PROF SCOTT: So it's an argument for earlier, if possible, and greater support.

MR VAN DE BURGT: Greater support, yeah.

10

PROF SCOTT: Following a permanent care order.

MR VAN DE BURGT: It tends to be the younger the children are, the less issues are manifested when they're teenagers, or even in adulthood.

15

PROF SCOTT: Thank you.

MR SCALES: I wanted to just chat to you a bit about the education story. You talk quite a bit I think in both your system and in your submission and when you're reading it out. Do you want to just expand on that a little bit more? Let me tell you what's at the back of my mind, the psychological bit.

20

As we've been going around there's been some really interesting stories about the number of children that have gone from school to school and the damage that that then has on both their educational capabilities over time, but also their ability to adjust to sort of a broad learning environment. From your own experience, do you have anything to add to that? I mean can you give us a sense of your own experience about what are the benefits of keeping children at say the one school, or if you do have to shift them, what you might want to do to do that. Then the last point on this education story is whether you found that there are special education needs for a child in care that the education system today just really is incapable of managing.

25

30

MR VAN DE BURGT: What we have found is that too many children eight years and above are well below their age level, difficulty in reading, maths. What they do excel in is communication skills and obviously it's a streetwise skill that they've picked up and managed to hone in and develop properly. The question of try to keep the child at the same school in Gippsland won't work because the majority of the placements actually emanate out of the Latrobe Valley and there's not a sufficient pool of carers in the Latrobe Valley itself to be able to - and my wife and I, if a child comes from say two or three towns close to where we live, we're willing to transport the children to school. If it's possible, continuity of the same schools should be adhered to, but our biggest bugbear is to remove those children while they're at school to go to access.

40

45

MR SCALES: Yes, I saw that.

PROF SCOTT: Yes, we read it.

5 MR VAN DE BURGT: Because the damage that you do to the psyche of a  
child is that kids will be looking at that DHS worker coming in to collect that  
little infant, walk out and the natural alienation of that child is going to be  
everlasting. We fought hard to always have our accesses, if it's going to be  
during school hours, only in the last half hour, so from 3 o'clock onwards and  
10 quite often that occurs, probably closer to 90 per cent. The advantage of Jack  
and I is that we actually fight really hard for kids. We don't get told how to do  
things. We know what the system is and how it can be delivered and we  
actually quite often are educating new workers that come into the system, you  
know, straight out of university on what can and can't be done. They go to  
15 their superiors, "Yeah, they're right."

MR SCALES: Just in terms of the education story just for another couple of  
minutes, the data is clear about the educational disadvantage of many of these  
20 children and they're pretty smart anyway, but they don't seem to be able to have  
yet picked up on some of the literacy and numeracy capabilities of other  
children that might be in more stable environments. Pete, does your experience  
lead you to believe that we should be doing something different from an  
educational point of view for those children in particular in a way which we're  
currently not doing? I mean while you're thinking, let me - - -

25 MR VAN DE BURGT: Yeah, it's a real hard one because the schools that we  
send our children to, we know that the resources are going to be available to  
the children.

30 MR SCALES: Do you? Okay.

MR VAN DE BURGT: Because we get on well with all the principals that we  
send our children to.

35 MR SCALES: Do they naturally attract the additional resources from the  
department?

MR VAN DE BURGT: No, no.

40 MR SCALES: Should they?

MR VAN DE BURGT: If I could talk outside the public hearing, I will give  
you some examples of current situations that are failing.

45 MR SCALES: Yeah, we probably don't need to do that. I think you've made

your point.

MR CUMMINS: But the reason, we understand the reason.

5 MR SCALES: Okay, that's fine.

MR CUMMINS: Peter, thank you very much. We'll study what you have said and consider it.

10 MR SCALES: Can I just ask one other question?

MR CUMMINS: Yes.

15 MR SCALES: I'm sorry, and this sounds like a - you raise an interesting question about the under entitlements about family tax benefits and child care reimbursements and then you make the statement that says out-of-home care should not be included in any means test relating to the carer. I can understand why you say that. That's easier said than done. I'm not quite sure what you had in your mind there.

20

MR VAN DE BURGT: It should be based on the parents of the child that come into the system, not on the carers. Because quite often, I'd say 99 per cent of the time, that they are recipients of - - -

25 MR SCALES: And is that because from your point of view you don't see that your role is to make money out of the child, so you're saying that any money that comes to you really ought to be money for the child, not for yourselves. Is that how you - - -

30 MR VAN DE BURGT: Our experience is as soon as we start receiving Centrelink payments, you'll be surprised how quick the family members will get their act together and do the requirements that DHS or the courts have put on their protection orders. You'll be surprised how quick they get their act together.

35

MR SCALES: Okay, so let me just tease this out for a bit. So you're suggesting that the child care reimbursement should come to the carer because that's about the child.

40 MR VAN DE BURGT: Yep.

MR SCALES: And that also acts as an incentive for the family to get their act together.

45 MR VAN DE BURGT: The child care reimbursement and also the family tax

benefits.

MR SCALES: Yeah, we've got that, okay. That's fine.

5 MR CUMMINS: Thank you very much, Peter. We won't trouble you about individual instances in private because we've got other presenters, but we understand what you've said about the principle in it and that's what we need to look at anyway, so thank you for coming and thanks for the work you've put in. You've put a lot of work in, Peter, we're most obliged to you.

10

MR VAN DE BURGT: Thank you very much.

PROF SCOTT: And to other carers.

15 MR CUMMINS: Thank you, Peter. Next, we're pleased to invite Mary Gibson to come forward. Mary, thank you. If you just take a moment and settle down and if you'd like to present it whatever way is convenient to you, Mary, we'd be pleased to hear.

20 MS GIBSON: First of all, I'd really like to say that I'm so grateful Peter was here because all of my colleagues have said that they desperately hope the carers will be represented and I'm a maternal and child health nurse with Baw Baw shire and my presentation is very simple. We think it's pretty important, but I'd like to read it.

25

As a maternal and child health nurse, I frequently work with families who are involved in the child protection area with the Department of Human Services, which I'll call the department. I wish to discuss some of the circumstances that concern me and many of my colleagues. While the nurses are aware of many issues facing the department who work with homeless children, families subjected to generations of abuse and lack of support services, I wish to combine the discussion to reference point 3 concerning children who are already in the care of the department and foster care. I must also stress that I speak for children of birth to four years, so I know nothing about them after they are four.

30

The strength of the system at the moment, the integrated system, which is number 3 which I've selected out - I hope that makes sense.

40 MR CUMMINS: Yes.

MS GIBSON: Intake workers frequently ring the nurse to see if she knows the family before they make contact, and this has been only going a few years and its excellent. From the nurse's point of view, this works well because she knows the family and it may verify her disquiet. Sometimes she can visit the

45

home, check on the family and report back to intake. Perhaps she can reassure the worker that she knows the family well and this may have been a malicious notification. There are a couple of very helpful intake workers here in Gippsland and they can be rung for advice. I've had at least one incident where  
5 I was able to work with a family without the department needing to become involved and the parents weren't told that I'd spoken to the department and the situation settled down really well.

10 Nurses sometimes receive invitations to case planning meetings. These meetings enable nurses to gain new insights into the department, the department's concerns and later the ability to clarify with the parents what happened at the meeting. That's pretty important. Occasionally, an officer from the department will bring a family into the maternal and child health centre for the children to be assessed. Once again, this can be helpful as  
15 sometimes it means the families stay in contact with the nurse and the children can be followed up.

Unfortunately, these are the only evidence we see of an integrated system. Invitations to case planning meetings often arrive too late for us to attend. If a  
20 child has been living with abuse and neglect for any length of time, they will usually present with some developmental delay and/or behaviour problems. The inclusion of maternal and child health nurses in the department's workforce may assist with the initial assessment and ongoing referral for treatment. Alternatively, we suggest that all preschool children in the care of  
25 the department initially receive a comprehensive developmental check. Given the long waiting lists for ongoing treatment, this may enable children to receive any treatment they need in a timely manner. We have terrible trouble trying to access speech therapists, occupational therapists and people and these children really often are in dire need of support, psychological support particularly.

30 A maternal and child health service would be equipped to undertake this check, either through the enhanced or the universal service. Access to a school, 4th - now, I gather you meant the protection workers in this bit. When looking from the outside, it is difficult to access the workforce, difficulties in the department.  
35 The front-line workers seem to have no training in the normal development and behaviour of small children. Perhaps this is not their role and they need to work more collaboratively with workers who are qualified in these areas. However, the workers have a heavy case load and are not always receptive to nurses' concerns or are limited in their ability to follow-up such concerns. It is  
40 difficult to know if these issues are the result of the department policy or legal constraints.

The theory behind Child First - this is Child First now, sorry, 3.3.3. The theory behind Child First is excellent and the parenting plus program seems to work  
45 really well. However, given their own life experiences, many parents are

anxious and suspicious that the children will be taken from their care and so they refuse to be referred.

5 Then on to 3.5.2 and 3.5.3, is the overall structure of out-of-home care services appropriate for the role they are designed to fulfil? Sometimes the behaviour problems resulting from previous abuse arise only after the child's been in out-of-home care for months. Foster parents do not receive the support they deserve when caring for such disturbed children. They sometimes do not know of the existence of the maternal and child health service and if a child attends 10 the service and is found to require further assessment and treatment, it is extremely difficult to arrange for a referral. If the mother remains the guardian - it seems to be revolved around a guardian - if the mother remains a guardian, she is often living in a chaotic lifestyle and depending on her to sign permission for her children's ongoing care is just illogical. If the department is 15 the guardian, it is extremely difficult to receive any feedback about the child. This may be due to the officer's workload or the policies of the department.

If the out-of-home care is being managed by another agency, example 20 Anglicare or Quantum, there is another level of bureaucracy to go through, but we usually get feedback at least and can discuss things with them. Kinship workers seem to be non-existent. I've only ever come across one, and that was for a few minutes.

I've just added in a bit about access visits because it's a major problem. 25 Workers who supervise access visits need to be highly trained. It's a difficult and complex time for the parents and the child. Foster carers constantly complain about the child returning from access angry and with unrealistic plans. Parents are often grieving and are angry. They may have unrealistic expectations and hopes of their ability to safely care for their children. Access 30 workers need to be aware, when the child is being manipulated, and be able to diplomatically alter the situation. That's pretty high hopes. Once again, I question the input of the courts in decisions surrounding access. Sometimes children are not protected enough from the fear of being in the presence of a violent or abusive parent. I don't know why I've got "foster parent" there. 35 Sorry, that's a mistake. I've just noticed it.

In conclusion, this report is the perspective of a small group of maternal and child health nurses who try to work closely with the Department of Human 40 Services. During informal meetings with the department officers, it's been made clear that they also work to benefit the children for whom they are investigating and planning. The nurses understand that there are many legal and time constraints which make it difficult for protective officers to meet all the needs of the children. This must surely contribute to the rapid changes in staffing of the organisation. The new British officers come with a different 45 background to the traditional Victorian culture and may have an enormous

contribution to make to the Inquiry. It is to be hoped they are not all worn down by the system.

5 MR CUMMINS: Thank you very much, Mary. I'll delete "foster" from that part there.

MS GIBSON: I don't know how that cropped up. I didn't see it before.

10 MR CUMMINS: That's all right. I'm glad you picked it up. Thank you very much. Prof Scott.

15 PROF SCOTT: Yes, I'm interested in your final comment about the UK workers. My guess is that they've probably worked in a system where there's much closer integration with health visitors.

MS GIBSON: Yes.

20 PROF SCOTT: And so in a sense they know that every child comes with a health visitor, that's that child's birth right in that health system, which is quite different from our system, despite the availability of maternal child health as a universal service. So I'm interested in how might that transition into care, how might the role of the child's maternal and child health nurse, existing role, may have had while the child was still at home, how can that be embedded? How does that maternal and child health nurse, for example, get to know that a child  
25 she has been caring for is now in state care? How could we change the system so that when a child comes into the care of child protection there is an automatic question, "Well, who is this child's maternal and child health nurse?" so that is embedded in the way people think.

30 MS GIBSON: Oh, that would be fantastic, especially if - the trouble is that a lot of these families are very transient and the nurse might have a vague memory of seeing a child for the first two weeks and that's it - but yes, if a family is known. I don't know, this is what we keep asking ourselves. It just seems crazy that they don't get access to being checked. I don't know. It's just  
35 been great with the British carers coming because that's what they do. You're right, they do, they just know, but I've had newborn babies come to me without a birth certificate, without a birth notice who have come in with another family member who happens to know that I'm the nurse. The protective workers haven't even told them that there's such a person as a maternal and child health  
40 nurse, so perhaps the department needs - we need to work much closer together. There is a huge space. Of course the workers might not feel that the nurses are particularly reliable or they might not know anything about us.

45 PROF SCOTT: My second question, and I know you've focused particularly on children who are in care, but I can't really not ask this question because it's

so important to our broader terms of reference around prevention, is do you have any thoughts on the degree to which referrals to particularly the enhancement of the maternal and child health nurse from those who are involved antenatally, midwife, social worker in a regional hospital, 5 obstetrician, how that can work sometimes with or without Child First or the department being involved? I'm not just thinking of high risk infants, but how once one's identified, so psychosocial risk during pregnancy, might there be good facilitation into a preventive or early intervention support service through the maternal and child health service?

10

MS GIBSON: Yes, we're working very closely on that at the moment. With the Warragul Hospital particularly we're making plans to have - we do try to work very closely together and the hospital are good - but yes, we're working out plans at the moment. We've got referral forms being organised and, yes, 15 we're trying to get to see the families from 20, about 25 weeks, if possible, so that we can just work much closer together.

PROF SCOTT: I wonder if we could have a copy of those forms? Would that be possible?

20

MS GIBSON: Yes, no problem.

PROF SCOTT: Thank you.

25 MS GIBSON: They're still in draft form.

PROF SCOTT: Yes, but that will be interesting.

30 MR CUMMINS: It would be.

MR SCALES: Ms Gibson, from your own experience, how many children would you see that you felt were vulnerable to the extent that this Inquiry would be interested in that? I mean do we talk about where, you know, a child and a family comes through the door with a mother, would it be one in 10, 1 in 35 20?

MS GIBSON: This is very much a geographical question. I have a friend who works in Morwell that most of her clients would be - I hate saying clients - families would be enhanced.

40

MR SCALES: In that category.

MS GIBSON: But they're not. They are vulnerable, but they manage, and they've often got great strengths. I don't see very many. Most of the ones I see 45 are people who are just new to the area and I have to say I'm semi-retired so

I'm not working as often. But before then, yes, probably about five or six a year, but I was working in a rural area where I wouldn't have seen - - -

5 MR SCALES: Part of the reason for asking the question is that a number of people have suggested that, from two points of view, one is treating for families that are in critical need of assistance before they go into a child protective system, and alternatively, if we had an early intervention system, the maternal child health care nurse could possibly be a very important part of a system that provided a coherent, long term process that might allow that to  
10 happen. Do you have a view about that and how that then might fit in as part of the entry to the broader system, the more broader protective system and not in any pejorative sense, but in its much more constructive sense might apply?

15 MS GIBSON: Like Child First?

MR SCALES: I was going to come back to Child First in a minute, but - - -

20 MS GIBSON: I think what we need to do, yes, is have - the most successful cases I've had - it's very, very hard to get into Child First. First of all, the families won't go, and then it takes ages for them to get seen anyway. But if we had a service like that, say similar, we need the nurse to go with the family when they are introduced to the ongoing workers, and the ones that I've had have been really good, they've worked brilliantly and I've kept very close contact. But we're getting under more and more pressure to be doing key visits  
25 and just doing developmental checks and things, so it would have to be the enhanced service and the enhanced service might have to be enhanced but, yes, it would work very well if we could be with the family in the home and go in and introduce whoever the person is who is going to intervene, someone like Families First, and you just need to nurture the families so that they can feel  
30 that they can trust you and that you're not going to do something underhand.

MR SCALES: You do make reference again to Child First, and thanks for doing that. What do you see as the solution to that dilemma that you quite rightly raise, which is people would be concerned about engaging with Child  
35 First in the constructive way in which we think that they should and will get great benefit from, while at the same time them being concerned that that might lead to something much more problematic for them. What do you see is the solution to that?

40 MS GIBSON: It's been a bit of a shemozzle because we struggle often to find out what really goes on behind the scenes. We don't really know what happens in Child First - and I think we all say that - and I think, once again, it should be that the nurse, who knows the family and if you've got a family who have referred themselves perhaps, I don't know who gets referred to Child First.  
45

MR SCALES: So do you ever get, not referrals per se, but let's take the system bit by bit. Do you ever get Child First coming to you and saying, "We're looking to try and make a decision about where we might refer this family to," within the network of organisation, the alliances, and what might be your view about what might be the need of the child and the family in that context?

MS GIBSON: No.

MR SCALES: Okay. Are children or families ever referred back to you as a result of an assessment that Child First might do?

MS GIBSON: No. We have very little contact with Child First. I've tried to refer a couple of families, but they either weren't eligible or it took them ages and ages to see them. As I said, the ones that I have been successful with, I've made arrangements to be at the house when they came. It's only been a couple of - - -

MR SCALES: And yet I presume that there's no question about the trusted nature of the services and things, you know, within the whole Latrobe Valley about the maternal and child care nurses provide. I mean I presume they're almost the most trusted carers in the area. Would that be right?

MS GIBSON: Yes. I don't work in the Latrobe Valley but I know from talking to my colleagues that, yes, they - and when there's a crisis in the family they come to the nurse, "What can we do about this?"

MR CUMMINS: You're in Warragul?

MS GIBSON: Yes, I'm in Warragul. Now, I have been working at this end of the Baw Baw shire, which is Trafalgar, in that area, so I have a lot to do with Latrobe Valley. Yeah, it's just this wall of lack of communication, just this difficulty with accessing and I don't think it's the workers. I don't think it's even the managers. I think it's just some - I don't know what it is - whether it's a legal or, I was at a meeting one day with a manager and some of the protective workers and I went specifically to the table that they were sitting at to meet somebody who I'd been talking with and working with the family for a long time and there was only one outcome that was going to suit these children and that was that the children stayed with the foster parent. The worker said, "I'm really going to fight for that," and the manager, who I respect deeply and know very well said, "Be careful what you say." and I thought there's something else going on here, there's a legal - there's something, so I don't know. I don't know what's going on in the background.

PROF SCOTT: Could I pick that up again and ask - I'm assuming then that

the maternal and child health services in this region are not part of the alliance of Child First, or perhaps others could answer that question? It would be puzzling that they were not, if that's the case, but is that as far as you're aware?

5 MS GIBSON: The alliance?

PROF SCOTT: The alliance of community service organisations which are what Child First is about forms it, that governance structure.

10 MS GIBSON: It doesn't seem to be. It doesn't seem to be. We can refer to them, but I haven't had any instance where I've had any feedback.

PROF SCOTT: As far as you know the service, the maternal and child health service, and I know that varies because of different local government areas, but  
15 as far as you're aware that service within local government areas is not part of the alliance of the organisations that make up Child First.

MS GIBSON: No, it doesn't seem to be.

20 PROF SCOTT: Okay. We can explore that further, but it does seem that you're telling us that, for whatever reason, there is a gulf between health and welfare. Child health and child welfare seem to have very few bridges or doors.

25 MS GIBSON: Yes, there's no bridges.

PROF SCOTT: Okay. Thank you.

MR SCALES: That's very helpful, thank you.  
30

MR CUMMINS: Mary, thank you so much and warmest wishes for your continuing good work.

MS GIBSON: Thank you very much.  
35

MR CUMMINS: Ladies and gentlemen, that concludes the public sitting, save for this: the Panel very much would like to thank you all and to the persons who have previously made submissions for the effort and trouble you've all obviously gone to. Thank you very much for being here. To the secretariat,  
40 thank you so much for your great work as always to support and enable this to happen and to our officers and transcript and supporting persons, we thank you very much indeed. We wish you all well and this public sitting will now conclude.

45 **INQUIRY CONCLUDED AT 1.42 PM ACCORDINGLY**