Royal Commission into Family Violence

WITNESS STATEMENT OF HAROLD RUDOLPH KIRBY

I, Harold Rudolph Kirby, Chief Executive of 120 Madden Avenue, Mildura, in the State of Victoria, say as follows:

1. I am authorised by Mallee District Aboriginal Services (**MDAS**) to make this statement on its behalf.

2. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Current role

3. I am currently the Chief Executive Officer of MDAS, having been appointed to that position in December 2012.

Background and qualifications

4. Prior to commencing at MDAS, I was the Deputy Director of the Koori Justice Unit at the Victorian Department of Justice from 2008 to 2011.

5. I have also worked in private practice as a solicitor at Martin, Irwin Richards Lawyers in Mildura from 2003 to 2008.

6. I hold a Bachelor of Laws with Honours from Deakin University.

Mallee District Aboriginal Services

7. MDAS is an Aboriginal Community Controlled Organisation (**ACCO**).

8. MDAS began in the early 1980s as the Sunraysia District Aboriginal Corporation, which was later called the Mildura Aboriginal Corporation (**MAC**). In 2013, the organisation changed its name to MDAS to reflect the broad geographical region now under its banner.

9. MDAS delivers health, family and community services to a potential client base of nearly 5000 Koori people throughout the Mallee region from offices in Mildura, Swan Hill and Kerang.

10. MDAS currently runs or auspices approximately 50 programs. Attached to this statement and marked '**HK 1**' is a copy of MDAS Programs and Services dated 8 August 2015.

11. MDAS provides the following family violence services: *Wiimpatja* Healing Centre (Warrakoo Station); *Memina Ngangg Gimba* women's response; Men's Timeout Service, Men's Behaviour Change Groups, Men's Case Management.

12. MDAS currently employs approximately 200 staff, 53% of whom are Indigenous. There are currently more Indigenous staff working for MDAS than at any time in its 30-year history. Since I have become Chief Executive Officer, the number of Indigenous employees has increased by 75%. Our approach is supported by MDAS' Aboriginal Employment and Career Development Strategy, scholarships, traineeships, cadetships and identified (Aboriginal Only) positions. Attached to this statement and marked '**HK 2**' is a copy of MDAS Workforce Brochure dated 2015.

One-stop-shop model

13. MDAS' services, including its family violence responses, operate on a 'one-stop-shop' model. This model meets the specific needs of the Indigenous community in the Mallee region.

14. In my experience, the one-stop-shop model is the most appropriate for Indigenous clients. When people can walk into one door and receive wrap-around services and referrals, it simplifies intake and assessment for them. There are no revolving doors, and community members are not frustrated by having to go from one service provider to another and re-tell their stories. Health, community and family services all link in and are client-focussed.

15. In practice, if someone comes into the MDAS health service, say because they have the flu, we triage them. They see our Aboriginal Health Worker and a senior nurse before they see their doctor. This provides opportunities for our staff to get a more holistic picture of the issues facing that client. We do a full health check, including mental health and wellbeing as well as medical observations, and ask questions so we can refer people to get the best care. If housing issues come up,

for example, we can ask clients if they'd like to speak with our Koori Private Tenancy Support Worker. Our approach centres on the question: "how can we ensure that clients don't leave without having all of their issues addressed?" This is about quality of care.

16. We are at one location in Mildura, Swan Hill and Kerang, and people can access our services though our central offices. We also have transport drivers who can bring people to MDAS or take them to appointments at the external providers we refer them to.

17. If people come into the family services building, they will see our Intake and Assessment Officer, who makes referrals to the most appropriate services. Having one person to link you in to services is much more straightforward for clients, and they are more likely to be receptive to referrals.

Preventing and intervening in family violence: integrated responses for Indigenous children and their families

18. In Mildura, there are approximately 70 Indigenous babies born every year. The Indigenous population in the Mallee region is set to double over the next decade based on ABS data projections.

19. Indigenous children currently make up 40% of the population of children in out of home care in the region.

20. As an organisation, MDAS has made a conscious decision to invest in and prioritise providing services focused on the first five years of a child's life. We consider that investing in children is key to interrupting and reversing the intergenerational nature of family violence as well as a whole range of other areas of health in which Indigenous people experience considerable and disproportionate disadvantage.

Bumps to Babes and Beyond

21. In 2012, MDAS established the Bumps to Babes and Beyond program, which provides intense case management for pregnant Indigenous women aged 14 to 25. MDAS partnered with one of the leading parenting centres in Australia, the Queen Elizabeth Centre (**QEC**), to deliver Bumps to Babes and Beyond, which is based on QEC's Tummies-To-Toddlers program. MDAS and QEC received funding for Bumps to Babes and Beyond under the Victorian Department of Health's Vulnerable Aboriginal Children and Families Strategy.

22. Bumps to Babes and Beyond recognises the need to provide innovative and holistic services in order to change outcomes, and break cycles of disadvantage, for the most vulnerable group of young mothers and their babies. The aims of Bumps to Babes and Beyond were to:

- reduce the number of children placed in out-of-home-care;
- enhance the connection between the mother, unborn child, family and community;
- improve parent-child interactions;
- increase parental enjoyment and confidence in parenting;
- develop parents' professional and personal social networks;
- increase parents sense of wellbeing; and
- help Indigenous families meet key health promotion indicators.

23. MDAS and QEC undertook an evaluation of Bumps to Babes and Beyond in 2014. The research component was funded by the Collier Charitable Fund. Attached to this statement and marked '**HK 3**' is a copy of the evaluation of the Bumps to Babes and Beyond program dated December 2014.

24. The evaluation explains that:

> *'Bumps to Babes and Beyond takes an 'our place or yours' approach where families can engage in individually tailored programs which suit their needs. In an effort to enhance the health and wellbeing of the family, the program provides case management, advocacy on behalf of mothers, psychosocial support, parenting education and parent child connection activities through home visits and group programs. The case management model involved walking alongside each mother as individual needs, issues and concerns were addressed. Psychosocial supports assisted mothers to enhance their social skills and participate in groups within MDAS and other community settings. Parenting education was provided using both a structured and an opportunistic approach. The program was child centred and focussed on the child safety, health, wellbeing and development. Families are provided with*

information and support to extend and enhance their personal and professional networks.'

25. The evaluation makes the following findings about Bumps to Babes and Beyond:

- all children remained in the care of their mother at the end of the research period;
- a decrease in mothers' depression between intake and three months post-birth;
- 86% of mothers breastfed on discharge from hospital;
- all antenatal appointments were attended by mothers engaged in the Bumps to Babes and Beyond program;
- all children attending the Bumps to Babes and Beyond program were up to date with their immunisations;
- all children attended key ages and stages visits with the Maternal and Child Health Nurse; and
- there were significant increases in community supports/networks six months post birth.

26. Bumps to Babes and Beyond's success has been recognised at a local and State level and resulted in Danielle Dougherty (Manager, Early Years Services MDAS), Sharon Gorton (QEC Early Parenting Centre) and Ada Peterson (Steering Committee Member and cultural advisor to the program development committee) presenting at the World Congress for Infant Mental Health International conference in Edinburgh in 2014. Their presentation included an overview of Mildura and the Mallee District, an overview of local Aboriginal culture, an overview of MDAS and Bumps to Babes and Beyond and a description of the action research conducted during the life of the program. MDAS officials will also present at the next World Congress, taking place in Prague on 29 May 2016.

27. In 2015, MDAS expanded the Bumps to Babes and Beyond program, renaming it the Early Years Service, in recognition of the fact that a diversity of organisations fund different aspects of the service.

The Early Years Service

28. The Early Years Service builds on the work of Bumps to Babes and Beyond and is based on a theoretical framework encompassing Attachment Theory, Intense Case Management, Family-Centred Practice, Strength-Based Practice and a Relationship-Based Approach. The program monitors specific measurements of success at the ante-natal, hospital, 0-3 months, 3 months-3 years and 3-5 years stages of a child's development. Mothers and their families (who are also supported by the program) come into the service from a number of referral pathways (including MDAS/ACCO internal referral, self-referral and referrals from other organisations, such as ChildFirst or hospitals).

29. The Early Years Service is being rolled out in Mildura, Robinvale, Swan Hill, Kerang, Bendigo and Echuca under the Loddon Mallee Aboriginal Reference Group, with funding under *Koolin Balit*, which sets the Victorian Government's strategic directions for Aboriginal health over the next 10 years.

30. MDAS encourages all Indigenous babies, pre-school children and their families to participate in the Early Years Service, and families are the key drivers of individualised programs that meet their specific needs, goals and aspirations. Case management is structured around each child and family and is transdisciplinary. Individual case managers help clients to navigate service pathways. Case loads take into account the complexity of need, as well as staff experience, capability and workload.

31. Attached to this statement and marked '**HK 4**' is a copy of the Early Years Service Introduction Booklet, which sets out the background, objectives, theoretical framework, measures of success, operating model and key principles of the Early Years Service.

32. In addition to intensive case management, the Early Years Service model involves the following training in the following areas:

    32.1. **Circle of Security:** The Circle of Security is a relationship based early intervention program designed to enhance attachment security between parents and children. Decades of university-based research have confirmed

that secure children exhibit increased empathy, greater self-esteem, better relationships with parents and peers, enhanced school readiness, and an increased capacity to handle emotions more effectively when compared with children who are not secure.

32.2. **Keys to Caregiving:** Keys to Caregiving gives caregivers of infants and young children knowledge about infant cues and non-verbal communication. It makes an enormous difference in how we relate to babies if we learn to read and respond to their messages about whether they are tired, hungry, excited, happy or confused. The first step in framing our interaction with young children is recognising signs of engagement and disengagement. When practitioners know about these concepts and share them with parents, this knowledge enhances the parent child relationship with their baby.

32.3. **Newborn Behavioural Observation (NBO) Training:** This training is delivered by Associate Professor Campbell Paul and Dr Susan Nicolson. The NBO is a structured set of observations designed to help the clinician, together with the parent, to observe the infant's behavioral capacities and identify the kind of support the infant needs for his or her successful growth and development. It is a relationship-based tool designed to foster the parent-infant relationship. The NBO system consists of a set of 18 neurobehavioral observations, which describe the newborn's capacities and behavioral adaptation from birth to the third month of life. While it describes the infant's capacities, the NBO provides parents with individualised information about their infant's behavior, so that they can appreciate their baby's unique competencies and vulnerabilities and thereby understand and respond to their baby, in a way that meets her or his developmental needs.

32.4. **Secure Base Training:** This internally developed course is embedded into practice through supervision and reflective practice sessions, which aim to give staff an understanding of the theory of "secure base" and how this can be used in their work with families.

32.5. **Trauma Informed Care Package:** Education for Early Years staff and those working with vulnerable children are trained in how to work in a trauma informed way and how trauma effects the way people think and behave.

33. Attached to this statement and marked '**HK 5**' is a copy of Early Years Procedures dated 8 August 2015. The Early Years Manual which is a tool to help ACCO's in the delivering the Early Years Model.

34. The first of the biannual Early Years Conference was conducted over three days in June 2014, to launch the program and to provide an overview of the theories that underpin the model. Speakers included Associate Professor Campbell Paul, Sue Hermans and Andrew Jackomos, Commissioner for Aboriginal Children and Young People. A second conference will be held in July 2016.

35. The Early Years Services is partnering with Associate Professor Campbell Paul, who is a Consultant Child Psychiatrist practicing at the Royal Children's Hospital, to develop a research paper on the program. PriceWaterhouseCoopers will also conduct an evaluation of the Early Years Program from September to November 2015. The evaluation will be focused on health, but may have measures around family violence. MDAS wants to provide research that leads the way in addressing the needs of Koori children.

36. The MDAS staff who implement the Early Years Service, are all located in one team. Anyone at MDAS who works with children from conception up to the age of eight, sit together in our offices and/or report to one manager. This includes health and family services staff. While there were barriers to this approach at the start, for example government departments were very hesitant to have MDAS staff working in this way, we believe it has been very successful.

Integrated family violence services

37. One observation my staff consistently relate to me is that many women will do almost anything to protect their violent partners. Time and time again, we have seen women who don't understand what family violence means or, if they do, what they can do about it. This reinforces the need for MDAS to build trust with people, not just women, experiencing family violence by working holistically. The more we can be the central point of support, the more likely we are able to help people with highly complex needs. The Early Years Service has been a good example of this, allowing our staff to go beyond box-ticking and help vulnerable women and children, including with family violence.

38. A classic example of MDAS' integrated approach to services in the family violence space occurred recently. One of our men's behaviour change workers in Robinvale

took a man who had been using violence against his partner to Warrakoo Station to participate in the *Wiimpatja* Healing Centre diversion program. While he was at the station, MDAS was able to arrange for his partner and her children to go *to Meminar Ngangg Gimba*. MDAS workers at both services were able to coordinate with both parties and allow them to communicate in a safe way. The women was able to tell the man by phone that she wanted the violence to stop, and for him to fix his issues by staying at Wiimpatja, or she would pursue an intervention order.

39. An important issue with organisations providing integrated responses, and particularly integrating with women's crisis response services, like *Meminar Ngangg Gimba,* is privacy and confidentiality. In situations where an ACCO, like MDAS, integrates with a women's response, this is particularly important. The community expects that privacy and confidentiality will be respected and there is significant community concern around this issue. Women must feel they have a safe place to go to. MDAS has put great effort in ensuring our clients' confidentiality and privacy is protected. Tension between community control of an organisation, especially in a smaller community, and respect for privacy is not insurmountable. It is a great challenge, but professionalism and a zero tolerance for family violence, including lateral violence, from the leadership of MDAS down, has seen us convince the community to trust our services. I also think that ACCOs are often best placed to protect Indigenous mothers and children, in a way that respects their privacy.

Challenges in providing integrated service

40. I would like to make some observations, from my experience, about the challenges in providing integrated services. These challenges can be categorised as internal challenges and external challenges.

Internal challenges

41. Establishing integrated services poses challenges within an organisation. Collocation of staff and services is a start, but only a start. At MDAS, we also had to persuade staff to work as a whole team, not in silos. We had to change workplace culture to some extent.

42. Changing culture in a workplace involves a continuous change mindset. Organisations have to devote resources and training to improving workplace collaboration and culture. This takes time. I am fortunate because the staff at MDAS are there for their community and want to see a change; this makes it easier to

focus on our holistic model. We have also significantly invested in our employees; since 2012, MDAS has moved from spending approximately $700 per employee per annum, to just over $2500 per employee per annum on training and professional development. We are reinvesting in our workforce.

43. Key principles of integrated service delivery for organisations include creating a community hub as well as implementing a 'no wrong door policy' for clients. This is a challenge. Often organisations don't invest in front of house staff, instead putting their most junior staff in these positions. In my view, organisations should have their most experienced staff at the front door, because people who walk through it (with or without a referral) are the most vulnerable. MDAS does this through our triage model, implemented by Aboriginal Health Workers and senior nurses for our health services, and the Intake and Assessment Officer for family services. Intake and assessment is make or break for clients.

External challenges

44. Integrated responses also face challenges from outside of the provider organisation.

45. In relation to the Early Years Services, different government departments fund different parts of the program. When MDAS proposed that staff work in a holistic team, our funders were hesitant. Basically, each department and government wanted to know precisely which aspect of the program they were funding, including particular staff, office space and infrastructure etc. This hampered integration, because of different reporting lines and expectations. However, once we started to point to the outcomes of the integrated model, and reassure funders that their boxes would be ticked, they decided to support the program. An overview of different funding sources is provided in the table below:

Program	**Funding source**
Maternity Services	Department of Health and Human Services Commonwealth Department of Health
Maternal and Child Health Service	Commonwealth Department of Health
Case management: In Home Support/Home	Victorian Department of Education.

Program	Funding source
Based Learning	
Case management: Cradle to Kinder	Department of Health and Human Services.
Educational groups	Department of Prime Minister and Cabinet
Koori Preschool Assistant program	Victorian Department of Education.
Home Interaction Program for Parents and Youngsters	Brotherhood of St Laurence
Loddon Mallee Aboriginal Reference Group Early Years strategy	Department of Health and Human Services.

46. I strongly believe that government needs to let go the reins a bit and have more community-based, locally designed strategies to address local issues, including family violence.

47. The challenge to provide integrated services locally is resourcing. In the early stages of the Early Years Service, MDAS self-funded the program and team model. As I have said, this was a deliberate strategic decision by the MDAS Board of Directors, who wanted to see generational change in our community. The issue was then to try to get government to move away from their silos and philosophy of "we fund this bit, they fund that bit", to acknowledge the value of integrated services that address the whole family with multiple outcomes across a range of areas and government portfolios. This was our greatest challenge and frustration.

48. Even though the early stages involved a lot of red tape, we had to do it because community people were dying. We attended numerous meetings, we took time to develop an evidence base, we did evaluations, we went from department to department to sell the idea of the Early Years Services. In particular, we had to be careful to explain the benefits to our bulk funding body (the department who gave us the most funding). The siloed approach of government can be painful; if you want to do something that falls across different governments, departments or areas of responsibility you can end up receiving no funding at all. Disturbingly, departments don't want to pay if other departments get the benefit. It is especially

challenging for prevention programs such as the Early Years Service, which will have long term benefits and savings for multiple State and Commonwealth agencies.

49. That said, I commend the Victorian Department of Health (as it then was) who, under the *Koolin Balit*, gave ACCOs the freedom to tailor our response to our community. The Regional Director asked us how we wanted to spend the funding. Rather than tendering for different parts, the ACCOs got together to divide programs and get the best outcome.

50. Conversely, a major downside of different funding streams, for a large organisation like MDAS, is the time needed to report to multiple bodies, on multiple outcomes, on multiple reporting platforms. We spend a lot of our time applying for funding and reporting. I estimate that MDAS spends 30% of our annual revenue on grant applications and on reporting on outcomes. This could definitely be streamlined.

51. One example is the recent Commonwealth Indigenous Advancement Strategy (**IAS**) tender, which cost MDAS hundreds of thousands of dollars to complete. We had to engage consultants, sit with managers, and release people to draft the responses. Further, because MDAS received over $500,000 annually under the IAS, the Commonwealth's funding guidelines required us to become incorporated under the *Corporations Act 2001* (Cth), meaning we had to draft a constitution, register and transfer property, hold a special general meeting, inform the Australian Tax Office, transfer duty exemptions and pay disbursements for title searches. This was very expensive and required extensive legal and financial advice. However, you could apply to the Minister for an exemption from the funding guideline, to show evidence of good governance.

52. Finally, another issue is when government comes up with new initiatives or ideas. If you are an integrated service, governments sometimes don't consider how the new idea can be included and don't provide funding for integration. At MDAS, we have come to a point of being careful accepting new programs; if a new initiative doesn't fit within our models, we are now more honest with government departments and we explain to them why it doesn't fit. Organisations have to decide what their priorities are and what pilot projects fit within their frameworks.

Housing in Mildura

53. I would like to state clearly that the housing shortage in Mildura is ridiculous. The demand for public and community housing far exceeds the availability of property, evidenced by the growing time spent on the waiting list. The MDAS housing support team helps community through this difficult process. While MDAS works hard to assist Indigenous people with finding appropriate public, community or private housing, for example through our Koori Private Tenancy Support program, we have had to resort to putting people in tents. MDAS currently pays $300-400 per week for a tent site in local campgrounds. This situation is untenable, and more must be done to secure appropriate housing, especially for people fleeing family violence.

Recommendations for integrated responses to family violence

54. One-stop-shop service models, embracing a 'no wrong door policy', are vital in addressing family violence in Indigenous communities, and probably in the broader community. This model is the gateway to addressing all issues for individuals, their immediate and extended families, and the whole community. Such models build the trust required to achieve solutions to complex problems.

55. Organisations providing holistic family violence services must invest and reinvest in workplace culture and training staff to work collaboratively and professionally. They must also partner with other government and organisations to evaluate and validate their approaches.

56. All governments need to recognise and support local solutions to local issues, and consider whether their funding models can respond to holistic and integrated services. We need to get away from siloed funding and reporting.

57. Investing early is critical. The Early Years Service is an example of investing in children and their parents, often when they are most vulnerable, to address a range of issues, including family violence. Police and child protection responses are not the solution to family violence. We must invest in prevention, and the next generation.

58. We believe the imposition of structures and or services without Aboriginal Community Control as the central tenet will fail.

59. As Aboriginal Community Controlled Organisations we are best placed to deliver long term, grassroots services, that will bring about generational change for our communities, that will reduce family violence.

.....

Harold Rudolph Kirby

Dated: 10th August, 2015