

**IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE**

STATEMENT OF JULIANNE HELEN BRENNAN

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Prepared by:
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I, JULIANNE HELEN BRENNAN, Director, Community Crime Prevention, Department of Justice and Regulation, SAY AS FOLLOWS:

1. I am the Director of the Community Crime Prevention Unit within the Department of Justice and Regulation. The Community Crime Prevention Unit is a business unit of the Criminal Justice Division of the Department of Justice and Regulation (**Department**). I have held this position since May 2011.
2. Prior to that, I held a number of director positions within the Department, including in the areas of Justice Policy, the Working with Children Unit and Responsible Alcohol Victoria. I hold a Bachelor of Laws degree.
3. I have received a notice from the Royal Commission into Family Violence pursuant to s 17(1)(d) of the *Inquiries Act 2014* (Vic.) requiring me to attend to give evidence at the Royal Commission and to provide a written witness statement.

SCOPE OF STATEMENT

4. I make this statement in response to a request by the Royal Commission to give evidence regarding matters the subject of the public hearing for Module 2 (Family Violence and Children – Introduction and Prevention). I understand that the Royal Commission would like me to give evidence about the "Baby Makes 3" program, two pilots of which are currently funded by the Department.

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COMMUNITY CRIME PREVENTION UNIT

5. The Community Crime Prevention Unit was established in mid-2011 by the Department to deliver on government commitments to provide grants to community organisations and local councils to undertake a range of crime prevention initiatives. The grants are delivered through a program called the Community Crime Prevention Program (**CCP Program**), for which the Unit is responsible.
6. The CCP Program consists primarily of several competitive grants programs, for which a variety of community organisations and local councils apply. There are four key grants programs (with the following per project grant amounts):
 - 6.1 Community Safety Fund grants program (up to \$10,000 per project);
 - 6.2 Graffiti grants program (up to \$25,000 per project);
 - 6.3 Public Safety Infrastructure Fund grants program (up to \$250,000 per project); and
 - 6.4 Reducing Violence Against Women and Their Children grants program (up to \$600,000 per project).
7. Whilst there have been several funding rounds for the first three of these grant programs, the Reducing Violence Against Women and Their Children grants program was a one-off, as I explain further below.
8. The Community Crime Prevention Unit maintains a website with information and resources about crime prevention and the CCP Program, at the following address:
<http://www.crimeprevention.vic.gov.au>
9. As a whole, the CCP Program was initially funded for four years, from 2011/12 until 2014/15.
10. In May 2015, the Government committed a further \$5.8 million to the CCP Program while a review of the Program is undertaken by the Parliamentary Secretary for Justice.

REDUCING VIOLENCE AGAINST WOMEN AND THEIR CHILDREN GRANTS PROGRAM

11. In 2011, the Department established Regional Crime Prevention Reference Groups across Victoria, involving local councils, local police and other interested groups and members of the community. The then Minister for Crime Prevention attended the inaugural meetings of these groups to listen to local leaders speak about the crime and community safety issues of concern in their communities. I attended these meetings with the Minister.
12. Overwhelmingly, the primary concern raised at these meetings was the impact of family violence and violence against women and their children more broadly in our local communities. There was concern about the significant demands on police and court resources that family violence brings, but also on the adverse effects of family violence on children in terms of their engagement at school and their interaction with the criminal justice system.
13. In direct response to these concerns, the government decided to dedicate \$7.2 million from the CCP Program funds towards a one-off grant scheme to target local initiatives helping to reduce violence against women and children. The funding was announced on 16 October 2012 and included \$2.4 million for a Koori Community Safety Grants component of the scheme, specifically targeted to support early intervention and prevention projects in Victorian Koori communities. This was in recognition of the disproportionately high rates of violence that Indigenous communities experience and to respond to the different causes and types of violence in Koori communities.
14. The primary purpose of the grant scheme is to pilot programs that will help build the evidence base for primary prevention and early intervention initiatives aimed at preventing violence against women and children. As such, it is a key part of the scheme that a portion of the funding for each project be dedicated to an independent evaluation of each project, in order to inform future investments in primary prevention initiatives.
15. The \$7.2 million grant funding enabled 12 projects to be established, one project in each of the eight Department regions and four Koori specific projects. Each project was allocated \$600,000 in funding and is to be delivered over a three-year period, commencing in December 2012 and concluding in December 2015.

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16. The Community Crime Prevention Unit is effectively the contract manager under the individual funding agreements with each of the successful regional grant recipient organisations. The Unit is not responsible for designing or delivering the projects. Its role was to establish the qualifying criteria for the grants and to manage the two stage competitive grants application and assessment process, including convening an expert advisory panel to assist in determining the projects to be recommended to the responsible Minister for funding. The Unit oversees the performance and completion of the projects, by receiving formal project updates and annual reports and ensuring the project organisations have appropriate strategies for evaluating the success or otherwise of the projects.
17. The Department's Koori Justice Unit was responsible for coordinating the application and assessment processes for the Koori Community Safety project component of the program on behalf of the Community Crime Prevention Unit. The Koori Justice Unit oversees the performance and completion of the four Koori community projects, and is coordinating a consolidated evaluation of these projects. The Koori Justice Unit provides regular reporting information on these projects to the Community Crime Prevention Unit.
18. The following table summarises the 12 projects funded by the Reducing Violence Against Women and Their Children grants program and their key achievements as at 1 July 2015 (the final four listed projects being the Koori specific programs):

Region Organisation	Project description and key achievements
Loddon Mallee Women's Health Loddon Mallee	<p><i>Loddon Mallee Takes a Stand</i> Designed to promote gender equitable and non-violent workplace cultures through structural and systemic organisational change, this project is currently working within six workplaces across the region.</p> <p>Key achievements:</p> <ul style="list-style-type: none"> • 7 workplaces have been engaged with 656 staff trained in bystander approaches to prevent violence against women • Over 350 participants attended the Violence Prevention Regional Forum • Regional Action Plan to be completed by October 2015

Region Organisation	Project description and key achievements
Southern Metro City of Casey	<p>Challenge Family Violence Undertaken by City of Casey in partnership with the City of Greater Dandenong and Cardinia Shire, this project promotes respect, challenges violence-supportive attitudes and supports the ability of local male leaders to work with other men in this area.</p> <p>Key achievements:</p> <ul style="list-style-type: none"> • 70 mentors and community leaders recruited to lead Preventing Violence against Women initiatives in sporting, CALD (culturally and linguistically diverse) and faith-based settings • Faith-based resource developed: "Creating equality and respect: an interfaith collaboration on preventing family violence"
Eastern Metro Whitehorse Community Health Service (Carrington Health)	<p>Baby Makes 3 This project promotes equal and respectful relationships between men and women during their transition into parenthood – an identified key risk period for women and children's wellbeing.</p> <p>Key achievements:</p> <ul style="list-style-type: none"> • 1305 first time parents have participated in the sessions across the region • 108 group sessions have been conducted • 23 facilitators trained to provide Baby Makes 3 programs across the region
North and West Metro Women's Health West	<p>United: Working Together to Prevent Violence Against Women in the West This project aims to identify, develop and embed primary prevention strategies within partner agencies and communities in the western sub-region to redress the underlying determinants of violence against women through organisational capacity building and community engagements.</p> <p>Key achievements:</p> <ul style="list-style-type: none"> • 15 partner agencies, including 7 local councils, 3 primary care partnerships, 3 community health services and 2 regional networks have been established • All 15 partners have integrated Preventing Violence against Women initiatives and/or gender equity policies into their health promotion or municipal public health and wellbeing plans • 10 partners have launched their Preventing Violence against Women policy statements

Region Organisation	Project description and key achievements
<p>Barwon South West</p> <p>Warrnambool City Council</p>	<p><i>Baby Makes 3 "Plus"</i></p> <p>This project promotes equal and respectful relationships between men and women during their transition into parenthood – an identified key risk period for women and children’s wellbeing. It also aims to increase competencies of Early Years practitioners in the prevention and early detection of violence against women.</p> <p>Key achievements:</p> <ul style="list-style-type: none"> • 267 first time parents have completed the three session Baby Makes 3 program • 94 group sessions have been conducted across the region • 22 facilitators trained to provide Baby Makes 3 programs • 5 local governments have incorporated Preventing Violence against Women initiatives in their Municipal Health and Wellbeing Plans
<p>Gippsland</p> <p>Gippsland Women’s Health Service</p>	<p><i>Gippsland regional preventing violence against women strategy</i></p> <p>Through working with local government, sports and community organisations, this project will develop a regional Preventing Violence against Women strategy and deliver specific primary prevention and early intervention initiatives across the region.</p> <p>Key achievements:</p> <ul style="list-style-type: none"> • 2 out of 4 local governments actively implementing Preventing Violence against Women initiatives (Paving the Way Projects) • 1 regional sporting group implementing Preventing Violence against Women initiatives • 1 organisation working with women with disabilities and implementing violence prevention training
<p>Grampians</p> <p>Women’s Health Grampians</p>	<p><i>Rural Workers Take a Stand</i></p> <p>Designed to promote gender equitable and non-violent workplace cultures through structural and systemic organisational change, this project is currently working with workplaces within the region to assist with the prevention of violence against women.</p> <p>Key achievements:</p> <ul style="list-style-type: none"> • 7 workplaces have been engaged to implement violence prevention activities within their organisations • 1 workplace has successfully implemented a family violence leave policy • 10 facilitators trained to facilitate Bystander Training sessions across the workplaces • Over 1000 people attended events to raise awareness of violence against women held in the Ballarat and Ararat communities

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Region Organisation	Project description and key achievements
Hume Women's Health Goulburn North East	<p><i>Creating Safe and Positive Environments – A Regional and Rural Perspective</i> Working with local government, sports organisations and other community organisations, this project aims to develop a coordinated regional Preventing Violence Against Women strategy and community charter.</p> <p>Key achievements:</p> <ul style="list-style-type: none"> • 12 local councils across the region engaged • 2 whole of council Gender Attitudes and Audit surveys conducted • 'Courageous conversations,' social marketing campaign implemented attracting 3,175 online views
Hume (Greater Shepparton) Rumbalara Aboriginal Cooperative	<p><i>Aboriginal Family Violence Harmony</i> Workshops and camps have attracted 396 participants to this project aimed at increasing the community's understanding of violence, developing skills that increase community safety, and building the capacity of the community in the areas of violence prevention in the Greater Shepparton area.</p>
Loddon Mallee (Mildura, Robinvale and Swan Hill) Mallee District Aboriginal Services	<p><i>Family and Community Violence Prevention</i> This Family and Community Violence Prevention Project has delivered four cultural community programs in and around Mildura, Robinvale and Swan Hill alongside six television commercials on family violence, two of which are currently being aired on WINTV and Prime 7 networks.</p>
North and West Metro Victorian Aboriginal Health Service	<p><i>Strong Relationships, Strong Community</i> Focusing on Melbourne's northern and western Koori communities, this project has undertaken a range of healing programs, workshops and mediation training alongside a community campaign on lateral violence.</p>
Gippsland Lakes Entrance Aboriginal Health Association	<p><i>Strong Men, Strong Communities</i> This project is supporting Koori men in East Gippsland to reject violence through participation in cultural camps and groups.</p>

19. In August 2014, the Australian Institute of Criminology was commissioned to provide a report to the Community Crime Prevention Unit summarising the findings from the mid-cycle progress reports of each of these programs (**Attachment JB-1**). The Institute's report indicated that each of the projects had produced substantial achievements, and it highlighted issues requiring attention for each of the grant organisations in the second half of the three year program cycle.

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“BABY MAKES 3”

20. Two out of the 12 projects funded by the CCP Program are “Baby Makes 3” (Whitehorse Community Health Service) and “Baby Makes 3 Plus” (Warrnambool City Council).

Original program

21. Baby Makes 3 was originally developed by Whitehorse Community Health Service (now, Carrington Health). In 2007, Carrington Health, in partnership with VicHealth, began a research project to explore primary prevention activity with men during their transition into parenthood. The project was guided by the important evidence-based work completed by VicHealth in 2007 and published in its report *Preventing Violence Before It Occurs: A Framework and Background Paper to Guide the Prevention of Violence against Women* (**Attachment JB-2**).
22. As the VicHealth report demonstrated, the existing research reveals that the transition into parenthood is a significant time of vulnerability for women to family violence. In turn, this increases the risk of adverse effects on the child and their cognitive and cultural development.
23. Baby Makes 3 was designed by Carrington Health to effect cultural change between new fathers and mothers to their attitudes about gender roles and responsibilities. Carrington Health identified the transition to parenthood as a vital time at which to address these attitudes, for two primary reasons. First, for first-time fathers, the transition to parenthood represents a unique time in their life when they are already engaged with health services and are open to receiving information and skills which might challenge their existing attitudes to masculinity and parenthood.
24. Second, the transition to parenthood is a time when existing gender roles between a man and a woman are changing. Particularly in the first 12 months after birth, a couple's expectations connected with gender and gender roles are often significantly challenged. It is a time when a couple is often renegotiating their relationship, from being a couple to being a family and setting some expectations about what it means and what the respective roles in the relationship should be. It is an opportune time to explore the traditional male and female stereotypes, to encourage the couple to think about what a respectful relationship involves, and to enhance their thinking about gender equality.

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25. With that in mind, Carrington Health originally developed Baby Makes 3 to be delivered as part of the Maternal and Child Health Service, and in particular the existing "New Parents Groups" that are facilitated by that Service. Baby Makes 3 targeted first-time parents with babies under 12 months (including couples where either one or both of the man and the woman had become a first-time parent). A group format was adopted, where both parents attend with their baby and cover topics such as transition to parenthood, gender expectations, division of household labour, equality as the basis for a healthy relationship, sex and intimacy after the birth, dealing with conflict, and communication.
26. The group format comprised three 2-hour, evening sessions over three weeks, facilitated by both female and male coordinators, and designed to follow on from the existing New Parents Group sessions run by the Maternal and Child Health Service.
27. In addition to developing the program itself, Carrington Health has also published:
- 27.1 a detailed guide to assist other organisations implement Baby Makes 3 into their own existing Maternal and Child Health Services, *Baby Makes 3: Implementation Guide*;
 - 27.2 a *Facilitator Training Program Manual*, which contains training materials for delivery to practitioners who intend to act as facilitators of a Baby Makes 3 program; and
 - 27.3 a *Group Program Manual*, which guides facilitators through each step of the Baby Makes 3 program in detail.

These documents are at **Attachment JB-3**.

28. In 2011, Carrington Health undertook an evaluation and published a detailed evaluation report on the original Baby Makes 3 project, *Sharing the Evidence: Respect, Responsibility and Equality – Baby Makes 3 (Attachment JB-4)*. The report provides an overview of the project, the research underpinning it and the results of the evaluation (which are set out in sections 5 and 6, at pages 28 to 57).

CCP Program Projects – "Baby Makes 3" and "Baby Makes 3 Plus"

29. As part of the CCP Program, two grants have been awarded to Carrington Health and Warrnambool City Council to expand the original pilot Baby Makes 3 project initiated by Carrington Health. As discussed above, these grants were provided by

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the Government under the Reducing Violence Against Women and Their Children grants program. The grants provided funding for the programs for three years (2012–2015), with the aim of generating further evidence as to their efficacy.

30. First, Carrington Health is funded to deliver the Baby Makes 3 program throughout seven local council areas within the Eastern Metropolitan Region in Melbourne (Boroondara, Monash, Manningham, Whitehorse, Knox, Maroondah and Yarra Ranges). The program is delivered by Carrington Health in partnership with the Maternal and Child Health Services within each local council, and is currently provided at 19 Maternal and Child Health Centres.
31. Secondly, Warrnambool City Council is funded to deliver a Baby Makes 3 “Plus” program in five local council areas within the Barwon South West Region of Victoria (Warrnambool City, Corangamite Shire, Glenelg Shire, Moyne Shire and South Grampians Shire). The program has been held in Warrnambool, Camperdown and Terang (in Corangamite Shire), Hamilton (in South Grampians Shire) and Portland (in Glenelg Shire). Terang was chosen as a second location in Corangamite Shire, because Warrnambool City Council identified that there had been a significant number of new babies born in the town. Initially, program sessions were held in Moyne Shire, but as the Shire has a facility in Warrnambool, it was decided that new parents from Moyne Shire would attend the sessions being delivered in Warrnambool.
32. Warrnambool City Council's program is entitled Baby Makes 3 Plus because it includes some additional aims, most notably an additional training element to enhance the knowledge and competencies of practitioners in the regional areas to detect family violence early and help prevent it. It is also the first time the Baby Makes 3 program has been delivered in rural and regional areas. The additional training element includes in-service training events for Maternal and Child Health Nurses on family violence awareness, gender equity and responding to disclosure of family violence. As it stands, the Maternal Child and Health Nurses engaged in the program across the five local councils have undertaken a number of these training activities, and as part of the program all of them have undertaken the Common Risk Assessment Framework (CRAF) refresher course run by Swinburne University. According to Warrnambool City Council, the attendance of the Nurses at the in-service sessions has reinforced engagement in issues relating to the prevention of violence against women, and has helped to create a high profile for the Baby Makes

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3 project in the regions. In turn, this has increased the willingness of other key agencies in the regions to work in partnership with the Baby Makes 3 project.

33. Both of these programs are generally considered ground-breaking. According to Carrington Health's research (see *Sharing the Evidence: Respect, Responsibility and Equality – Baby Makes 3* at page 14), they are the first projects of their kind anywhere in the world that focus on gender equality between couples during the transition to parenthood as a form of *primary prevention*. As with each of the funded programs, the Government's funding of the Baby Makes 3 program, in both the metropolitan and rural contexts, is intended to help produce evidence of what does and does not work in trying to encourage cultural change as a form of primary prevention.
34. As required by their respective funding agreements with the Department (**Attachments JB-5 and JB-6**), Carrington Health and Warrnambool City Council have submitted mid-year and annual reports during the life of the projects. The reports set out an update on ongoing evaluation results. At the end of the projects in December this year, each organisation will also provide a comprehensive final report, including an independent evaluation.
35. The most recent report by Carrington Health was submitted in June 2015 (**Attachment JB-7**) and the most recent report by Warrnambool City Council was submitted in May 2015 (**Attachment JB-8**).
36. The reports from Carrington Health and Warrnambool City Council so far have identified **several** challenges for the projects. These are summarised in the report prepared for the Department by the Australian Institute of Criminology, referred to above (see **Attachment JB-1**). The challenges include:
- 36.1 Low rates of birth notifications, particularly in the rural and regional areas, which has limited the number of potential participants. The Baby Makes 3 Plus program has also seen some attrition across the sessions provided and an underrepresentation of some categories of parents, for example Koori or teenage parents.
- 36.2 Particularly again for the Baby Makes 3 Plus program, there have been difficulties in engaging fathers to participate, and this has been identified as a critical issue for the rural and regional project. The scheduling of sessions on weeknights, without a session on a weekend (as there is for

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the Carrington Health program in metropolitan Melbourne), has been identified as one contributing factor to the difficulty in engaging fathers. Generally, there are challenges for Maternal and Child Health Centres in holding sessions after hours or on weekends, as it is outside their usual operating hours.

- 36.3 Often, local council Maternal and Child Health facilities are limited in size and the doubling of new parent group sizes to include the partner in the Baby Makes 3 component means that larger spaces are required (which are not always readily available).
- 36.4 There have been some areas of concern with the training of facilitators and the effective utilisation of facilitators, particularly in the rural and regional project. Evaluations have revealed a level of confusion amongst some facilitators as to the aims of the Baby Makes 3 Plus program, in particular whether it should be approached as a violence prevention program or a parenting program. This has identified a need to enhance training, so that facilitators understand that the program focus is to help new parents to maintain healthy and respectful relationships during the early stages of parenting (and that this in turn helps to reduce the risk of violence). In addition, whilst Warrnambool City Council has had good success in recruiting facilitators generally, low participation of parents across some of the rural settings has led to a lack of work and utilisation of them.
- 36.5 The program uses a co-facilitation model, in other words both a female and male facilitator. Whilst this has been largely well received, there have been challenges for some Maternal and Child Health Nurses, as well as some of the mothers, who have found it difficult to adapt to working more closely with a male facilitator (and not just a female), and who themselves may have traditional, stereotypical views of the role of the mother and father. Relevantly, however, it is the very objectives of the Baby Makes 3 program to break down, identify and challenge these stereotyped attitudes, which are a barrier to positive cultural change.
37. A further challenge for the Baby Makes 3 projects arises from its voluntary nature. As participation is voluntary, it is distinctly possible that many new parents particularly susceptible to family violence may not be attending. The programs are frequently being endorsed as positive and constructive by the parents who attend

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them, but it is possible that there are many parents not currently involved in the program who may have benefited greatly from it.

38. It is also difficult to design a method of measuring the success or otherwise of the programs. Among other things, there is no "one fit" for all families. It is not to be expected that the programs will necessarily create dramatic shifts in the way that participating couples share family responsibilities. Instead, the real benefits of the program are relatively intangible and will take long periods of time to measure. For example, for many new parents, the programs at least result in healthier discussions at home and a greater awareness of when and how they are reaching negotiated and respectful outcomes in terms of their respective roles in the relationship. A large part of the success is simply that new parents are now consciously having these conversations, and having them early in their new relationship as parents.
39. It is also important to remember that demonstrable, measureable changes in community attitudes and behaviour requires intervention across multiple community settings, for example workplaces, religious organisations, sporting and other community clubs and associations. The relevant research indicates that an optimal time to challenge the attitudes and behaviours that support gender inequality is the birth of a first child to new parents. However, initiatives directed at this time, such as the Baby Makes 3 program, also need to be supported by other culture shifting initiatives in the broader community, in order to have a lasting impact.
40. Any future roll out of the Baby Makes 3 program will depend on the outcomes of the evaluations of the current projects. One of the reasons for deciding to fund two forms of the program – one delivered by a community health organisation in partnership with local councils in the metropolitan area; and the other delivered by a local council itself in a regional area – was to assess the different advantages and disadvantages of each model and the different issues that may arise in different geographical settings. In the case of Carrington Health, it has been necessary for it to develop good working relationships with the councils, in particular their maternal and child health staff, in order to effectively deliver the program. By contrast, the Baby Makes 3 Plus program is being delivered by Warrnambool City Council directly, and it has the power of direction over its own staff, and established, credible relationships with other municipalities within the region.
41. On the one hand, Carrington Health has the knowledge, expertise and experience in conducting the teaching associated with the program, but its role in this particular project has been to guide and influence the performance of the program by third-

party councils. In the case of Warrnambool City Council, it has direct experience as a service provider and can utilise a range of existing local government relationships and networks to influence other councils in the region and leverage other work being undertaken in the local government sector. An example of this is embedding policies and programs targeting the prevention of violence against women into Municipal Health and Wellbeing Plans across the region. While both projects have to some extent faced challenges in engaging new parents into the program, the lower birth numbers and geographical spread have amplified this issue in a regional setting.

42. There is no current proposal to extend the funding for the existing Baby Makes 3 projects, or any of the other projects funded by the Reducing Violence Against Women and Their Children grants program. The current Government has stated that, given that the Royal Commission into Family Violence is to explore prevention strategies, any further investment in prevention initiatives will need to take account of the Royal Commission's findings and recommendations. In the meantime, the existing programs will continue to be funded until the end of December 2015 (see **Attachment JB-9**).
43. It is also important to explain that these projects were specifically conceived as fixed term initiatives to help develop the evidence base for future primary prevention and early intervention initiatives. The evaluations of the projects were intended to inform options for investment in future work to address the prevention of violence against women.
44. Ultimately, the intention is to **assess** the evidence gathered from the two projects – along with the other projects – and to consider what primary prevention activities could be rolled out more widely within Victoria, with any necessary adaptations. For the Baby Makes 3 projects, there are a number of practical and logistical variables and considerations that will need to be taken into account in determining options for government to consider. Implementation options will need to be developed to leverage economies of scale and to address issues such as birth rates, strategies to better engage male partners, and cost effective facilitator recruitment, training and co-ordination.
45. Further, the concern that some of the existing Maternal and Child Health Centres within the local government sector are simply not physically large enough to host the Baby Makes 3 program will also need to be examined.

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46. It may be that a range of graduated options for further implementation of the program could be considered, including options enhancing the existing universal Maternal and Child Health "New Parents" program, and ensuring that the principles of gender equity and respectful relationships are embedded in all "New Parents" program resources, as well as the primary qualification training for Maternal and Child Health and other early years practitioners.
47. The final project reports are expected to provide further information on how each organisation has addressed the issues and challenges identified in the interim reports, and include recommendations based on the learnings from implementation of these projects. It will be necessary to review closely the final evaluations of the two programs, before any decisions are made on options for further implementation.

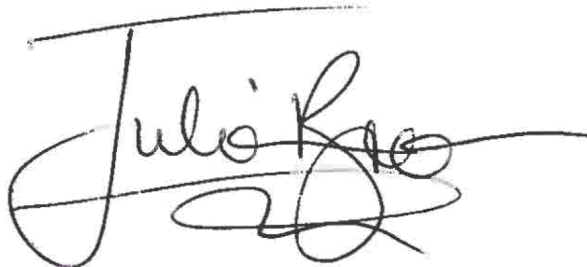
Signed by

Julianne Helen Brennan

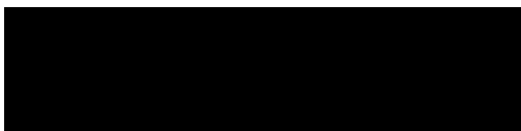
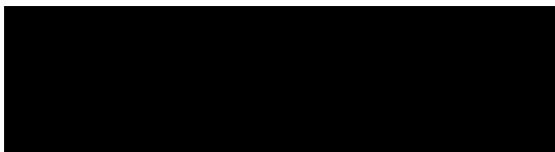
at Melbourne

this 9th day of July 2015

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Before me



**An Australian Legal Practitioner within the
meaning of the Legal Profession Uniform Law (Victoria)**