



**LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY**

**STANDING COMMITTEE ON JUSTICE  
AND COMMUNITY SAFETY**

(Reference: [Inquiry into domestic and family violence—policy approaches and responses](#))

**Members:**

**MRS G JONES (Chair)  
MS B CODY (Deputy Chair)  
MS E LEE  
MR C STEEL**

**TRANSCRIPT OF EVIDENCE**

**CANBERRA**

**THURSDAY, 15 MARCH 2018**

**Secretary to the committee:  
Dr A Cullen (Ph: 620 50142)**

**By authority of the Legislative Assembly for the Australian Capital Territory**

Submissions, answers to questions on notice and other documents, including requests for clarification of the transcript of evidence, relevant to this inquiry that have been authorised for publication by the committee may be obtained from the Legislative Assembly website.

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*Amended 20 May 2013*

**The committee met at 10.16 am.**

**CLARKE-LINDFIELD, MS SUSAN**, Executive Director, Toora Women Inc  
**WOOD, MS REBECCA**, Director, Alcohol and Other Drug Services and Clinical Services, Toora Women Inc

**THE CHAIR:** I declare open this third public hearing of the Standing Committee on Justice and Community Safety inquiry into domestic and family violence—policy approaches and responses. Today the committee will be hearing from Toora Women Inc, Beryl Women Inc, Women With Disabilities ACT and Advocacy for Inclusion. On behalf of the committee, I thank all the witnesses for making time to appear today, as well as for your written submissions to our inquiry.

I remind witnesses of the protections and obligations afforded by parliamentary privilege and draw your attention to the pink privilege statement before you on the table. Could you confirm for the record that you understand the privilege implications of this statement?

**Ms Clarke-Lindfield:** Yes.

**Ms Wood:** Yes.

**THE CHAIR:** Thank you. I also remind witnesses that proceedings are being recorded by Hansard for transcription purposes and are being webstreamed and broadcast live. Before we proceed to questions, do either of you have any opening remarks you would like to make to us to set the scene?

**Ms Clarke-Lindfield:** Yes. First off, thank you for inviting us to expand on our submission. We are happy to be here. In my opening remarks I will tell you a little about Toora. I do not know how familiar you are with our organisation.

**THE CHAIR:** Some more than others, I am sure.

**Ms Clarke-Lindfield:** Yes, I know you are, Giulia. We were first established in 1983 as a single women's shelter, a homelessness shelter. In 1992 we added a specialist domestic violence service called Heira, which is still running today. We currently at Heira have eight crisis beds and three medium-term beds for women that need to stay longer.

But in the last couple of years, because of the raised awareness of domestic violence particularly, we now find that about 75 per cent of our homelessness beds are taken by women and children fleeing domestic violence; so it is huge for our service. My colleague Rebecca runs our drug and alcohol health treatment service and 81 per cent of the women that are in that service ask for domestic violence support as well. So it is big.

We also provide outreach services. We have 34 outreach places for women who have either left a domestic violence relationship and are struggling to maintain independent living or who are choosing to remain in a violent relationship. We provide them with

support as well, with safety planning and things like that.

In July 2016 our contracts changed. Our homelessness and domestic violence services after that date were no longer funded for being solely for single women. So we started having women and children. Then in October 2016 we took on the ex-Innana contracts and brought in all the women and children from that service. Now on any given day we have 100 vulnerable kids in our service—

**THE CHAIR:** As in, not only staying in the property but also people you are supporting outside?

**Ms Clarke-Lindfield:** Mostly staying in the property.

**THE CHAIR:** Staying?

**Ms Clarke-Lindfield:** Yes, and I think you will hear repeatedly through the day that there is no funding to provide services for children in their own right. They are just seen as an add-on to the mothers. That, I think, needs to be a really big focus.

**THE CHAIR:** Which is both true and untrue.

**Ms Clarke-Lindfield:** Yes. Well, they are—

**THE CHAIR:** Women cannot be expected to leave them behind, but in the same space we need to have something for them.

**Ms Clarke-Lindfield:** They experience domestic violence and go through the trauma just as much as their mothers or fathers. We also occasionally have men escaping domestic violence. We have what is called a families program. We are a specialist gendered service for women. So we have a partnership with EveryMan Australia. EveryMan provides that specialist case management support for the men. We provide the housing. So it is a really good partnership.

Speaking of EveryMan Australia, we have formed a really strong partnership in the last year. One of the things that have come out of that formal partnership is what we call the building respectful families program. We deliver a combination of intensive case management support sessions and educational modules for couples that want to stay in the relationship but stop that cycle of violence. We do that separately. We support the women; they support the men. But it is a combined approach. It runs over 12 weeks.

One of the things that we said in our recommendation related to really supporting men and women with that preventative education. We have piloted our program. We have got really great results out of it. We hear good things about DVCS's room for change. From all accounts it is really successful.

**THE CHAIR:** That is a good start.

**Ms Clarke-Lindfield:** Yes. Last year, all up, with the AOD and our DV and homelessness contracts, we provided specialist domestic violence support for

567 women and children. This year it will be a lot higher because we only have the ex-Innana contracts for nine months. It is a significant number, I think. How much time do I have here?

**THE CHAIR:** We had better start on questions because we have you only until 10.45. I want to start by thanking you for the work you are doing in the community, and for so many years. I know you are a very trusted service and you have a very good reputation.

**Ms Clarke-Lindfield:** Thank you.

**THE CHAIR:** Basically, we have more than one generation of Canberra women who are no doubt grateful for when you have stood by them. I simply want to ask about model of care delivery. One of the things that Ms Cody has raised quite often—she will be here shortly—is the experience of people she knows who have teenage male children or male children above 10 years of age. The traditional women’s service does not always have room for them or the capacity to have them. Where do you think this might go in the future? Do you have any comments on that? Obviously, it is a bit of a gap—not that everyone has to fill that gap but obviously there has to be some filling of that gap.

**Ms Clarke-Lindfield:** Absolutely. It was a concern for us when we opened our doors to children as well as to women.

**THE CHAIR:** What is your policy in that area?

**Ms Clarke-Lindfield:** Our policy in our refuges is boys 16 and under, but we have standalone properties and we have a families program for men and significant partners and for older children as well. So we do have some flexibility around that.

**THE CHAIR:** When you have the space, I guess.

**Ms Clarke-Lindfield:** When we have the space, yes. But, of course, we are under-resourced. We do not have nearly enough space. Yes, there are women who choose to remain in domestic violence relationships because they do not want to leave their sons.

**THE CHAIR:** Yes. I guess that they are potentially looking at homelessness as well.

**Ms Clarke-Lindfield:** Yes; and pets are the same.

**THE CHAIR:** Yes. I remember that one of our former members, Ms Mary Porter, talked about her own experience and how traumatic it was. I am sure that with the greater focus there is potential for all sorts of things over the next while.

**MS LEE:** Talking about measuring outcomes, you talked about how there are different versions of what a successful outcome will be.

**Ms Clarke-Lindfield:** Yes.

**MS LEE:** Some of the evidence that we have been hearing is about the inconsistency

of data collection.

**Ms Clarke-Lindfield:** Yes.

**MS LEE:** That makes it very difficult for a holistic approach to this. Can you give us some insight into how we can improve that across the board? I know that you have also mentioned the need for multi-agency collaboration as well.

**Ms Clarke-Lindfield:** Yes.

**MS LEE:** I would be interested in your views about how we can improve that.

**Ms Clarke-Lindfield:** I can talk for the domestic violence and homelessness services for a start. We use the database SHIP, and that is used right across the country. One of my concerns in relation to domestic violence, because this is the biggest database for services providing DV services, is that you tick a box and it is just: “DV: yes or no.” We all know that there are many forms of domestic violence. There is financial abuse.

**THE CHAIR:** Can I ask where that system sits. Is that your system or is that an intergovernmental system?

**Ms Clarke-Lindfield:** It is a national system. To better understand the needs of women coming through our services, it would be really great if we could—

**THE CHAIR:** If that was a bit disaggregated?

**Ms Clarke-Lindfield:** Yes, for sure. With our other services, as I mentioned, with our drug and alcohol services, there is a high percentage of women coming through those services that have experienced DV and for whom it is a contributing factor to their alcohol or drug abuse.

**Ms Wood:** Differently, obviously, there are KPIs to meet. Our measuring tools are usually very different, our KPIs are very different, from those of the domestic violence and homelessness services. We are trying to streamline through our service as much as we can, to make the pathway easier: if somebody in domestic violence reveals a drug and alcohol addiction, to try to support them.

We even built our own system, which was based on the system within the homelessness service, to try to stop them having to tell the same story over and over again, so that we could just transfer data across. But there are just so many barriers in between what we need to collect and what domestic violence might need to collect or homelessness might need to collect that we still end up having to basically assess women over and over, which just re-traumatises them constantly. We are not really then measured on domestic violence support in that context, at the end, in the drug and alcohol service. It can be very challenging.

**MS LEE:** That is problematic, because you were saying earlier that more than 80 per cent of people who are in drug and alcohol have domestic violence issues.

**Ms Wood:** Yes.

**Ms Clarke-Lindfield:** Yes.

**Ms Wood:** This has been noted. We are really lucky to be involved with ATODA, our peak body. We are working with them at the moment, with the safer families project, and looking at the domestic violence measuring tool. I believe there are going to be developments in that area, and we are on board.

**THE CHAIR:** Is that federal?

**Ms Clarke-Lindfield:** No, it is funded by the ACT.

**Ms Wood:** That has been ongoing.

**Ms Clarke-Lindfield:** It is going to be a four-year project.

**Ms Wood:** Nine months, 12 months.

**Ms Clarke-Lindfield:** Yes.

**Ms Wood:** Something like that.

**THE CHAIR:** Can I just ask for a practical perspective on that. We are looking for solutions, as simple as that sounds. From a data perspective, could we have a tick box where people could have their data shared, within ACT government, with agencies that deal with the same types of issues? Do you think that something like that would change the system dramatically? I am just asking, because we obviously have the consent issue; we want to respect that, and our culture respects that very much. Can you imagine a way that that would make things a bit better, if we had that, rather than people having to tell their story a million times?

**Ms Wood:** I personally think that that would be beneficial. Obviously there are a lot of things we need to consider with confidentiality and the safeguarding of information, but I think as long as the consent was given and it was set up officially, that data could be shared with the relevant service.

**THE CHAIR:** Even if they ticked which services it could be shared with at the beginning.

**Ms Wood:** That they wanted to share it with, yes.

**Ms Clarke-Lindfield:** Yes.

**Ms Wood:** Definitely. Even within our own service, we have two separate databases.

**THE CHAIR:** One is drug and alcohol and one is—yes.

**Ms Wood:** We had to buy our own, and SHIP was provided. Obviously they are going to continue using the one that was provided, and we then had to build one to try to match it. But there still is not an internal way of transferring that data. It would still

be a matter of print off a referral, consent given, hand it to us, and we have to re-enter it into the system. And some of the questions are missing so we cannot complete the assessment with that.

**THE CHAIR:** It is labour-intensive as well.

**Ms Wood:** Yes.

**THE CHAIR:** It is a waste of money.

**Ms Wood:** Yes.

**Ms Clarke-Lindfield:** I should imagine it is the same in the mental health service.

**THE CHAIR:** Yes.

**Ms Clarke-Lindfield:** I have never worked in mental health, but I should imagine there are just as many victims of domestic violence in their services. A more streamlined service—

**MS LEE:** That has a holistic approach.

**MR STEEL:** Thank you for your submission. My question is in relation to the program that you mentioned where you support victims, particularly women, to remain in the relationship but they want to end the family violence. One of the recommendations that has been made to this committee as part of the inquiry has been to remove the responsibility for applying for family violence orders from the victim and hand it to the police. That would create a tension, I would imagine, with the view of some victims who want to stay with their partner. What is your view on that, given your experience in working with victims in that program?

**Ms Clarke-Lindfield:** Personally, I think it is a good idea.

**THE CHAIR:** For police to pursue those orders?

**Ms Clarke-Lindfield:** Yes. I have to apologise for our colleague Mirsada Draskovic, who actually runs our front-line domestic violence and homelessness services. She would be a lot more knowledgeable on this than I am, but she had a crisis in her service this morning.

**THE CHAIR:** If she has something to add, feel free to submit that, even just in an informal email to our secretary. Then we can all consider her thoughts—just the specific questions.

**Ms Clarke-Lindfield:** Okay.

**Ms Wood:** I agree with Susan, especially for the first part. Some of these women do not even understand that they are going through a violent relationship. Some, at the beginning, are not aware.

**THE CHAIR:** It takes a while to come to terms.

**Ms Wood:** The fact that this is just not acceptable behaviour takes a long time to build on. A lot of the things that the programs focus on are learning how to communicate, having a respectful attitude within the family and the effects attitudes will have on children. As the awareness grows, their decision-making and empowerment grow. Sometimes at the beginning, there is that initial fear of putting the order on or people not even understanding that it is what they need to do. It does not happen, so it might benefit—

**MS LEE:** For the women who are in a position where they want the violence to end but not the relationship, will the empowerment of actually applying for the order direct and giving it to the police—and that may happen whether or not they want it—impact on the program that you were talking about, the outreach work that you do with women who do want to stay in that relationship?

**Ms Wood:** That is true because they would not be able to have contact with each other, would they? I understand what you are saying now, sorry. It would be—

**MR STEEL:** You are correct.

**Ms Wood:** Sorry, it would cause issues purely because they would not be given the opportunity to—

**MS CODY:** They can still make contact.

**MS LEE:** It depends on the conditions of the—

**Ms Wood:** Yes. Maybe if the conditions of the order were to do the program.

**MS LEE:** But the point being that if it is actually the police that do it and not the applicant who is the victim then it is out of their control.

**MR STEEL:** It removes their agency and—

**MS LEE:** It removes the agency.

**Ms Wood:** Yes.

**MR STEEL:** If it removes their agency, do you think it is a good thing?

**THE CHAIR:** It will stop people being able to have long-term relationships. I am just exploring this as an option. Is there the possibility that the fact that the decision was not made by them leaves the door open to the relationship going on long term because the individuals affected cannot blame each other?

**Ms Wood:** That is true.

**MS LEE:** That is a good point as well.

**MS CODY:** I have heard that.

**MS LEE:** Yes, that is a good point.

**Ms Wood:** That is my thinking as well.

**THE CHAIR:** When I took a trip to Sweden and we were looking at interventions that the government there makes into abusive situations, they remove women from situations for 48 hours before they even ask them to make a decision.

**Ms Wood:** Yes.

**THE CHAIR:** Because they said there is so much emotion and people need some space to process. The government there has decided that women are so important that they want to give them that space and perhaps—

**Ms Wood:** Make a decision.

**THE CHAIR:** Yes. They put them in a safe place and give them that time. I think then no-one can blame them for being given that time because it is a government decision, essentially, or a police decision.

**Ms Clarke-Lindfield:** Exactly, yes. Sometimes it is not because they do not want to but sometimes it is fear stopping them.

**THE CHAIR:** They are very torn.

**Ms Clarke-Lindfield:** If there is somebody else to blame for taking out the order—

**MS CODY:** They could be unsure of what the circumstances mean if an order is put in place.

**Ms Clarke-Lindfield:** Yes.

**THE CHAIR:** Yes, or indeed how the other half will respond.

**Ms Clarke-Lindfield:** Yes.

**MS CODY:** But even impacting their own abilities to—

**THE CHAIR:** They have got to be able to think through a lot of things to get to that point.

**MS CODY:** Sorry I missed your introduction. I was in another committee meeting. This may have to be taken on notice. I want to talk about trauma-informed counselling as a post-crisis response. I know that people hang on to circumstances a lot longer than they possibly need to. What sorts of services do you offer? How do you see that your post-crisis response counselling has helped?

**Ms Wood:** At the moment, the drug and alcohol service has a counselling service.

Anybody with a primary issue of drugs or alcohol can access that service. We are offering some slots to women reporting domestic violence as well. It is minimal, because they were not funded, but we are putting them through the service because some may have been coming through with drug or alcohol issues, so we could link them through.

We offer trauma-informed counselling care, counselling support. Due to funding, we have to offer it in packages of four to eight to 12 weeks and then possibly an extension, because obviously everybody needs outputs, and long-term counselling is very difficult to provide for funding purposes. A female over 16 can access that service. However, we do not have a counsellor at present for the children that may also be involved in those families. It is for the women only. We can refer to EveryMan for the men and their trauma support but we do not have anyone under the age of 16 to offer support to—the full package.

**Ms Clarke-Lindfield:** What I think all front-line domestic violence specialist services need to have is an in-house trauma counsellor for the women and one for the children. There are some really good services like women's health, but of course there is a huge waiting list. We also find that our clients are often afraid to take a bus to another service for counselling. So if we can provide that counselling in house—

**THE CHAIR:** Or if that service can come to you from time to time.

**Ms Wood:** And we can offer outreach too.

**Ms Clarke-Lindfield:** That is why we set up our own counselling service, to try to fill that gap. Of course there are always challenges in trying to source some funding for that. But certainly, yes, trauma counselling for children and for the mothers—

**THE CHAIR:** One of the things we keep talking about is getting people early, before these problems become intergenerationally entrenched. That is probably one of the most important ways of doing that.

**Ms Clarke-Lindfield:** Absolutely.

**Ms Wood:** By the time a lot of the women actually get to our counselling service they have fled from the violent relationship, they may now have a drug and alcohol addiction and their children are removed. Many of the women—

**THE CHAIR:** They are already in that situation.

**Ms Wood:** In the drug and alcohol side of the service, yes.

**THE CHAIR:** From your experience, how could a government led or funded service get to women before that point? You must see across the spectrum to some extent.

**Ms Wood:** Many of the women that start attending the day program may already be involved in the system. Many that come into the residential services, I think—

**THE CHAIR:** The government is, for example, talking about the education and

health systems being eyes and ears—and eventually training those professionals in what questions to ask, because that is quite difficult for those without experience.

**Ms Wood:** As well, sometimes the domestic violence can start during pregnancy or after pregnancy, so midwives, doctors, things like that, and also parental groups would be a good idea.

**THE CHAIR:** If you come up with any more ideas, please let us know. I know it is not your exact area.

**Ms Clarke-Lindfield:** I think it needs to be more than a couple of days worth of training. I ran a women's health centre in New South Wales for many years, up in Bathurst. My experience there was that training was provided for midwives, emergency staff and so on and so forth. But a couple of days worth of training did not give them the confidence and the networks, so when it was reviewed down the line not a lot had changed. There needs to be a real investment in training and then refreshers and systems.

**THE CHAIR:** We are, at the very least, in a situation where the public discourse supports people keeping an eye out for this type of thing. That is definitely true in Canberra and probably in other places, as opposed to 10 years ago, when it was less so. But, yes, I think there will be a hunger from people to know how to identify these issues. It took us years to learn what we had to ask to know if someone was suicidal, and now at least professionals tend to know that you have to ask directly, "Are you thinking of harming yourself?" or "Have you got a plan to harm yourself?" The right questions would probably be a good start at least.

**Ms Clarke-Lindfield:** But having all of these steps along the way where domestic violence can be identified and referrals made will only work if there are services to refer it to. I think you would have heard over and over in the submissions about the funding cuts to the DV sector here in the ACT. My organisation was cut by 36 per cent, with the same outputs expected, and we have never recovered.

**THE CHAIR:** That was federal funding cut?

**Ms Clarke-Lindfield:** It was federal funding cut to the ACT, and then the ACT cut us. When I see another television campaign, media campaign, I almost dread it, because in a way it sets women up to try to find help and make a decision to leave the relationship, and there is nowhere to go. Really there needs to be a significant investment in the front-line services that are already here. We have them. We have the infrastructure, the skills and the experience, but we were gutted a few years ago and demand has skyrocketed.

**THE CHAIR:** It is good to have that very clearly explained. Because we are broadcast, lots of people get the chance to hear it, the media and so on. It is important for you to continue to tell that story as well and to make sure it is front of mind. We have seen a lot of goodwill from the government to get this sector working better, but nobody wants to take over things that are being done well in the community. Governments rarely do things as well as the community does.

You will be given a transcript of what has been said today. If you have anything to add or any changes to make, please let us know. Also, if your additional person who could not be here today has anything to add, please just ask her to send it in, even informally. We do not expect you to spend hours and hours on it, but it would be really good to have a bit more insight from her. We would love that information within the next two weeks, because then we can get on to our report. Thank you both for appearing today on behalf of Toora Women. If anything else occurs to you as you leave, as sometimes things do, just shoot us an email.

**Short suspension.**

**ESPERANZA, MS DANA**, Chairperson, Beryl Women Inc.  
**KALA, MS LAVANYA**, Board Member, Beryl Women Inc

**THE CHAIR:** We will now move to our next witnesses. Robyn Martin has sent an apology, I believe. We have Dana Esperanza and Lavanya Kala from Beryl Women Inc. On behalf of the committee, thank you, ladies, for being here. I need to remind you of the protections and privileges afforded by parliamentary privilege which are outlined in the pink statement there. Do you both understand and are aware of that and accepting of that?

**Ms Kala:** Yes.

**Ms Esperanza:** Yes.

**THE CHAIR:** Do you have any opening remarks that you would like to make about your service, how it is going? We thank you very much for your submission as well which obviously has been quite informative. Do you want to add anything to that in the short time we have?

**Ms Esperanza:** We certainly would. Thank you for inviting Beryl Women Inc. to appear before the committee in response to the inquiry. We would really like to take this opportunity to raise the experiences of Beryl Women Inc., which provides an important case study when considering the adequacy and effectiveness of the current policy approaches and responses in preventing and responding to domestic and family violence in the ACT. This also includes examining funding issues and policy challenges arising from the current funding framework. They are in the inquiry's terms of reference.

I want to speak a little about the story of our refuge, and it is a timely reminder that we need to do more to support our community's specialist domestic violence services. For those of you who are not familiar with Beryl Women Inc., for 43 years we have provided safe, specialist, high quality support for women and children escaping domestic violence. We are Australia's longest running women's domestic violence refuge and we are one of only two specialist DV accommodation services in the ACT region. Importantly, we are, in fact, Australia's longest running refuge by default.

Our refuge was the second to start up in Australia, in 1975, shortly after the first women's refuge, Elsie's Lodge, in 1974. I am not sure if any of you are familiar with the story of Elsie's Lodge but it is quite a remarkable one. The beginning of the story, as the first women's refuge; is very remarkable. There were a number of female activists. They spotted an abandoned house in Sydney and they opened up a refuge for women and children escaping DV. It was a real grassroots movement.

At the time the New South Wales government heard about the event and how it was being used as a makeshift women's refuge and they tried to remove the volunteers and the service users. Needless to say, there was a strong public reaction to this. At the time Gough Whitlam, Australia's then Prime Minister, saw an opportunity, stepped in and provided the first federal government funding to officially establish the

refuge.

Despite this remarkable story, our understanding is that when the New South Wales government undertook funding reforms a few years ago many refuges were unsuccessful in their tendering, including Elsie's Lodge. In 2014, Elsie's Lodge was taken over by St Vincent de Paul.

This is a story we talk about frequently in Beryl Women Inc. Being by default the longest running refuge in Australia, the last thing we want to see is a similar story to Elsie's Lodge. It reminds us that as a small, specialist women's refuge we are vulnerable to changing expectations, whether it be shrinking funding or policy responses that constrain domestic violence as a homelessness issue.

In telling our story, we must never forget the stories of the women and children we work with. Nationally, one Australian woman dies every week, on average, as a result of domestic violence. In the ACT, 24 women are victims of violence every day.

Our refuge constantly turns women and children away as there simply is not enough space available to meet the overwhelming demand. For every bed we have available, on average we say no to five requests for crisis accommodation. This is unacceptable. On average, in our service we support over 150 women and children a year. Almost half our clients seeking refuge are women under the age of 30. Almost half our clients seeking refuge are from a CALD background—55 per cent the past year—and 11 per cent identify as Aboriginal or Torres Strait Islander women and children. In previous years we have had up to 25 per cent.

**THE CHAIR:** For Hansard, CALD being cultural and linguistically diverse?

**Ms Esperanza:** Thank you. It is important for us to recognise that the increasing numbers of women and children escaping domestic violence, including the increasing numbers of women from minority or marginalised backgrounds, and the added complexities to supporting these client groups, coupled with funding cuts to front-line services, leave us in a position where we simply cannot deliver the same level of support to women and children escaping violence.

In our submission we raise a number of concerns and recommendations. The key recommendation we would like to turn the committee's attention to is initiating a funding model that (a) supports specialist domestic violence services to be financially capable in supporting clients; (b) provides recurrent funding that enables sustainable and long-term planning for women's refuges; and (c) allocates funding across government portfolios, such as the justice and community safety and health portfolios, in addition to the homelessness portfolio. It goes without saying that current funding arrangements where domestic violence is currently allocated under the homelessness agenda do not consider the complexity of domestic violence, for this positions domestic violence as a homelessness issue when, in fact, homelessness is one of a number of issues that arise because of exposure to domestic violence.

The current funding model fails to acknowledge the intersectionality of issues of

justice, health, immigration, social services, or the higher costs of operating a specialist support service like Beryl Women Inc. In addition, the current funding model does not consider children as clients but rather as dependants. As a result, women's refuges do not receive funding for children; nor does Toora Women Inc. that previously appeared. Children are the highest client group in our service and short-term funding only allows for one child and adolescent specialist.

Our final point, as Toora Women Inc. also mentioned, other specialist domestic violence services are facing a tenuous period with the funding cuts. For us, from 2013 we have experienced a 32 per cent funding cut over a three-year period. Coupled with the increased outputs, this has placed additional pressure on our service, resulting in significant staffing cuts, relocation of services and an increased caseload.

With the cost-cutting nature of domestic violence, all evidence points towards dedicated long-term funding for domestic front-line services that deal with complex issues that extend across government portfolios. To this end, the ACT government has an opportunity to be a lead jurisdiction in best practice policy and funding approaches to combatting domestic violence, and we ask that the ACT government consider reforming its funding model as a legitimate policy lever to ensure that funds are allocated across directorates, including providing funding that recognises children as clients in their own right.

**THE CHAIR:** That was great. It is good to hear the same themes in a way. It makes our job a little easier, I guess. You mentioned two things. First of all, you have five requests for every bed you have available. I know some services do support work in the community for those that they cannot directly house and I think most services making a difference in Canberra have some of that. Do you also do some outreach or are you pretty much focused on those who actually get those beds?

**Ms Esperanza:** We are funded for crisis-support accommodation. We are not funded for outreach support. In some cases we do provide that outreach bespoke support to ensure that women and children receive positive outcomes but we are certainly not funded for that.

**THE CHAIR:** The second thing is related. We thank Beryl, of course, for the years and years of service and would not want to see an end to Beryl at all. In fact, we need to support all the groups doing the good work. The only question I have is: you mentioned that policies change and perceptions change. One of the things that the government, for example, seem to have unearthed in their responses is the great number of people who are victims, for want of a better word, who are living with this experience, who do not want a separated family situation at the end of the day. Not many people get together, hoping to be separated. That is a real change. It has really been a bit interesting as governments uncovered that during their work since the levy was imposed.

We talked, for example, earlier about people having periods of separation and having police initiate some of that for people's safety and so on, when they believe it to be appropriate. We might recommend something like that, but can you see yourselves in a system which also caters for those who want to stay together, essentially, and can

you explain a little how that would be able to work or already is working? We are not experts at what you do every day.

**Ms Esperanza:** I think, broadly speaking, we would agree with that in principle.

**THE CHAIR:** It is obviously not for everybody, and we are not saying that.

**Ms Esperanza:** No but certainly in terms of an ACT government approach, it is important to have a mixed-methods approach and to be providing different interventions and services for women and children escaping domestic violence. In terms of Beryl Women Inc., we are funded for providing that crisis specialist-supported accommodation, and that is what we would continue to focus on. If there are other services arising out of those different kinds of interventions, we would be working closely with them.

**THE CHAIR:** Is Beryl interested in providing additional things for the homeless, or is that really what you feel like your calling is, has been your long-term platform and is what you would like to stay with?

**Ms Esperanza:** Beryl Women Inc. operates from a trauma-informed framework, similar to Toora Women Inc. That means it is strength based and it is recognising that we need to empower women to be able to make decisions where they previously otherwise have not had that experience. What that means is that we would be led by the client. If we did have clients who were expressly saying that they wanted an alternative to crisis-supported accommodation then certainly we would need to respect that and whether that is Beryl Women Inc. being funded for an additional program or intervention in that service or whether there is another service or provider in the community, then we would be referring them on.

**THE CHAIR:** To some extent, obviously, we each have our specialisations and it is important that we do what we are good at.

**Ms Kala:** I think it is important to recognise, though, already front-line staff are engaging and doing a whole range of different things within the service that they are not actually and are not—

**THE CHAIR:** Purely funded for.

**Ms Kala:** purely funded for, do not have the capacity to do. Whether it is linkages to other services or even baseline things with justice or providing very baseline counselling, that type of thing, obviously they are not qualified as counsellors, that type of thing, but they are doing things because there is a need. These are gaps within the services we do not have the funding for. This is a problem that we are experiencing within the service.

**THE CHAIR:** In a way one of the things that have been raised with us is the no wrong door policy that no matter where people hit the various services—and I am sure you are working with all other services available to make sure people get to the right place—the government should have a focus on that because that way we are all

doing what we do best. But again, as Toora said at the last hearing, sometimes you get a relationship with a client and they do not want to go to another venue. Then people being flexible about delivery, and so on, might be helpful.

**MS CODY:** Thank you for coming today. You mentioned that you take on board what the client needs to help them move on, particularly in a crisis situation. I have a fair bit of experience in this area and have helped a number of women access different services over the years. One thing that struck me was that women in the most extreme cases have been so manipulated that they are unable often even to understand basic financial management skills, as in being able to pay a bill or access internet banking. Do you help women with that? I know it is crisis accommodation but ultimately—

**THE CHAIR:** It is a person.

**MS CODY:** it is crisis.

**Ms Esperanza:** That is an absolute essential component of our services, in addition to counselling, safe accommodation and working within the trauma-informed framework. It is working with those practical realities. I think one of our workers gave us a recap of a day of the life of a case worker. The night before she was actually representing Beryl Women Inc to receive a women's grant safety award on behalf of the ACT government. She had to leave the minute she accepted the award because she got a crisis call-out.

She started work the following morning at 8. She was pulling apart heavy metal bunk beds as there was a flood in the house. She then had to rush a client over to child and youth mental health. She then had to rush over to support another client at Legal Aid. Then she ran to another meeting to support a woman to be accessing Centrelink.

She then returned to the refuge to reassemble the bunk beds. She was then called away on a crisis because I think one of our clients was assaulted. So they had to follow through with a charge. Then she finished up with some counselling and casework. That was a simple day in the life of our caseworker. That is one of the essential services that we do provide.

It is important to us that we build on that question you are raising, because it is not just the complexities of women who have experienced trauma from domestic violence. It is also that everyday activities that may be straightforward for us are inaccessible or insurmountable for our clients. It is really important for us to recognise that with the increasing numbers of women from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander women, there are significant additional complexities and barriers to understanding a written form, being able to access a service in English and having accessibility to Centrelink, whether or not they have official migrant status.

**THE CHAIR:** As a supplementary, do you have access to interpreter services or cultural interpretation at all to assist your clients?

**Ms Kala:** There is some access but the issue is that we are not actually funded to

access the services. That causes issues.

**THE CHAIR:** Because you are in the homelessness sector, technically?

**Ms Kala:** Yes, and that causes quite a few problems. What we have heard from the staff is that when they do have clients who require the services, particularly if they are ongoing, they might have access to some interpreting services. However, it is not just a one-off. It might be ongoing.

**THE CHAIR:** I assume I am right on this. It is not just language to interpret. There is cultural interpretation that is needed as well so that everybody understands what they are talking about.

**Ms Kala:** Yes, that is right.

**THE CHAIR:** I would be surprised if that is a specifically-funded service.

**Ms Kala:** No, it is not. There is a whole range of different barriers, issues and complexities that need to be dealt with. This has caused quite a few problems. Just quite recently, there has been a client who had quite a range of different immigration issues to be dealt with: cultural issues, interpreting issues and all sorts of things. The problem has been that this has added to the case load. Of course, we are not going to deny them service, but the problem is that we are not funded to actually do this.

**THE CHAIR:** It is very hard to do your job if you cannot actually discuss things with people properly.

**Ms Kala:** Absolutely. This does add to the complexities that the service deals with.

**MS LEE:** You say in your submission that an outcome-based funding model may be a disadvantage to you as a small organisation compared to big organisations. I think you were in the room when I asked the question of Toora Women Inc about data collection and all of that. If there was a move towards trying to make sure there was consistency across the entire sector, do you foreshadow problems for you at a resourcing level?

**Ms Esperanza:** One hundred per cent from a resourcing and current funding-based model now. We struggle to make every day work. We have fewer than five full-time equivalent staff providing a service for up to 150 women and children a year, in addition to the changing complexities, over half of our clients are from a CALD background. This means that we need to be providing more support and more time for these day-to-day activities when we would ordinarily be thinking about providing support for other clients.

Certainly from a budget perspective, we have tried to skim and cut down everywhere we can. There is no more fat left to trim. While we are 100 per cent supportive about more of an outcomes-based funding model and more data-driven reporting, we would be requesting that in any move towards outcome-based funding, there is greater administrative support, resourcing and funding provided to all agencies, particularly

the smaller specialist agencies that may not have the administrative capabilities or resourcing options available to them.

**MS CODY:** My question is a supplementary of sorts. In response to Ms Lee's question, you said that you assist 150 women and children a year. What are the ages of the children?

**Ms Esperanza:** The children would be anywhere from nought up to 18. On average, the statistics vary at around 100 children and 50 women. So children are by far the largest client group. As Toora Women Inc mentioned, the same as in our opening statement, children are not currently funded or seen as clients in their own right.

**THE CHAIR:** Yes, I think we are picking up on that across the board.

**MR STEEL:** In your submission you said that it is important that we not lose sight of the endemic nature of domestic violence in Australia, particularly violence against women from a partner. Why do you think it is important for us as a committee to recognise the endemic nature, particularly in relation to women being the most significantly victims of family violence?

**Ms Esperanza:** I think in our submission the position that we come from is a feminist framework. This is an opportunity for the ACT government to be a leader in its policy responses and approaches. Certainly, our position is that simply hiding women away, or providing crisis support and accommodation, is not a solution. That is one service which is absolutely necessary and we will continue to provide that service.

At the same time, we will continue to advocate that domestic violence is a violent expression of control and power and it is underpinned by the belief that it is okay to subject women to this type of treatment simply because they are women. With that framework in mind, we would be advocating for a whole range of policy responses from education, early intervention and prevention, right through to the continuum.

**MR STEEL:** I suppose it is being put to us that there are other victims of family violence and that we should recognise them. Why do you think it is so important that we particularly look at the endemic nature and, particularly, that feminist framework as the basis for our response to family violence?

**Ms Esperanza:** By far and away, women are primarily the victims of domestic violence; so we need to be turning our attention and our resources to the client group that is most significantly affected, keeping in mind that services still need to be provided to those varying groups that also experience domestic violence.

**MS CODY:** I have heard from other services—not necessarily in these hearings—that if we ensure that we are providing services that reach our most vulnerable then our other cohorts would be captured naturally, anyway. Would you tend to agree with that? That is a very basic view of the world; I understand that. But if we are targeting the most vulnerable, the women with disabilities—

**THE CHAIR:** The CALD.

**MS CODY:** Yes, those from culturally and linguistically diverse backgrounds, the Aboriginal and Torres Strait Islander background, then just by the sheer nature of making sure that those women in particular are captured, by nature, we end up capturing other cohorts. Would you tend to agree with that?

**Ms Esperanza:** My colleague may have other views. That is the beauty of our organisation—being a feminist organisation, we really encourage robust views. My initial response to that would probably be no.

**THE CHAIR:** Because people could still be missed out.

**Ms Esperanza:** That is because there is a possible risk of stigmatising and stereotyping domestic violence to other cohorts or groups of women and children, or men as well. Domestic violence is something that affects everyone, whether it is your gender, your race or your class.

**MS CODY:** Absolutely.

**Ms Esperanza:** It is important to continue to have a mixed approach for a range of those different groups of people.

**MS CODY:** By having that mixed approach, you cannot leave out those cohorts that are our most vulnerable cohorts.

**Ms Esperanza:** No. Our submission, the Toora Women Inc submission, the Women's Electoral Lobby submission, the ACTCOSS submission and a range of submissions are generally advocating (a) for greater, increased funding because of the lack of resources and the changing complexities of domestic violence and (b) earmarking or allocating specific buckets of funding for particular groups, whether it is women and children from CALD backgrounds, Aboriginal and Torres Strait Islanders or women with disability.

**Ms Kala:** I 100 per cent agree. I also think that, by doing this, we are actually emphasising a cultural change. It is basically a mass cultural change. You are not actually targeting one specific group. You are looking at different groups and areas of need.

**MS CODY:** Absolutely. I have friends in the community who still believe that the only women who are abused are women from poor families and whose husbands are alcoholics—they are the only women who are affected.

**THE CHAIR:** I am sure they suffer but it is not the only group.

**MS CODY:** Absolutely, but domestic violence does not understand socioeconomics, postcodes or anything else.

**THE CHAIR:** That is right, and manipulation is something that lots of people use one way or another. I have asked some of the other service providers about this as

well. When I first started learning about people who were—I do not know whether the term is “recovering” anymore; I have heard that that is an old-fashioned term—getting to the life that they actually would like, from the life that they actually have, you are looking at a three to five-year period. Do you find that you work with people over a three to five-year period? Is that a reasonable time frame to expect? When people think of crisis accommodation, they think of a few months, and I am sure you do not necessarily house people for that entire time, but no doubt you get relationships going with people and find out how they are going.

**Ms Kala:** We have housed some women for a number of years because it has taken, for some of these anecdotal case studies, several years for women to be able to get on their feet and to move towards independent, safe, free living.

**THE CHAIR:** One of the things that certainly many people in the Assembly or in the community that we represent would like to know is that when this effort is going in, we are actually getting long-term outcomes, and people are not just slipping back into old situations again. I know, for example, from women’s refuges in Sydney that friends of mine worked for, they said the problem often is that you get someone on their feet and then they go back into the family environment that created the problem in the first place. They get pulled back into the bucket, so to speak, and things can get quite difficult. I just wanted to get your view on what sort of time frame is realistic for people to set themselves up for the lives that they would like to be living.

**Ms Esperanza:** On one hand it is nice to put time frames on things. We want everything to be measurable. We do want to be outcomes driven. It is very important from a funding perspective. From a practical service delivery perspective, too, there are constraints when there are strict time frames put on delivering outcomes such as being funded to provide 12-week crisis support. It is exactly what you are coming back to: it will take far longer for some women and children to be able to get back on their feet. Perhaps they are not ready to transition to another service provider because they have finally built up some level of support and trust with a trusted provider and they are not ready to move on to somewhere else. I think it is important for us to have a flexible approach when it comes to funding and to also consider how funding encourages a short-term view. For example, our current funding requires us to be working on a 12-week model. I probably would not be putting specific time requirements around that, and just try to remove some of the existing barriers, noting that there is enough flexibility for some clients. What you are really talking about is a positive outcome.

**THE CHAIR:** Yes, I guess so.

**Ms Esperanza:** And recognising the endemic nature of domestic violence where it is cyclical, it is endemic and it occurs over a life pattern. I think it is difficult for us to see that we can really move or transition a client over a short period.

**THE CHAIR:** That is right. I constantly talk about the three to five-year period because I think people would like to think it is much shorter than that. In the conversations I have had, it seems that even that is a bit hopeful. Maybe as we get better at dealing with this as an issue, more people will get to end up with the lives

that they choose rather than the lives they have ended up with.

**Ms Kala:** The other thing to add is that putting a three to five-year time line is a little bit arbitrary when every woman or child would have different circumstances that they are dealing with.

**THE CHAIR:** Government policy always has to have some measures on it, otherwise we do not know if we are ever going to get any outcomes.

**Ms Kala:** Yes.

**THE CHAIR:** That is the tension.

**Ms Kala:** As Dana mentioned, we are looking at ensuring positive outcomes for the client, as opposed to having the sort of arbitrary measure that says, “By this date they will be out, independent and on their feet.”

**THE CHAIR:** It takes time.

**Ms Kala:** It does take time.

**THE CHAIR:** Ladies, we are out of time and we need to have a short break. I want to thank you and remind you that you will get a copy of today’s transcript. You can suggest any corrections, if something has been typed incorrectly. Also, with respect to anything you have agreed to take on notice, we would like to have it within two weeks. If something occurs to you in the next two weeks, please let us know, if you have any further thoughts. I will suspend the hearing for a short break and we will recommence at 11.30.

**Hearing suspended from 11.18 to 11.30 am.**

**SALTHOUSE, MS SUE**, Chair, Women With Disabilities ACT Incorporated

**THE CHAIR:** On behalf of the committee, I officially thank you for appearing today and for the written submission that your organisation has provided. I remind you of the privilege statement and the protection of parliamentary privilege. Do you understand and accept that?

**Ms Salthouse:** Yes, thank you.

**THE CHAIR:** Do you have any opening remarks, Sue?

**Ms Salthouse:** Yes, I do. I want to start with a few general remarks. As I put in my submission, about 8½ per cent of the population in the ACT are women with disabilities. That is from ABS material. Only about one per cent of them are living in supported accommodation. Much of the information that we have about the situation of violence and abuse against women with disabilities comes from research that concentrates on women who would be in supported accommodation. So we have quite a dearth of information on the situation of women with disabilities who live in the community and who are just like you but have some additional challenges because of their disability. I think they are largely ignored because of where research is concentrated.

There are tables from the personal safety survey. I must admit that I have tried to look out the 2016 results, but I was not able to. That said, about nine per cent of women with disabilities had experienced violence in the previous 12 months. Extrapolating from that, as you would see, if we look at the incidence of violence against women with disabilities in the ACT, because of the higher incidence of violence, there are approximately, probably, the same numbers experiencing violence. I think that that points to the fact that we really need programs which will address the situation for women with disabilities. I talk particularly about those in the community.

We know that high-risk populations need to be at the centre of reforms. If we look at the adequacy and effectiveness of current policy approaches, on the whole, in the ACT, there are not good policy responses for women with disabilities. Oftentimes, WWDACT is consulted, and that is fantastic, but it is often when significant parts of the development phase are completed.

**THE CHAIR:** Right. It is a tick-off at the end.

**Ms Salthouse:** And we are no longer on the Domestic Violence Prevention Council, so at that very ground floor level, we do not have a voice at the moment.

I think that in relation to human rights responses or concluding observations to the Australian government, all will say “targeted and mainstream responses”. I think we are missing those in the ACT. If we get back to that population who are just living in suburbs, they have fewer resources to respond to domestic and family violence.

Part of my thinking changed. We can look at domestic and family violence occurring across all levels of the community, but it is when we look at those lower

socioeconomic groups that we see that they have not got the ability to respond. They do not have the resources and, for women with disabilities, they do not have financial means. I think we need to look at that. Those responses are missing from our budgets at the moment.

If we look at the implementation funding commitments currently, what we are missing is that data collection. It is interesting that today I reported to Scamwatch because I got a phishing email and, there in Scamwatch, about an email that was wrong, they have a checklist that asks you whether you have a disability. We have been asking for a long time for that sort of checklist, a blanket checklist on every piece of data that is collected. It often says now, “Are you Aboriginal or Torres Strait Islander?” or “Are you from the CALD community?” We need to always be asking, “Do you have a disability?” That is really important.

**THE CHAIR:** Do you think it is important to aggregate what the general nature of that disability is?

**Ms Salthouse:** No.

**THE CHAIR:** Right.

**Ms Salthouse:** You see, I think that is—

**THE CHAIR:** That is different from previous—

**Ms Salthouse:** That is one of the things that has always been an impediment. People want to know do they have wheelchairs, what is the disability. I think the marker we need is, “Do they have a disability?” That has a whole lot of knock-on effects.

**THE CHAIR:** Yes, sure.

**Ms Salthouse:** In our policy responses, the development of the disability justice strategy is so important in the ACT. Once any woman gets into the justice system, it is a hard pathway, but we really need that access to the justice system for women with disabilities and those women in the community. Understanding their situation is really important.

In relation to the policy challenges which are arising in the ACT from the national funding, and that is part of your third term of reference, there has been no funding from the national plan to reduce violence against women and their children. There has been no funding that has come specifically to the ACT to address violence against women with disabilities. There has been funding at the national level, and that has been very welcome.

The effectiveness of the national plan is itself under assessment at the moment. We have seen lots of positives. One thing that has come out of the national plan is the funding of the DV, domestic violence, alert training. I have a vested interest in that because I have been contracted to develop the disability stream of that funding. It is ready for rollout in the second half of this year. To me, that has been one piece of national funding which will be accessible to the ACT for funding of disability support

services. But I am more concerned that we have promotion which would enable people in the mainstream community. We are seeing that women with disabilities will disclose their experience of violence to the GP or a health professional, but not necessarily to a disability service. Many of these community women that I talk of are not actually connected to any specific disability service.

**THE CHAIR:** No, and they may not want to be, either.

**Ms Salthouse:** No.

**THE CHAIR:** There is a whole range.

**Ms Salthouse:** You connect where you have a need. But getting mainstream services to take up that sort of domestic violence awareness funding that has a specific disability component is really important. One thing on the national level is that the National Disability Insurance Agency ignores the incidence of violence and its impact.

**THE CHAIR:** So they are not collecting that data?

**Ms Salthouse:** No, they are not collecting the data. They would put onto the mainstream interface associated counselling costs, court costs, advocacy costs. They would go to the interface with health and justice and the community. So that is a big block at the moment.

**THE CHAIR:** Yes. It is not identified as—

**Ms Salthouse:** They are not seeing that somebody who has PTSD reacts differently to a funding conversation from somebody who does not. At the national level, I find that a lack. It is not that I have not talked to them about it, but I think they are more concerned now with those interface issues. I can understand their wanting domestic violence costs to be met by the appropriate department, but, on the other hand, I want them to be more aware of how it affects a person's interaction with the agency. When the ACT begins to look at the quality and safeguards commission, which is for service provider accreditation and about the quality of people's interaction with the NDIS, we will need to look very strongly at how we have a similar reaction but for all the people who are not in the NDIS. At the moment—

**THE CHAIR:** You want to compare data?

**Ms Salthouse:** Yes. We will need to have a parallel reaction, I guess. I want all complaints mechanisms to have a disability component.

If we look at best practice, if you want some further backgrounding, as I said before, we really need to look to Victoria. They have received specific reactions to the royal commission on domestic and family violence in Victoria. There was a complete chapter in that report on disability, and now the government is implementing all 227 recommendations, and specific funding has gone to addressing violence against women with disabilities. They have a domestic and family violence crisis initiative, which the ACT borrowed from very strongly when we developed our crisis services

scheme. Our crisis services scheme has stalled at the moment, whereas the Victorian one has extra funding and is just widening its scope. One of the reasons our crisis services scheme has stalled is that it is dependent on swift plan reviews. As you know, most women with disabilities in the ACT who have high support needs and no cognitive impairment but are participants in the NDIS will need swift plan reviews if they leave a situation of violence—

**THE CHAIR:** Yes, because everything will be affected.

**Ms Salthouse:** and their carer hours go.

**THE CHAIR:** Yes.

**Ms Salthouse:** I would like the ACT government to continue to provide interim funding until the NDIS does a plan review. We have not got that at the moment. Actually, that might not be correct. I think the Victims of Crime Commissioner might be willing to continue crisis funding, but we are just unsure at the moment.

**THE CHAIR:** At the moment, yes.

**Ms Salthouse:** We need an ability where, when a woman or a perpetrator is removed from a house and the woman's care needs, support needs, go up, she can change and put those in place immediately and then have some cost recovery. The NDIS does not have cost recovery mechanisms yet, but it would be good if that is something that is on—

**THE CHAIR:** From the ACT perspective, we could potentially recommend that the ACT government discuss these matters.

**Ms Salthouse:** We are discussing with the ACT government.

**THE CHAIR:** Sure.

**Ms Salthouse:** The ACT government has helped.

**THE CHAIR:** But there is no harm in it being clearer for the community to see that that work has to—

**Ms Salthouse:** Yes. I am not willing to promote our crisis services scheme at the moment.

**THE CHAIR:** Right.

**Ms Salthouse:** Because we need to make sure that we have that covered. But I have had great assistance from the government and from the family violence coordinator.

**THE CHAIR:** Great.

**Ms Salthouse:** The related matters that affect women with disabilities are addressing the employment disadvantage and economic security, giving women more resources

to leave a violent situation and survive economically. A great benefit in the ACT is the emphasis on women being able to stay in their own homes. You can imagine that for a woman with an adapted home, that is really important.

And I think we need to continue to look at funding for support for parenting with disability. The third action plan under the national plan does link it to the national disability strategy. I think we need to keep looking at how that national violence plan is funded within the ACT within our action plans to support women with disabilities to address domestic and family violence. I think that is enough.

**THE CHAIR:** Thank you. Are you able to explain to us a bit more about the DV alert training? I know it is probably a combination of your role here and other work you are doing, but the government has raised the issue and we have heard on numerous occasions that there is an interest in getting the education and health sectors better understanding the issues when people present—with health we all think of GPs but emergency services and all the rest—and being able to identify and recommend to people the right course of action. Is that what this is about?

**Ms Salthouse:** That is exactly what the DV alert does.

**THE CHAIR:** Is it a federal matter?

**Ms Salthouse:** This is under the national plan and it was under the second action plan. The national plan to reduce violence against women and their children has had three action plans. The current plan is the third action plan, which goes from 2016 to 2019. It contained funding to continue Lifeline training. The Lifeline training is developed around improving the ability to recognise domestic and family violence when it is disclosed, to respond in an appropriate way, and then to be able to refer to an agency which can assist.

**THE CHAIR:** This might be very important for the work we are doing now because if we make recommendations to the ACT government, there is no point in us reinventing the wheel if it is being written up at the moment under a federal program. But we should have some communication with them so that if there is a best practice we can adopt it across the board and not have two different systems running.

**Ms Salthouse:** That training is free and it is available on request. They can do tailored programs. At the moment we are looking at training women with disabilities to be co-presenters working beside the Lifeline counsellors. So it is not a counselling program; it just refers to an appropriate agency.

**THE CHAIR:** Is it training for professionals or is it training for people suffering from domestic violence?

**Ms Salthouse:** At the moment we are looking for women who can be teachers of the program.

**THE CHAIR:** And the point is to teach clients who are suffering or the professionals?

**Ms Salthouse:** This program is designed for people who work with people with disabilities. That is one important component. There are already developed components about advocacy and assistance for women with disabilities. Some of those are very specific to women with intellectual and cognitive impairment. But I would look to Victoria: they have domestic violence awareness guidelines. To a certain extent, People with Disability Australia has done this as well, but there are great resources in other states. Even WWILD, which is based in Brisbane in Queensland, has some great resources, and I think Advocacy for Inclusion has great resources.

**THE CHAIR:** Finally, do you think that, for those who are not specifically dealing with disability, the information contained in those packages would still form a good basis for how to identify and that there would be a consistent face?

**Ms Salthouse:** Yes. I think recognise, respond and refer is the emphasis that came from Our Watch campaigns and ANROWS. So response awareness training is essential, but for people with disabilities themselves, particularly those with complex needs and intellectual disability, there is that need for advocacy training, self-esteem, response and those sorts of things. Many women with disabilities are just awash in violence because it happens in the community, it happens at home.

**MS LEE:** Ms Salthouse, at page 6 of your submission you talk about the need to improve Family Court outcomes for women with disabilities. You specifically say that they need to see evidence of experiences in the justice system that will warrant their taking the risk of leaving. For any victim of domestic violence it is not as simple as leaving a situation but I suppose that, for women with a disability, there are added complications, complexities and challenges with leaving. What is your view about any specific reform that needs to happen in this space to ensure that women with disabilities are being given the appropriate support?

**Ms Salthouse:** As I said, a disability justice strategy, and we specifically need to address the situation where people throughout the court system know how to talk to someone with disabilities and to have that physical access within the courtroom. But it is mainly the interaction—from the clerk who meets them at the door to the magistrate. There need to be general ways of speaking that are not going to alienate somebody with disabilities. A trivial example might be not saying “wheelchair bound”, and that comes from disability awareness training. I would like to recommend that more agencies and departments have a disability action plan that raises people’s understanding and their ability to interact. I think that is very important.

**THE CHAIR:** And to constructively interact, I guess.

**Ms Salthouse:** And then there is word of mouth: women need to learn from their colleagues and friends and their social circle that somebody has taken a case to the court, it has been listened to and was successful. That sort of information needs to start to get into the community, but we know the statistics of, say, sexual assault. I cannot quote them but, say, 10 per cent are reported to police, 10 per cent of that 10 per cent goes to court and 1 per cent of that actually leads to a conviction. Those

sorts of statistics are not conducive to people making a complaint. We have seen lately in the media that confidential complaints, for political reasons; have been used and put into the public ether.

**MS LEE:** Yes. This disability awareness training will be even more important; I know there is some discussion about encouraging the Magistrates Court to take on more family law matters, and that will become more important in their training.

**Ms Salthouse:** Yes. I think if we looked at disability action plans and, within that, awareness training. That would be a great point of distinction for the ACT, if they were to promote disability action plans, similar to reconciliation action plans. It would be a point of distinction for us, again, in the ACT.

**THE CHAIR:** We are very good at getting on to things quickly.

**MR STEEL:** My question is in relation to the Victorian royal commission. You mentioned that there was a chapter focusing on people with disabilities. What recommendations out of that royal commission do you think we should be particularly paying attention to?

**Ms Salthouse:** I would have to take that on notice for the specifics, but they did relate to training. They related to physical access to things, from memory. So things that we have discussed here are not rocket science, but they need to be actioned.

**MR STEEL:** You mentioned physical access which is something that came to mind in relation to our existing family violence services. How well do you think they cater for people with disability who are experiencing domestic violence?

**Ms Salthouse:** Actually, all the refuges—it is now quite some time ago, in about 2010—undertook disability awareness training. We also did an audit of all the refuges in the ACT. All of them had something for accessibility, but none of them had enough. I could give you the report on that; I think it may even have been 2008. For instance, one refuge has ramps but the kitchen is not accessible; or they have visual fire alarms but nothing else. So all of them have done something at some stage—

**THE CHAIR:** But it needs to be consistent.

**Ms Salthouse:** but then there is no funding.

**MS LEE:** It is a bit piecemeal.

**Ms Salthouse:** There is no funding to make a specific refuge, whereas, in Victoria, they did decide to go down the path of having a dedicated accessible refuge. But I don't think we should go down that pathway—

**THE CHAIR:** We are a much smaller jurisdiction, too.

**Ms Salthouse:** I think we should look at mainstream. I think we should look at, as we do for everything under the national disability strategy, just making things accessible.

**MR STEEL:** With your indulgence, Madam Chair, on an unrelated question, which is: have you made or are you intending to make a submission to the inquiry into the national disability insurance scheme—

**Ms Salthouse:** Yes.

**MR STEEL:** reflecting some of your comments in here because I think there is some useful stuff.

**Ms Salthouse:** In fact I think we have until next Friday.

**MR STEEL:** Yes, you do. I am not putting pressure on you, it would be nice to hear those things from—

**Ms Salthouse:** I think along with every other organisation at the moment, there is either a consultation or a survey out in the ether and we have gone for the survey.

**THE CHAIR:** Just back to the previous question that Mr Steel asked—

**Ms Salthouse:** About accessibility in refuges.

**THE CHAIR:** Yes, and mainstreaming of accessibility, I think it is worth also noting that we are not talking just about physical disability. Accessibility can entail how someone who is suffering from PTSD or another ailment, or stresses on their ability to access things. It is important that our services cater to them as much as possible. I think that as we get smarter as a community, there is more information for us to add into the tick sheet of how we set up our services.

**Ms Salthouse:** Yes. I think that we are still not looking at, say, information accessibility enough, in that there are more and more easy English explanations of policies or documents or things available, but they are not universal. We are still getting information disseminated in PDF format that is not being made accessible to screen reader programs—sometimes from government—and it is reasonably easy to make accessible PDF formats. We are getting PowerPoints that are not made accessible that are put out and, of course, things need to be—

**THE CHAIR:** So what you are saying, if I understand correctly—because, again, I am not completely up with the terminology—is formatting of electronic material which can be translated by people who have specialist programs to assist them.

**Ms Salthouse:** Screen reader programs. If it is made accessible, all the images will have a description hidden behind them so a screen reader will read, okay, that there is an image and that is a picture of a woman walking a guide dog.

**THE CHAIR:** Correct. So that information is not just missing.

**Ms Salthouse:** Yes, that sort of information; it is dismissive of people with disabilities and it means that they will not bother to go to the next step. So that is something that we could really improve across the board. Government is a bit piecemeal but pretty good in the ACT, pretty good, but community organisations—

**THE CHAIR:** Are not funded for it.

**Ms Salthouse:** Not yet, including our own.

**THE CHAIR:** Yes. Thank you very much for the information. Thank you, Sue, for appearing today. You will, obviously, I am sure you know, be given a copy of the transcript and the information that you offered so that you can give us any suggestions if anything has been incorrectly written. Also, regarding the information you offered to take on notice about the royal commission, our secretary will be in touch with you about it, but if we could have a response within two weeks, that would be fantastic.

**Ms Salthouse:** Yes, no worries.

**THE CHAIR:** So we will just pause for a minute while we change over people at the table. Thanks again, Sue, for coming before us today.

**Ms Salthouse:** Thank you very much for your time, too.

**THE CHAIR:** I really appreciate it.

**Short suspension.**

**MILLEN, MS BONNIE**, Policy Officer, Advocacy for Inclusion

**THE CHAIR:** Thank you for coming to appear before us. I remind you of the protections and obligations afforded by parliamentary privilege, and draw your attention to the pink privilege statement on the table. Could you please confirm verbally, for the record, that you understand the privilege implications of the statement?

**Ms Millen:** I do.

**THE CHAIR:** Do you have any opening remarks, Ms Millen?

**Ms Millen:** My only opening remark is to thank you all for inviting Advocacy for Inclusion to be here today. It is a privilege to be able to speak to you on behalf of our submission, in relation to the ideas that we have come up with in our submission and also, in future collaboration with you, the ministers and members of the community, to come up with ways that we can support women with disability escaping violent situations.

**THE CHAIR:** Thank you. You have recommended in your submission that the legal framework in New South Wales be adopted in the ACT to afford people with disability the same safeguards against domestic violence as everyone else. Can you explain your understanding of what they have done in New South Wales in this regard?

**Ms Millen:** My understanding is that New South Wales is a bit stronger and more collaborative in terms of protection orders to ensure that women of all abilities, including disabilities, and men facing violence as well, can leave situations where they feel unsafe. In New South Wales it tends to extend to all living arrangements and all sorts of living circumstances, not just the family-like context that we place our own act in. I feel that New South Wales has a bit more flexibility for understanding and also for more policy change and approaches that can be taken if you are considering areas such as group homes or accessible living, or psychiatric living. Also with care arrangements, guardianship, New South Wales legislation tends to have a bit more flexibility, whereas I find that the ACT tends to be a bit more restricted as to what people can be protected under.

**MS LEE:** Is it your view that the current laws that exist to provide protections in, for example, a care guardianship relationship are lacking in the ACT? Would you say that there are some gaps?

**Ms Millen:** Would you clarify?

**MS LEE:** You were saying that the New South Wales one is broader in terms of incorporating the types of relationships, including a care guardianship relationship. At the moment in the ACT there are specific laws to provide protection. In that specific instance, as an example, is that area lacking, do you think?

**Ms Millen:** I think it is a very grey area. Women with disability tend to be very ignored in the circumstance where they are escaping violence. There seems to be the connotation that the carer or guardian can step in and alleviate the situation. But the question we ask is: what if the guardian or the carer is the problem?

**MS LEE:** That is what I am getting at. Protection is afforded to the person who is under care against any violence or abuse being perpetrated by—

**Ms Millen:** You will find that a lot of people who we support, who are highly vulnerable, often do not report abuse. In that case, often there is no way for them to be able to provide reports, if there are high complex support needs in place. How fast do you remove yourself from a violent situation when you have the NDIS, you have support services and you have transport issues?

On the other hand, you have also got the guardianships as well. Who supports the guardian? Who takes them to the police station to be able to report abuse against them? When you have communication needs, what steps can be put in place? There has been evidence out there that police often do not take reporting seriously, because they often see it as a time-consuming thing. But also, in fairness to police officers and also to crisis intervention, what supports can they put in place to ensure that that person can actually make a full report?

I tend to find that, where that is problematic, it also impinges on why it is such a silent area for women with disabilities. There are just no supports out there that can be given, but it is also an area that is lacking in data. Just how many women with disabilities can report, for us to be able to shape legislation to involve the group of marginalisation?

**THE CHAIR:** Do you have a substantive question?

**MS LEE:** Actually, it was around that topic. I will remain on that if that is okay?

**Ms Millen:** Yes.

**MS LEE:** There is quite a bit of repetition in the submissions about that lack of recognition of the different types of living arrangements and the relationship. Would it be fair to say that what you are looking for is a bit broader and more flexible definition of domestic violence?

**Ms Millen:** I think a very flexible definition is what we are asking for. We are asking for women with disability, but also all people with disability, to be recognised in all living situations. That is not always a family-like context. It is not always husband and wife, labrador, kids, white picket fence. It is not always that sort of image—

**THE CHAIR:** It could be with parents—

**Ms Millen:** when we picture a family.

**THE CHAIR:** or it could be in a group home or it could be—

**Ms Millen:** Yes. So we are thinking about shared living arrangements with other women with disabilities, who might be facing violence from their roommates and who have different support needs, all clashing. You might be thinking also of institutional living, where you are thinking of nursing home living. So there are all sorts of living arrangements where they should be really bringing in the service providers as well to ensure that all living arrangements are taken care of, not just traditional thinking on domestic violence.

**THE CHAIR:** I guess some of that would go down to what training is offered to professionals about how to respond—

**Ms Millen:** Yes.

**THE CHAIR:** and the underlying assumptions that we make.

**Ms Millen:** That is an area that we find really problematic with domestic violence crisis services. Many of them do not have training around disability, how to respond to someone who has a high complex communication disability, or even how to respond when somebody comes to them in crisis, what support service do they call? Who tackles NDIS? Who tackles other family members that might be involved?

For instance, we have had families where women escaping violence have had child protection intervene simply because it is assumed that if they cannot care for themselves when they are escaping violence, who is going to mind the children? There is this assuming attitude.

**THE CHAIR:** And you can make things worse whilst trying to make things better.

**Ms Millen:** Yes. It is making things worse but there is also a shortage of where they can go. Is there accessible housing? Are there accessible crisis places that you can go to? Many of the places that we speak to only have one space that can be modified to suit disability to the best of its ability. Most of them are halfway houses. That is really hard in itself because you do not know when you are going to have—

**THE CHAIR:** A home.

**Ms Millen:** Yes. They are some of the areas where we shout out that more resources are needed to be trained, similar to New South Wales. New South Wales are—

**THE CHAIR:** Just as a supplementary to that, Ms Millen, would you agree that perhaps if there is a person with a disability in a relationship, whether they be the perpetrator or the person dealing with an experience of violence, perhaps the system could favour that person remaining in the house that they are in and other people being moved out, and the police, especially, or other domestic violence

services having that as a normal response. For example, to be really boringly stereotypical, if you had a woman with disabilities who had a house modified for her, the auto assumption should be that she stays—

**Ms Millen:** Yes.

**THE CHAIR:** and that the other person has to go.

**Ms Millen:** Yes. That would be the most realistic in terms of a perpetrator. But it is also keeping in mind the trickier assumption that perhaps the carer or the guardian has been side by side with that person for all of their lives.

**THE CHAIR:** Yes, or for a very long period.

**Ms Millen:** It also becomes difficult in terms of a marital situation. Where do you go? But that is the—

**THE CHAIR:** Preferred assumption.

**Ms Millen:** We do favour that opinion that if the house is modified or if there is certain equipment in there for the person with disability needs, then they should have priority in that.

**THE CHAIR:** Also, if the person's disability is, for example, severe anxiety, their own environment might still be very important to them if they are to build a new existence. I guess what we are asking for is that, in decision-making processes, that gets given appropriate weight.

**Ms Millen:** Yes.

**THE CHAIR:** Obviously, if you have someone living in their parents' home, it is very hard to kick parents out of their own home—

**Ms Millen:** It is.

**THE CHAIR:** not to make light of it, but there are obviously circumstances where it will not be possible. But to favour that or to give it appropriate weight, I guess, is what you are asking for?

**Ms Millen:** Yes, I think so.

**THE CHAIR:** You say that New South Wales is doing better in a sense. Do you have any hopeful stories or positive suggestions?

**Ms Millen:** If I can offer a hopeful suggestion—with exclamation marks there—I think where New South Wales is doing well in terms of their legislation is in collaboration between bodies. That might be the Public Guardian or public advocate. It might be advocacy organisations with service providers. It might be working with family crisis intervention as well as mediation.

When it comes to liaising with law enforcement and also trying to understand what their training is around intervening with a person with disability facing a violent situation, I think the question has been: what training do they have to be able to intervene but also to offer appropriate supports? I suppose a hopeful suggestion is that I would like to see a little more discussion on this where women with disabilities and fellow organisations, such as Women with Disabilities ACT, are involved in more comprehensive talks to advise not only our politicians but also members of the community about what can be changed to be able to enhance discussion.

I tend to find that much of it is mainstream discussion. We talk about a picture but we do not identify the hidden arrangements, which are group homes. We do not consider the service providers. We just tend to take a drastic approach to those people. We tend to put them to the side and focus on the mainstream. One of the things we addressed in our submission was the lack of collection of data. That is one of the things that we are very much lacking in. It is data collection—

**THE CHAIR:** We have spoken about that a lot today.

**Ms Millen:** in congregate living because organisations like Advocacy for Inclusion cannot get in to record that sort of data. We do not know what sort of data there is. We only have our case study to rely upon. We only have stories that we record and we take down for purposes.

**THE CHAIR:** Yes. So having access to the data systems that are collecting the data for government to analyse would be really good.

**Ms Millen:** Yes, to be able to make an effective policy approach to family violence, the Family Violence Act as a whole, we need to be able to consider all areas where people live. It is living dwellings—where people choose to live and with whom. Often some people do not have a choice where they live, such as group homes. It is a case of, “Your disability seems to match this person’s disability; you will get along fine.” That is the type of approach. It does not necessarily work. It does not work and you are going to have clashes.

**THE CHAIR:** I think even when there is not violence there would be some people who work better in a group together than others.

**Ms Millen:** That is it. You also get the people that are coming out of the prison system. They are put into temporary homes with higher mental health issues. Then you have that clash. You have the vulnerabilities clash. But then to have enough people trained to be able to spot the issues takes a lot of in-depth discussion and collaboration. It also takes evidence: what people are we missing that we need to hone in on?

But making the assumption that everybody lives in a happy household but also faces violence is not the direction that Advocacy for Inclusion necessarily sees. We see the opposite. We hear the opposite. We hear the stories of people who say

that nobody listens. “I report it but it does not get taken further.” The support workers are often the people who get shunted off to another job to distance themselves. But what are the actual ramifications? In those sort of settings, it just tends to be—

**THE CHAIR:** It is a little like how, in our health system, we have a requirement for reporting. Do we want to legislate or suggest that the government consider legislating that these things must be taken seriously?

**Ms Millen:** There was a discussion from the Senate inquiry into institutional child abuse recently of mandatory reporting for people with disabilities. Advocacy for Inclusion released a policy statement in relation to that earlier that we should not mandate reporting because it is obvious: if you see something wrong, you report it to police. Whereas there is a view that perhaps a mandatory reporting mechanism in terms of quality and safeguards under NDIS might actually be an efficient way to be able to collect this data.

One of the things that I find interesting in relation to your question is, and I am thinking of the official visitor scheme: how can this be reshaped to be able to spot violence in these areas as well?

**THE CHAIR:** That is a very good suggestion.

**Ms Millen:** But also spotting those who are not reporting and a likely outcome in terms of institutional living, but that would be going a bit far.

In terms of mandatory reporting, I think there should be an established mechanism for service providers and also people—carers, guardians—or even the people themselves to be able to report against violence in these settings. However, when you get out into the public realm, that becomes a little more difficult, I suppose.

**THE CHAIR:** There are the training professionals who interact with people who may be living in different circumstances. There is also the openness of police and other organisations to take seriously concerns from the individual and not just the carer or the system. There is also training required for people in the professional realms but also presumably, if possible, in the community to know how to identify this and take it seriously.

I guess it is not that dissimilar to the discussions we are having about seniors to some extent. Seniors are often dependent in some way on a system or on another person and, as we get better at identifying and knowing what questions to ask and what to take seriously, and then knowing whom to go to, both law enforcement and also first responders in health or education will have a better understanding of whom to go to.

I think the benefit that I have picked up in my work is that Canberrans have a high interest in getting this stuff right. Many of our first responders, be they police or emergency services, are interested in knowing more in this area. I guess getting the training right is important. We were talking to Ms Salthouse in the last presentation

here about the training that can be provided. I guess that is part of it. For those people who have not lived with disability or have not closely known someone who has lived with disability or lived in different circumstances, it just will not occur to them.

I also hear what you are saying about mandatory reporting. I accept it is a bit of a blunt tool. It is almost like mandatory listening.

**Ms Millen:** Yes, it is.

**THE CHAIR:** If people are actually respectfully listening to what they are being told, they are often going to know if something matters or not. It is when they are not listening, I guess. That would be the frustration that lots of people come up against, that they are not properly listened to.

**Ms Millen:** I think that is one of the very problems we face when we consider people with disabilities who have communication barriers. There is often a connotation in the way we communicate. If you do not have experience with disability, people often are afraid to talk because they do not know whether or not they are going to be understood. These assumptions people make and—

**THE CHAIR:** If I am not mistaken—tell me if I am—one of the problems that we have, to an extent, is that we are not a very good listening culture; we are a very good making assumptions culture. Maybe humans the world over are, but we need to get to the point where we are actually trying to find out what the person is saying and why. I think our professionals on the front line would be very keen to know that.

**Ms Millen:** I think so. I think there need to be some more training and resources in terms of how to respond to disability, whom to talk to. The natural assumption is that you turn to the carer. You ask the carer the question; you ask the guardian the question—or the support worker, for that matter—and often the person with the disability is very capable of making their own decision and thinking for themselves. This is where we come in in terms of making the choice to report a violent incident. This is one of those occasions where we tend to make those assumptions that we just turn and get the assistance from the person who can communicate. That is the assumption.

**THE CHAIR:** I imagine that asking the right questions will be a very important part of that, open-ended questions which do not make an assertion of an outcome before the person has had a chance to speak and so on.

**Ms Millen:** That is it.

**THE CHAIR:** I think I have got that generally.

**MS LEE:** On page 7 of the submission you mention that it seems that some of the people who work in the disability sector are not efficiently or appropriately trained to recognise incidents of domestic violence by family or otherwise. Ms Salthouse

from Women with Disabilities ACT earlier gave evidence that it is important for people within the justice system to be trained in disability awareness. On the flip-side, would it be fair to say that it is important for people who work in the disability sector to be trained to recognise signs or symptoms of domestic and family violence, particularly as they are dealing with more vulnerable groups? We know from the stats there is more incidence of that.

**Ms Millen:** Yes, I would agree. I would agree with this, particularly when you consider that not only women but people with disabilities as a whole tend to be lumped into a minority group. When we attend training, we often attend a mainstream picture and then you get to the vulnerability, you get to the Aboriginals and Torres Strait Islanders, you get to the culturally linguistic community, you get to women. But what is often missed is disability and sometimes mental health. We often miss an entire group of people who can be worth communicating with. I think that is where—

**THE CHAIR:** We can improve?

**Ms Millen:** Yes, that is where we can improve. I think there need to be sections if you were to deliver training. I think one of the complaints that we have received back from some of our training has been that if you expand it too much it is going to become a two-day, three-day course, if you try to cover everything, and that has been some of the—

**THE CHAIR:** It is always a balancing act.

**Ms Millen:** Yes. That has been some of the things where people have gone, “Gosh, I cannot spare that time.” But how do we introduce into training vulnerability, communication methods? How do we talk to children when they give evidence? It is exactly the same conversation that we tie into how we talk to people with disability giving evidence. It can be used along a similar line into wide topics in terms of vulnerability. It is very difficult to do—and I have heard that it is very difficult to do—but at the same time we do need to tack onto that the resources and training even if it means a specialised self-interest for a day or a half.

**THE CHAIR:** I can say that I have learned a lot, for example, from working in the Liberal team with Nicole Lawder who has dealt with people with hearing disabilities. She has explained to us not to talk over people, to let them finish. It is very simple stuff in a way but someone has got to tell you, otherwise you will not know, unless you have got a direct experience. We can certainly look at options for suggesting to government that they get that information into any training that is delivered. I think most people are interested; they just do not know where to start.

**Ms Millen:** True. And in many of the issues that we face, disability still is one of the key issues. You have disability in Aboriginal and Torres Strait Islander issues massively. You have that in cultural difference. You have that in LGBTI communities. You have disability entwined. But yet it is never directly approached in terms of policy. It is always skirted around, until somebody actually mentions disability and says, “We are over here.” That is when people tend—

**THE CHAIR:** I think what Sue was getting at as well was that it tends to be too late—that is her view—when these things are being developed. Anyway, we are very glad to hear your views and your expansion of your submission. It has been really helpful.

**Ms Millen:** Thank you.

**THE CHAIR:** We will have to wind up now. I will just let you know that you will get a transcript of what has been said today and the way Hansard has written it down and, if you have got any changes or amendments that you suggest if they have misunderstood something, then please let us know through the secretary. And if there is anything that you have either taken on notice or you reflect on that you would like to add, then let us know that within two weeks.

On behalf of the committee, I would like to thank you, Ms Millen and Mr Lawler, for appearing today for Advocacy for Inclusion. It has been really helpful for us. Thank you very much. I now close the hearing. We will continue our hearing program for this inquiry on Tuesday, 27 March 2018.

**Ms Millen:** Thank you for having us.

**The committee adjourned at 12.30 pm.**