



**LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL
TERRITORY**

**STANDING COMMITTEE ON HEALTH, AGEING
AND COMMUNITY SERVICES**

(Reference: [Inquiry into Child and Youth Protection Services \(Part 2\)](#))

Members:

**MS B CODY (Chair)
MRS V DUNNE (Deputy Chair)
MS C LE COUTEUR**

TRANSCRIPT OF EVIDENCE

CANBERRA

TUESDAY, 28 JANUARY 2020

**Secretary to the committee:
Dr A Cullen (Ph: 620 50136)**

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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The Assembly has authorised the recording, broadcasting and re-broadcasting of these proceedings.

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Amended 20 May 2013

The committee met at 1.03 pm.

COX, MS ELIZABETH, Executive Manager, Executive Manager, Out of Home Care NSW & ACT, Barnardos Australia

BELL, MS MELISSA, General Manager Operations, ACT Together, Barnardos Australia

THE CHAIR: I declare open the first public hearing of the Standing Committee on Health, Ageing and Community Services inquiry into part 2 of a referral from the ACT Legislative Assembly. As it concerns part 2 of this inquiry, the Assembly has asked the committee to inquire into the ability to share information in the care and protection system, in accordance with the Children and Young People Act 2008, with a view to providing the maximum transparency and accountability so as to maintain community confidence in the ACT's care and protection system.

Before we proceed, I would like to take a moment to acknowledge that we meet on the lands of the Ngunnawal people, the traditional custodians. I pay my respects to elders past, present and emerging and acknowledge the continuing contribution of their culture to this city and this region.

Today, the committee will be hearing from representatives from Barnardos Australia, followed by Advocacy for Inclusion. After a short break, the committee will hear from Beryl Women Inc. On behalf of the committee, I would like to thank all witnesses for making time to appear today.

I also remind witnesses of the privileges, protections and obligations afforded by parliamentary privilege and draw your attention to the pink privilege statement. I believe you have received a copy of that statement, Ms Cox.

Ms Cox: Yes, I have.

THE CHAIR: Can we confirm for the record that you understand the privilege implications of the statement?

Ms Cox: Yes, I do.

Ms Bell: Yes, I do.

THE CHAIR: Proceedings are being recorded by Hansard and webstreamed and broadcast live. For this inquiry, to reinforce what the committee have discussed and agreed to, for all public hearings in this manner, witnesses are reminded to refrain from referring to information that may identify a child or a young person who is, or has been, the subject of a Childrens Court proceeding. As witnesses will be aware, any information that is disclosed to or obtained by a person under the Children and Young People Act 2008 is subject to a strict set of secrecy supervisions. The Assembly reference to the committee also requires that the committee take evidence and hold documents in ways that will not allow individual people to be identified without their express consent.

Before we proceed to questions from the committee, Ms Cox or Ms Bell, would you like to make an opening statement?

Ms Bell: Thank you for the opportunity to come and speak to you today; we are happy to appear to flesh out what we have put to you in our submission from Barnardos Australia and we are very keen to highlight a few areas where we think there could be improvements made in terms of information sharing in the best interests of children and young people. We will do our best to answer the questions that you have for us today.

THE CHAIR: Thank you. I am going to ask a relatively benign question to start with. I am going to address it to you, Ms Bell. Can you give us a bit more background on exactly the sorts of things that ACT Together do? I have a relatively good understanding of Barnardos, but I am not sure I have as good an understanding of your role within ACT Together.

Ms Bell: Certainly. The ACT Together consortium was implemented in 2016 following a period of work on a tender under the A step up for our kids out of home care reform. At the time, five agencies came together. They were: Barnardos Australia, as the lead; OzChild; the Australian Childhood Foundation; Premier Youthworks; and Relationships Australia. Barnardos Australia was contracted for the consortium to provide what is known under the reform as the continuum of care services. That is essentially across the out of home care spectrum, from kinship care to foster care through to residential care and step down and transition options for young people within a therapeutic system of care, supported by our partnership with ACF.

Essentially, we have spent the past four years implementing that within ACT Together. As you would know, we have lost two of our partner agencies along the way: Relationships Australia early on and Premier Youthworks about six months ago. Following that transition, Barnardos Australia has been delivering those services in the residential care space. Obviously, we work really closely with government in terms of this really substantial reform and implementation.

THE CHAIR: In the submission that was provided to the committee—and I would like to thank all those involved for pulling that together—there was a dot point that said:

We note also that the sharing of pertinent information between Community Services Directorate (CSD) caseworkers and our Children's Family Centre Canberra family support staff works well.

Can you give us a bit more information about what sorts of information sharing occurs there?

Ms Bell: I should preface that by saying that ACT Together is separate and distinct from the Barnardos children's family centre; I am not directly involved in the operations of the children's family centre. However, I do have a broad understanding of the work that they do. They receive referrals for families who are experiencing vulnerability and potentially might come into contact with the child protection system. Part of Barnardos' work broadly across our programs is to do whatever we can to

keep children safely with their families. That is what those programs are orientated to.

The information sharing in those instances would be, in my understanding, to promote the ability of our programs to work effectively with those families so that they know what the concerns are and what the goals of the intervention are and they work collaboratively with the family and with the statutory body towards effectively achieving those goals.

THE CHAIR: Would the same information sharing occur between ACT Together and CSD?

Ms Bell: What we have attempted to do in our submission is highlight the areas where the information sharing works well. Obviously, we do not work in the family support area, but where we have a client referred to us for placement, we expect that there is appropriate information sharing. In some instances that occurs quite well, particularly once we are operating where we have a case management responsibility for that client.

We certainly do experience some concern at the initial interface where a child is referred for placement on occasions where there is a lack of information made available to us. That means it is more difficult for us to be able to make the most appropriate placement decision match—what we call a match in our language—between a carer and a child. That is because in order to make the right match you need to know what the child’s needs are so you can find a carer who will be able to manage those needs. That includes managing risk where that presents itself with a child’s or young person’s behaviour or where it might affect other children who live in the carer home.

MRS DUNNE: I would like to dwell, if I could, on the negatives. You have highlighted where it works well. I think it might be in another submission, the Legal Aid submission—we will hear from them tomorrow—where they actually talk about there not being an environment or a culture of information sharing. Could you talk to us about where you see failings in information sharing and what does an organisation like Barnardos, in the context of their involvement in ACT Together, actually need in terms of information sharing?

Ms Bell: We need to know as much as we possibly can, within obviously the frameworks of the legislation, to be able to—

MRS DUNNE: Actually that is part of what we want you to—

MS LE COUTEUR: For us that is not necessarily a constraint, given our line of work—

Ms Bell: Yes, we need to be aware of that.

MS LE COUTEUR: You need to tell us what we should change.

MRS DUNNE: This is actually what we are trying to delve into. You are saying, “We need to know in the context of the legislation.” Is the legislation an impediment and how would you see that the legislation needs to change, whilst protecting the child, so

that it is less of or no longer an impediment to information sharing? How do you protect the child legislatively and create an environment where information sharing is natural?

Ms Bell: I suppose I would comment that sometimes my professional view, having worked in this jurisdiction and not in New South Wales, is that often the legislation is framed so that it contains information sharing more to protect adults than children, I would observe. I think that there are two examples here I would give that speak to what you are asking me.

I think one of them is: we talk here about the sharing of information in what is known as a CPA, a child protection assessment, that goes before the Childrens Court and how that is problematic for us if we do not have one early in our care of that child. It is the detailed information about what the child has experienced. It is very difficult for us to be able to understand how we can intervene therapeutically with a child if we do not have all that background information. That becomes complicated when there are issues about sensitive information about reports and also issues about the rights of parents to privacy about issues that they are struggling with in their life.

But certainly, from our perspective, that is pretty important information for us to have and often that we need to provide to carers who are trying to provide care in a way that is informed by an understanding of trauma. That is what A step up for our kids is about. At the end of the day it is asking us to understand what a child has experienced and to differentiate our response based on our understanding of that. If we do not know the details we cannot do it.

MRS DUNNE: One of the things that I have been told anecdotally is that there are informal information-sharing networks amongst foster carers who may pass on information informally about children that they have had in their care when they have moved on to somebody else, which is probably not appropriate. It almost certainly is inappropriate. But it seems to stem from desperation for foster carers to know something about the children that they are dealing with and that they have in their care. And they do not have enough information! We will all agree that that is probably unsatisfactory but it has been brought about by a sense of desperation, to some extent. How do we stop that happening and ensure that information is shared appropriately and avoid the situation where people feel the need to inappropriately share information?

Ms Bell: Unfortunately I have also heard a few examples of that happening. Yes, it is not appropriate and we want to try to address it.

The other example I was going to give goes to that matter as well, which is the issue of health information sharing to carers. As the chair of the care and wellbeing subcommittee, I can speak to the frustrations that carers experience in trying to access, what I would consider appropriately, information relating to the health and wellbeing of the child that they are trying to care for. And it expresses itself in lots of different ways. Part of it is a clash of legislation between child protection and Health. Part of it is about culture. Part of it is a lack of understanding—probably mutual understanding—between different areas of the sector about what information a carer needs to be able to provide the best possible care.

MRS DUNNE: Could we break that down a little? You talked about three things. One was a clash of legislation between Health and CYPS. Could you elaborate on that to some extent?

Ms Bell: I would not pretend to be an expert on health legislation. But, having said that, I have been in many conversations with people at a senior level in Health and people from the care and protection side of things and it seems to be that there are always issues around to whom health professionals can release information and whether a carer has the appropriate authority to be the person to whom information is released. Then it becomes a chain of passing information on potentially, which is not necessarily the best way for information to be shared when there is medical information—

MRS DUNNE: It could come indirectly from Health to CYPS to you, then on to the carers. It is a circuitous route when it really should be cutting to the chase?

Ms Bell: That is right. I would suggest that going through three hands, when it is medical information, is not ideal. In those meetings I think there are lots of good intentions but somehow it gets bogged down and complicated in the frameworks that operate.

MRS DUNNE: Would that result possibly in delays in treatment for children in care who may have comorbidities? In addition to being in care and being children with trauma, they may have underlying chronic health conditions which are not going to help their recovery from trauma if those underlying conditions are not addressed. Can you quantify the extent to which failure to pass on health information in a timely way impacts on the therapeutic assistance given to children in care?

Ms Bell: I do not have reason to believe that it impacts on a child getting treatment when they need it because obviously the medical professionals will act accordingly. I think what it does is that, even if a carer ultimately does receive the information that they need, there is a frustration around that and it undermines their confidence, I think, in their role as a carer. It becomes quite convoluted for them.

When you ask me to quantify it, I cannot quantify it in terms of how often it happens. But in terms of quantifying carers' frustration levels about this, they are extremely high. The carer wellbeing committee has commissioned me as its chair to now formally express to the joint governance group of A step up their concerns about this issue. We are four years into the reform and they do not see the kind of change in that area around information sharing that they believe they need to do their job properly.

MS LE COUTEUR: Could you help me with some context—obviously no names—about what sort of information is not being shared. If someone is on ongoing medication, presumably that would have to be shared, because the carer is going to have to administer it. I am just trying to get a feel for what you are actually talking about. I know you know what you are talking about, but I do not.

Ms Bell: A good example that I hear about often is about the discharge of newborn infants from hospital and the lack of provision of a good discharge summary to the

carer that sets out in terms that a layperson can understand what the child has experienced in utero. Obviously, we work with a lot of newborns who have had exposure in utero to drug use, for example. This is critical information for a carer to know, because if this has not already come up prior to the child's discharge, they need to be alert to signs of withdrawal for that child so that they can seek the appropriate intervention. I hear a lot about those kinds of things. There is historical information about medical treatments that a child received in the past, before they came to that carer, so that they can then give a good narrative to another treating physician later on about what the child has experienced.

MS LE COUTEUR: On what you were saying about the birth discharge summary, is it that they write something which would make sense if you had been further involved and you knew what they were talking about, or are they writing some specific version for your carers that removes information?

Ms Bell: No. They do a medical discharge summary that could be provided to a community-based medical provider, for example. But if you were a parent who was leaving the hospital with your child who had medical needs, you would have a conversation where they would explain, in laymen's terms, that this is what has happened and this is what you need to do in response. That is often lacking when it comes to carers, because that is not recognised as part of their role.

MS LE COUTEUR: So in that instance, they get the information but they do not get the five-minute to half-hour explanation that "You are now the person responsible for caring for this baby with X, and X means this."

Ms Bell: Yes. One of our experienced carers who cares for a lot of newborns has become a bit of an expert at deciphering those discharge summaries and the medical terms because she has done it so many times and she now knows it from having had enough interface with the medical system.

MRS DUNNE: It is aimed at MACH nurses rather than someone who is taking somebody into care?

Ms Bell: Yes, that is right.

THE CHAIR: Is that because of the provisions around sharing information, or is it around them not being sure who the carer might be who is taking the said child at that time and medical staff not possibly being across the parameters of how newborns may end up in an out of home care situation? Do they play a role in this lack of—

Ms Bell: It is a combination of all of that, I think. There is a lack of understanding of the role of the carer and there is legislation around who can have medical information, which is a parent, essentially, not a carer, necessarily. It is an interface of all of those things, I suspect.

MS LE COUTEUR: You work in New South Wales as well. Is New South Wales better, worse, different?

Ms Bell: That is a question that Liz would be well placed to answer. I have not been

in New South Wales for a few years now; Liz would be well placed to answer that.

THE CHAIR: Ms Cox, did you hear Ms Le Couteur's question there?

Ms Cox: Yes, I did. My experience has been that it is probably less of an issue in New South Wales. We have been operating in New South Wales for a very long time. I am just acknowledging that; the ability to build relationships and have that understanding of what our organisation does in the community obviously makes a significant difference.

There are very few cases that come to my attention where we are unable to get the information we require and where we are not able to pass that on to the carers. Again, as in the ACT, it is absolutely imperative for us to be able to provide a carer with the right information, the personal information, about a child or young person so that they can provide the best possible care. I cannot even recall the last time it came to my attention that we could not get hold of that information. Sometimes it will come directly from NSW Health, or it will come via the department of community services.

MS LE COUTEUR: Was that in New South Wales?

Ms Cox: Yes, it was New South Wales.

MS LE COUTEUR: You said you cannot recall the last time. You would not have made that statement for the ACT, I take it.

Ms Cox: I have less on-the-ground experience in the ACT, but certainly from what Melissa has been able to tell me, no, it is not. I do not hear the same information in New South Wales.

MRS DUNNE: I have another question about the access to medical information. When young people are in residential care, like that previously provided by Premier and now provided directly by Barnardos, is it still problematic about health information for those children?

Ms Bell: I do not hear that as a frequently occurring problem, no. That is not something that has come to my attention in the same, kind of way.

MRS DUNNE: Last year, my colleague Mrs Kikkert asked questions about what I think are called, health passports. There has been a government commitment to providing everyone in care with a health passport. Do you see health passports? If you do, are they adequate? I mean, you could have a health passport but not have much in it, or you could have something which gives a detailed and useful amount of information. Do you see health passports on a regular basis? From your observation point, what portion of children, in care now have a health passport? And how useful is the information in a health passport?

Ms Bell: I am afraid I could not comment specifically on proportion. But certainly, new entry children and young people should be receiving a health passport.

MRS DUNNE: But are they?

Ms Bell: I believe so. It is certainly not a concern that has been raised to me as chair of the care and wellbeing subcommittee that carers are concerned that they do not have that information. I am not so sure about some of the children and young people who have been in care for a long time, though, whether retrospectively that is as complete. And no, I have not heard a concern about the nature of the information contained within those health passports either.

MRS DUNNE: So when they exist they are reasonably comprehensive?

Ms Bell: Yes, I have not heard a concern raised to me that they are not. Outside of that, it is not something that, when we were doing our consultation around the key issues for us with our practitioners, came up as a concern.

MRS DUNNE: I have a specific question about the submission, just for some clarity. In paragraph 4 on page 5, you talk about kinship finding. I am not entirely sure I understand what the terminology means. Sharing information “around kinship finding when children are in short-term care”: what do you mean by kinship finding?

Ms Bell: The priority under the strategy is for children to be placed with kinship carers when they can safely be placed there, because they are family, obviously, and that is preferred under the strategy and in the best interests of children. When CYPS believes that they do not have an appropriate kinship placement, they then make a referral to ACT Together, and ACT Together will source an appropriate placement, in foster care generally.

However, whilst a child is in that crisis or short-term or concurrent foster care arrangement, our expectation is still that CYPS are using part of that time to be searching for an appropriate alternative placement in kinship care, noting that, at the time the child is removed, not necessarily everything is known about who is in the family. There may be some what we call family finding work that needs to go on and then some preliminary assessment about people’s willingness and ability to provide care to that child. We find it difficult to get a clear picture from our colleagues about what they are doing and whether they have been able to successfully either exclude or include potential family members for the purpose of kinship care. And we believe that it is a shared obligation between all of us in the system to ensure that that work is done in a timely way and thoroughly. So that is important.

MRS DUNNE: That is the responsibility of CYPS, not you?

Ms Bell: That is right. At that point in the process it is.

MRS DUNNE: Just to clarify, if a child ended up in a kinship arrangement, they would not be your client? They would be—

Ms Bell: Not whilst they are on short-term orders. However, if the child should then become subject to a long-term Childrens Court order, that child and their carer are referred to ACT Together for case management.

MRS DUNNE: Even if they are in kinship care?

Ms Bell: Even then, yes.

THE CHAIR: What would you consider short term versus longer term? Is short term 12 months, two years, five years, a few weeks? What is your definition for short term?

Ms Bell: When a child secures an order until 18 years for a kinship care arrangement, that child and the family are referred for case management to ACT Together.

THE CHAIR: Until that point it is considered a short-term order?

Ms Bell: Yes, because generally those short-term orders are for the purpose of achieving the restoration to the child's parents.

THE CHAIR: I have a quick question about part 5 of your submission, child concern reports. You talk a lot in there about the fact that for ACT Together it is difficult for you to ascertain whether the child concern reports are being provided consistently. Can you expand a little on that? I think we are all a bit interested in this particular part of your submission.

Ms Bell: I think this is a case of we do not know what we do not know, really. We would have an anticipation and an expectation, for a range of reasons, that we should be made aware when there is a child concern report pertaining to a child who is under our care and control. We do not have full visibility about whether that is consistently happening. I suppose that for us it is about understanding that we have obligations to the child and also potentially obligations under the reportable conduct scheme that we need to exercise, and we need reassurance from CYPS that there are systems in place to ensure that that information is shared in a systematic kind of way.

THE CHAIR: I do not mean to put words in your mouth; I am just trying to get across it in my head. You are saying that there are times where (a) you do not know whether CYPS even has child concern reports and (b) they are not always passed on to ACT Together. Is that correct?

Ms Bell: Yes. Sometimes we find, later on after the fact, that something was not shared in a prompt way. It comes out via a further report, say, that ACT Together might need to make in respect of a child. So we have enough reason to believe that there are gaps in that information sharing.

THE CHAIR: Thank you, Ms Bell, and thank you so much for joining us on the phone, Ms Cox. When available, a proof transcript will be forwarded to witnesses to provide an opportunity to check the transcript and suggest any corrections if required. On behalf of the committee, I again thank you both for appearing today and for your submission to the inquiry.

MILLEN, MS BONNIE, Senior Policy Advisor, Advocacy for Inclusion
BOETTCHER, MS JAMELLE, Senior Advocate, Advocacy for Inclusion

THE CHAIR: On behalf of the committee, thank you both for appearing today. Can I remind witnesses of the protections and obligations afforded by parliamentary privilege and draw your attention to the pink privilege statement on the table. Can you confirm for the record that you understand the privilege implications of the statement please.

Ms Millen: I do.

Ms Boettcher: I do.

THE CHAIR: Can I also remind witnesses that all proceedings are being recorded by Hansard for transcription purposes and are being webstreamed and broadcast live.

For this inquiry I am mindful of telling witnesses appearing today what you may already know. However, for the purposes of the inquiry and the public hearing, can I also remind witnesses to refrain from referring to information that may identify a child or young person who has been or is currently the subject of a Childrens Court proceeding. As witnesses will be aware, any information that is disclosed to or obtained by a person under the Children and Young People Act 2008 is subject to a strict set of secrecy provisions. The Assembly reference to the committee also specifically requires that the committee take evidence and hold documents in a way that will not allow for individual people to be identified without their express consent.

Before we proceed to questions from the committee, Ms Millen or Ms Boettcher, do you have an opening statement you would like to make?

Ms Millen: No statement today.

THE CHAIR: Ms Millen, in your submission you talk about parts of a discussion paper from the Community Services Directorate, in particular, the child protection system attempts to make decisions in the context of shared decision-making where possible, and you talk about amending that. Can you give us a bit more background on why you believe it needs to be amended and how you believe it needs to be amended to reflect better provisions for sharing?

Ms Millen: We strongly believe that all people with disability should have the opportunity for supported decision-making capacity. Currently our system is very much reliant on substitute decision-making, what is best for the person in regard to their decision. And we see elements of that quite a fair bit in the child protection system where the parent with disability is not often involved in their decision-making or involved in the conversation regarding their family matters or their children. It is not a matter of perhaps amending but perhaps making it recognise that parents with disability also need to be involved in their own process.

That is very much our provision when it comes to justice as a whole—for guardianship matters, for justice matters, for health matters—to have a more engaged,

supported, decision-making framework. That explains very much what I mean about informed decision-making. It has been popping up a fair bit and is among the recommendations but we do not see a lot of action in regard to that being perhaps filtered through our system. We talk about it but we do not exactly demonstrate to people with disabilities or those who are vulnerable that they are able to be involved in their own process because everybody wants the process to be fast but they do not necessarily want to put in the tools involved for people to be able to put their own decision-making in place.

THE CHAIR: Please correct me if I am putting words in your mouth here, but are you referring to both parents whose children are moving into a different care arrangement that is not necessarily with the parent, as well as maybe children who need additional support and having them given an advocate, for want of a better term?

Ms Millen: Really broadly, both. Advocacy for Inclusion, in Jamelle's role, advocates highly for parents with disability where their children can be potentially removed or have been removed, and having that middleman to be able to communicate between the parent and child protection. That can be also extended to the child, if the child over a reasonable age would like some advocacy to be able to support them. So it depends on a case-by-case basis. But we refer more to parents with disability, both mothers and fathers who are engaging in child protection.

THE CHAIR: Do you get a lot of information brought to your attention where that is just not happening at all and maybe parents are not understanding what is going on?

Ms Millen: Yes. That is something that Jamelle can possibly answer as well. My response there is that something that we see very regularly, on a regular basis, is that if the parents are not being given the opportunity often they approach AFI, the Advocacy for Inclusion acronym. They often approach us if they require advocacy in the middle or late in the process or if we can catch them early, at the start. But that is more something Jamelle can respond to.

THE CHAIR: Did you want to expand on some of that?

Ms Boettcher: Yes. I suppose we have noted that advocacy at the beginning does make a big difference to the whole process and parents' understanding of what the issues are, what the concerns might be, to be able to get a better relationship there with care and protection as well if we are in at the beginning, which I think makes a really big difference to the whole process. It probably gives care and protection a bit of an understanding of the parent's disability and capabilities, the understanding of what might be the issues associated with their disability, rather than coming in with the attitude that they are willing and not able to parent.

We are often brought in after the 18-year-olds' orders have been made. Then a lot of work is done in trying to maintain that parent-child relationship. Especially when contact is down to four times a year it is really hard for the parents to sustain that relationship.

THE CHAIR: And that is because the provisions in the act do not allow for that advocacy or it just does not happen because it just does not happen?

Ms Boettcher: It does not happen. We are getting more referrals from care and protection recently, in the past couple of years. I think that has made a big difference. People are becoming aware that advocacy services are there to support them through this process, I think it is making a bit of difference as well, yes.

THE CHAIR: The act itself allows for the interaction of an advocate. It is not undertaken as often as it could be?

Ms Boettcher: It depends on the care and protection worker as well. I will say that. We have had care and protection workers who have put barriers up and they have made the process a lot more difficult than it needed to be.

MRS DUNNE: Your submission dwells on two somewhat discrete issues. There is the issue of the propensity of people with disabilities to be presumed to be unable to parent, even with support, which is not really part of this inquiry, although it is a very important point. I would like to dwell on it for a while, and you touched on it a bit then, Ms Boettcher, in that, to some extent, there would be care and protection workers who would presume that a parent with disabilities cannot parent and therefore busily go about acting in a way that presumably they see as being in the best interests of the child, providing stable parenting for a child, but in that process breaking down the relationship between the child and their parent. How often would you be called in to advocate in this space, and how often do you miss out on advocating until all the decisions are made?

Ms Boettcher: I think that once the 18-year orders have been made, the majority of our cases fall into that category. Is that what you are asking?

MRS DUNNE: Yes, it is. And I want to go onto another thing, and it was actually your submission that I was thinking about, where you talk about the culture of sharing information. You talk about the findings of the Glanfield inquiry and say that there needs to be more alleged authority to share information but that that will not do it by itself; there has to be a propensity. Apart from changing the legislation, how do you change the mindset in an organisation that has always said, “We cannot tell you that because ... ?” How do you change that?

Ms Boettcher: It is building up a relationship with the caseworker from care and protection and providing them with a bit more insight into what Advocacy is about, about what our role is and what is the goal that the client is hoping to achieve. It does then come down to care and protection, whether they are willing to work with the advocate or not.

MRS DUNNE: Do you see that lack of openness to information in your role as advocates for a particular class of parents, for the most part? Is it parents? Would you mostly be acting on behalf of parents with a disability who are trying to maintain some connection as parents, or would you, from time to time, be acting on behalf of children with a disability?

Ms Boettcher: We do not often get called to advocate for children with disabilities if they are in the system. There have been times when we have been told they have an

independent children’s lawyer that will be advocating for them. Then we ask how often they meet with the child and whether they are actually listening to find what the child’s wishes are. Sometimes we do not think that is the case.

Ms Millen: Mrs Dunne, I just want to respond with regard to our submission not quite fitting the inquiry due to an assumption. I will say that the information-sharing aspect of what we see at Advocacy for Inclusion very much fits with the presumption. There have often been times where caseworkers would not involve the advocate until midway through or would leave them out of key correspondence, leaving the advocate to call to catch up or needing to have a sort of leg up in the process. For the change to happen, that also has to happen within, for the information sharing, to allow that.

There is no support network for parents with disabilities. There is no community support; there are no communities or any groups other than the Red Cross program for parents with disability. But that is also at a level where we do not see that we can recommend to them any way that they can learn to parent, especially at the birth level or even at the level of a young child. There is no really systematic way that you could engage parents with disability to be able to receive the supports that they need. That is a barrier that we come up against.

But as to a presumption of people with disabilities not being able to parent and the system in regard to changing legislation to fit a more decision-making capacity, fits very much in the inquiry, because it is very much different.

MRS DUNNE: I see the point, yes.

THE CHAIR: You may have just answered part of what I was about to raise, Ms Boettcher. You mentioned that it is about building a relationship with the caseworker to include advocates. Surely there is a better way. Ms Millen, you have just covered that off a bit more.

MS LE COUTEUR: Can I just clarify something. At the top of page 2, you talk about “parents with intellectual or mental health/psychosocial disabilities”. Is this total non-inclusion issue and removal of kids largely for parents with that sort of disability? If it is a parent who has a more significant physical disability—clearly you would have blind parents—are they treated the same?

Ms Boettcher: In supporting parents who have high physical support needs, the assumption also was that they had to rely on supports and therefore were not able to provide their child with all their care needs. A lot of discussions were had with care and protection explaining what the supports look like for the parents. Then they were pretty much happy with the way that things had been arranged. There was a lot of focus on their physical disability rather than what they can do for their child. The workers also raised concerns with care and protection. They have this trust with their workers, but meanwhile the workers are reporting to care and protection with concerns regarding their physical disability and their parenting where there were no concerns found by care and protection.

MS LE COUTEUR: Is this something that NDIS gets involved in at all? NDIS is meant to be providing supports for normal life. If you are a parent and you wish to

continue to be an active parent, does NDIS help you or do they figure that this is not appropriate?

Ms Boettcher: With the NDIS, I find it is case by case, depending on who might be the planning manager and what their support needs might be. It is an open-ended discussion really. With the parents that I was referring to before, I know that the NDIS plan is really tailored around their parenting and how to support them in that space. But we have noticed, too, that there are a lot of gaps in finding the right sort of supports for parents with disability to learn, for education. There is not really much out there specifically tailored for parents with disabilities.

Ms Millen: There is a kind of catch 22 with the NDIS. Not all parents with disability are eligible for NDIS, particularly those with psychosocial disability. And if you have a package of funding to support you with your parenting but there is nothing out there, how do you use the funds? It is one of those tricky situations. If there is nothing out there that suits your needs and your support requirements, how can you spend the money? It becomes something that often needs to be sourced. But even though programs are not accessible at times—in terms of accessible formats, easy or plain English, or supporting people to go to those programs—it is very difficult to determine the reliance on the NDIS if you cannot spend funds in the community. It is quite difficult.

Ms Boettcher: Yes.

MS LE COUTEUR: We are getting a bit out of scope in terms of this information exchange, but is this information that the ACT care and protection people look at in making any assessments?

Ms Boettcher: We have done a bit of work in that space as well. It is also about educating care and protection about what the NDIS is, educating care and protection about what NDIS can do.

MS LE COUTEUR: And is it around also enabling information sharing between care and protection and the NDIS? Presumably, care and protection has to be assured that NDIS are putting their hands up and saying, “Yes, we will continue to do whatever.” Is that something that can happen or is there not a relationship between those two at all? Is it another problem that you have the parent saying “Yes, it is okay; NDIS will do whatever,” but care and protection have no way of being confident about that apart from the parent just saying it?

Ms Millen: I would like to think it is possible. However, there are a lot of interface gaps with the NDIS in dealing with health matters, dealing with education matters, dealing with justice matters. And there is the commonwealth versus states and territories, not speaking to each other about getting those elements right, about supporting people.

It will be great to see that the NDIS will talk to child protection. I think that in certain parts that could be working. However, we do not necessarily see that now. The involvement that Jamelle is speaking about with child protection has been around redoing their guidelines. They have a booklet that explains what child protection is

and how you go through the process. However, an example of accessibility is that that document is not accessible. Even I, as somebody who can read a document, find that document head spacey to look at because it is not exactly clear on the process. If I was to go through the process as a parent, would I understand it?

That is something that we have raised. If you were to have more parents understand that it is a 14-day period for certain documents or something, or if they need extra time to use the process, they can. The advocates are often the ones to have to stopgap those areas and work from that. I know, as well, that you have argued in the Assembly for better data for parents with disability.

MS LE COUTEUR: I have, yes.

Ms Millen: We applaud that. We do understand that. For parents with disability, coming from Advocacy for Inclusion, we do not exactly know how big the problem is out in the community: how many other people we are not approaching, how many other people are going through the system. But we also think that it is quite logical for the inquiry to consider data collection about parents with disabilities—cultural, linguistic, Aboriginals and Torres Strait Islanders, and all these different pockets of groups—and really understand what the root of the problem is. Do you want to add anything?

Ms Boettcher: I would just add to that that a couple of care and protection workers have attended NDIS planning meetings and have provided really supportive letters to get support.

MS LE COUTEUR: Good.

Ms Boettcher: There are good CYPS workers out there. I just wanted to add that, too.

THE CHAIR: Thank you very much for appearing today. When available, a proof transcript will be forward to you to provide an opportunity to check the transcript and suggest any corrections, should they be required.

Hearing suspended from 2.00 to 3.01 pm.

MARTIN, MS ROBYN, Manager, Beryl Women Incorporated
HAYDEN, MS LINDA, Domestic Violence Specialist, Support Worker, Beryl Women Incorporated

THE CHAIR: Good afternoon. On behalf of the committee, I thank you both for appearing today. I remind witnesses of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement. Could you confirm that you have read and understand the privilege implications of the statement?

Ms Martin: Yes, I have read it.

Ms Hayden: Yes, I have read it.

THE CHAIR: Thank you. I am mindful of telling witnesses appearing today what they already know. However, for the purposes of the inquiry and public hearing, I remind witnesses to refrain from referring to information that may identify a child or young person who has been or is the subject of a Childrens Court proceeding. As witnesses will be aware, any information that is disclosed to or obtained by a person under the Children and Young People Act 2008 is subject to a strict set of secrecy provisions. The Assembly also specifically requires that the committee take evidence and hold documents in ways that will not allow for individual people to be identified without their express consent.

Do you have any opening comments that you would like to make?

Ms Martin: I do, yes.

THE CHAIR: Thank you, Ms Martin.

Ms Martin: Before I start, I would like to acknowledge the Ngunnawal people, on behalf of both of us, as the traditional custodians of the land which we live and work on. We pay our respects to their elders, past, present and future, for they hold the memories, the traditions, the culture and the hopes of Aboriginal Australia. We remember that the land we live and work on was and always will be traditional Aboriginal land. We would also like to acknowledge the effects of forced removal of Aboriginal and Torres Strait Islander children from their families.

Thank you for the opportunity to speak and give a verbal submission. Beryl Women Inc is the oldest domestic violence refuge in Australia. We have been operating since 1975. We provide specialist expert services and support for women and children escaping DV. For over 44 years we have been working towards the elimination of domestic violence and we are proud that we retain a feminist focus on cultural diversity and inclusive employment practices and service delivery.

Beryl has extensive experience of working with women from diverse backgrounds. Over the years we have had many dealings with the child protection system, particularly in relation to Aboriginal families and more recently with the Our Booris, Our Way review, which recently handed its findings to the Aboriginal affairs minister,

Rachel Stephen-Smith.

What we know is that Aboriginal and Torres Strait Islander children are over-represented across the child protection system. Our own experiences also support that. Systemic unconscious bias seems to play a part when CYPS are working with Aboriginal and Torres Strait Islander families. Decisions are made without the family or the client involved. Women are held accountable for men's violence, even though she has no control over his behaviour. She is revictimised by the system, and her children are removed as a result. In our experience, sharing relevant information that would be in the best interest of the child, the mother or the family is based on what CYPS determines is in the best interests of the child, with no or little consultation with the family or the support service who may be supporting that family.

Services like Beryl have built trusting relationships with women and their children and families and are working within a trauma informed and trauma aware framework. If Beryl were considered professional in this space, we could be involved when planning and decisions are taking place for the best outcomes for the women and the children. Services supporting those families are not informed, are generally not seen as professionals and are often dismissed when we have valuable information about the family that could potentially have influenced a decision.

We know that the child protection system is an adversarial system, with families and services working within a system that is difficult to navigate and working from a position of limited information, as families and services are not consulted on decisions being made that have long-lasting impacts on the child and its family, both immediate and extended.

THE CHAIR: Thank you for coming along and having a chat with us today; we really appreciate it. It is interesting to gain insight.

As you have stated in your opening statement, Beryl Inc has been assisting women escaping domestic violence. As a broader concept question, how do you find the interaction in assisting women in that sphere as well as dealing with CYPS? I personally have had some experience. I would like to hear some of your experiences about how you find that cross-section, the interaction and the information-sharing process for those things, personally.

Ms Martin: Our experience has been that information sharing between CYPS and our service is limited. What we also know and have seen from our experience is that the information that they are providing to clients in the service is limited as well. Decisions are being made in the background. Women are not being consulted around what is best for their child or children. We are trying to advocate and be a go-between between the client and CYPS but we are not being able to access that information either, or the supports. That is my experience.

MRS DUNNE: Could I drill into that a little. Your opening statement was that Aboriginal and Torres Strait Islander women who are victims of domestic violence are often re-victimised by losing their children. For your client group, is there a significantly different outcome for Aboriginal and Torres Strait Islander women than for other women?

Ms Martin: Absolutely.

MRS DUNNE: Can you quantify that?

Ms Martin: If you have not read or are not aware of the Our Booris, Our Way review—and I was a part of that steering committee—some of the findings in that are also true about our experiences with women. Women are treated differently because of the colour of their skin. There have been situations where decisions have been made differently around the children of non-Aboriginal women. They have been treated differently. We might have a white woman here and a black woman here, both of them escaping DV, both of them involved with the child protection system. What is happening for this black woman is completely different to what is happening for the white woman. I am sorry to use that language, but that is as blunt as I can make it.

MRS DUNNE: What do you think are the factors that cause, in your words, Aboriginal and Torres Strait Islander women to be more likely to be re-victimised in this process?

Ms Martin: I put it down to the old stereotypes: we are not capable of looking after our children; we are not educated; we might have drug and alcohol in our history; we might have mental health problems. What I know about the child protection system is that, if you are black and you are escaping DV, you might have a history around mental health or someone in your family might have a history around mental health, you might have an existing drug and alcohol or a pre-drug and alcohol issue: all those things count for decisions that are being made around whether your child will remain in your care or whether CYPS will take the child away.

MRS DUNNE: Even the step of escaping a violent household by going to a shelter like Beryl would not be seen in a positive light of actually taking steps to take these children out of a violent household?

Ms Martin: No, no.

Ms Hayden: It can be seen as a positive light. I think leaving the relationship is seen as that. But if you get vexatious notifications made to child protection and they end up coming in to do an appraisal, then the perimeters around that—because of the level of family disfunction—mean that often our Koori families will come in and there is a lot of family disfunction in their own families as well. And there are a lot of other things going on. They are not seen as having good supports in the community, in the wider community. There are often past relationships with child protection. That is all considered. If in the past you have got kids in care, you have got drug and alcohol issues, you have got mental health issues, you are Aboriginal and you have got DV, you are not in a very good way.

MRS DUNNE: What you are saying is that they look at a whole lot of history but do not necessarily weigh that against the here and now?

Ms Martin: Absolutely. There is no thinking about a woman may have this history from five years ago or six years ago. There is no forward thinking about someone

actually making changes to their lives. That history follows them all the way through and decisions are based on that history, not necessarily around how she is living her life right now.

MS LE COUTEUR: Given that theoretically this hearing is meant to be about information sharing rather than the huge picture, do you think that there is a need for greater information sharing for your clients, for Indigenous kids and their families? Clearly I get the impression that you want more information sharing. But is it a specific need for your clients, do you think, or all clients, which is what I would have tended to think?

Ms Martin: I think it is for all clients regardless of whether they are Aboriginal or not. I think women are treated differently. It is like there is this secret business that is happening behind closed doors. And CYPS has the key to all that. We understand that there are legislative requirements that they need to abide by. But there are things that have lasting impacts on women and their children that could be shared. Some of those decisions that they are making could be done in a more consultative way.

They need to bring families with them if they are making decisions around whether they are going to remove children or whether they are going to put other supports in place. Families are not consulted around what those things look like. You either follow what they are saying they want you to do or there are consequences for that. And if you argue and try to advocate for yourself there are consequences for that as well.

I think it is vital that the information that they hold absolutely needs to be shared, not just with the families that they are involved with but also with the services that are supporting those families. There are things that have happened. Our experiences have been that in the past they have taken emergency action. They have removed a child. We have had clients where mum has not had a clue about what is going on and we have been involved with families for sometimes up to 12 months because they have been in our service for that long.

We know a lot about them. We are providing support to them, advocating with various services on their behalf. If we were a point of contact at some point in the system, some of those decisions could have been different and more holistic support given to the family.

MS LE COUTEUR: Do you get involved with any clients from New South Wales or are you purely ACT?

Ms Martin: It depends if they are living in the ACT.

MS LE COUTEUR: The reason that I asked that is if you see a difference between the two jurisdictions as far as information and these issues go?

Ms Martin: I personally have not had anything to do with the New South Wales system.

Ms Hayden: It is much harder for us because we do not have the contacts in the New

South Wales system in trying to track people in DOCS, which we do. We have also had dealings with Queensland community services, I think they are called up there. It is something else I think. We will deal with wherever and whatever the woman is dealing with. We will try to support her through the processes. That is what we do. It does not matter whether they are from Queensland, Western Australia. We will be working with them. Often we have women with kids who are in two, three different states.

MS LE COUTEUR: And Queanbeyan is very close to Canberra.

Ms Hayden: Yes. The bit that I would say around the sharing of information is that I think that it would be prudent for child protection to consider who the family's main supports are and actually to engage them in the process.

But there is also another thing for me which is concerning, and that is that they do not really understand domestic violence. As soon as you get into the Childrens Court potentially the perpetrator of the violence against the woman that we are supporting is brought into that process. That information sharing can be really complicated because it then also can put the woman at risk again. There is a level of information sharing that can happen in court documents that is not always protecting the woman's safety, which may also be the child's safety, depending on where they are.

MRS DUNNE: What sorts of things would you be talking about here? Is that about providing, inadvertently, information about where they might be residing or—

Ms Hayden: Yes, potentially that. We have had to get addresses out of court documents because they have been in affidavits, because affidavits do not like you not having an address. There is that. But there is also information because you are responding to an affidavit. And if there is an affidavit from child protection that might have vexatious allegations in it or things that are not proven yet, but they are written, and that is going to the other party, that also has the potential to escalate the violence for our client.

MRS DUNNE: Beryl is a long-standing organisation. In your experience, has the way that Beryl, as a provider of services relating to domestic violence, is consulted about individual cases got better or worse? Has there been an improvement or is it the same or has it got worse over the years?

Ms Martin: I think it is pretty much the same. I think what it depends on is the caseworker and whom you are actually dealing with because they do not all work the same way. There are some who are really rigid in the way that they work and some who are a bit more flexible. Those ones who are flexible and are more engaging with us are few and far between. But we have better outcomes when we are working with people like that who are employed within CYPS. I do not think our experience has changed over the years. I think it is about the individual workers that we are working with.

Ms Hayden: And we are fairly pragmatic. We do not just let things slide. Once we know CYPS is in the system we try to engage them. But when decisions happen in the child's best interest without consultation with us—not even having been asked, “Do

you think this is a way to get this family to move forward?”—when that happens over there without us, then it is like, “Why didn’t you talk to us?” If you want to do access on a day where no-one does access, why don’t you talk to us? Maybe we can facilitate a process so that it works for all. It might be helpful if you talk to us.

THE CHAIR: Earlier, you were talking particularly in relation to Aboriginal and Torres Strait Islander women. We heard from Barnardos Australia earlier this afternoon. In their submission, they talk about kinship arrangements, kin finding, they are calling it. They say that they often have no idea about the information sharing about whether all the processes have been met for kinship arrangements and are in place. You touched on a bit of that, understanding the dysfunction of a family. Do you find that the information sharing around kinship arrangements is a bit lacklustre?

Ms Hayden: I am going to make a comment here. The definition of kinship is across the board, with any family relationship that I have, as Aboriginal, white or non-English speaking background. It does not matter if it is the mother-in-law and I am an Aboriginal mum; that is still considered to be a kinship placement.

What we know with kinship is that the mother-in-law who is not Aboriginal is more likely to get the care of the child than any person who is biologically Aboriginal in my family, because there will be things that are picked up in their processes that will make them ineligible to be a kinship carer. That could be a marijuana charge for one gram of marijuana, which happened seven years ago. It is an automatic “You are not a suitable kinship carer.”

Getting anything through that process and understanding that process are different things. With emergency actions, with kids taken and kids put in places, there is no checking out if there is a family member who might be suitable. Women are asked to make decisions on the spot. They will go, “That person at least knows them a little tiny bit; we will go there.” They will think it is for two nights, and it will end up being for the next 10 years.

THE CHAIR: And you find that that information does not necessarily get shared with the women that you are assisting?

Ms Martin: It gets shared to a certain degree, to a certain point. We have had experiences where, as Linda said, women have indicated someone in their life that might be suitable, thinking it is going to be for one night. It has happened where the child is still in that person’s care and it is not the best place for that child to be indefinitely but the child is still there. Getting that changed through the system is almost impossible.

THE CHAIR: In their submission, Barnardos say that it is difficult to find out whether the kinship arrangements have even been explored prior to a child coming into care with ACT Together. Do you hear that from your side?

Ms Hayden: We have had families that were told the kinship assessment had been done until the day before they were going to go to court to do 18-year orders and then they said, “Oh, no, we have not actually done the kinship assessment on this matter.” With that kinship assessment, they were accepted as a suitable kinship carer but then

they got told that they did not have the skills to do the trauma with the kids who had already been in care for two years. So even though they were suitable as kinship, they were said to be non-suitable because they did not have enough skills around dealing with trauma.

Ms Martin: And your average person would not have those skills.

MS LE COUTEUR: Do other carers have a lot more skill in dealing with trauma?

Ms Hayden: I do not know about the carer who has that as well. But getting on to the cultural team or getting on to the different team over there that does the kinship stuff is really difficult. They are really hard people to track down.

THE CHAIR: And the information does not necessarily—

Ms Martin: They are bound by—

THE CHAIR: The legislation?

MRS DUNNE: The provisions that we are here talking about?

Ms Martin: Yes. Getting information that would support a family further in maintaining their child in their care, or getting restoration happening, is hard. It is really hard. It is frustrating. The women are traumatised again. All the way through the process, there is no thought around the trauma that is being passed on to the child, or the children, or other children that are still in mum's care. That happens quite a lot as well. We have mums who have had a child removed—

MRS DUNNE: But not all their children.

Ms Martin: And then they have had another child. It is okay for her to keep the new child, but the other one cannot be returned. It just does not make sense. Surely, if those issues around the child being removed were serious enough for the child to be removed, then with a new child in the house it would make sense that those things would still be in place. If they are not, why can't that child be returned? That is not happening.

There is no engagement around that. When we ask those questions, they are kind of just dismissed. It does not make sense. If you have a child in mum's care, that child is still vulnerable. If they have taken emergency action over here to remove a child, then whoever is left in that household is still in a vulnerable position. But CYPS obviously do not think they are in a vulnerable position. It is a contradiction.

Ms Hayden: I just want to say in regard to communication that there is no understanding of the power imbalance. A child protection worker will come to a woman and go, "Do you agree to do this?" The woman goes, "Yes," because she feels like she does not have a choice in that. Child protection will take that as being informed consent. It is not informed consent, because the power imbalance is so unequal. They will ask them those questions. They like to go straight to the woman and not have us in the room, half the time. They would much rather us not be in the

room when those conversations are happening. We always make sure that we are in the room or on the other end of the phone. They will do conversations like that on the phone. We try to support our women to say, “We will be with you whenever. You do not have to do any of this stuff on your own. If they ring you when we are not there, you say, ‘No, you have to ring back.’”

THE CHAIR: I know that you are there mainly to support the women in this circumstance. We have heard from witnesses over the course of this inquiry about—I could have the name wrong, so I apologise—children’s legal advocates. Do you have any understanding of how they work or—no?

Ms Hayden: Is that the children’s solicitor at court?

THE CHAIR: Yes.

Ms Martin: I have been going to court with a family, and of course we have had someone in their representing the children. But from what I have seen, most often she does not speak. So, to answer your question, I do not know what her role is.

Ms Hayden: Potentially they do not engage with us very much. The only time that we have had a positive outcome—and it was not child protection; it was Family Court, but it was with teenagers—was where the teenager was able to talk to that solicitor, to actually present her side from her point of view and, because of her age, the solicitor had to take that into account. But when it is little people, it is like they are in isolation. It is weird.

MRS DUNNE: In circumstances where you have clients in Beryl, are they likely to have contact with the care and protection system because they are in Beryl, or do they come already having had contact and it is just continued while they are clients of Beryl?

Ms Martin: We have a lot of women who come to Beryl because they have had pre-contact with the child protection system. Sometimes that contact has been to the point where, “If you don’t leave this DV situation then we will take further action, and that action looks like your children being removed because you are not acting in the best interest of the child; you are not the protective parent.” That happens. That is where women are being revictimised. I talked about that here.

MRS DUNNE: So it is actually being used as an ultimatum?

Ms Martin: Yes. Then we have women who volunteer and contact CYPS to get the support that they need in order to remain in the home and make sure that their children are safe. When a process like that starts, sometimes it escalates to a point where children are being removed. So even though she has sought the support and the help from CYPS, it has not gone in her favour, at all. And then there are families who come into the refuge who have had no previous involvement with CYPS and a notification has been made. If the police have been involved in an incident that she has been—

MRS DUNNE: The police would have to report that to CYPS.

Ms Martin: Yes, because they are mandated to do that. So depending on what that looks like, CYPS will always do an appraisal.

MRS DUNNE: But that might be the first time that they—

Ms Martin: Yes.

Ms Hayden: With our women and kids, a lot of notifications come from schools. The kids will be at school and they will be acting out at school. We had a notification made on a family because they turned up with new little Chromebooks which we had given the kids through one of our programs. The school chose to make a notification because they did not think the kids should have—they thought they had stolen them.

MRS DUNNE: And they did not ask the question?

Ms Hayden: No.

MS LE COUTEUR: Did that end up okay?

Ms Martin: I took the phone call from the CYPS worker that day and just said, ‘No, we provided them; they did not steal them.’ We provided those Chromebooks to support them in their schoolwork, because they had horrendous domestic violence happening in their family with their mum but also they had seen some stuff and been victimised as well. And what we know about kids in DV situations is that their schoolwork suffers, so the Chromebooks were given to them as encouragement to stay at school and to try hard. I think it was the deputy principal who rang CYPS and said, ‘‘These kids have got these new Chromebooks, new backpacks, new headphones’’—and there were some other things that we had given them as well. I just said, ‘‘Yes, we gave them those things; no, they’re not stolen.’’

So I would not call it vexatious but there are really minor things where notifications are being made. And once you have your name in the system it is really hard to move away from that.

Ms Hayden: We also deal with ex-partners making vexatious notifications. Child protection do have to investigate those. But once you get three or four of those in the system, even if it has been over a year, if another one comes in then it kind of gets a bit more serious. If you have seen court documents for child protection, it will have a notice of every time child protection has had contact with that, potentially, parent through the lifetime of that child. Bits in court documents can go back seven or eight, years, 10 years, depending on the family.

MRS DUNNE: Twenty years.

Ms Hayden: Twenty years, yes.

THE CHAIR: Thank you very much for coming in and chatting with us today. The committee really do appreciate it.

When available, a proof transcript will be forwarded to you to provide an opportunity to check the transcript and suggest any corrections if required. On behalf of the committee, thank you both for appearing.

The committee adjourned at 3.36 pm.