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VICTORIAN ROYAL COMMISSION INTO FAMILY VIOLENCE

MELBOURNE

THURSDAY, 15 OCTOBER 2015

(24th day of hearing)

BEFORE:

THE HONOURABLE M. NEAVE AO - Commissioner

MS P. FAULKNER AO - Deputy Commissioner

MR T. NICHOLSON - Deputy Commissioner

1 MR MOSHINSKY: Commissioners, the first witness for today is
2 Ken Lay. I ask that he please be sworn in.
3 <KENNETH DOUGLAS LAY, sworn and examined:
4 MR MOSHINSKY: Mr Lay, you were the Chief Commissioner of
5 Victoria Police from 2011 to 2015?
6 MR LAY: I was.
7 MR MOSHINSKY: Currently you are the Chair of the COAG, Council
8 of Australian Governments, Advisory Panel on Reducing
9 Violence Against Women and Their Children?
10 MR LAY: I am.
11 MR MOSHINSKY: You are also Chair of the Prime Minister's Ice
12 Taskforce?
13 MR LAY: I am.
14 MR MOSHINSKY: You are soon to take up the position of Chair of
15 Ambulance Victoria?
16 MR LAY: I am.
17 MR MOSHINSKY: I should just make clear that in the questions
18 today I'm not proposing to ask you any questions about
19 current operational matters or policies of Victoria
20 Police. We have had a number of very senior
21 representatives of Victoria Police give evidence already
22 in the public hearings, and we will also be hearing from
23 the current Chief Commissioner of Police, Graham Ashton,
24 tomorrow.
25 I would like to take up with you the broad topic
26 that we are dealing with this week, which is governance
27 structures in terms of the whole-of-government response to
28 family violence, and invite you, based on your experience
29 and work, to offer your reflections about what are some of
30 the important things to keep in mind when this Commission
31 is thinking about governance in relation to family

1 violence.

2 MR LAY: Thank you. Commissioner, for many, many years I have
3 spoken about family violence being a continuum of - at one
4 end it's the fractured cheekbones, it's the deaths. At
5 the other end it's the attitudes that we see from young
6 men, some women, which pervades the whole of society.

7 I have also seen in my time billions of dollars
8 of investment in that violent end, so whether it be in
9 police, whether it be with the services. But I don't see
10 that piece at the other end, where unless we get that
11 right, it may not be you or it may not be me, but in
12 10 years time we may have another royal commission talking
13 about this.

14 So despite all that investment, despite all the
15 work, despite all the goodwill, we still have a court
16 system that many victims and women describe as a
17 horrendous experience. We still have women being murdered
18 at almost a weekly rate. We still have terrible, terrible
19 injuries. We still have much of our focus on trying to
20 arrest our way out of this. So the violence continues.
21 I don't see the current model, unless we get into that
22 primary prevention space, moving.

23 Can I just take this on a journey, Commissioner,
24 and pull me up, please, if I'm not addressing where you
25 want me to go. As you are probably aware, I was in the
26 road safety space as the Assistant Commissioner up to
27 about 2006 or '07, I think it was, and I often tell the
28 story to groups I talk to back in 1971 we had a Premier,
29 Henry Bolte, who said that everyone would wear seatbelts.
30 Just as an aside, I can remember my dad sitting at the
31 table saying, "No-one is ever going to make me wear a

1 seatbelt." But the government persisted, they were
2 strong, governments were bipartisan as we went through the
3 process. As a result that empowered agencies,
4 departments, communities to actually understand what drove
5 road safety, what drove road deaths.

6 People like me, like Frank Green was a really
7 good example as the Assistant Commissioner Traffic, spoke
8 out very loudly about road safety issues, challenged
9 government because he felt empowered to do that. The
10 political leadership was there that spoke about this, that
11 understood it was important. Premiers, police ministers,
12 roads ministers knew what worked, knew what didn't work,
13 and we had a model as a result where I have never seen a
14 group of agency heads so tight as they are in the road
15 safety space. I think it was because of the political
16 leadership. They felt empowered. They were game to
17 actually challenge the politics. Innovation flowed,
18 investment flowed, legislation flowed; and I always take
19 it back to that political leadership.

20 So family violence. I haven't seen that same
21 level of political leadership going back over a decade.
22 When Neil Comrie started talking about this, when
23 Christine started talking about this, when Simon followed,
24 I think much of the public commentary was coming from
25 police. There were many, many women in the community,
26 generally classified as feminists, who spoke about this
27 very passionately. Phil Cleary is the only man I remember
28 talking about it, and politicians I think found it quite
29 uncomfortable. You would often see them moving from one
30 cheek to the other. Wasn't real policing, wasn't a real
31 crime, and that actually reflected in the way we dealt

1 with it and the community dealt with it and the media
2 dealt with it. The political leadership I didn't see.

3 COMMISSIONER NEAVE: We might have now reached the point where
4 we have that political leadership, or seem to have.

5 MR LAY: Commissioner, I sat in the Upper House in December
6 2014 and listened to the Governor outline the new
7 government's policy agenda. I have heard - sorry, prior
8 to that election I heard both the opposition leader,
9 I heard the incoming Premier speak about family violence,
10 speak about it being important. We come through the
11 election. We have a royal commission. We have a family
12 violence minister. We have a premier that speaks
13 beautifully and articulately, understands the issues.

14 Two weeks ago I stood up beside the Prime
15 Minister, and again his first policy statement in his role
16 as Prime Minister was about family violence, his first
17 statement about investment was about family violence, and
18 he started talking about things like gender inequity,
19 entitlement, all those issues that we know are important.

20 That's enormously empowering, I suspect, for
21 people like the Chief Commissioner, for agencies, for the
22 community, and people start to understand, "Okay, this
23 isn't about a bloke coming home with a few beers in him
24 that becomes violent. It's far deeper than that." That's
25 two steps forward.

26 But a week after, while we are still basking in
27 the glow of the Prime Minister's announcement, we get
28 nonsense down at Geelong from the Mayor of Geelong, who
29 makes some statements which - it's just enormously
30 frustrating. So whilst we can say, "Yes, we are moving,"
31 we can't lose sight of the fact that there are many people

1 in our community, people in leadership positions, who
2 still don't quite get this.

3 I come back to the culture piece and the
4 education piece and the primary prevention piece. That
5 I think is probably where the answer lies rather than
6 trying to arrest our way out of it. It's going to be very
7 important to continue the investment in police. The
8 services obviously need support. But, by gee, there's
9 still a big part of the community that needs some
10 education, and particularly our young people, in my view.

11 MR MOSHINSKY: Mr Lay, just picking up a couple of the strands
12 that you have referred to, in terms of the very large
13 project of cultural change and primary prevention work,
14 one of the issues is trying to come up with some sort of
15 system or governance structure that adopts a long-term
16 approach that isn't beholden to the election cycle,
17 ideally is a bipartisan approach. Do you have any
18 thoughts on how one can try to achieve that?

19 MR LAY: Shortly before I left I did have some discussions
20 about whether there should be a family violence
21 commissioner or an ombudsman type model, someone to
22 actually sit above the agencies and the departments.
23 I just worried that at times - I worried often that
24 Police, DHS, Health, Education got stuck in their own
25 silos, and I'm not being critical of anyone because Police
26 were as guilty as anyone, but we seemed to be beholden to
27 our minister, respond to our minister what we thought our
28 minister wanted, and sometimes that resulted in probably
29 not the best advice, the most innovative advice.

30 So my thinking was around let's try and put a
31 filter above this where these four or five strands could

1 feed into and someone could actually synthesise it and
2 give government the absolute best practice and best way
3 forward. I'm not sure the agencies and the departments
4 did that as well as we should have in my time as
5 Commissioner. So I quite like this idea of someone
6 sitting above people, looking at what works, looking at
7 what doesn't work, and give government the opportunity to
8 have one voice rather than four voices, which tends to
9 dilute what may well be a really good model.

10 The other piece about this for me, Commissioner,
11 was, whilst I spoke a lot about family violence and
12 Victoria Police invested a lot in family violence and
13 I think we worked pretty hard in this space, I never felt
14 truly accountable. I'm not sure - the truth is if we
15 hadn't worked as hard as we did the numbers of reports
16 probably wouldn't have been as high as they would have
17 and, rather than me having a crime rate over my tenure as
18 Commissioner of up three per cent, it might have been down
19 five per cent, and history - people might look at me more
20 kindly than what I delivered by way of crime rate.

21 But I just never felt truly accountable to
22 government about making women and children safer. It was
23 more an intuitive thing. It was more issues that were
24 driven from within the organisation, some very, very
25 strong women's voices in Victoria Police. So, again,
26 there's this piece about what sits over the agencies or
27 the departments that can actually drive this, that can
28 actually ask the questions about what went wrong.

29 Young Luke Batty's death is a really good example
30 of things went wrong. They went wrong across a host of
31 agencies. Yes, the Coroner went and did some work and has

1 done a very nice piece of work to unpick that. But I'm
2 still not quite sure that the agencies really understand
3 how they could have been so much better, and that piece
4 that sits above it may well be the answer.

5 How do you keep that out of the politics is a
6 vexed question because - smarter people than me will think
7 about this, I'm sure, but when an agency or a body is
8 established, politics will establish it and politics can
9 unestablish it. So that's the tricky piece. I would
10 think part of the answer is come back to that primary
11 prevention stuff. When the community understands that
12 women and children dying, women and children being
13 assaulted and harmed is important, when they understand
14 the drivers, one would hope that the electorate would keep
15 government on the straight and narrow in this space.

16 Of course, the other piece about this, it's
17 people like Neil Comrie, it's people like Christine Nixon,
18 it's people like me, it's people like Graham Ashton and
19 the people that follow who will need to continue to speak
20 out - and the other men and other women who are very, very
21 capable of doing that.

22 COMMISSIONER NEAVE: So do you envisage that, if you had some
23 sort of an independent body which has an oversight role,
24 it would be involved in both overseeing prevention and
25 overseeing the service delivery area?

26 MR LAY: Commissioner, I think it probably has to. It's
27 interesting, though. If we go back to the road safety
28 model, we don't have such a body that sits over that. But
29 we do have very strong political leadership and continued
30 political leadership. So one might argue that, if we had
31 that going forward, perhaps we don't need this body.

1 But I like the idea of this body having the full
2 view. If we roll the clock back to some of the terrible
3 things that happened to women and children when I was
4 Commissioner, that that person or that body would be
5 saying to me, would be saying to the head of DHS, would be
6 saying to the head of education, "What happened? How did
7 we get to this place? You are accountable. What did you
8 do to prevent this," and put some absolute rigour on it,
9 and that level of accountability just makes you better.
10 It drives you and makes the community safer.

11 COMMISSIONER NEAVE: There is this idea of a Family Violence
12 Index which has been suggested. There are certainly a
13 number of complexities in coming - it's not like counting
14 how many people are injured or killed in a road toll.
15 It's much more complicated than that. But do you think
16 that that would be a helpful approach in terms of charting
17 progress?

18 MR LAY: Certainly the minister and I have spoken about this.
19 Heather Nancarrow, the Chair of ANROWS, and I have spoken
20 about this. I understand it's difficult and it's complex.
21 But if we can get this right, again, it's enormously
22 powerful to drive the agencies, drive government, drive
23 the investment, drive the legislation. I'm not quite sure
24 what it looks like, Commissioner.

25 COMMISSIONER NEAVE: I don't think any of us do yet.

26 MR LAY: But, to me, that accountability stuff is so important.
27 Again, it comes back to that - it drives the agencies to
28 work together, and when we get it right - again, road
29 safety - there are so many more men, women and children
30 alive today because we got it right - the accountability
31 was right, the leadership was right, the agencies got it

1 right. Family violence is far more complex, though,
2 I would argue, than road safety. So the answer is far
3 more complex. But, yes, I'm deeply attracted to an index
4 that says, "This is what you will deliver, and, if you are
5 not delivering it, why not?"

6 MR MOSHINSKY: I was going to move to a new topic.

7 COMMISSIONER NEAVE: Perhaps I will ask the question I wanted
8 to ask now. The whole question of culture change, which
9 is what you are talking about in the context of primary
10 prevention, and you have talked about society as a whole,
11 but are there any particular challenges in bringing about
12 cultural change among the police, who have traditionally
13 been a very male-dominated organisation. There have been
14 enormous changes, I know, but what are the challenges that
15 need to be dealt with in that context?

16 MR LAY: Obviously first up is the leadership space, is to make
17 sure the Commissioner keeps talking about it. We did try
18 hard to reshape what the organisation looked like with the
19 Family Violence Command and more family violence units
20 across the state and with me continually talking about it,
21 re-looking at the ratio of women coming into the
22 organisation, promoting women and the like. But I'm not
23 sure we have the education space right. Certainly that
24 was my thinking in the Family Violence Command, was to
25 actually get a level of consistency in service.

26 Again, you look at Luke Batty's death, and some
27 of the police members did a fabulous job, others fell
28 short. So to try and drive that was to get education
29 right across the organisation so it was better, and hold
30 people accountable, Commissioner. I guess it's that
31 narrative around political leadership at the broader

1 level. It's leadership at the Victoria Police level which
2 is enormously important. It does actually start to change
3 attitudes. You do see people who you perhaps lease
4 expected to be responsive far better.

5 Having said that, some people in the organisation
6 in my time still felt it was okay to say to me, "Family
7 violence isn't a real crime. We should be out doing real
8 policing." So I need to make sure - well, the
9 Commissioner needs to make sure that that narrative is
10 always challenged. The Commissioner needs to talk with
11 the union to make sure that both the police union and the
12 Victoria Police are lined up with that, and the political
13 piece.

14 I suspect we have moved, though, although - I'm
15 not sure if you have heard any evidence about the
16 predatory behaviour stuff that Kate Jenkins is doing.
17 There's some stuff in there that indicates that Victoria
18 Police have still got one hell of a long way to go and
19 I know it's going to be an enormous challenge for Graham.

20 DEPUTY COMMISSIONER FAULKNER: A related theme. You did work
21 obviously in your time in relation to a blue paper which
22 asserted that there was a need to change the substance of
23 the workforce, the categories of people that you employ.
24 Is there an answer for family violence in that, in that
25 maybe the role of the person who is on the road is not the
26 right role for the person - the sort of response that you
27 need? So could you ever envisage a police force that had
28 different categories of people employed that recognised
29 the very nature of family violence being different?

30 MR LAY: Deputy Commissioner, I think you are right. The
31 thrust of the blue paper was that Victoria Police is

1 structured in a way that it was in the '70s and '60s, and
2 we didn't have the freedom to actually shape the
3 organisation to face the challenges of counter-terrorism
4 and organised crime and family violence and ice and so on,
5 so we needed to change the business.

6 Again, there's case studies going back for many,
7 many years about how Victoria Police perhaps hasn't been
8 as good as it should be in responding to family violence.
9 Is it the man or woman in the van the best person to
10 respond to? I think in many cases the answer is yes, in
11 many cases the answer is no. But it is far more
12 sophisticated, and I'm not quite sure we are there yet.

13 But - and this is a matter for the new Chief
14 Commissioner to prosecute - no police organisation can
15 respond to a very dynamic environment unless it's got the
16 ability to change quickly, and that's about resource mix,
17 it's about sworn versus unsworn, it's about lawyers versus
18 analysts, it's about people with social skills versus
19 people with investigative skills, and then you could
20 actually be the very best you possibly can be. But this
21 model of putting two people at every police station and
22 driving around in divisional vans, in my humble opinion,
23 is fraught and probably results in less than optimal
24 service to some of our victims.

25 MR MOSHINSKY: Mr Lay, can I ask you now about the COAG
26 Advisory Panel on Reducing Violence Against Women and
27 Their Children. Would you be able to outline for the
28 Commission broadly the work of that panel and the process
29 and where it's up to and where it's going to from here?

30 MR LAY: So I was appointed in February this year to chair this
31 panel. Rosie Batty is Deputy Chair, Heather Nancarrow

1 from ANROWS is the other Deputy Chair, and we have I think
2 10 other people who are categorised as experts on the
3 advisory group.

4 So in the first instance the Commonwealth
5 Government asked us, or COAG, the premiers and the Prime
6 Minister, asked us to do three pieces of work, and that
7 was to provide some advice on the national - provide
8 preliminary advice to COAG on areas of further work and a
9 national campaign to change social attitudes. We did that
10 in July. That work that we presented focused on a
11 national campaign on changing young people's attitudes
12 towards violence, and that advice has been adopted by
13 COAG.

14 That piece of work was enormously compelling,
15 Commissioner. In the not too distant future there will be
16 some research released that some people did to actually
17 inform that national campaign, and I hope to be able to
18 talk about that more broadly, but as a Commissioner you
19 will often talk about "nothing shocks me", but this
20 research about attitudes of particularly young children
21 was very, very confronting and, again, perhaps puts me in
22 this space now where I'm much, much stronger on that
23 primary prevention stuff. The attitudes we are seeing, as
24 you see in the VicHealth survey and as you see in other
25 surveying, was particularly confronting for me
26 particularly being a male when you are seeing some of the
27 stuff that young boys think is right and proper.

28 The other recommendation we made was rolling out
29 respectful relationship programs in every school within
30 three years, which was supported, and also co-designing,
31 trialling, evaluating innovative use of technology to keep

1 women safe and stop perpetrators using technology to cause
2 harm. That work is presently in its infancy, but we are
3 trying to look for really smart ways to try to keep women
4 safe rather than the technology being used as a form to
5 terrorise women, which it has been.

6 Commissioner, the tricky part for us is you
7 report in February, I think it is - - -

8 COMMISSIONER NEAVE: Yes.

9 MR LAY: We are due to go back to COAG with our next piece of
10 work in March - how we actually synthesise our work with
11 yours. So we are just going to have to do some thinking
12 about that, and I suspect by me asking you to hold off for
13 six months is not going to work.

14 COMMISSIONER NEAVE: No.

15 MR LAY: Just on the second piece of work, Commissioner - - -

16 COMMISSIONER NEAVE: I don't necessarily see - just to clarify
17 that. Our work should be mutually reinforcing, and it's
18 very good that there are a number of people working in
19 this space at the same time, because part of a process of
20 a royal commission is to help bring about those
21 attitudinal changes and to create a climate in which other
22 changes can occur. So I don't think we are in any sense
23 in conflict.

24 MR LAY: There are some opportunities, and it is worrying to me
25 that when you look across the spectrum of work that's
26 being done this is clearly a very, very, very important
27 piece of work that we need to be able to make sure we are
28 closely aligned with. So that was the first piece of
29 work, Commissioners.

30 The second was to provide advice to COAG by the
31 end of the year on three major COAG priorities, and that's

1 the National Domestic Violence Order Scheme, which will
2 make DVOs more consistent and improve outcomes when
3 victims move interstate. So that work is progressing
4 well. The legislation is starting to align. The tricky
5 part for us at the moment is actually trying to get a
6 system that talks across jurisdictions. But I understand
7 we have got a model that we may well be able to implement
8 in the short term to get that right whilst we work to get
9 the final model, which is going - when you talk about
10 systems across the country, across police agencies, across
11 courts you start talking many, many hundreds of millions
12 of dollars, which is going to be difficult.

13 The second piece that we will report to COAG at
14 the end of the year is national outcome standards to hold
15 perpetrators to account and to provide key principles to
16 inform all perpetrator interventions and guide how
17 perpetrator interventions fit into the greater system,
18 and, again, we will provide some more advice around
19 strategies to keep women safe from
20 the technology-facilitated abuse. So that's work we have
21 been asked to do.

22 The really exciting part of the work is the third
23 part, which is to inform the next national strategy, which
24 is a greenfield. So this is the work where we actually
25 have an opportunity to perhaps build on your work and to
26 be creative, be innovative, be a little bit challenging,
27 perhaps take a few risks and hopefully leave a legacy for
28 our community.

29 MR MOSHINSKY: I think Commissioner Nicholson had a question.

30 DEPUTY COMMISSIONER NICHOLSON: I was just wanting to follow up
31 on your reference to the really concerning data about

1 attitudes of children. Throughout this Commission we have
2 heard from a number of people that have raised the issue
3 about the on line environment that's central to the lives
4 of our children these days and in particular the presence
5 of games that portray women in ways that we wouldn't want
6 and also the prevalence amongst children of accessing
7 pornography.

8 One of our people that we consulted with
9 described this as a tsunami that is about to hit us. So,
10 if we are thinking about prevention and changing
11 attitudes, she put it to us that this is a tsunami that is
12 about to hit us and we can do a whole lot of other things
13 but unless we address this it will be swamped.

14 MR LAY: I guess, Deputy Commissioner, that takes me back to
15 that primary prevention piece and the respectful
16 relationship investment. That's one part or that's one
17 part of it. But you start combining - what you have just
18 said then - with some of the attitudes that we do see in
19 some of the surveying and we have an enormous challenge as
20 a community. We have an enormous challenge.

21 But I continue to be bullish. We are in a space
22 now where we have never been before. With the political
23 leadership, with work like this, with family violence
24 commissioners, with Senator Cash from a national level,
25 with prime ministers talking about investment, we have got
26 the opportunity to turn this around. But it's going to be
27 challenging, enormously challenging.

28 DEPUTY COMMISSIONER NICHOLSON: Your COAG work isn't touching
29 on that online environment?

30 MR LAY: I suspect the third part will. We have made some
31 recommendations, and there will be some investment in

1 respectful relationship training for young people. That's
2 school-age people. I haven't seen the model yet, but
3 I would suspect that that would pick up some of that work.
4 But I would think that this is probably an opportunity for
5 the March paper about what work might look like, and,
6 again, it will be interesting to see what comes out of
7 this work to perhaps help inform that.

8 MR MOSHINSKY: Commissioners, I don't have any further
9 questions.

10 COMMISSIONER NEAVE: Thank you very much, Mr Lay.

11 <(THE WITNESS WITHDREW)

12 MS ELLYARD: Commissioners, the next panel is on regional
13 integration. There is a panel of four witnesses. I will
14 ask them to come forward and be sworn.

15 <FIONA McCORMACK, affirmed and examined:

16 <HELEN CAMPBELL, affirmed and examined:

17 <TAMMY SMITH, sworn and examined:

18 <SARAH JOHNSON, affirmed and examined:

19 MS ELLYARD: May I start with you, Ms Johnson. Could you tell
20 the Commission, please, what your present role is and a
21 summary of your professional background?

22 MS JOHNSON: My present role is as the Regional Integration
23 Coordinator for the northern metropolitan region of
24 Victoria. My background is actually not in family
25 violence specifically. While I have been on the board of
26 DVRCV for the last six years, my background has actually
27 been in rape crisis counselling, trauma counselling
28 initially, and then working within the youth mentoring
29 sector, and most recently I was the Executive Officer of
30 the Victorian Youth Mentoring Alliance. I have been in
31 this role for 18 months.

1 MS ELLYARD: Ms Smith, can I ask you the same question: your
2 present role and a summary of your professional
3 background?

4 MS SMITH: My present role is Family Violence Regional
5 Integration Coordinator in the rural area of Ovens, Murray
6 and Goulburn in Victoria. I have obtained a bachelor of
7 social work, and since then I have worked in the area of
8 child protection both in Australia and in the UK, I have
9 worked in foster care, disability services, direct family
10 violence counselling with women and children, and senior
11 management in community health, and been in this role for
12 just over three years.

13 MS ELLYARD: Ms Campbell, could I ask you the same question,
14 please?

15 MS CAMPBELL: I'm here in my capacity as independent Chair of
16 the eastern metropolitan regional family violence
17 partnership. I also do a few other things. I'm a
18 consultant principally in the area of responding and
19 prevention to violence against women. I commenced work in
20 the family violence policy space in the Office of Women's
21 Policy in 2009, and prior to that I worked in trade and
22 economic policy, and corporate social responsibility.

23 MS ELLYARD: Ms McCormack, the Commission has heard from you
24 before. You are the present CEO of Domestic Violence
25 Victoria, which is the peak body for family violence
26 services for women and children in Victoria, and indeed
27 one of the submissions made by your organisation to the
28 Commission dealt particularly with issues of governance,
29 considerations for governance of family violence in
30 Victoria.

31 MS McCORMACK: That's right.

1 MS ELLYARD: The focus of this morning's session is on the
2 regional structures that presently exist to support
3 integration. Can I start with you, Ms McCormack.
4 Historically, how did the structures we presently have
5 come to exist?

6 MS McCORMACK: It came about I guess through Christine Nixon
7 and the catalyst for family violence reform that she
8 undertook. There was initially a committee, a statewide
9 committee, that was comprised of a range of different
10 government departments and also NGO sectors, and there was
11 long discussion around what we meant by family violence,
12 what were the gaps in the system, developing
13 relationships, understanding one another's respective
14 roles, but also determining what an integrated system
15 might be. From that there was funding. That initial
16 vision wasn't completely funded, though. So that left a
17 little bit of ambiguity about when we were talking about a
18 model of integration in Victoria exactly what we were
19 talking about.

20 But subsequently what was established was
21 regional committees. Those regional committees were
22 essentially - so there was a regional integration
23 coordinator position supported by a chair. The
24 responsibility of the RICs was to support representation
25 from a range of different relevant sectors to work
26 together locally on improving the family violence
27 response.

28 There were statewide directives around what they
29 should do. So there were things like, first of all,
30 establishing representation, making sure they had the
31 right representation around the table, developing a shared

1 understanding, implementation of common risk assessment
2 training, development of referral pathways. There was
3 consistent work happening across the regions.

4 There was variations in - - -

5 COMMISSIONER NEAVE: Can I just ask you, you said that there
6 were statewide directives. Who did those directives come
7 from?

8 MS McCORMACK: There was an area of government that supported
9 the whole-of-government approach to family violence. That
10 was within Office of Women's Policy, which sat outside
11 governance of departments that were part of the response
12 and particularly part of the funding. That was really,
13 really critical. We believe that's a fundamental issue,
14 because integration isn't just about service delivery
15 integration. It's about systems integration from the
16 ground right up through government. So it's really
17 fundamental that we have government departments working
18 together.

19 So that coordinating body also took a key role in
20 communications. So we had a policy framework, we knew
21 where we were working towards, what we were working
22 towards, and there was communications from that. The
23 statewide advisory committee continued, and that was a
24 great mechanism for feedback to come back about how
25 implementation was - - -

26 MS ELLYARD: So the regional committees were able to report
27 back up to the statewide committee?

28 MS McCORMACK: Yes, and that was a great mechanism to learn how
29 are things going, what were the unexpected outcomes, both
30 positive and negative, how might they be addressed, how
31 could we build on things. There was lots and lots of

1 energy. Government was very, very active and committed to
2 violence against women. So there was plenty of work
3 happening. That's kind of vanquished.

4 MS ELLYARD: If we think about today, the regional structures
5 that were established, do they presently sit in any kind
6 of overarching framework, from your perspective?

7 MS McCORMACK: Really, that system doesn't exist anymore as
8 what it was. The restructure of DHS has made a huge
9 impact. We lost a lot of corporate knowledge about the
10 integrated approach. Office of Women's Policy was moved
11 from that Department of Planning and Community Development
12 into DHS, and their resources were considerably cut, which
13 really limited their ability to do their job. But we
14 also - we lost that whole-of-government approach, that
15 understanding that it really required five ministers at
16 least working together to common objectives.

17 There was also the introduction of other policy
18 initiatives that made the family violence system
19 ambiguous, who was doing what. But it also took away the
20 authorising environment that once provided particularly
21 regional committees the ability for them to do their work.

22 MS ELLYARD: I want to turn now to the other members of the
23 panel who work in the present system. I want to start
24 with perhaps a general question. The purpose of the
25 committees and the chairs is to achieve integration in
26 family violence response at a regional level which means
27 of course the first question is what do we mean by
28 "integration". Can I start with you, Ms Johnson, but
29 perhaps get each of you to comment. From your
30 perspectives, when we think about integration what do we
31 mean?

1 MS JOHNSON: When I first started in my role I asked the
2 members of the committee this question. It was a really
3 fascinating process. The thing that kept coming back over
4 and over again was that it is about a continuum of care
5 for women and children. An integrated system is one where
6 a woman can enter the system and she will be held through
7 that system in a way that is going to keep her safe. Then
8 at the same time an integrated system is a system where a
9 perpetrator enters and he is held to account.

10 MS ELLYARD: Ms Smith, what would your definition of
11 "integration" be?

12 MS SMITH: I think it is very similar in terms of the continuum
13 of care from the moment a woman or child or man enters the
14 system, regardless of where they may enter that system.
15 I think it's where all services that are impacted upon
16 family violence have effective relationships, referral
17 pathways, very clear common language, clear agenda and
18 clear vision for what they are actually looking at, and
19 that they collectively have the capacity to impact change.

20 MS ELLYARD: Ms Campbell, what would your definition be?

21 MS CAMPBELL: I think my colleagues have set it out well. In
22 terms of the mechanisms for integration I think a lot of
23 the conversation in recent years has really focused around
24 services integration and has ignored the policy, strategy
25 and legislative and authorising environment integration
26 that needs to enable that to happen.

27 MS ELLYARD: So the back office part, as it were, so that from
28 the client's perspective integration exists?

29 MS CAMPBELL: Yes.

30 MS ELLYARD: May I ask then, while we are with you,
31 Ms Campbell, your role is as a chair of a regional

1 integration committee. Could I ask you to speak a little
2 bit about what your work involves and what in your region
3 is the relationship between the committee of which you are
4 the chair and the regional integration coordinator?

5 MS CAMPBELL: Okay. In the eastern region I have been the
6 independent chair since the beginning of 2014.

7 MS ELLYARD: What do you mean by independent?

8 MS CAMPBELL: Independent is that I have been recruited as an
9 independent facilitator to support the partnership.

10 MS ELLYARD: Rather than coming as a representative of any of
11 the partners to the committee?

12 MS CAMPBELL: Yes. So I have no interest in any of the
13 particular services or sectors that are represented on the
14 partnership.

15 MS ELLYARD: Two questions. Firstly about language, I notice
16 you prefer the word "partnership" to "committee"; is that
17 right?

18 MS CAMPBELL: Yes.

19 MS ELLYARD: Why, in your view, is "partnership" a better word
20 to describe?

21 MS CAMPBELL: I think historically in the context of our
22 partnership it was developed as a partnership which is
23 based on mutual respect, respectful engagement and
24 listening. While we had a clear mandate at the outset
25 around what our terms of reference would be, there was
26 always scope and interest in broadening out the work of
27 the committee to ensure that broader issues such as issues
28 around the rights of children were integrated as well as
29 looking at a broader approach to primary prevention as
30 well.

31 MS ELLYARD: So who sits around the table? Whether we call it

1 a committee or a partnership, who are there?

2 MS CAMPBELL: Our members are sector representatives of all of
3 the key sectors involved in the family violence response.
4 So that includes homelessness, women's services, men's
5 behaviour change services, the courts, Corrections,
6 police, sexual assault. We have a representative from the
7 prevention sector who oversees the regional prevention
8 strategy. Child Protection. We have some DHHS
9 representatives. I think that's about it. Forgive me if
10 I have forgotten anyone.

11 MS ELLYARD: There is also a regional integration coordinator.

12 MS CAMPBELL: Yes.

13 MS ELLYARD: How is responsibility or authority divided up
14 between the committee or the partnership and the
15 coordinator?

16 MS CAMPBELL: The coordinator role in our region, and it does
17 vary across regions, is a very strategic leadership role
18 in terms of, having gone through a strategic planning
19 process, she's responsible for leading the implementation
20 of the strategic plan. So she works very closely with a
21 number of working groups that we have established to
22 ensure that the work being undertaken reflects the intent
23 and purpose of the strategic plan and the vision. Her
24 role is a very full-time role. She's very strategic and
25 engaged in a number of cross-regional sectoral initiatives
26 and broader initiatives outside of the family violence
27 space.

28 MS ELLYARD: In your region does the regional integration
29 coordinator have a background in family violence service
30 response?

31 MS CAMPBELL: Yes. She has very strong specialist capability

1 and experience. She also has very strong strategic
2 stakeholder engagement skills.

3 MS ELLYARD: May I turn to you, Ms Smith. How does it work in
4 your region in terms of the composition of the committee
5 and the relationship between the committee and its chair
6 and you in your role as the coordinator?

7 MS SMITH: In our region we have a slightly different
8 structure. Ever since the changes with DHHS at the end of
9 2013 where they became area based we had one committee
10 with about 42 membership organisations, because the Ovens,
11 Murray and Goulburn is the old Hume region. So it is 12
12 local government areas. It is quite big. When DHHS
13 separated those two areas to become Ovens, Murray and
14 Goulburn we decided that to be able to be more place based
15 and focused on the issues in each area that we would
16 separate our committees.

17 We have one executive, which are the agency
18 connection managers from DHHS. Then we have the two
19 chairpersons of our strategic committees, the auspice and
20 myself. Then we have two strategic committees, one in
21 Ovens Murray, one in Goulburn. We have a chairperson and
22 vice chairperson of those committees.

23 The purpose of those committees is to design the
24 strategic plan and ensure that any government legislation
25 direction is embedded into the service sector. Then we
26 have an operational group, who is responsible alongside
27 myself for implementing the strategic plan. So we have
28 gone through quite a significant restructure over the last
29 12 months. Issues were identified in terms of the
30 governance arrangements and the auspice RIC chairperson
31 committee arrangements who oversees what. It hasn't been

1 clear in any previous documentation as to who takes
2 responsibility for the supervision or the work plan of the
3 regional integration coordinator. We now have a system
4 where I have line management through my auspice agency,
5 and they are responsible for the day-to-day organisation
6 of my work, but it's actually the committee and the
7 chairpersons who direct my work plan via the strategic
8 plan.

9 MS ELLYARD: You mentioned your auspice agency. Do you mean by
10 that the agency that receives the funding from DHHS to
11 employ someone in the role that you hold?

12 MS SMITH: Yes.

13 MS ELLYARD: Ms Campbell summarised the types of agencies that
14 are reflected in the work of her committee or partnership.
15 Is that the same composition for you?

16 MS SMITH: It's similar. I think in country areas we actually
17 expand a lot more, potentially. We have all the family
18 violence specialist services for women, children and for
19 men. We have Department of Justice, Victoria Police,
20 Department of Health and Human Services represented. We
21 have our Child FIRST and Family Services Alliance
22 chairperson. We also have a manager and/or the
23 coordinator from that area. We are looking at what other
24 representative groups we need to include, whether or not
25 we need to move into the area of health, because in the
26 country areas there's a lot less opportunity, I guess, for
27 people to be part of this system and different
28 organisations are wanting to have their part in this area.

29 MS ELLYARD: Thank you. May I turn to you, Ms Johnson, and ask
30 you the same question. How are things organised in your
31 region in terms of the composition of the committee and

1 the relationship between the committee and the
2 coordinator?

3 MS JOHNSON: There are definitely some similarities across what
4 my colleagues have already said. We also have a
5 representative structure in the northern metropolitan
6 region that's quite a new structure. When I first came
7 into the role we had a broad network that was made up of
8 about 55 to 60 organisations. So when we were considering
9 the idea of actually having the committee that could do
10 some strategic work we thought about reducing the size.
11 It's a big issue in the north because we do have a lot of
12 services operating.

13 So the system that we now have is a committee
14 that meets bimonthly. It is made up of representatives
15 from all of the specialist services. As in Tammy's
16 region, we have the men's, women's and children's family
17 violence specialist services represented. Then we have
18 representatives from each of the sectors actually that all
19 of my colleagues have already mentioned. Probably the
20 only one that hasn't been mentioned is we have the
21 coordinator of the Indigenous family violence regional
22 action group on our committee, and I have a feeling that
23 might be the case with some of these others too. But that
24 is actually a really important link in terms of the
25 connections with other government structures in the region
26 as well.

27 MS ELLYARD: What about the relationship between the chair and
28 the coordinator? Is there a clear understanding in your
29 region of any priority or hierarchy that exists?

30 MS JOHNSON: The system in the north is quite different. The
31 agency that employs me is Women's Health in the North, and

1 the CEO of Women's Health in the North is our current
2 chair. From my perspective, this actually works really
3 well because she is available to me all the time. So it
4 means that we can actually do a lot of collaborative work
5 together in ensuring that the strategy that the committee
6 has committed to is actually enacted. So it's almost like
7 having sort of a sidekick to assist with that work.

8 MS ELLYARD: Are there any downsides to you both being located
9 in the one agency, even if they are downsides of
10 perception?

11 MS JOHNSON: I think because as an organisation we have been
12 working in the northern region even before the reforms
13 occurred around coordinating services and family violence
14 and responses to family violence have been a priority for
15 the organisation for many years we have had a reputation
16 for that work. We are not seen as family violence
17 specialists. We don't do direct service delivery. But
18 partners across the region understand that Women's Health
19 in the North is in this space because we want to improve
20 the integration and coordination of services across
21 prevention, early intervention and response. I have not
22 experienced in my time any murmurs that that doesn't work
23 for our partners, but I do think that's because we have
24 that strong history and respect across the region.

25 MS ELLYARD: Both you, Ms Smith, and you, Ms Johnson, in your
26 role as coordinators are auspiced by agencies that are not
27 direct service providers of family violence specialist
28 services, but I understand that's not the case everywhere.
29 From your perspectives what are the pros and cons of the
30 coordinator role sitting in an agency that isn't a direct
31 service provider of family violence services?

1 MS SMITH: One of the pros I think of sitting in an
2 organisation that isn't the direct service provider is
3 there is no opportunity for you to be filtered into the
4 direct day-to-day work with clients. The other positive
5 opportunity and particularly over the past three years
6 where the Department of Justice have funded the prevention
7 work where we are fortunate enough, like a lot of other
8 regions, to have received that funding, we have that
9 prevention committee coordinator sitting in the same
10 organisation. So one thing that we have really been able
11 to do over the past three years is looking at the
12 continuum of family violence right from the primary
13 prevention down to the tertiary and response. So that's
14 been extremely important to be able to then assist
15 community and partners to understand what that continuum
16 is about. I guess there's pros and cons for being in any
17 organisation.

18 MS McCORMACK: I think there are advantages and disadvantages,
19 and I think the advantage is that independence from the
20 actual service delivery. There can be advantages, though,
21 when a RIC is situated with a direct service provider
22 because of the access to that data and that kind of closer
23 connection with information about the trends that are
24 happening, closer connections with integration between
25 police et cetera. So there are advantages and
26 disadvantages. It's about how we get the balance of both.

27 MS ELLYARD: Ms Johnson, would you have any further comment to
28 make on that?

29 MS JOHNSON: Certainly because we are based in sort of a more
30 independent organisation the relationship with the key
31 intake services is very important. So we do really value

1 those relationships in our region with Berry Street for
2 women and Plenty Valley for men. So the partnerships do
3 become a lot more important.

4 But I absolutely agree with what Tammy was saying
5 about the independence. If I was given the opportunity to
6 move across to a specialist service I would probably say
7 no. It would be incredibly difficult. One of the things
8 that I think makes it work well being so independent is
9 that we are not seen as being on the side of any
10 particular partner. We are very much being seen as
11 independent. I think there's sometimes a risk if you are
12 based at an organisation that's vying for funding, looking
13 at a specific piece of work in the system you may be seen
14 to be working just for that organisation. Certainly
15 I know that our colleagues do a lot of work to ensure
16 that's not the case, but it seems from the outside looking
17 in for them that that's quite a hard piece of work for
18 them to do.

19 MS SMITH: I think it's really important, though, regardless of
20 where RICs are placed, to actually have very, very clear
21 structures in place about who is responsible for the day
22 to day of the RIC position and who is responsible for the
23 work planning of the RIC position so that it does
24 definitely remain an autonomous position.

25 MS ELLYARD: Ms Campbell, can I ask you from the perspective of
26 the chair where does the regional integration coordinator
27 in your region sit? Are they within a specialist agency
28 or a generalist agency?

29 MS CAMPBELL: Our RIC is currently located within the
30 specialist auspice agency. I guess there are risks and
31 benefits to that. But in the case of our region there's a

1 happy constellation of personalities that enables her to
2 remain independent. So she's able to progress and pursue
3 the interests of the partnership as opposed to that of the
4 agency that's nominally employing her.

5 MS ELLYARD: Ms McCormack, it appears that in different regions
6 different agencies are auspiced to do different things in
7 this area. Was there any thinking or logic that you are
8 aware of behind the fact that in some regions specialist
9 agencies, specialist family violence agencies are the
10 auspice agency and in other regions they are not?

11 MS McCORMACK: It's always been contentious and it's always
12 been problematic. From the beginning one of the reasons
13 why we supported coordination of the RIC positions was
14 because we were being contacted by RICs saying, "Can we
15 get together with other RICs," they were struggling,
16 because there was always the ambiguity about governance
17 and accountability. Who were they accountable to? Were
18 they accountable to their auspice? Were they accountable
19 to their chair, accountable to their committee? Were they
20 accountable to DHS? Were they accountable to the
21 statewide committee? It was also very political,
22 particularly in those days when there was lots of work
23 being undertaken and things were so busy.

24 There has been some work to iron out the
25 variations that really supported clarity. I think what
26 works well is when we have policies and procedures that
27 clearly support the RICs being independent. Whether they
28 were auspiced by a service not involved in direct service
29 delivery or whether they are supported by a specialist
30 service, we need really strong, consistent policies and
31 procedures around their independence because the way in

1 which it's translated is that the RIC role is very
2 different.

3 In some regions it's a really strategic position
4 that goes and liaises with other partnerships to negotiate
5 with them around their focus on family violence. That
6 takes high level, strategic, good communication skills and
7 understanding about where we are going as a whole. Then
8 in other areas RICs are used like admin support, and
9 that's because of different politics in a range of
10 different areas, not just with who they are based with but
11 with the auspicing agency, with the chair, with the local
12 contact with DHS.

13 MS ELLYARD: Can I ask the panel as a whole: do you agree that
14 there is room for greater consistency and perhaps greater
15 clarity about the roles of the regional integration
16 coordinators and the roles of the committees and how they
17 interact with each other?

18 MS SMITH: Yes. In 2012 RICs were invited to be part of a
19 consultation process that DHHS had funded an independent
20 person to do. One of the focuses that we had - we spent
21 about a day and a half at our end of year meeting in 2012
22 on this issue. One of the areas that we were really
23 concerned about is that there isn't a baseline of
24 consistency about what occurs for the regional integration
25 coordinators, but also for the committees there didn't
26 seem to be any baseline for what we focus our strategic
27 planning around. Are we following statewide strategic
28 planning, national strategic planning or are we meant to
29 be looking at the areas of need in our own localised place
30 based areas? So it doesn't seem that there is actually a
31 clear baseline for the regional integration coordinators

1 and committees to build a foundation. Having said that,
2 there does need to be flexibility in each of the areas,
3 but there really needs to be a strong foundation.

4 MS ELLYARD: As I understand it some work was done that
5 resulted in the development of a regional family violence
6 integration governance model in I think 2013.

7 MS SMITH: Mm-hm.

8 MS ELLYARD: To what extent has that model been taken up?

9 MS McCORMACK: There was no authority. It wasn't actually even
10 sort of formally released. It was sort of dribbled out
11 when people asked for it. It was very kind of ambiguous
12 about whether there was commitment from it from
13 government, and it wasn't necessarily distributed far and
14 wide across services. So RICS kind of took it and took it
15 to committees and it was of interest to committees but not
16 necessarily more broadly.

17 MS ELLYARD: Can I ask each of you in the different regions,
18 perhaps starting in the eastern region, did this document
19 offer any assistance and was it taken up?

20 MS CAMPBELL: I'm pleased to say - and it was before my time,
21 so I can't take credit for it - our partnership was quite
22 mature and most of the recommendations made within it were
23 already embodied within our memorandum of understanding
24 and the partnership processes. What I would say, though,
25 to reiterate, is you can have the best functioning
26 partnership or committee in the world, but unless you have
27 a clear understanding about what it is you are working
28 towards it's not necessarily a helpful thing.

29 MS SMITH: We actually took that onboard up in the Ovens Murray
30 and Goulburn areas and we utilised some of the points from
31 that document to update and upskill our memorandum of

1 understanding and our terms of reference. However, having
2 said that, I believe that if that was a strong foundation
3 for this service structure then the last 12 months we
4 wouldn't have had to work very, very hard through the
5 authorising environment for the RIC position in our area.

6 MS ELLYARD: But this didn't solve the - - -

7 MS SMITH: It did not solve it, no.

8 MS JOHNSON: When I started in the role 18 months ago I used
9 this as a guiding document for the review of our
10 governance arrangements. We were really looking for
11 something to hang a new structure off because we did get
12 some feedback that we had sort of a structure that was
13 just too big and unwieldy and it was very hard to be
14 strategic. There was some great work happening, but it
15 wasn't as strategic as it could be.

16 What I would say about that document is it is
17 actually very basic. It's not a very sophisticated
18 document. The integrated system has even in the last
19 three years actually shifted a lot. When we look at the
20 members that are suggested within that document there are
21 a whole lot of others that we think need to be around the
22 table in order to further integration in the region.
23 I know that Tammy was talking about health. We know that
24 it's very important for us to be having more and more
25 conversations across health.

26 When the reforms first begun and the work was
27 occurring it was very much about the specialist system.
28 The sandpit that we were all playing with started this big
29 and now it's this big. The RICs are trying to get
30 everyone to play very nicely in the sandpit. We have
31 people jumping in and out and wanting to be involved, but

1 it is very hard to articulate what the sandpit looks like
2 and who should be playing.

3 MS ELLYARD: Can I take up the issue of the authorising
4 environment, which you mentioned, Ms Smith, but I think
5 you have mentioned as well, Ms Campbell. When you speak
6 of the need for an authorising environment what do you
7 mean?

8 MS SMITH: I think that, as Fiona has talked about from the
9 inception of the regional integration committee and
10 coordinators, we haven't had sort of one avenue where our
11 family violence funding has come from. We haven't had
12 sort of necessarily the whole of government approach that
13 needs to occur. We had, as Fiona mentioned, a somewhat
14 structure in place until a change of government a couple
15 of terms ago and it seemed to fall through. We had a
16 structure where we could actually feed back up into and
17 alert the ministers and the government of what the
18 localised and statewide concerns were. We don't seem to
19 have that at all at the moment.

20 So it appears that we need some sort of structure
21 in place where we can actually have - whether it's an
22 authorising body or a committee, I'm not sure, but we need
23 some sort of structure in place where we can actually feed
24 up and feed down.

25 One of the issues I think that has been noted in
26 some of our RIC statewide meetings is around the
27 information that comes out of central DHS and the
28 information that comes out of our regional DHS offices.
29 So there doesn't seem to be clarity and consistency in
30 what message and what direction the RICs are getting.
31 Some RICs might have good relationships with their

1 regional DHHS. Some RICs may not have much of a
2 relationship with the local DHHS and may rely more on the
3 centralised body. So I think we need some sort of clear,
4 concise structure to allow that to happen.

5 MS ELLYARD: Ms Campbell, to what extent is there a direct line
6 of reporting up to DHHS at the moment or to any other part
7 of government from the work that your partnership is
8 doing?

9 MS CAMPBELL: It's very minimal and it's always instigated by
10 us. So, for example, when we concluded our most recent
11 strategic planning we did that on the basis of evidence,
12 not on the basis of parameters that had been set to us by
13 government. So we decided clearly safety was the key
14 issue. The main way in which we were to pursue that was
15 through consolidating and building on the strength of our
16 risk management processes in the region.

17 We provided that information back to government,
18 which they thanked us for, but there's been no real
19 dialogue around that. So I would say that it's minimal.
20 I don't think we feel that we have any accountability in
21 terms of the work that we do. We would like some.
22 I think it would be terrific to have a very clear set of
23 messages coming down from a statewide level around the
24 centrality of safety and for us to have that confidence
25 that that safety message was not only informing our work
26 but also informing the work of other regional and place
27 based initiatives.

28 MS ELLYARD: Can I ask you another question about authorising
29 environments. Around the table at your partnership or on
30 the committees in other regions sit a number of
31 representatives of government departments. Do you have

1 any comment to make about the extent to which those
2 particular representatives are engaged in the work or what
3 power you have to encourage their participation at the
4 table?

5 MS CAMPBELL: First of all, I acknowledge we do have good
6 regular participation from our regionally based DHHS and
7 Justice representatives. However, they are extremely
8 thinly spread. They have extraordinarily broad jobs and
9 mandates across a number of very, very complex sectors.
10 My sense is that, while they are committed to the work of
11 the partnership, they don't necessarily have the level of
12 expertise or specialism to be able to engage and advocate
13 on the safety issues needed.

14 MS McCORMACK: Can I just add something. We had a members
15 meeting just recently and we were really struck - you
16 always get kind of grumblings about this, grumblings about
17 that, but the family violence sector feel right now
18 enormous frustration and also feel quite disrespected
19 because they are working over capacity and they have very
20 little traction anywhere. So there's actually nobody at
21 the wheel.

22 Say for us as a peak body, if I want to go and
23 talk to government about how the system is going there's
24 nowhere to go to. I might go and talk to DHHS about what
25 they are doing. I might go to police and talk about what
26 they are doing. But in terms of anything that's working
27 together or towards common objectives there's nowhere.

28 At a grassroots level members will - there's been
29 a lot of, as I said, expertise lost in the restructure and
30 a lot of services felt as though their connection with
31 their local LEO, their DHHS contact, often that person

1 might not have any information about family violence,
2 what's happening at a state level, or the family violence
3 services having to tell them what they understand is
4 happening, or there's contrary information from what's
5 being told at DHHS central and what's happening legally.

6 But fundamentally one of the core issues that we
7 have is a lack of gender literacy amongst the public
8 sector. So it's really, really difficult even having
9 discussions around what we need to be doing in family
10 violence or how regional committees are going when we are
11 talking a completely different language. We don't even
12 have a fundamental understanding of the causes or the
13 impact of gender on population health outcomes.

14 When we talk about the system, government is
15 absolutely intrinsic in that and we need workforce
16 development in relation to that. But we really need a
17 very strong mechanism within government to coordinate
18 whole of government approaches to violence against women -
19 it doesn't have to be just necessarily family violence -
20 and we need an external body keeping government to account
21 so that when we have changes in government we are not kind
22 of pushed and pulled policy wise.

23 MS ELLYARD: May I ask you, Ms Johnson, what role do you see
24 for some form of structure that sits above the regional
25 structure in which you are a part and from your
26 perspective what might that look like to assist the work
27 that you and the committee do?

28 MS JOHNSON: I absolutely agree that there's a need for some
29 kind of authorising environment to actually ensure that
30 the conversations that we are having with a whole range of
31 different quite senior people within the regions are being

1 seen and taken seriously. A lot of the work that we do is
2 trying to bring people along and get buy in. A lot of
3 energy goes into that work.

4 In terms of the way that that might look, it's
5 certainly not my area of expertise, but I think some of
6 the mechanisms that could actually support the work of
7 regional integration do include having some very clear
8 legislative understandings about what is expected of
9 people as they come around a regional integration
10 committee table. I think at the moment we rely on
11 champions, and there's the willingness because we have
12 some great people, but it's very exhausting work.

13 MS ELLYARD: Can I just take up that exhausting work part.

14 What kind of time commitment do you expect from some of
15 the partners and are they all there in their paid time or
16 in their unpaid time?

17 MS JOHNSON: Most of our partners, they are there during work
18 hours. However we know that most of our partners also sit
19 on numerous other committees. Even at our last committee
20 meeting we had discussions about how we could improve the
21 time that we are spending together so that people are
22 feeling like when they walk away from their own
23 organisation they know that the two hours that they spend
24 together every two months is actually - we are making the
25 most use of it. So we absolutely know that the people who
26 come around the committee table are incredibly stretched.
27 I can't imagine any of the other regional coordinators
28 across the state would disagree with that.

29 MS ELLYARD: Ms Smith and Ms Campbell, would you make that same
30 assessment, that people who are there are happy to be
31 there but they have a lot of other places they are meant

1 to be as well?

2 MS CAMPBELL: Absolutely, and they make an extraordinary
3 commitment. Referring to the terminology around
4 partnership, I think it really is on the back of a lot of
5 goodwill by very, very committed people who probably give
6 well over and above and beyond and have done for many
7 years.

8 MS SMITH: I agree, and as Helen said we have extremely
9 dedicated local DHHS workers. We always have them
10 available to us. We also have the other government
11 departments attending our meetings when we know everyone
12 is extremely busy, as Sarah and Helen have said. One of
13 the frustrations for the government bodies who do attend
14 our organisations is whether or not they actually have
15 voting capacity.

16 So they come along. They can participate. They
17 are extremely enthusiastic and they want to do the work
18 with us. They want to be integrated. But there seems to
19 be an historical idea - and I do believe that there is
20 some reference to this in the governance document - that
21 not all of our government bodies are able to have voting
22 or decision making capacity. So they are coming along,
23 they want to be integrated, they want to work with us, but
24 they only have a certain reach.

25 MS ELLYARD: Is that partly because they might not have the
26 capacity back at their home department to carry out such
27 actions as the partnership or committee might want them to
28 carry out?

29 MS SMITH: It may be around that. What we have found, though,
30 is examples around legislation and policy that actually
31 disables that inability to be integrated.

1 MS ELLYARD: So that, although there might be a clear
2 understanding of how it would be good for the department
3 to work in a certain way, policy or legislation prevents
4 that from occurring?

5 MS SMITH: Absolutely.

6 COMMISSIONER NEAVE: Are you able to give us any examples of
7 that?

8 MS SMITH: I can.

9 COMMISSIONER NEAVE: I don't know that I was aware of the fact
10 that legislation could be disabling, or indeed policy.
11 I don't quite understand that point.

12 MS SMITH: In terms of information sharing we had an example in
13 our area where the police and Child Protection wanted more
14 information sharing capacity so when the police attend an
15 incident of family violence it would be great if they
16 could look on their system prior to going out to that
17 family and immediately know is there Child Protection
18 involvement with this family. So the referral processes
19 afterwards, they might go out - it might not be a category
20 1 serious incident. They might think, "We will just make
21 a referral to Child FIRST," which then duplicates the
22 referral system. There are actually information and
23 privacy legislations in place that may disadvantage the
24 knowledge that they can have before they go out to that
25 situation. We are expecting Victoria Police, without that
26 specialist assessment knowledge, to make an assessment of
27 risk of those children every time they go into that home.

28 COMMISSIONER NEAVE: Yes, I was aware of those problems.
29 There's a big problem about information sharing across the
30 system. You referred to voting capacity.

31 MS SMITH: Yes.

1 COMMISSIONER NEAVE: I was just wondering whether there were
2 any examples of - I assume you are sitting around the
3 table, you are designing your strategic plan, and often
4 that might be reached by a process of consensus. But if
5 there was a division of view are you saying that there are
6 restrictions on somebody from a government agency, say
7 Justice, expressing a view on the particular issue that's
8 relevant in the strategic plan?

9 MS SMITH: There is, and I actually asked for clarification by
10 DHHS two years ago. We had an issue in one of our place
11 based areas where a couple of our department members
12 wanted to be actively involved, wanted to be able to make
13 decisions on funding applications to our committee, wanted
14 to be able to make decisions on when we vote for
15 chairperson and vice chairperson roles. Because we could
16 not find this documented in black and white whether or not
17 they could or couldn't, historically the understanding has
18 been that they don't have that voting and decision making
19 capacity.

20 So I actually took it to the next level and
21 I brought it up to DHHS central. The response that I got
22 after a couple of months of them trying to work through
23 this issue was often it's not around what DHS are
24 directing in terms of the funding body; it's often what
25 those department organisations allow their delegates who
26 attend these meetings to make decisions and voting
27 capacity on. So there doesn't seem to be clarity for
28 these department delegates who are at our meetings whether
29 or not it is actually the funding body restricting this or
30 whether it's their own organisation. Regardless of where
31 the restrictions are coming from, it actually disempowers

1 them to have that active role.

2 COMMISSIONER NEAVE: Can you just clarify the funding body? We
3 are not talking about the funding of the committee; we are
4 talking about - - -

5 MS SMITH: Yes. So DHHS fund the regional integration
6 committee and the regional integration coordinators. In
7 that governance government there's very little that states
8 who can and can't have voting and decision making
9 capacity.

10 COMMISSIONER NEAVE: Does that committee have a funding role?
11 I hadn't understood that. So the committee might have - -
12 -

13 MS SMITH: Yes.

14 COMMISSIONER NEAVE: What, somebody in the area might say, "I'm
15 thinking of running a men's behaviour change program with
16 these attributes," would your committee have a role in
17 making a decision about that or feeding a decision back to
18 DHS? How does that work?

19 MS SMITH: Each committee in the state, and this is an
20 inconsistency as well, has a different amount of brokerage
21 funding attached to the committee.

22 COMMISSIONER NEAVE: So it is the brokerage funding.

23 MS SMITH: The brokerage funding attached to the committee. A
24 funding application may come in from a local group who
25 want to do a White Ribbon event or maybe there's
26 particular training that needs to happen for the service
27 sector. So when those funding applications come in to the
28 committee the government bodies, even if they have a
29 strong opinion one way or the other, don't necessarily
30 have that authority to be part of that decision-making
31 process.

1 COMMISSIONER NEAVE: What sorts of amounts are we talking
2 about? I know it will vary. I was aware that the
3 regional integration coordinator was a funded position,
4 funded by DHS. But you are saying that the committee
5 itself has some funds. What sort of amounts are we
6 talking about here? Small amounts?

7 MS SMITH: It varies. In some regions I understand it's only
8 about \$10,000. In other regions it's up to \$70,000 or
9 80,000. Again I don't know how that decision was made.
10 I don't know whether Fiona understands it all about how
11 the decisions were made in terms of what brokerage which
12 committees get, whether rural committees and metro
13 committees get different amounts. So the amounts of
14 application, it might be for \$1,000, it might be for
15 \$10,000, and we are currently working through our funding
16 process guidelines.

17 COMMISSIONER NEAVE: Thank you for that.

18 DEPUTY COMMISSIONER NICHOLSON: The committees aren't
19 incorporated in any way? You don't have a constitution
20 that says who are members?

21 MS SMITH: No. Terms of reference and memorandum of
22 understanding.

23 MS CAMPBELL: We are the same.

24 MS JOHNSON: Coming back to what Helen was saying earlier, they
25 truly are partnerships. Yes, we talk about them as
26 committees, but when you start to dig into the way that a
27 board of governance might operate versus the way our
28 committees operate you would be actually very hard pressed
29 to find many similarities. Yes, we have some quite
30 informal MOUs - I wouldn't want to run them past your
31 lawyers - and some terms of reference, but they are very

1 much about, "This is the intent of the work that we are
2 going to do." So when we talk about integration in the
3 regions, the committees are one part of that and
4 governance is one part. But there's a whole lot of other
5 work that happens in the background.

6 DEPUTY COMMISSIONER NICHOLSON: When you talk about a lack of
7 an authorising environment, what I'm hearing is that it's
8 not a lack of having authority to do things, because you
9 can do what you want; rather, it's a lack of connection to
10 statewide policy and connection to a statewide
11 coordinating forum at the highest level. That's what you
12 mean by lack of an authorising environment, is it?

13 MS McCORMACK: There is so much more we could be doing, but it
14 actually needs support from government. There are lots of
15 other things happening that are undermining the
16 committees. There are other committees that have been
17 established that have taken on very similar roles that's
18 duplicating work.

19 DEPUTY COMMISSIONER NICHOLSON: Could you tell us about those?

20 MS McCORMACK: Some of the new committees started up in
21 different areas are also including family violence work.

22 MS ELLYARD: I think, Ms Campbell, you have an example of that
23 in your region; is that correct?

24 MS CAMPBELL: Yes, in the outer eastern region there was a
25 children and youth area partnership established. When
26 that first set up they set up without any representation
27 from any of the family violence sectors, either us or the
28 regional primary prevention strategy leadership. We have
29 subsequently changed that so we are now active
30 participants in that.

31 But I guess what's been very interesting and

1 instructive in that is that everybody is seized of family
2 violence as an issue at the moment, and as they rightly
3 should be, however it's been incumbent on our partnership
4 and the regional primary prevention governance body to do
5 a lot of talking and, going back to the point around the
6 investment of time, we have invested considerable time and
7 effort in learning conversations and different ways of
8 trying to bring some level of shared understanding around
9 the drivers of family violence, around the dynamics of
10 family violence.

11 MS ELLYARD: Thinking about the particular example, was there,
12 for example, a committee established that was going to in
13 effect do some work that might already have been being
14 done within your organisation?

15 MS CAMPBELL: It's more that there was a high level of
16 enthusiasm around doing some work in the area which was
17 probably not necessarily fully guided by evidence and good
18 practice and, at best, could have been unhelpful and, at
19 worst, could have been harmful.

20 MS McCORMACK: There was also the implementation of Service
21 Connect pilots. There was a very sort of laissez-faire
22 approach to implementation because they wanted to test
23 different models. There was lack of clarity from
24 government. There was lots of reference made to this
25 being a complement to the current system, but that wasn't
26 really defined how. Was it early intervention? Was it
27 post crisis? So they have developed very differently. In
28 some they have actually taken L17 referrals as well.
29 That's caused a lot of confusion. So the role of
30 different committees has caused enormous disruption and
31 also duplication about who actually does what.

1 MS ELLYARD: Can I posit some examples of how one might achieve
2 greater integration and perhaps some greater uniformity.
3 As you have said, the regional integration coordinator
4 positions are all funded by DHHS but they sit outside of
5 government in community organisations. Is there an
6 argument for those positions being within DHHS so that
7 they have, rather than being auspiced elsewhere, direct
8 engagement with DHHS because that's who's employing them?

9 MS SMITH: The constant changes in structure with DHHS have
10 actually created, I understand, some concern for our
11 Aboriginal regional coordinator counterparts being moved
12 from team to team and the place based area changes, Health
13 and Human Services basically divorcing and then
14 remarrying.

15 The other concern I think about being placed
16 within DHHS is that RICs may be seen as an authoritarian
17 person rather than in a leadership position and they may
18 be seen as not being able to be independent from DHHS.

19 MS ELLYARD: Ms Campbell and Ms Johnson?

20 MS CAMPBELL: I'm not sure if everybody agrees with me about
21 this but I will say it anyway. My view is that the RIC
22 needs to represent and lead local level systems
23 integration change, and that is not just about services.
24 So my view would be that any RIC role and chair role and
25 role of anybody in the system needs to report to a whole
26 of government sort of accountability mechanism. Whether
27 that is in government or whether that's in the community
28 sector, from my perspective as long as it has very, very
29 tight framing around the mandate being safety and risk
30 management and the connection with strong primary
31 prevention effort, for my purposes it doesn't really

1 matter where it sits.

2 MS ELLYARD: Ms Johnson?

3 MS JOHNSON: I think the only thing I would add there is that
4 the RIC roles are strategic, they are about facilitating
5 partnership and I think the opportunity of independence
6 that's brought by not sitting within a government
7 department is a real strength. Certainly the example of
8 our counterparts working with the regional action group,
9 the Indigenous family violence regional action groups
10 across the state show that there are a lot of issues for
11 them trying to work in roles where they are working with
12 community, working with partnership, working with lots of
13 different organisations but are in a position where they
14 are employed by DHS and all of the ramifications of that
15 in terms of their reputation.

16 MS ELLYARD: Does that mean then that it is not particularly
17 helpful to report to DHHS? Not only is it important to
18 not be employed by DHHS, but there might be some argument
19 about reporting not to DHHS but to some other branch of
20 government or to some whole of government structure?

21 MS SMITH: I think regardless of where we report to one of the
22 areas that would make it so much stronger for us and have
23 a stronger authorising environment would be to have one
24 dedicated funding stream which is a combination of state
25 and federal funding so that we do have that one avenue to
26 be able to report to. We would have one database. We
27 would have an opportunity to really pull out the outcomes
28 and results, the strengths and weaknesses of the system
29 rather than relying on a plethora of databases that we
30 currently do and trying to marry up that data.

31 MS ELLYARD: Does anyone else wish to comment on this idea of

1 having to report somewhere but who it should be to, one
2 branch of government or whole of government?

3 MS McCORMACK: I think it would be really useful to have it
4 report to that agency within government that is
5 responsible for coordinating whole of government
6 approaches. But I think fundamental to this is a broader
7 question about how we keep this on track, because who it
8 reports to and how those reports are received depends upon
9 us being able to have a measure of accountability of
10 government about the way in which they do their work so
11 that we are not necessarily having to go through the same
12 sort of engagement with every government that comes into
13 play. So I think that independent agency, some sort of
14 statutory organisation that is responsible for - first of
15 all, if it sets the long-term objectives about where we
16 are going in Victoria with significant specifics around
17 the outcomes that we are seeking - - -

18 MS ELLYARD: So if, for example, there were to be a strategic
19 objective that it should be the aim of the integrated
20 response that women are wherever possible able to remain
21 in their homes, then that would feed down to each of the
22 regions that part of what they should work on is building
23 partnerships that will facilitate that outcome?

24 MS McCORMACK: And through government; that's exactly right.
25 So where are we heading in Victoria; what's our
26 objectives, whether it's reducing family violence
27 precipitated homelessness, reducing out-of-home care that
28 related to family violence; those sorts of things. Also
29 then determining the reporting standards of government and
30 having government report to it around those - sorry, go
31 back a step. So when governments come in they develop

1 action strategies, if you like, that are informed by those
2 long-term goals and also on previous reports of this
3 statutory organisation so that you are having somebody
4 monitoring the system, how are we tracking.

5 So they set the reporting standards, government
6 reports to it and then it delivers a report, say, every
7 couple of years about how the system is tracking. It
8 holds the Family Violence Index. It would be great to see
9 it have some teeth particularly in quality assurance of
10 the system, setting those standards. It would be great to
11 see it having a role in trialling new models, so funding
12 the trialling. I don't think it should have all the
13 funding for violence against women because how would you
14 assess that? Would it be a percentage of Child Protection
15 et cetera? I think it needs to be independent of that.
16 I think that would really then support greater scrutiny
17 about what is reported and how that is reported back.
18 I think that that would really support us having a level
19 of consistency.

20 MS ELLYARD: Can I ask anyone else on the panel to comment on
21 this idea of the kind of reporting line that would assist
22 you in the work that you do? What would work best from
23 your perspective to facilitate or enhance the work of
24 integration in your region?

25 MS JOHNSON: Certainly not just one department. The
26 information that we gather and that in the end reporting
27 actually involves is so incredibly useful right across
28 government. So of course reporting back around how we
29 spend the funding is one piece, but I think there's a real
30 lost opportunity at the moment in terms of the knowledge
31 that we capture at a regional level about issues,

1 opportunities, innovative ways of working to actually have
2 a report back to a mechanism that is across government,
3 whether that's a body within government or an independent
4 body that can then provide the information. I'm not an
5 expert in that field, but there are absolutely some lost
6 opportunities in terms of the information we have at the
7 moment.

8 COMMISSIONER NEAVE: Can I just ask about that. I think there
9 was reference to a regular meeting of I'm not sure whether
10 it's the chairs of the family violence integration
11 committees or whether it's a meeting of the RICs or both.
12 How frequently does that occur and who organises that?

13 MS McCORMACK: DV Vic organises that. So it was originally
14 just the RICs, and they meet four times a year. Two of
15 those meetings we invite the chairs. So they are
16 opportunities for the regional committees to connect with
17 different areas of government. We invite different areas
18 of government about what work they are undertaking. It's
19 also to discuss what are the kind of common themes across
20 the state that we need to be aware of and advising
21 government on. It's also a mechanism by which RICs can
22 share expertise. RICs might talk about a model that they
23 are developing in their region. They can share that
24 expertise with other RICs.

25 MS ELLYARD: Ms McCormack, in the model you are envisaging
26 might it be that that kind of role of bringing together
27 the RICs and the chair ought to be part of some government
28 response rather than something that has been picked up and
29 done by your organisation because no-one else was doing
30 it?

31 MS McCORMACK: It's certainly worth a look. The only thing you

1 would be losing would be that level of independence that
2 Sarah and Tammy and Helen have spoken about that the RICs
3 and the committees have had. So things need to be
4 highlighted. There needs to be a mechanism that happens.
5 But having some reporting mechanism, something that's
6 supporting consistency across the system, I think it's
7 worth looking at.

8 MS ELLYARD: Can I ask anyone else for their perspective on
9 whether it's useful that these whole of state regional
10 coordination and chair meetings happen and where ideally
11 they might be auspiced or coordinated?

12 MS CAMPBELL: Again, going back to the whole of government
13 thing, I think government absolutely has a responsibility
14 to understand what's happening on the ground in terms of
15 integration and service delivery. So I would think that
16 government has a strong role to play in consulting with
17 and liaising with RICs and chairs across the state.
18 I think DV Vic has done a sensational job of carrying this
19 gap for a very long time. But DV Vic's role is also as an
20 advocate, and we need to reflect that there's a need for
21 both advocacy and for strong and genuine consultation
22 mechanisms by government.

23 DEPUTY COMMISSIONER FAULKNER: In the governance document
24 there's also a section that talks about the link with
25 violence against women and children forum. Does that
26 forum still exist and is the process in place to - that
27 presumably is fed into policy?

28 MS McCORMACK: It's just resumed and it has had different forms
29 over different governments. There's not necessarily the
30 connection between that and the regional committees. So
31 it's just a forum at the moment. What we have been

1 advocating is that it needs to be informed by a broader
2 piece of work. We all need to be working towards
3 something. So we are all waiting for the Royal Commission
4 to deliver its recommendations. So, in a way, we are in a
5 waiting pattern. But there's certainly work that we can
6 be doing in the interim. So we have been arguing that if
7 we had that piece of work then that forum could be
8 informed by the work that we all need to be doing to
9 support consistency across the state as opposed to
10 everybody doing different things.

11 DEPUTY COMMISSIONER FAULKNER: Which part of government
12 convenes or has the policy responsibility for that
13 committee?

14 MS McCORMACK: I believe it's DPC.

15 MS ELLYARD: A couple of specific questions now. Firstly, we
16 are talking about regional integration and "regions" means
17 different things in different parts of government. Can
18 I ask you, Ms Smith, for any observations you have about
19 the challenges of being a regional coordinator where your
20 regional boundaries might not be the same as the way in
21 which other parts of government or services conceive of
22 their boundaries?

23 MS SMITH: In the rural areas, and I'm not sure if this is the
24 same across the state, in terms of boundaries we had very
25 clear DHS boundaries maybe three or four years ago, and
26 they covered the 12 LGAs. This is what you are wanting to
27 know in terms of physical geographical boundaries? So
28 police re-aligned their boundaries to marry up with DHHS
29 boundaries so that service provision and response to
30 family violence could actually be quite consistent. Then
31 when DHS had their restructure in 2011/13 the boundaries

1 changed again. So we don't have a marrying up of the
2 Department of Health boundaries with Department of Human
3 Services boundaries and Victoria Police boundaries, which
4 can create a few anomalies for some of our local
5 government areas in terms of where they receive responses
6 from and where our referrals go to in our region.

7 There are a lot of complexities about being in a
8 rural area and being able to effectively support and
9 respond and keep women and children safe, and a lot of
10 issues about holding men accountable for their behaviour.

11 I'm not sure how much you would like me to go into that.

12 MS ELLYARD: Is there any practical example, for example, that
13 you could offer of the differences associated with trying
14 to coordinate some integrated response where your
15 boundaries are not matched by the boundaries of the people
16 you are trying to coordinate?

17 MS SMITH: We might have a person living in Yarrawonga, the
18 Moira Shire, who requires crisis accommodation, family
19 violence counselling, support for the children. They
20 might also have a mental health issue, a disability and
21 there is some court involvement and some police
22 involvement. They would have to rely on the two different
23 areas that we live in, so the Ovens Murray area and the
24 Goulburn area, depending on which service they actually
25 need to access.

26 So in order to coordinate and integrate that
27 service system it creates quite significant difficulties.
28 They may need to go to Shepparton for one service. They
29 may need to go to Wangaratta for their closest health
30 service. The police might come from Wangaratta but their
31 family violence service comes from Shepparton. So to be

1 able to put a care team and coordinate that service and
2 support around a client is extremely difficult.

3 The other concerns that we have are the
4 geographical location of where our clients live. They
5 might live on a farm with no car, no form of transport.
6 They might have no mobile phone reception and be
7 completely isolated. They may live in a town but we don't
8 have public transport to allow them to get out to
9 services. We don't have enough funding for outreach
10 services to access every one of the clients that they need
11 to. We may not have the technology availability to be
12 able to support our clients.

13 MS ELLYARD: May I turn to you, Ms Campbell, on a different
14 issue. Part of an integrated response is an integrated
15 response within government as well as between different
16 parts of the overall service sector. Do you have a case
17 study that you could offer on an example of a lack of
18 integration perhaps within different parts of the
19 government response to a family violence situation and how
20 that came to the attention of your partnership?

21 MS CAMPBELL: I can, and I can share it in general detail at
22 the moment but provide some more specific case study
23 details later. We meet monthly at our partnership
24 meeting, and at our last meeting one of our members from
25 the family services sector came to us with a very
26 high-risk case, which had the RAMPs been in place would
27 have been automatically referred to a RAMP, where there's
28 been a young couple in a rural area who have been - the
29 perpetrator has been on a sort of campaign of terrorism
30 essentially against his partner for many years. They have
31 two children, both of whom are in child protection.

1 The father has a mild intellectual disability.
2 He had numerous, like in the 60s and 70s, charges against
3 him to be remanded. He went to court. The magistrate
4 requested evidence from the disability service provider.
5 The disability service provider offered some evidence and
6 thoughts, and on the basis of that the man was released on
7 bail to a sister, who he has previously beaten severely,
8 and is currently being sought after by the police.

9 So we don't usually deal with specific cases, but
10 again it highlighted to us some of the ongoing issues
11 around the capacity and expertise of sectors sort of in
12 the next kind of periphery of risk management around
13 disability services, mental health services and so on
14 about their understandings of the primacy of safety in
15 these situations and I guess the need for a very broad and
16 deep discussion that safety trumps other rights at times.

17 DEPUTY COMMISSIONER FAULKNER: What is your solution in
18 relation to that particular circumstance? Who do you see
19 should have adjusted? Is it the disability worker? Was
20 it the court in not asking for more? Where do you
21 diagnose the problem exists?

22 MS CAMPBELL: I think there are multiple problems. The
23 magistrate probably could have had a lot more information.
24 Whether or not there's the capacity for that information
25 to flow in and out of courts, I'm not sure. I think
26 magistrates have a lot of pressure. I acknowledge the
27 stresses on the courts. But at the same time there is
28 potential for them to be asking for better and different
29 information and for better and different risk assessment
30 processes to be applied at court.

31 With the disability sector, I think at a regional

1 level we have tried long and hard to engage with the
2 disability sector in our partnership. We currently have a
3 disability advocate on our partnership. But clearly
4 there's a lot of work that needs to be done to develop the
5 standards. It's not just a workforce issue. The
6 workforce issue is critical. But it's also at a statewide
7 level when commissioning services what is government
8 asking for. What sort of services, standards, quality
9 assurance things are they asking for services to deliver
10 on?

11 MS ELLYARD: Can I ask you, Ms Campbell, thinking particularly
12 about the advocacy done by the disability worker in that
13 case, advocacy as perhaps that man was entitled to have on
14 his behalf, is your concern that what was missing then was
15 any advocacy on behalf of the people who were being placed
16 at risk by that person?

17 MS CAMPBELL: Yes.

18 MS ELLYARD: And the need for a system that would have
19 brought - - -

20 MS CAMPBELL: Yes.

21 MS ELLYARD: And part of that might have been the disability
22 worker him or herself having some understanding that there
23 were other people involved, not just his or her client?

24 MS CAMPBELL: Absolutely. This highlights the need for we
25 obviously have to have that really tight, clear specialist
26 capacity within the - family violence specialist workers
27 are absolutely critical. But a number of these cases are
28 not coming initially to those workers. So this case
29 presented through a kindergarten program. Where a woman
30 feels safe to disclose, we have to take her where we can
31 get her in having that - - -

1 MS ELLYARD: To try to find the silver lining, was that an
2 example of integration working, though; that the
3 kindergarten service was able to ultimately bring that
4 woman into the system?

5 MS CAMPBELL: We are still working on it. Good things coming
6 out of that have been that it has been an opening to
7 further conversations at a regional level. We are very
8 cognisant of what we can address at a regional level. We
9 will do everything within our power to build those
10 relationships and partnerships at a regional level. But
11 at the same time we all need the same shared authorising
12 environment which stipulates a very clear and unequivocal
13 statement of what safety looks like and means for every
14 single service sector in the state.

15 MS McCORMACK: Could I add one point to that question. I think
16 Judge Gray's recommendations from the Luke Batty inquest
17 are marvellous and I think would really support a range of
18 systems integration that are necessary. He is talking
19 about extending the CRAF to courts. He is talking about
20 validating the CRAF. He is talking about workforce
21 development. But also one of the recommendations was
22 around that women's advocate. I think women's advocate
23 are also a tool for integration, because integration needs
24 to be about a checking, if you like.

25 We need mechanisms by which we are monitoring the
26 system as it happens and feeding back and tweaking the
27 system as required, and formal mechanisms for feedback and
28 data sharing. So that independent advocate, if that was
29 the responsibility of current outreach workers, if we
30 really sort of beefed that role up so that it was
31 consistent but gave those positions responsibilities for

1 advocacy in very formal ways and reporting, I think that
2 would also support individual circumstances like that.

3 DEPUTY COMMISSIONER FAULKNER: So that case would not be heard
4 unless in the presence of an advocate? In every situation
5 it is very difficult to make sure that the right people
6 are in place. I'm just wondering what the mechanism would
7 be.

8 MS CAMPBELL: And I will provide some more details about that.

9 DEPUTY COMMISSIONER FAULKNER: It would be useful, thank you.

10 MS CAMPBELL: The only other comment I would like to make about
11 that - just going back to the language around
12 "partnership" and "committee" as well, and I don't want to
13 sound like a hippy - is that what's been really important
14 in our partnership has been the ability for us to create a
15 safe space for people to bring these issues. None of us
16 are blameless in the sense that our system hasn't been
17 responsible for this woman's safety, and that's the target
18 that we set for ourselves to be responsible for the safety
19 of women who present anywhere in our region.

20 MS ELLYARD: Can I ask just one final question. One of the
21 witnesses that the Commission is going to hear from later
22 today is going to offer the opinion that if given a choice
23 between a good structure and bad people or a bad structure
24 and good people they would always pick the bad structure
25 that's staffed by good people in that the people in a
26 system will always trump the nature of the system. That's
27 the perspective that that witness is going to offer.
28 I want to ask each of you, given today we have been
29 talking about the need for structures and systems, to
30 offer any comment that you might have on that perspective.

31 MS CAMPBELL: I think I would like good structures and good

1 people.

2 MS ELLYARD: Obviously. But from your perspectives obviously
3 there are a lot of problems and yet some gains have been
4 made. What's the importance of people and personalities
5 in the model that presently exists?

6 MS McCORMACK: We have seen the impact that incredible
7 leadership can offer. So leadership is always really,
8 really important. I think if we had good structure we can
9 really develop those good people, without tagging them,
10 because if we have the structure then somebody is actually
11 at the wheel and we are looking at things like workforce
12 development, we are looking at where in the system there
13 are gaps or learnings that are required.

14 There are also, I believe, so many resources
15 wasted because of the lack of clarity. We have to spend
16 so much work trying to go and amend or address things that
17 have gone wrong because of ambiguity about the system. So
18 I think a dedicated violence against women - and that's
19 family violence and sexual assault and also children at
20 risk of violence - I think a Victorian dedicated system
21 that is articulated, the complement that it has to the
22 rest of the service system very clearly articulated, but
23 very closely connected to the justice system, policy
24 framework, reporting, data sharing, all those sorts of
25 things, if we are going to reduce the number of women
26 being murdered I think that's particularly important.

27 MS ELLYARD: Can I ask you, Ms Smith and Ms Johnson, for your
28 comments based on the experiences that you have had. Good
29 people versus good structures, what's the balance for you?

30 MS JOHNSON: My comment would be that we are losing the good
31 people because the structures aren't in place to support

1 the amazing skill and knowledge that they have and the
2 work that they do. Even in the time that I have been in
3 this role the turnover in staff in the region has been
4 phenomenal. Even reflecting on regional integration
5 coordinators, I think we have lost about five regional
6 integration coordinators in the last year. So without a
7 system in place that actually supports the good people we
8 are not going to have any more good people.

9 MS SMITH: It's interesting because this is one of the areas of
10 our strategic plan in part of our regional area at the
11 moment: relationships versus processes. I agree with the
12 panel that, unless you have those sound structures in
13 place and those very clear leadership roles, you are not
14 going to attract the good people to those roles. But we
15 do need to make sure that we are monitoring and supporting
16 and reviewing the systems and the people we have in there.

17 MS ELLYARD: Thank you. Were there any questions from the
18 panel?

19 DEPUTY COMMISSIONER NICHOLSON: I just had one quick one.
20 Ms Campbell, you describe your role as independent chair.

21 MS CAMPBELL: Yes.

22 DEPUTY COMMISSIONER NICHOLSON: Are you remunerated in your
23 role for that?

24 MS CAMPBELL: Yes.

25 DEPUTY COMMISSIONER NICHOLSON: By?

26 MS CAMPBELL: By the partnership.

27 MS ELLYARD: And that funding comes from the Department of
28 Health and Human Services?

29 MS CAMPBELL: Yes.

30 MS ELLYARD: If there is nothing else, I would ask that the
31 panel be excused with our thanks and invite the Commission

1 to break for 15 minutes.

2 COMMISSIONER NEAVE: Thank you. Thank you very much,
3 witnesses.

4 <(THE WITNESSES WITHDREW)

5 (Short adjournment.)

6 MR MOSHINSKY: Commissioners, the next witness is Dave Heatley.
7 If he could please be sworn in.

8 <DAVID CHARLES HEATLEY, affirmed and examined:

9 MR MOSHINSKY: Mr Heatley, could you please tell the Commission
10 what your current position is and also just give a brief
11 outline of your professional background?

12 MR HEATLEY: I'm currently Principal Adviser with the New
13 Zealand Productivity Commission, and I'm an economist, and
14 in the recent context probably an institutional economist
15 might be the best description. My background is long and
16 varied. I spent a long time in the computer industry and
17 as a software entrepreneur, but in the last decade I have
18 gone over to economics, both as an academic and now
19 working for the Commission.

20 MR MOSHINSKY: The New Zealand Productivity Commission, can you
21 provide just a brief outline of its structure and is it
22 analogous or does it correspond to the Australian
23 Productivity Commission?

24 MR HEATLEY: It is closely modelled on the Australian
25 Productivity Commission. It came into existence nearly
26 five years ago. The model was influenced by Gary Banks,
27 who appeared in New Zealand Parliament suggesting what
28 might work best in a New Zealand context. I think the
29 main difference is one of scale. We have enough resources
30 to conduct two inquiries a year, whereas the Australian
31 Productivity Commission can conduct around eight to 10.

1 We have three Commissioners, two part-time and one nearly
2 full-time, and a staff of 15 to 20.

3 MR MOSHINSKY: The Productivity Commission has recently
4 produced a report on social services entitled "More
5 effective social services". How did that report come
6 about? What led to that report being commissioned?

7 MR HEATLEY: All of our inquiries happen as a result of a
8 direct request from government. In this case the Minister
9 for Finance and the Minister for Social Services gave us
10 our terms of reference. They seemed particularly
11 interested in this question of - that New Zealand spends a
12 lot of money on social services. They constantly hear
13 that the results from them aren't very good. Similarly,
14 they hear lots of appeals for more money. But the
15 information from their perspective seemed to be lacking as
16 to how to allocate that money to get better results.
17 I think that was their primary motivation. We received
18 those terms of reference in June last year, and we worked
19 for 14 months on the inquiry and about four weeks ago we
20 released our final report.

21 MR MOSHINSKY: What was the process of investigating and then
22 preparing the report, sort of in broad terms?

23 MR HEATLEY: In broad terms we had phases of I guess research,
24 engagement, testing of ideas and some formal documents
25 along the way. We released an issues paper, a full draft
26 of the report in April, before the final report, and we
27 did a lot of travelling, something over 200 meetings with
28 people. We received around 250 submissions and reviewed
29 all the literature we could lay our hands on. We were
30 conscious we were covering in many cases well-trodden
31 ground. There had been a lot of previous inquiries into

1 social services in New Zealand and in other places. A
2 familiar theme, though, was that, despite all those
3 previous inquiries, things didn't seem to have improved a
4 lot.

5 MR MOSHINSKY: Did you have any contact with Australian sources
6 in the work that you did on the report?

7 MR HEATLEY: We spent a week in Australia visiting people in
8 Melbourne, Canberra and Sydney that we thought had
9 particular insights to offer. We were particularly
10 interested in the National Disability Insurance Agency and
11 talked to people in various roles within that. We also
12 were interested in the use of social bonds in New South
13 Wales, and the arrangements for employment services at the
14 federal level. But we got some really useful advice from
15 a few academics, and we had three Australians in our team.
16 So there was always some Australian examples thrown into
17 our thinking as well.

18 MR MOSHINSKY: In terms of the evidence base for the report,
19 did you have access to, for example, government data
20 around spending and commissioning of the social services
21 that you were investigating?

22 MR HEATLEY: Yes. In some cases the data was not as
23 comprehensive or as integrated as we would have liked, but
24 in so much as there was data available within government
25 as agencies made it available for our use.

26 MR MOSHINSKY: In terms of your personal role, were you
27 directly yourself involved in the preparation of this
28 report?

29 MR HEATLEY: I worked for the full period of the report of the
30 inquiry. I was acting director at the start of the
31 inquiry and at the end of the inquiry, and had a second in

1 command role, if you like, for the remainder.

2 I personally authored quite a bit of the report.

3 MR MOSHINSKY: Can I then turn to the report. We are conscious
4 of the fact that this deals with social services
5 generally, not just those specifically relating to family
6 violence. I will, in the questions that I ask you,
7 sometimes be directing you to the application of the
8 comments that are made to the family violence context, but
9 at the moment I'm just speaking about social services
10 generally. What social services were covered by the
11 report? Could you indicate that, please?

12 MR HEATLEY: We took a pretty wide view of social services.
13 Basically our terms of reference looked at - directed us
14 to improving outcomes from the services funded by
15 government, so police, justice, the things that fall under
16 our Ministry of Social Development, which I think would
17 generally be called Human Services in Australia, health,
18 education. So they were all within the ambit of our
19 inquiry. We did specifically, though, focus on the - use
20 the Ministry of Social Development as an area that we put
21 particular interest in, simply because we couldn't cover
22 everything. So that would be, as I said, Human Services
23 here.

24 COMMISSIONER NEAVE: Can I just ask a question about that. You
25 were looking at both contracted services and services
26 directly provided by government, weren't you?

27 MR HEATLEY: Yes, we were.

28 COMMISSIONER NEAVE: Thank you.

29 MR MOSHINSKY: I would like to start by asking you some
30 questions about the weaknesses of the system that you
31 detected. Perhaps if I could ask you to look at page 5 of

1 the report. At the second half of the page you have in
2 this overview section a list of some of the themes that
3 came through. Could I invite you to speak briefly about
4 what some of those themes were?

5 MR HEATLEY: Generally speaking we found that where the system
6 had performance problems it was for those people who have
7 multiple and complex needs that spread across multiple
8 agencies. The ability of the system to I guess select and
9 prioritise, sequence, coordinate those services for those
10 people was pretty poor.

11 MR MOSHINSKY: Could I just interrupt you at that point.

12 I might put up one of the slides, which is figure 0.1,
13 which is the quadrants. I think you should be able to see
14 that as well in front of you. This diagram with the
15 quadrants appears in the report. Could you please explain
16 what that diagram represents and then perhaps the
17 connection with the comments that you just made?

18 MR HEATLEY: During the inquiry we got two messages, I guess,
19 that sometimes were a bit hard to reconcile. One was the
20 system is working pretty well; the other, the system is
21 working pretty badly. It took us a while to understand
22 how to reconcile those two.

23 The best way we found of reconciling them was to
24 look at - was this diagram. Basically, there are a lot of
25 people out there - the majority of people whose
26 interaction with social services is one service at a time,
27 and on this diagram they're on the left-hand side of the
28 diagram. There are a lot of others whose current
29 situation means that they need services from multiple
30 agencies. For them the integration of those services
31 becomes really important. They are on the right-hand side

1 of the diagram.

2 Generally speaking, the system does a pretty good
3 job of servicing the left-hand side of the diagram and a
4 less good job of servicing the right-hand side. We spent
5 a lot of time digging into the reasons for that, and
6 perhaps I can go into them if you wish.

7 But on the vertical side of that diagram we also
8 split off into those clients of the system that were well
9 able to select which services they need and direct their
10 own service needs, as opposed to those that weren't,
11 because there is a good argument for providing services in
12 different ways for those two groups of people. Their
13 needs are different.

14 MR MOSHINSKY: So in the top right, quadrant C, is those
15 clients who are better able to make their own choices
16 about what services they need to access?

17 MR HEATLEY: Yes. A typical example there might be somebody
18 with a disabled condition, say muscular dystrophy, that
19 affects them physically but not mentally. They have a
20 complex set of needs around housing, around health,
21 et cetera, but they are able and in many cases wish to
22 coordinate those services themselves, and it can be very
23 empowering for them to do so. So the system should treat
24 them in that way rather than being overly directive and
25 saying, "We think you should have this and not that."

26 MR MOSHINSKY: Then the lower right, quadrant D, are those
27 people who have complex needs but are less able to choose
28 the services that they need?

29 MR HEATLEY: Yes. There's a lot of people in that area that
30 live very chaotic lives, and the system we have doesn't do
31 a good job of helping them sort through that chaos.

1 MR MOSHINSKY: Could I ask you then to continue on page 5 some
2 of the other main themes that came through as to
3 weaknesses of the system?

4 MR HEATLEY: Yes. One thing we found when we talked to
5 government agencies, they were pretty unclear as to which
6 of the programs they funded worked well and which ones
7 didn't. There was quite a lot of evaluation activity
8 going on, but a lot of it was of pretty poor quality or
9 sometimes asking - it seemed from our perspective - the
10 wrong questions, or where it did exist it wasn't given a
11 lot of weight in decision making. We found that providers
12 weren't doing a lot of experimentation and that sharing
13 and adopting of innovations was weak, that - - -

14 COMMISSIONER NEAVE: Can I ask you a question about that. Did
15 you find that the contracting process created
16 disincentives to the sharing of innovation, because people
17 are competing so it's an idea of intellectual property,
18 I suppose, in a sense?

19 MR HEATLEY: That's certainly true, but I think it's not the
20 only reason why that's occurring and it's probably far
21 from the most important reason why that's occurring.

22 COMMISSIONER NEAVE: Thank you.

23 MR HEATLEY: From a client perspective, they find the system is
24 overly bureaucratic and sometimes very unhelpful. The
25 contracting interface between providers and government is
26 a pain point, where a lot of the problems that occur
27 because of design problems elsewhere, the attention is
28 focused there because that's where it really bites. One
29 of our Commissioners noted that the providers that should
30 be the natural supporters of government ended up hating
31 government, and that was an unexpected result of that.

1 DEPUTY COMMISSIONER NICHOLSON: Could you just clarify that?

2 Why would a provider be a natural supporter of government?

3 MR HEATLEY: I think just maybe a natural philosophical

4 traveller that government is the right way to provide

5 services - has a responsibility to and the right way to

6 provide services to people in need, rather than a market

7 structure to do so. But the actual frustrations of

8 dealing with the contracting overwhelmed that natural

9 affinity.

10 MR MOSHINSKY: Could I just follow on from that. One of the

11 points that's made later in the report concerns the

12 administrative burden that the method of government

13 contracting imposes on service providers, partly due to

14 short-term contracts, partly due to reporting to multiple

15 agencies in relation to multiple contracts. You have a

16 case study later in the report, and we might just bring up

17 that slide which is figure 2.10 and ask you to comment on

18 that. We can't see the whole on the screen at the moment

19 but we can scroll down to get a picture of it. Could you

20 just explain what that case study represents?

21 MR HEATLEY: This was a case study of one provider that

22 received - the numbers are from memory but they are

23 approximately right - had approximately 12 funders, ran

24 about 30 programs, and for them when faced with a client

25 their problem was how to match the client to the programs

26 they were funded for. They represented it as 30 jam jars

27 and each jam jar has a sticker on it with a bunch of

28 eligibility criteria and they are trying to work out which

29 pot they can dip into to get some funding and resources to

30 apply to that client.

31 The rules around spending from each jam jar were

1 different. The reporting requirements around each jam jar
2 were different. They estimated they spent around
3 25 per cent of their total time just on reporting and
4 contract management. So that's a pretty high
5 administrative load.

6 COMMISSIONER NEAVE: As a matter of interest, I think that was
7 the estimate that was given to us by the CEO of Mallee
8 District Aboriginal Services, which has a number of
9 contracts from both the Commonwealth and the state
10 government. My recollection is it was roughly a similar
11 estimate, that they spent a very significant portion of
12 their time on those activities.

13 DEPUTY COMMISSIONER FAULKNER: Do you have a private sector
14 comparator for that? Did you get that in your work?

15 MR HEATLEY: No, we didn't get a specific one. But my own
16 experience in the private sector was that that seems
17 excessively high.

18 DEPUTY COMMISSIONER FAULKNER: I'm just wondering if you look
19 at building contracts and overheads and things like that,
20 it's an interesting one but it would be an interesting
21 figure to find.

22 MR HEATLEY: Yes, you are right, it would be interesting. This
23 particular example, once we had made up the slide, we
24 found another case of a provider who had 80 contracts. We
25 thought that would be unsuitable for a slide but it seems
26 to be quite the norm. This is actually the way that -
27 despite what - when government talks about integration,
28 service integration, and sets up some pretty large
29 structures around it, we found this was the typical way
30 that service integration occurred, which was a provider
31 close to a client was doing the real integrating.

1 DEPUTY COMMISSIONER NICHOLSON: If I could just clarify. Is
2 that to do as much with the business model that the
3 provider chooses to adopt? It's been put that some
4 providers that, frankly, chase contracts end up with a
5 business model that isn't all that sustainable and has
6 administrative overheads that are excessive.

7 MR HEATLEY: Ultimately it's the choice of providers to accept
8 or not chase contracts. We spoke with large numbers of
9 providers, and a lot of them felt that with the system
10 they were faced with that was the best way that they could
11 achieve their own goals of serving the clients that they
12 were interested in serving. So they felt they didn't have
13 control over choosing their business model, I suppose.

14 MR MOSHINSKY: In this type of example here might a number of
15 the different contracts relate to providing services to
16 the same person?

17 MR HEATLEY: Yes, or the same family or whatever. Some of
18 the conditions around those contracts seemed very
19 restrictive. The rheumatic fever contract that's
20 mentioned on that slide had nurses going to visit people's
21 homes but those nurses, if they noticed other problems
22 that were unrelated to things that might lead to rheumatic
23 fever, weren't allowed to report or spread that
24 information.

25 MR MOSHINSKY: We might just quickly scroll through so that we
26 can see the rest of the slide, but it's available in the
27 report to the Commissioners or to the public. Can I go
28 back then to page 5. Are there any other main themes in
29 terms of weaknesses that you would highlight that came
30 through?

31 MR HEATLEY: I think the last ones are that, despite a lot of

1 talking about early intervention, relatively few resources
2 go to it and the contracting environment ends up with very
3 tight prescription of provider activities. We found that
4 that was mainly driven by basically political risk,
5 managing political risk.

6 MR MOSHINSKY: You referred earlier, and this point is also
7 towards the top of page 5 of the report, that there's been
8 numerous government reviews over the past 20 years that
9 have identified remarkably consistent lists of issues and
10 proposed rather similar solutions. Do you have a view on
11 why there hasn't been more improvement in light of that?

12 MR HEATLEY: I guess when an economist looks at a system like
13 this we see a system without any prices. In such a system
14 poor models of organisation and poor performers aren't
15 automatically driven out of the system and replaced by
16 ones that work better. So we are talking about a system
17 that is administratively designed, and administratively
18 designing systems that are responsive and can change is
19 difficult. The decisions about the design happen in an
20 often highly politicised environment. There are actually
21 large amounts of money involved. So the providers, the
22 professional guilds that we have and others have an
23 interest in those allocation decisions.

24 There is also a very strongly altruist motive
25 that drives a lot of people in this space, which I think
26 makes it hard to criticise anybody else and people are
27 reluctant to criticise a program that isn't working. So
28 lots of things push towards maintaining a status quo that
29 people are comfortable with.

30 What we see is when problems are identified they
31 are often identified in a fairly narrow sense - we have a

1 problem with mental health or we have a problem with youth
2 at risk or we have a problem with maternal health care or
3 something like that - and the government response is an
4 initiative, a program, a pilot, a trial.

5 COMMISSIONER NEAVE: An announceable.

6 MR HEATLEY: An announceable, yes. That gets lots of
7 attention, often it needs enabling legislation, so by the
8 time it actually gets up and gets traction it's had a
9 Cabinet decision and some legislation behind it, it's
10 associated with a political brand, it can't be seen to
11 fail. So no government wants to - there's a lot of
12 political capital behind each one of those, and these
13 things just accumulate. There's no natural system that
14 culls them when they are not working.

15 MR MOSHINSKY: I would like to turn now to the general topic
16 that's called "System architecture" in the report.
17 There's a number of points under this. The first one
18 I wanted to raise was in the report at page 9 you indicate
19 that there's two broad architectural designs applicable to
20 social services. On the one hand there's topdown control,
21 which means that decision making power primarily sits with
22 the relevant minister or chief Executive of the agency,
23 and, on the other hand, there's devolution, which
24 transfers substantial decision-making powers and
25 responsibilities to autonomous or semi-autonomous
26 organisations with separate governance.

27 It's not just as simple as those two. There are
28 different sort of subcategories within each one of those.
29 But, broadly speaking, the Productivity Commission, and
30 this is on the next page about a third of the way down,
31 says that it sees much potential to improve the social

1 services system by greater and smarter use of devolution,
2 particularly for clients in the segments represented in
3 quadrant C and D, which we referred to. Could I ask you
4 to briefly explain why that was ultimately the view of the
5 Commission?

6 MR HEATLEY: Ultimately somebody sitting in in our case
7 Wellington and in your case Melbourne finds it very hard
8 to or can't gain the information required to tailor a
9 package of services to suit a particular client or
10 customer. They just don't have that information
11 available, and the tools they have available to craft a
12 tailored response aren't good enough to do that. Ideally,
13 we want somebody who has that - the person with that
14 information to also have the tools and the command over
15 resources required to create that tailored solution.

16 For people in our quadrant C we are thinking that
17 often a structure that gives the client some control over
18 a budget or resources is the best way to do that. For
19 people in our quadrant D we are thinking that the best way
20 to do that is for them to have a navigator that has the
21 specific responsibility for that person or that family as
22 appropriate to be able to tailor a solution that fits.

23 Both those are sort of fairly extreme forms of
24 devolution because we are taking things right from
25 centralised government at one end to the client or almost
26 to the client at the other end. We see great advantages
27 in that form of devolution for those two client groups.

28 But there's some intermediate forms of devolution
29 which may be useful as well or alternatively where we try
30 and get - move things away from the over-specification and
31 risk averse behaviour that typically results from making a

1 minister directly accountable for everything that happens
2 under the agency under their control. Every minister
3 lives in fear of having a microphone stuck under their
4 nose that says, "Something terrible has happened. What
5 have you done to fix it?" When it happens they tend to
6 respond quickly with, as you said, an announceable. That
7 undermines the integrity of the system.

8 We pointed to some specific examples in New
9 Zealand where we had managed to get a degree of separation
10 away from direct ministerial control that gives a - avoids
11 that over-responsiveness. There's always problems and
12 tradeoffs that come with devolution as well. So it's
13 really important to get it right. But in New Zealand we
14 have certainly overused direct ministerial control.

15 MR MOSHINSKY: Can I turn then to this concept of system
16 stewardship, which forms part of the report. Perhaps can
17 I start by asking you to explain when you refer in the
18 report to a system stewardship what is that concept
19 referring to?

20 MR HEATLEY: I think we felt that there was no-one we could go
21 and talk to in government and say, "We can see a social
22 services system, but who is responsible for it?" The
23 concept is pretty clear to somebody that has had an
24 interaction with the social services system, "Did I get
25 the support I needed? Did it help turn my life around or
26 did the system let me down?" So people at the receiving
27 end have an idea of what a system is. They don't care
28 what label we put on an agency or ultimately whether it's
29 delivered by government or a not-for-profit. They care
30 about whether it's helped their situation.

31 But at the other end there's no locus of control,

1 if you like, or, more importantly, locus of responsibility
2 for that system. Our initial thinking was along the lines
3 of, "Well, let's just recommend one. Let's make somebody
4 responsible." It turns out to be quite a bit harder than
5 that in practice, in part because we have silos for
6 delivering services and there's actually pretty good
7 reasons why we have silos delivering services - because it
8 turns out to be a pretty good way of doing health and
9 education and other services that require specialists
10 working in them.

11 So the thought was what are - I suppose we took a
12 step back and said, "What are the functions we think are
13 missing in the current system that we might generally
14 label 'stewardship' and where might we best locate those
15 functions?"

16 MR MOSHINSKY: Perhaps if we go to page 10, the second half of
17 the page, there's a list of bullet points which fall under
18 this heading of "System stewardship". Could you just run
19 through those and just explain the sort of role that you
20 see for the systems steward?

21 MR HEATLEY: There's probably about three different types of
22 role there. Chapter 14 attempts to assign those to some
23 specific recommended or current entities in our report.
24 We saw a ministerial committee being responsible for the
25 conscious oversight, the clear delineation of desired
26 outcomes at the system level and active management of the
27 system architecture. We thought only people at that level
28 could actually - I guess had the authority and mandate to
29 go in and make big changes at the system architecture
30 level.

31 We saw an existing agency in New Zealand, the

1 Social Policy Research and Evaluation Unit, that could
2 have its role expanded to one of monitoring
3 whole-of-system performance, and that would be as an
4 independent statutory agency, and its independence is very
5 important there.

6 We saw that an existing structure called the
7 Social Sector Board, which is the CEs of all the social
8 service departments, having responsibility particularly
9 for areas around data collection and data sharing, things
10 that have a much more operational - of a much more
11 operational nature and absolutely require the
12 collaboration of those agencies and that collaboration to
13 be directed from a high level.

14 We recommended a transition office as a structure
15 to help get towards the types of implementation of our
16 recommendations. So they are much more involved in that
17 identifying places where change should and could happen
18 and actively pursuing it.

19 DEPUTY COMMISSIONER FAULKNER: Could I just clarify, the other
20 ones that are in your list you didn't make recommendations
21 in relation - there's a whole string of them which -
22 prompting change, setting standards and regulations,
23 improving capability.

24 MR HEATLEY: I have a sort of handwritten combination here that
25 perhaps I could read through or share with you.

26 DEPUTY COMMISSIONER FAULKNER: I would like to see that at some
27 stage, but the improving capability and the learning
28 systems, where did you place those?

29 MR HEATLEY: Improving capability we placed with the Social
30 Sector Board because that's a very - ultimately has to be
31 a very operational activity. The promoting and effective

1 learning system, we thought that Superu was the
2 appropriate champion of that - independent agency that - -
3 -

4 DEPUTY COMMISSIONER FAULKNER: That's the social policy - what
5 is it called?

6 MR HEATLEY: Superu.

7 COMMISSIONER NEAVE: Is that the research and evaluation unit?

8 MR HEATLEY: Yes.

9 MR MOSHINSKY: Mr Heatley, are each of the bullet points
10 assigned to one of the three in that scheme that you
11 outlined?

12 MR HEATLEY: They are, but not explicitly in the report.

13 That's probably an oversight that we should have picked up
14 in our editing.

15 MR MOSHINSKY: Can I ask you this question. This Royal
16 Commission is dealing with family violence, and one of the
17 ideas that's been put forward in submissions and the
18 subject of evidence this week which deals with governance
19 is that there could potentially be a statutory agency with
20 responsibility for family violence and pick up some of the
21 things in this list of bullet points, and in particular
22 some might be ensuring data collection is done in an
23 appropriate way and analysing that data, it might be
24 performance monitoring of the system, it might be research
25 and evaluation of programs, it might be standard setting
26 and regulations. These are some of the ideas that have
27 been floated for a family violence agency.

28 What response do you have to that concept in
29 light of these recommendations about a system stewardship
30 role? Could you see a system stewardship role for one
31 area, or does your report sort of send someone down the

1 path of it should be across the whole social services
2 system?

3 COMMISSIONER NEAVE: I think we should add to that that I don't
4 know that we have the equivalent structures to the ones
5 that you have described in New Zealand. Speaking only for
6 myself at the moment, I'm not sure that there are bodies
7 in existence at the moment to which you could assign some
8 of these functions, at any rate.

9 MR HEATLEY: In our case it was a mixture of existing bodies
10 and some new recommended ones. There is always challenges
11 in looking at one part of a system or a system through a
12 particular lens. There are some risks that somebody - a
13 royal commission into addiction or mental health or
14 Indigenous issues might go through the same mental
15 processes and recommend for the same reasons a body
16 specific to those issues. The question would be how they
17 would work together, and that's a pretty hard one.

18 COMMISSIONER NEAVE: Can I just add to that that I think a lot
19 of the evidence we have heard - this may respond a little
20 to what you said - is that you often have a number of
21 factors. So we have got not - by no means all of the
22 people who are affected by family violence but a number of
23 people who are are the complex needs people who have a
24 range of those other things - so mental illness, addiction
25 and so on. So if you did have such an agency you would
26 need to define it in such a way that it didn't just
27 confine itself to the little family violence bit.

28 MR HEATLEY: Yes, and that's the big challenge, yes. All the
29 evidence we have in New Zealand is that these underlying
30 problems, including family violence, are very clustered.
31 Some data that we didn't have when we produced our

1 report - this has come out in the last week or so - says
2 that 53 per cent of the crime in New Zealand is
3 experienced by three per cent of adults. That's just one
4 example of just how clustered a lot of problems are - a
5 lot of social problems are.

6 But, generally speaking, we found that alcohol
7 and drugs issues, mental health issues, disability issues
8 were very much associated with I guess what we'd generally
9 call disadvantage and where they clustered together they
10 clustered with a lot of other things too.

11 MR MOSHINSKY: Could I now perhaps just go through the bullet
12 points in a little more detail to ask you this question.
13 Going through them, are there some that are more naturally
14 placed in your opinion within a government department and
15 some where there's advantages in having them, say, in a
16 separate statutory agency which, while part of government
17 in the broadest sense, has a degree of independence from
18 the government department? So looking through the list -
19 and this may be influenced by which of the three
20 categories you put them in, but would you be able to
21 indicate which ones you think are perhaps more naturally
22 sited within a government department and which ones
23 perhaps there's advantages in siting elsewhere?

24 MR HEATLEY: This is the system stewardship list?

25 MR MOSHINSKY: Yes, the stewardship list on page 10.

26 MR HEATLEY: I think whole-of-system oversight obviously
27 doesn't fit well within one agency, one existing
28 government department. Defining outcomes I think is
29 something that is a role of government rather than
30 agencies. Overall system performance again cuts across
31 agencies, because no one agency is in a position to

1 determine it by themselves.

2 Prompting change when the system underperforms is
3 something that really is a great role for a statutory
4 authority because it faces a really different incentive
5 structure than either government that's got political
6 capital in existing programs or agencies which have
7 political capital in effect in existing programs.

8 The next one, identifying barriers and
9 opportunities for change and starting the conversations
10 required to achieve that change, again agencies will tend
11 towards the status quo. So a statutory authority is in a
12 much stronger position to do that.

13 Setting standards and regulations, I think that
14 ultimately that happens at a lot of different levels, but
15 for the most part agencies or agencies cooperating are in
16 a good position to do that.

17 MR MOSHINSKY: When you are using the word "agencies", do you
18 use that to include government departments?

19 MR HEATLEY: I'm using it as a generic term for government
20 departments. Sorry, I should - we tend not to use the
21 term "government departments" in New Zealand, which is why
22 I'm leaning towards another term.

23 Data collection, sharing and standards, again
24 ultimately it's a deeply operational issue, and I think
25 that government departments cooperating together are the
26 right level to deal with that.

27 Improving capability, again is - government
28 departments cooperating, it is necessary to do it.
29 Promoting effective learning systems is a really hard one.
30 Getting learning in the system is really tricky, but
31 I think a statutory authority is in a much better place to

1 do that. An awful lot of learning happens through
2 benchmarking and through rigorous evaluation, and
3 government departments face some pretty difficult
4 incentives around those things.

5 Active management of the system architecture
6 enabling environment ultimately is going to be at the
7 level of government and how you get the good advice to
8 them is a really challenging question there.

9 MR MOSHINSKY: Could I just ask you to clarify the first three?
10 Because of this terminology issue, I am just not clear
11 what your preference was. Could you just go through the
12 first three again?

13 MR HEATLEY: Conscious oversight of the system as a whole
14 I think ultimately has to happen at a ministerial
15 responsibility level.

16 COMMISSIONER NEAVE: Part advised by the independent body or -
17 - -

18 MR HEATLEY: A reasonable independent body to advise them, yes.
19 Defining desired outcomes, I think the government has to
20 own them and sign up to them. I think government
21 departments trying to do that themselves is not
22 necessarily ideal there. Monitoring overall system
23 performance is a statutory agency or a statutory
24 authority, sorry.

25 DEPUTY COMMISSIONER FAULKNER: Did you consider a broader
26 universe of possibilities? One of the mechanisms that's
27 used in Victoria, particularly for the area of preventing
28 people's further penetration of human service systems, is
29 something where we have serving ministers and members of
30 the opposition overseeing the development. So something
31 like VicHealth, the gambling authority, those sorts of

1 organisations have as part of their design oversight of
2 what's happening in those systems and they put
3 deliberately a serving member of the opposition and
4 perhaps one of the minor parties on the overseeing agency.
5 I just wonder what your commentary is on that. It is
6 intended where things have a longer term outcome to
7 preserve bipartisan support. Did you consider that
8 mechanism at all?

9 MR HEATLEY: No, we didn't, but I can see its attractions.

10 DEPUTY COMMISSIONER FAULKNER: Thank you.

11 MR MOSHINSKY: I was going to move on to a new topic. Do the
12 Commissioners have any further questions on the
13 stewardship issue?

14 COMMISSIONER NEAVE: I did have just one question and that
15 relates to workforce development. This is an area that
16 I think we have identified as relevant in responding to
17 family violence, and particularly in encouraging people
18 who are specialists in family violence to become more
19 aware of some of the drug and alcohol and all of those
20 issues and providing assistance to people in those areas,
21 and the more universal mainstream services, say the health
22 providers, to make them more aware of the issues relating
23 to family violence. So we have identified workforce
24 development I think as an area that needs to be looked at.
25 Where would you put that? You have mentioned that. We
26 don't have a sort of public servants training authority or
27 indeed an NGOs training authority or anything like that.

28 MR HEATLEY: I guess we group that under the improving
29 capability label in this particular list. Workforce
30 development is something that we were certainly aware of
31 in New Zealand as being a problem and it was handled in a

1 very piecemeal way. Some of the poor workforce things
2 that we saw were the consequence we thought of other
3 decisions. Short contracting timeframes and underpayment
4 or relatively low payments for contracts was one
5 particular problem that we saw that meant that those
6 working for non-government providers ended up with an
7 undertrained workforce. So we saw those things, I guess,
8 as better fixed by dealing with those problems directly
9 rather than a specific workforce initiative.

10 MR MOSHINSKY: Could I turn then to the topic of better
11 commissioning of services, which is dealt with at page 11
12 in the overview and chapter 6. There are about seven
13 different models which we don't really have time to go
14 into but of different ways of commissioning services. The
15 choice around which is the best model to commission the
16 services, where is that best located? Should that be in a
17 government department, in your opinion, or could that be
18 done elsewhere?

19 MR HEATLEY: Ultimately it can happen at multiple levels of the
20 system, I guess. You can imagine a government contracting
21 a very capable, non-government provider that then does its
22 own commissioning process to get the services that it
23 wants. So it could happen at different levels. I think
24 the biggest challenge in commissioning services is to be
25 really cognisant of the boundaries you are talking about.
26 Are you commissioning something for a group of people or
27 have you defined your service in terms of a service that
28 will be delivered, and then what are its interactions with
29 all the other ones around it? So getting those boundaries
30 clear is part of the problem.

31 I think government - and this is a comment on New

1 Zealand, not necessarily on Victoria - has moved from a
2 model of doing stuff in-house where the government
3 provides the service to thinking, "We don't have the
4 capability to do this or we don't have the reach into the
5 clients to do this. So we will just write a contract for
6 it," and so just jumping straight to a contracting model
7 without thinking any further about, "What's the best way
8 to organise this?" We are really keen to get people who
9 are in that position thinking more widely about
10 possibilities.

11 MR MOSHINSKY: Is one of the points that's made in the report
12 that it's not just those two options - the one extreme of
13 in-house delivery or the other extreme of contracting out
14 - there's actually a range of different models, and you
15 set out seven different models that should be considered?

16 MR HEATLEY: Yes. We are trying to change, as much as
17 anything, thinking around that and I guess get around some
18 fairly automatic responses that the government has adopted
19 over time.

20 DEPUTY COMMISSIONER NICHOLSON: In thinking about
21 commissioning, how did your Commission view the role of
22 not-for-profit community organisations?

23 MR HEATLEY: I think our starting point was that they are an
24 essential part of the system we have and they are there
25 for good reasons, I suppose. Particularly they are there
26 because they can do some things that government can't do.
27 But they are also there because they want to be there and
28 they are fulfilling their own goals and missions.

29 DEPUTY COMMISSIONER NICHOLSON: When thinking about
30 commissioning do you see them very differently from
31 for-profit service providers?

1 MR HEATLEY: Having talked to some for-profit service providers
2 and some not-for-profit service providers we found that
3 the boundaries were quite malleable, I think you would
4 say. For a for-profit to operate in this space they have
5 to be pretty customer focused. For a not-for-profit to
6 operate in this space - we use the term "not for profit",
7 but actually they have to make a profit because they are
8 not financially sustainable in the long term if they
9 don't. So I think the differences weren't as stark as a
10 lot of - - -

11 DEPUTY COMMISSIONER NICHOLSON: Might that not be due to the
12 way in which contracts have been made? So the argument is
13 that when contracting the very benefits that the community
14 organisations bring to the table are treated as
15 externalities and essentially the commissioners view the
16 not-for-profits and for-profits in an agnostic way.

17 MR HEATLEY: We had some pretty strong submissions saying,
18 I guess, a not-for-profit should be given an automatic
19 bonus in any decision making or a preference in any
20 decision making based on an assumed or measured level of
21 externalities on top of whether or not they were going to
22 be able to do a good job, and we weren't really convinced
23 that that was a good way to provide a selection process.

24 DEPUTY COMMISSIONER NICHOLSON: So, relevant to the issue of
25 family violence, the idea that you can improve the lives
26 and perhaps strengthen the ability of a victim of family
27 violence through having a stronger social capital and
28 greater connectedness in the community et cetera that a
29 community organisation might be able to facilitate and
30 foster, ought not that be taken into account and not
31 treated as an externality?

1 MR HEATLEY: I wouldn't call that an externality. I would say
2 that's integral to delivering the service. If the
3 organisation can deliver that, then it's clearly going to
4 be ahead of an organisation that can't deliver that. My
5 comments would only relate to things that are an
6 externality which are the things that, I guess, are
7 outside the quality of the service delivered.

8 MR MOSHINSKY: I might then move to the topic of learning and
9 innovation. Perhaps just to set the scene, could you
10 explain what some of the observations were about some of
11 the weaknesses in the system to learn and innovate as you
12 currently saw it?

13 MR HEATLEY: We saw a system that wasn't doing much learning
14 and innovating. I think that pretty much sums it up.
15 There were some exceptions. Parts of health tended to be
16 a lot better than some of the other areas we looked at.
17 We have a room full of electronic devices that we have got
18 pretty used to. There's a better one every year, and a
19 lot better than last year's .

20 That sort of improvement we are not seeing in
21 social services. So we asked ourselves the question, "Why
22 not? Why isn't that happening?" There are a lot of
23 reasons behind that. I think it comes back to some of the
24 things I was saying earlier about the decisions in these
25 systems tend to be made administratively. In a system
26 with top-down control we tend to jump to one way of doing
27 things and then impose it through the system quite often
28 and sort of shut down the natural experimentation that
29 goes on.

30 Sometimes we think that jumping to a system, if
31 you like, bottom-up control will help that where we have a

1 lot of regional groups or a lot of regional organisations,
2 for example, that can each do their own thing. But what
3 we observed in New Zealand was where that happens the
4 regional groups went off and did their own thing, but when
5 one of them found a really good way of doing things the
6 others weren't interested in adopting it.

7 MR MOSHINSKY: Just picking up that, one of the questions
8 earlier was whether one of the reasons why good innovation
9 might not be spread might be a degree of competitiveness
10 because of the competition to get funding. I think you
11 indicated that that might be one of the reasons but you
12 wouldn't say it's the main reason. What would you see as
13 the main reason for the lack of sharing of good
14 initiatives?

15 MR HEATLEY: I think what is often lacking is a really clear
16 idea of what's trying to be achieved. It comes back to
17 some things I was hearing earlier this morning about the
18 road toll. It's very easy to see a lower road toll as an
19 improvement, but a lot of the things we are trying to
20 measure in social services are much harder to measure.

21 MR MOSHINSKY: Does that mean you don't know what is a good
22 initiative because you are not sure what you are trying to
23 achieve?

24 MR HEATLEY: If you are not clear about what you are trying to
25 achieve then that filters down to the next thing of how do
26 you evaluate what's doing well and what's not doing well,
27 and then the next step after that is, "We know this is
28 good and this is not so good, but what are the incentives
29 on the players to defend the one that's not so good rather
30 than to improve it?"

31 A lot of our approaches to funding, our

1 approaches to - New Zealand, for example, finds it really
2 hard to withdraw contracts from providers that are doing a
3 poor job. The politics of it is really difficult. If we
4 have two programs and we know one works better than the
5 other, politicians aren't interested in shutting down the
6 one that's not working particularly well because there is
7 only political cost to them in closing it down. There's
8 no political benefit. So the system doesn't work quickly
9 to improve.

10 MR MOSHINSKY: Do you have any solutions to these problems?

11 MR HEATLEY: I think that last one is something that's really
12 hard. Ultimately using clients as the people who allocate
13 resources in the system can help a lot, because a client
14 finds it much easier - if they have a choice of providers
15 and one isn't doing a good job, then they find it much
16 easier to switch providers than government finds to
17 withdraw a contract. That can help a lot.

18 Using models where market share is allocated -
19 goes up and down in small increments rather than having
20 big cliffs like you either have a contract or you haven't
21 got one can help a lot. The Australian Employment Service
22 system has some good mechanisms where there's a star
23 rating applied to each provider on I think it's a three
24 monthly basis and those star ratings feed back into their
25 market share.

26 DEPUTY COMMISSIONER NICHOLSON: And yet the very same
27 Australian Employment Services system is
28 generally - I think it's generally accepted is very
29 efficient in getting people into work who don't have
30 serious barriers to work, but internationally compared
31 performs very poorly in getting highly disadvantaged

1 people in the labour market into work, which is your
2 quadrant D.

3 MR HEATLEY: I think that reflects two things. One is that if
4 you pick employment services out and try to separate it
5 from all those other services it doesn't work particularly
6 well in quadrant D. And that - - -

7 DEPUTY COMMISSIONER NICHOLSON: What does that say to us about
8 that marketised approach for quadrant D?

9 MR HEATLEY: I think the marketised approach is one that can
10 work much better in quadrant, say, B. Quadrant D is just
11 difficult on all dimensions, really. But having some
12 choice over provider I think works really well in that
13 quadrant C as well.

14 DEPUTY COMMISSIONER NICHOLSON: The argument against that is
15 that people in your quadrant C aren't fully informed
16 consumers.

17 MR HEATLEY: I think when we talked to disability advocates we
18 might have gone in with that view, but disability
19 advocates were pretty quick to disabuse us of that notion.
20 They were staunch defenders of consumer rights.

21 DEPUTY COMMISSIONER NICHOLSON: Are you saying then that they
22 will only be informed consumers when they have an advocate
23 supporting them?

24 MR HEATLEY: For some individuals I think that's probably
25 right, but for some other individuals they didn't need an
26 advocate. They considered themselves informed consumers
27 themselves.

28 MR MOSHINSKY: Do you have a sense of the proportions between
29 the quadrants, at least in rough terms?

30 MR HEATLEY: I think it's important not to see people as living
31 in one quadrant or another. There may be people that

1 spend a long time in one, but may and will change over
2 time. The other thing is that people potentially might be
3 in one quadrant for one specific need which is different
4 to where they are for other needs as well. I think that's
5 particularly true of that A and B quadrants where somebody
6 might need a lot of help over a medical problem, which is
7 quadrant A, but be happy to choose their own education
8 provider in quadrant B. But I think, generally speaking,
9 85 to 90 per cent of people are probably in that left-hand
10 part of the diagram and sort of 5 to 15 in the right-hand
11 part, depending on what you are talking about and what
12 definition you are using.

13 MR MOSHINSKY: Can I then turn to - - -

14 DEPUTY COMMISSIONER NICHOLSON: Just before you move off the
15 issue of getting innovation shared, do you have any ideas
16 how you could get a for-profit provider to share their
17 innovation?

18 COMMISSIONER NEAVE: Require them to.

19 MR HEATLEY: Buy it off them sometimes would be an answer.

20 DEPUTY COMMISSIONER NICHOLSON: Would that be a good way of
21 spending public money?

22 MR HEATLEY: Society has this problem in multiple places, not
23 just in social services, that we assign intellectual
24 property rights through patents, through copyrights and a
25 whole lot of other things because in doing so it
26 encourages their creation. But that creates costs as well
27 because you have to purchase it where necessary. In
28 health we encourage patenting, we encourage copyrighting.
29 Government is very happy to buy the successful fruits of
30 innovation and not bear the costs of the unsuccessful
31 innovation.

1 DEPUTY COMMISSIONER NICHOLSON: Do you not think that the
2 community might think it a step too far for governments to
3 have to purchase innovation in services of family violence
4 off the very providers they have given the money to
5 provide the service?

6 MR HEATLEY: If the innovation is a direct result of something
7 government has funded, then it should have already
8 purchased that innovation. I think that's a matter of how
9 you write the contract. But if - - -

10 DEPUTY COMMISSIONER NICHOLSON: I thought you were referring to
11 innovation that emerges as an organisation takes on a
12 contract and then they find better ways of doing things
13 and they generate innovation.

14 MR HEATLEY: It's hard to get all these things right but,
15 generally speaking, if organisations told us that if they
16 couldn't get any rewards from innovating then they would
17 do less experimentation and less innovation. So we want
18 them to get some rewards. Zero rewards is not the right
19 answer. But I guess the ability to set monopoly prices
20 over something that's really valuable might be too much as
21 well. We want to avoid the situation where our desire to
22 be able to purchase innovation at a future cost of zero
23 leads to less innovation going on may not be optimal
24 either.

25 MR MOSHINSKY: I might just turn to the topic of integration of
26 services, which is at page 16 in the overview and chapter
27 10. You referred to this earlier, the concept of a
28 navigator. Within that there are two models. But, just
29 starting with the concept of a navigator, could you just
30 explain what that concept is?

31 MR HEATLEY: We looked at a couple of programs in New Zealand

1 that were directed at our clients in quadrant D, where
2 people weren't in a great position to be able to make
3 decisions about what services they needed when they needed
4 them. People had some pretty positive results in the Out
5 of Gate program that the Department of Corrections ran and
6 the Whanau Ora program that's run by Te Puni Kokiri, the
7 Ministry of Maori Development, where a specific person was
8 assigned to an individual or family who had the
9 responsibility for being the interface between the system
10 and that person or family. It was a challenging position
11 in many cases, but we saw a lot of promise and merit in
12 that model.

13 I think we developed it a little further in
14 saying that we saw a lot of programs where that navigator
15 role ended up being purely either largely informational or
16 ended up being an advocate and someone trying to sort of
17 squeeze resources out of different parts of the system but
18 not really having any command over resources. We thought
19 that an optimal arrangement for dealing with the most
20 disadvantaged people was that they did have some command
21 over resources and the ability to purchase the services
22 that were needed would break down the silo problem of
23 everyone falling back on, "All we have is a bunch of
24 programs. Do you meet the eligibility for the program or
25 not?"

26 MR MOSHINSKY: Is that the concept of a package of support that
27 the navigator would be able to draw on to purchase
28 relevant services?

29 MR HEATLEY: Essentially you can think of it as a navigated
30 directed budget, although we don't use the term in the
31 report. We would have a budget for that person or family

1 that reflected or was at least informed by what we thought
2 their future cost to the system would be. That gives us a
3 baseline that we can think about how much is it worth
4 spending on this person or this family to sort out their
5 problems to improve their lives, and then giving a
6 navigator control over that to essentially break through a
7 lot of the normal barriers we see.

8 We found examples where a hospital, for example,
9 was seeing too many kids coming in with respiratory
10 problems. So their response was to go out and improve the
11 housing the kids were living in. They had to break the
12 rules to do that, but they got great results. We found
13 other examples of that sort of innovation going on that
14 cut across the normal boundaries, but it was usually by
15 the rule-breakers not the system.

16 MR MOSHINSKY: Is part of the concept with the navigator that
17 it is client centred so that they work with the individual
18 or the family about what their priorities are?

19 MR HEATLEY: That's part of it. Where the person's behaviour
20 is having an effect on others, there are going to be some
21 wider social issues there too. But to get people to
22 change they have to want to change to some degree as well.
23 So giving them a say in the process about what their own
24 priorities are is important.

25 MR MOSHINSKY: Are there models for this in practice?

26 MR HEATLEY: We saw lots of little bits of it in lots of other
27 models, but I don't think there's anything - we didn't see
28 in practice the full model that we have outlined.

29 COMMISSIONER NEAVE: I suppose one possible criticism of that
30 would be that presumably you only get the navigator if you
31 get into that fourth difficult sector. So somebody who

1 exhibits a high degree of helplessness may get a better
2 range of services which, on one level, might be quite
3 desirable but could create some incentives to increase
4 your helplessness rather than to increase your ability to
5 help yourself.

6 MR HEATLEY: That's certainly a potential problem. But the
7 goal of it has to be to get people in more control of
8 their lives, and if we have got good navigators then they
9 should be pushing people in that direction.

10 DEPUTY COMMISSIONER NICHOLSON: So the idea of the navigator
11 goes hand in glove with the idea of a self-managed budget?

12 MR HEATLEY: In quadrant C we saw a self-managed budget as
13 being a really good tool. That's the people who are
14 competent and capable to make their own decisions perhaps,
15 and in quadrant D we saw the navigator having control over
16 the budget rather than the individual or family.

17 DEPUTY COMMISSIONER NICHOLSON: Just thinking about issues of
18 family violence, the budget would be drawn perhaps from
19 different parts of government. So we are thinking about
20 it might be housing, it might be specialist counselling
21 for children, it could come from a range of areas. How is
22 that family budget to be constructed?

23 MR HEATLEY: We were unable to find a good example in New
24 Zealand of what you might call a pooled budget that came
25 from multiple agencies. We saw lots of programs that had
26 attempted to create one and lots of reasons why they might
27 be a good thing. But departments don't like putting money
28 into a pool where they lose control over it. There are
29 some good reasons for that. One is they still end up
30 wearing the responsibility if the money is misspent.
31 Secondly, their own responsibilities to deliver services

1 don't go away because they have put money into a pooled
2 budget.

3 DEPUTY COMMISSIONER NICHOLSON: I guess the argument would be
4 that they are going to be spending money on that family
5 anyway through their own narrow silo, whereas in pooling
6 it you are going to get a much better outcome.

7 MR HEATLEY: That's the argument we would use, but when the
8 agencies tend to look at this from their own perspective
9 they feel they have more control over the outcome that
10 they get because it goes - - -

11 DEPUTY COMMISSIONER NICHOLSON: Even though it's a poor one?

12 MR HEATLEY: Yes. It seems to be an ongoing problem with how
13 do you get a department keen to give up money. It's a
14 very difficult thing. They only are willing to give up
15 money if you can do a couple of things. One is they need
16 to feel like the responsibility has really gone away from
17 them. So in our model we are suggesting that the health
18 costs of somebody that's enrolled with, say, better lives
19 agencies aren't covered out of the health budget, they are
20 covered out of the better lives agencies.

21 Secondly, the health department might be keen to
22 do that if, when they did spend some money on that client,
23 the money flowed back to them. So if they did do an
24 operation or whatever, then the money comes back to them
25 that way. So it's trying to deal with those complex
26 incentives that surround a department in a way that gets
27 around the problem what we just saw as being endemic that
28 no agency wants to pool funds.

29 The examples of pooling that we saw had the money
30 going in from multiple agencies came with - money comes
31 with reporting requirements and money comes on limitations

1 on how it is spent, and when it goes into a pool it's all
2 additive. So the reporting requirements grow and the
3 restrictions on how it is spent grow to the point where
4 the pool isn't actually very useful.

5 MR MOSHINSKY: The report deals with social services generally,
6 and the Commission's focus is on family violence, which
7 includes family violence services. It may not be possible
8 to answer this question, but are there parts of the report
9 that are sort of more applicable if one is looking at just
10 one area of service provision rather than the system as a
11 whole?

12 MR HEATLEY: That's a pretty difficult question, I guess. One
13 way to look at it is, "Does our report cover family
14 violence services?" Yes, it does; we are just covering it
15 from a much wider perspective. We also know that family
16 violence is not exclusively but is often very clustered
17 with other problems. So the people suffering family
18 violence are also those often suffering from other
19 problems which leads us to have other types of services.
20 So the interface between family violence services and
21 other services is really important.

22 Often services suffer from a really interesting
23 question of who is the client they are dealing with, and
24 that's perhaps particularly difficult in a family violence
25 context. To take a really simple case of a male
26 perpetrator, a female victim and a child, a child
27 perspective on that from a child centred agency is going
28 to have one idea of who the client is, Corrections or
29 Justice is going to have a different idea of who the
30 client is, and a victim support one is going to have a
31 third idea of who the client or victim is. That makes it

1 really tricky. I wouldn't want to underestimate how
2 difficult that can be. It can lead to some very different
3 ideas of what a good outcome is as well.

4 COMMISSIONER NEAVE: Can I have a follow-up question on that.

5 You mentioned at the beginning that the services that you
6 looked at included police and courts, and I would have
7 thought that probably in the family violence area they are
8 going to be a provider of a larger proportion of the
9 services than in some of the other areas that you looked
10 at. For example, a person with a disability isn't
11 necessarily going to have any contact with those two
12 agencies at all. Were there any particular challenges in
13 thinking about these issues in the context of people who
14 are involved either in the civil or criminal justice
15 process?

16 MR HEATLEY: Yes, there are. If you are looking at a system
17 level we are talking about a coercive response as well as
18 a supportive response, and sometimes those things
19 conflict. I think we probably didn't spend that much time
20 on the coercive part of the system; just purely a resource
21 issue. But it does complicate things, and part of it goes
22 back to my previous comment about this idea of who the
23 client is is just a really difficult and hard to answer
24 question.

25 COMMISSIONER NEAVE: Thank you.

26 MR MOSHINSKY: Those are my questions. Do the Commissioners
27 have any other questions?

28 COMMISSIONER NEAVE: No, we have no further questions.

29 MR MOSHINSKY: If the witness could be excused with our thanks.

30 COMMISSIONER NEAVE: Thank you very much for coming here from
31 New Zealand and enlightening us on what you have done

1 there.

2 MR HEATLEY: My pleasure, and good luck with your inquiry.

3 MR MOSHINSKY: Commissioners, if it is convenient, I'm
4 conscious of the time, perhaps we could adjourn until
5 2.15.

6 COMMISSIONER NEAVE: Thank you, Mr Moshinsky.

7 <(THE WITNESS WITHDREW)

8 LUNCHEON ADJOURNMENT

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1 UPON RESUMING AT 2.15 PM:

2 MS ELLYARD: The next witness is Dr Gassner. I ask that he be
3 sworn in.

4 <CHARLES LEIGH GASSNER, sworn and examined:

5 MS ELLYARD: Dr Gassner, could I begin by asking you to
6 summarise for the Commission your professional background,
7 including most particularly the extent to which your past
8 work and present work history has involved dealing with
9 issues of family violence?

10 DR GASSNER: Yes, certainly. Up to about 2008 I was Assistant
11 Commissioner in Victoria Police. Whilst there, I was
12 actually the Co-Chair of the Statewide Steering Committee
13 to Reduce Family Violence and the Statewide Steering
14 Committee to Reduce Sexual Assault, which brought up the
15 reforms that I know you are aware of.

16 On leaving, I then ultimately became a director
17 in what is Reos Partners, and we work with complex stuck
18 social systems around the world. But in particular in
19 relation to family violence my experience has continued.
20 I'm the Chair of the Coroner's Family violence Death
21 Review Panel. I have worked with the Human Rights
22 Commission in China with the Supreme People's Court on a
23 pilot, an integrated pilot, in China. I have also
24 conducted the national consultations on perpetrator
25 intervention outcome standards, which will be part of
26 the COAG - which is going through Mr Lay's committee
27 through to COAG, to be released shortly.

28 I have also worked with the Australia and New
29 Zealand School of Government as a case study on the family
30 violence reforms and particularly around leadership in
31 that space and just recently conducted a two-day workshop

1 with Victoria Police in this sector about refreshing their
2 collaboration.

3 MS ELLYARD: The focus of the evidence today and tomorrow is on
4 the structure and funding of the family violence system.
5 Thinking about your involvement in the Steering Committee
6 and the first set of reforms, what comments would you make
7 about the way in which family violence systems ought to be
8 designed or developed?

9 DR GASSNER: I believe that the time of the Statewide Steering
10 Committee was quite unique in many ways. It had the
11 government and non-government people around the table,
12 including magistrates and the Coroner at the time, the
13 Coroner's Office. It was unique because of a number of
14 reasons. One, it was actually co-chaired by the police
15 along with the Office of Women's Policy, which was a very
16 unique collaboration or partnership, but it was a time of
17 co-design. It was a time of actually rethinking and
18 reframing the way that both government and non-government
19 can actually work together to build a system that is as
20 effective as possible.

21 I think that's probably why - one of the reasons
22 that the reforms came out so well. Not only that, it was
23 a system built on trust. In that time chairing the
24 Statewide Steering Committee the whole matter about trust
25 between the different components of the system or the
26 sector at the time became such an enormous advantage. But
27 it was this whole issue of co-design, rather than just
28 merely collaboration. It just wasn't that "we would like
29 you to have look at this and see what you think and get
30 back to us"; it was "we really want to know how together
31 we can actually build this system".

1 MS ELLYARD: One of the conventional methods in which
2 stakeholders have input into new systems or reforms is by
3 being consulted as advisers or perhaps the presence of
4 advisory panels and things of that kind. What distinction
5 do you draw between that kind of approach and the
6 co-design model that you have been describing?

7 DR GASSNER: The co-design model clearly is that you are
8 actually leveraging off an enormous amount of experience
9 and knowledge already within the sector. The thing is
10 that in a co-design model also in so many ways they so
11 willingly want to be part of working with government to
12 actually build something that's new. It goes beyond just
13 the consultation and sort of then a feeling that "we have
14 been consulted and it is going to be done anyway". It is
15 actually felt that they were part of actually building
16 something.

17 Then of course there's the whole issue that if
18 the whole sector is part of building it they will be much
19 more amenable as to the way it gets implemented and the
20 way it actually then steps out. One of the biggest things
21 we found in this time was that not everyone in the sector
22 actually understood each other's parts. In fact, they
23 misunderstood them in so many ways it actually was an
24 inhibitor, and it took time to actually say "we all need
25 together to know the system, not just our little part of
26 it".

27 MS ELLYARD: May I ask you then about the topic of leadership.
28 What observations would you make, based on your
29 involvement in the Steering Committee, about the
30 importance of leadership and perhaps the particular
31 qualities of leadership that you see being relevant in

1 system re-design or reform?

2 DR GASSNER: Since working in other complex social systems, for
3 example in Aboriginal health and elsewhere, the whole
4 issue about leadership is just critical. In this case we
5 certainly had Christine who built that authorising
6 environment, and then I was the Assistant Commissioner,
7 which was of a senior rank, and it actually then resonated
8 to the sector and other people that, "Gee, we are really
9 serious around this. This has got quite a high level of
10 commitment from key people in the community."

11 My greatest learning out of all of this was how
12 to actually start to become this enabling and facilitating
13 leader rather than sort of a leader coming from some sense
14 of power because you are a senior bureaucrat or you hold a
15 position of some stature.

16 It became an obvious thing that it sort of helped
17 to break open the system to start to build the trust. So
18 it's that enabling leadership style further down into the
19 process, even though it's so important to have the
20 authorising leadership that Christine did and Ken then
21 picked up so well.

22 The other interesting thing was how the
23 leadership then started to shift and move in this time.
24 At some point all of a sudden you had the Attorney-General
25 at the time and ministers then sitting together quarterly
26 to actually see what was going on. So this whole thing
27 about leadership is so important because it resonates with
28 those in the system, but it also - it can move and shape
29 itself, and that's all right.

30 MS ELLYARD: So does that in part mean that different modes of
31 leadership or particular styles of leadership might work

1 better at different levels of the system, the top
2 authorising environment might be one style but those
3 actually involved in the creation and maintenance of the
4 system might need to lead in a different, more
5 collaborative way?

6 DR GASSNER: Absolutely, and much more enabling way, and that
7 sort of should be replicated further down into the system
8 all the way down into the local area. As I said, that
9 sort of helps the co-design, and it stops the fact that
10 you are trying to defend a position because you hold a
11 position in a particular organisation.

12 MS ELLYARD: May I ask you then about a different topic.

13 There's been some evidence and some submissions to the
14 Royal Commission that suggests that there might be a role
15 for some kind of independent body, a statutory body of
16 some kind, in a future family violence system. Different
17 people have had different ideas about the roles or
18 responsibilities that such a body might have. May I ask
19 you for your reflections on what role, if any, you would
20 see an independent statutory body playing in the family
21 violence system?

22 DR GASSNER: My observations around that are, firstly, we don't
23 finish up with the fact that we just put a structure in
24 and we actually think we have achieved something, because
25 it's our - for want of a better way of saying it, that
26 structure actually interacts with the system and the
27 sector, and across all the different systems, mental
28 health and everywhere else. So I'm sort of saying that
29 it's actually who is working that structure in a way that
30 actually continues a co-design and a co-governance
31 arrangement.

1 I often use the saying that I would prefer a bad
2 structure with good people than a good structure with bad
3 people because good people make a bad structure work.
4 That's quite true. But the point is it can also wear
5 people out. So to be able to actually ensure that there's
6 the right capabilities within that structure to actually
7 work with the different systems - the different sectors
8 across a larger system is vitally important.

9 I see a number of probably key roles if you
10 brought a structure up like that. I see a role around the
11 fact that certainly be able to build a governance model of
12 some sorts, but this space particularly in our learnings
13 from the perpetrate intervention is that we don't always
14 know what works and what doesn't work. Therefore, that
15 really affects the whole issue around funding - what do
16 you actually fund that's effective. So a structure like
17 this, if it has the ability to also build knowledge and
18 learning and be able to permeate that or to flow that
19 through up and down into the system, it would be critical.
20 So I suppose it has that learning function.

21 Also, it does also probably need an
22 accountability function too. It needs to probably have
23 that loose/tight fit, that ability to be able to learn but
24 the ability to be able to have a tightness that says,
25 "Well, this is what we feel that this is what works and
26 this is how we would like to see the system moving
27 towards."

28 I suppose that was one of the things with the
29 reforms, is that we actually came up with a system that
30 said, "Okay" - that the sector was able to say, "We have
31 built this together. We will implement it and we will

1 work towards the way these - the principles of these
2 reforms." The bottom line is the structure needs to have
3 that learning capacity and, yes, an accountability; what
4 works, what doesn't work; keep permeating that through the
5 system.

6 MS ELLYARD: In a session this morning there was some evidence
7 from witnesses, including Ms McCormack, about the regional
8 structures that presently exist and the sense that in the
9 past the Steering Committee played a kind of unifying role
10 in enabling ideas from the regional level to be fed up and
11 ideas to be fed back down again from the regional - to the
12 regions from the central committee. Can I invite you to
13 comment on whether that's your recollection of how things
14 worked and the importance, in your view, if any, of a
15 central structure and a regional structure when we think
16 about an integrated system.

17 DR GASSNER: It is probably a central structure, a regional
18 structure with a regional and a local sort of arrangement.
19 But Ms McCormack is exactly right. In the last two years
20 I have been doing the deep-dive case studies with
21 the Australia and New Zealand School of Government with
22 this sector around where the reforms were and where they
23 are now, and this seems to be one of the resonating pieces
24 that's missing, is that they were able to come together,
25 they were able to particularly work out what they were
26 doing to learn, and I think there's a feeling sometimes
27 that because that's not there that even within the system
28 there can be some fracturing as well. This is the first
29 time that many of them had actually sat together to try to
30 build something. So, yes, it's a - - -

31 MS ELLYARD: When we talk about "they", who historically was

1 and in your view should still be sitting around that
2 central table that then fed down into the regional
3 structures?

4 DR GASSNER: Look, that's a really good question because we had
5 to really contemplate this when we actually built the
6 Statewide Steering Committee because you couldn't have
7 everyone in the room. I think there's clearly the key
8 government agencies around that actually can contribute to
9 solving the problem, but also the peak bodies that
10 actually represent the family violence sector and systems,
11 the capability side of things such as what DVRC provide,
12 as well as the courts and the police.

13 Probably the peak bodies then in so many ways
14 actually then have to work out how do they inform and keep
15 their sector informed because you can't have everyone
16 around the table. But they were able to effectively do
17 that. Not only that, they were able to then have -
18 particularly the sector became very effective and very
19 nuanced in how they advocated but still became part of
20 co-designing the system.

21 MS ELLYARD: When we think about who should be around the
22 table, does it partly depend on how we are defining the
23 system and what the edges of the system might be?

24 DR GASSNER: I suppose it does. In this space now, and I know
25 the Commission has heard a lot about issues of mental
26 health and homelessness and everything else, maybe this is
27 time we sort of need to redefine what is the system, and
28 maybe it's from the fact of what's going to help solve the
29 problem - what's going to help solve the problem at a
30 strategic level, at a state level, but also even if you go
31 down to the local and regional level, and even down to the

1 actual particular incident, what is the system that's
2 actually going to be able to solve and help the victim and
3 their children, and that could be a range of systems. It
4 could be mental health, it could be drug and alcohol, and
5 it certainly could well and truly be the family violence
6 sector. So it is about coming from a problem-solving
7 perspective rather than just probably a siloed
8 perspective, if that makes sense.

9 MS ELLYARD: Can I take up that issue of a problem-solving
10 focus. One of the things that the Commission has heard
11 some evidence about this week is about the potential
12 importance of expanding the knowledge base of people
13 working in different parts of the family violence and
14 community health sector so that they know more about each
15 other. In the earlier hearings the Commission also heard
16 about the importance of upskilling police officers, and
17 issues arise about the extent to which you can expect
18 people whose core functions are one thing to know and
19 implement other kinds of learnings.

20 Could I invite you to comment, from your
21 perspective as the former Assistant Commissioner of
22 Police, on how you strike the balances between the things
23 someone needs to know for their core functions and perhaps
24 requiring them to do or know other things?

25 DR GASSNER: That's so true because this whole discussion can
26 sometimes finish up just as this whole issue about
27 generalist against specialist bit, and I think we have to
28 move away from the either/or and say it's both. So
29 probably the best way to describe that is often - when we
30 were doing the family violence reforms in Victoria Police,
31 as an example, the police members would say, "What are you

1 asking me to do? I'm not a psychologist. I'm not a
2 family therapist. I'm not a counsellor. What are you
3 actually asking me to do?"

4 It was as though I sort of lifted the burden off
5 their shoulders. They felt much lighter when we were
6 actually saying, "No, we are actually not asking you to do
7 that. We actually want you to understand who else who has
8 expertise can come into this space and actually help solve
9 the problem." That gave them a greater understanding, is
10 that they are probably a part of the system with certainly
11 a specialist response around law enforcement and
12 everything else, but that they would then integrate or
13 connect with other local services to help them solve the
14 problem.

15 That became - when they started to learn that,
16 they started to become much more comfortable about it.
17 I think that's probably true with a lot of
18 other - I suppose it's the same with GPs or other
19 generalist practitioners who might move into - find
20 themselves in this space. They need to be aware of what
21 they can do to help solve the problem, and it might be
22 bringing in more mental health - a service or drug and
23 alcohol or whatever else as well as very much so the
24 family violence sector, because it is a gendered crime.
25 It is a specialist response there.

26 MS ELLYARD: The Commission has heard a lot of evidence about
27 the fact that a very large percentage of people who enter
28 the family violence support system, however we are
29 defining it, do so through the door of the police because
30 the police attend and make an L17 referral that begins the
31 process of engagement between that woman or man and the

1 specialist services. Do you have any reflections on
2 whether it's appropriate that the police be the de facto
3 front door for the family violence system and, if that's
4 not appropriate, how we could shift that?

5 DR GASSNER: I know when we built the reforms there was a lot
6 of discussion around the fact that if it is just this
7 criminal justice response and that's all you have, then
8 you can tend to drive it back underground because people
9 just actually want the violence to stop. That's what it
10 is. I think there will always be a need for the police to
11 be one of the key doors into the system. I think there's
12 no doubt about that.

13 If a properly integrated and responsive family
14 violence service is actually operating, there will
15 probably be a lot of people who actually don't want to go
16 into the criminal justice system and just want to access
17 it through, say, women's health or, for example, might be
18 coming through the mental health door and then needing to
19 access it that way.

20 I don't think you will ever get away from the
21 fact that police need to be held accountable, to hold
22 offenders accountable and to actually take the steps they
23 need to be. But I think they are probably one door.

24 MS ELLYARD: One of the themes of today, and particularly the
25 evidence of the previous witness, has been about the
26 extent to which the family violence system encourages,
27 permits or inhibits innovation. You have spoken a little
28 bit about the work you have been doing in relation to
29 perpetrator accountability mechanisms. You have also had
30 some experience in Victoria. From your observation, is
31 there a culture of innovation and experimentation in the

1 family violence service space and, if not, why not?
2 DR GASSNER: That's an interesting question. Whether it's a
3 culture of innovation, I actually don't know. If you want
4 to say it's a culture, I would probably say no, it's not.
5 That's probably for a whole lot of reasons. It might be
6 how it's funded - if we are going to be funded that way
7 and there is no chance for any innovation.

8 On the other hand, I have actually also seen,
9 particularly from the policing perspective, when there was
10 an authorising environment, when police and the Statewide
11 Steering Committee started up, I actually started to see
12 police at the local level all of a sudden connecting up
13 with local services and saying, "What can we do here," or
14 thinking up new processes like, for example, a court
15 liaison officer at Frankston Court, which then expanded
16 across the state. That was just the local people saying,
17 "We obviously can work in this space. How can we do this
18 better?" So any structure needs to be able to allow that
19 creativity to actually happen.

20 That's where I come back to about learning what
21 works and what doesn't work. In the national
22 consultations we saw a lot of creativity and innovation
23 happening, but could we actually say it worked or didn't?
24 The evaluation - there was no evaluation around it. So it
25 was probably hard to say were the right outcomes being
26 achieved. But - there certainly was a lot of creativity
27 and innovation, but was it achieving what it needed to
28 achieve?

29 MS ELLYARD: You mentioned the role of funding. Could you
30 expand on, from your experience, the role that funding can
31 play in the way in which people think about changing or

1 innovating?

2 DR GASSNER: I suppose it goes a little bit back to my point.

3 If we can start to evaluate what works, what doesn't work,
4 it does obviously feed back into actually understanding
5 funding procedures, processes, to say, "We are going to
6 invest in this because we actually know it works. There
7 is empirical evidence. We have actually seen it."
8 Therefore, the funding becomes much more directed, much
9 more accountable, and you are more likely to achieve
10 effectiveness and the right outcomes.

11 I sometimes think the whole issue around funding
12 sort of between the government and the sector can also
13 create the relationship where it's sort of like a
14 paternalistic relationship going on, because they are just
15 waiting for the funding coming down. Often then - if
16 funding is short-term funding too, it is only two or three
17 years, then how can we actually properly evaluate what
18 works, what doesn't work.

19 The whole issue about funding is an enormous one,
20 but it's probably going to need to be sustained over a
21 certain time to be actually able to say, "Yes, this works
22 and this doesn't work." I get all the risk around that.
23 That's a big thing to probably ask government to actually
24 do. But my understanding is that the evidence around has
25 a perpetrator changed their behaviour actually can't be
26 measured in anything under two years. That's quite an
27 amount of time, and the funding needs to be probably still
28 going on to be able actually say, "Is this working?"

29 MS ELLYARD: Do the Commissioners have any questions for
30 Dr Gassner?

31 COMMISSIONER NEAVE: I have one question, Dr Gassner. You

1 talked about the research function that an independent
2 agency could discharge. I'm wondering how you see that
3 function being conducted in a context where ANROWS is also
4 doing research. Can you say there's a need for research
5 at both Commonwealth or national and state level, given
6 that the Commonwealth and the states have already put
7 quite a bit of money into research through ANROWS?

8 DR GASSNER: Commissioner, I would say that it's probably them
9 leveraging off all the research that they see around the
10 world and what ANROWS is doing and the Commonwealth, but
11 also probably actually starting to see what's happening in
12 Victoria, to say, "We want to fund some research or we
13 want to have some research about what's actually happening
14 in Victoria from its own perspective."

15 Again, it's not an either/or; it's an and. In
16 some sense it's a bit like a clearing house, but also the
17 ability to undertake the research they need particularly,
18 in some sense to get back to the funding issue, to be very
19 focused on Victoria and what's going to work for Victoria.

20 COMMISSIONER NEAVE: Thank you.

21 MS ELLYARD: If there are no other questions, I ask that
22 Dr Gassner be excused with our thanks, and I will call the
23 next witness, Mr Calafiore.

24 COMMISSIONER NEAVE: Thank you very much, Dr Gassner.

25 <(THE WITNESS WITHDREW)

26 <JOE CALAFIORE, sworn and examined:

27 MS ELLYARD: Mr Calafiore, may I ask you to tell the Commission
28 your present role and responsibilities and a little bit
29 about your professional background?

30 MR CALAFIORE: Yes; thank you. My name is Joe Calafiore. I'm
31 the Chief Executive Officer of the Transport Accident

1 Commission. I have been with the TAC seven years as the
2 head of community relations, which encompasses the road
3 safety, legislative, media and legal functions of the TAC.
4 Prior to that I was a ministerial adviser with the then
5 Bracks-Brumby government in a number of portfolios.

6 MS ELLYARD: We have asked you to come today because the TAC
7 model has been offered to the Commission as a model that
8 might provide some useful learnings or analogies from
9 which it could get some ideas about governance structure.
10 May I ask you a little bit about the history of the TAC.
11 What was the context in which it came to be created?

12 MR CALAFIORE: Firstly, I appreciate the opportunity to be able
13 to speak today. The TAC was actually created in a time of
14 crisis. So in the late 1980s road trauma in Victoria was
15 absolutely on the front pages. We had over 700 Victorians
16 losing their lives on our roads. So we had a road trauma
17 issue, and we also had thousands of Victorians, up to
18 70,000 Victorians, claiming for compensation.

19 So the TAC was born, what we would say, out of
20 market failure. So it was created under what is called
21 the Transport Accident Act 1986, which still lives today.
22 The TAC was really given three clear purposes - a
23 prevention function, a compensation function and a
24 rehabilitation function - and those three clear objectives
25 are actually still what holds today.

26 MS ELLYARD: The TAC is an independent statutory authority; is
27 that correct?

28 MR CALAFIORE: That is right. So a CEO that reports to a board
29 of management, and obviously a chairman of the company,
30 which is appointed by two ministers.

31 MS ELLYARD: Can you explain a little bit about the composition

1 of the board?

2 MR CALAFIORE: It is very much a skill based board. The TAC
3 describes itself as a social insurer. So our board of
4 management throughout our history would have people with
5 background in legal function, audit, health background,
6 road safety and marketing functions. So it's certainly a
7 diverse board with various commercially based skills that
8 they bring to the table.

9 MS ELLYARD: Is there any particular political representation
10 on the board?

11 MR CALAFIORE: No, there's not, and I would actually say one of
12 the great advantages the TAC has had over its history is
13 it is very clearly seen as a bipartisan agency. So that
14 structure has been able to continue through various
15 iterations and governments.

16 MS ELLYARD: Is there any power in the relevant minister to
17 direct the work of the TAC?

18 MR CALAFIORE: There actually is. There is an explicit
19 provision in the Act which provides the minister with the
20 authority to direct the - a very broad power to direct the
21 Commission, very rarely used - in fact, one example, if
22 I may, when the bushfire tragedies happened in Victoria
23 recently we obviously had some people that lost their
24 lives in their cars and other people that perished perhaps
25 walking away from their homes, and government made a
26 policy decision, which was we don't want the TAC simply to
27 compensate those narrowly captured within the Act. So the
28 policy decision was that all Victorians would be paid. We
29 thought there was a legislative impediment, so the
30 minister of the day simply issued the direction. It's
31 very rare - probably that or another time. A very rarely

1 used provision.

2 MS ELLYARD: How, then, is the TAC funded?

3 MR CALAFIORE: The TAC is actually funded by Victorian
4 motorists, so everyone that has a driver's licence in
5 Victoria. So we have in a sense over five million
6 customers. So it is an independent funding source. So we
7 collect \$1.6 billion a year in what we call premium
8 revenue, and it is that independent funding source that
9 allows us not only to invest in prevention but we are a
10 lifetime uncapped scheme. So it allows us to provide the
11 benefit supports to Victorians who unfortunately require
12 our services.

13 MS ELLYARD: Does government then exercise any directive over
14 how you spend the money? Do you have to consult with
15 Treasury or anyone else about how you allocate the funds
16 that come to you?

17 MR CALAFIORE: Like all statutory agencies, we have
18 requirements under DTF guidelines to produce a corporate
19 plan. But, no, in a practical sense it is management and
20 the board of management that would have the authority in
21 terms of how those funds are expended.

22 The TAC actually is a funder to government in the
23 sense that we are actually required to provide a dividend.
24 So I suppose, unlike an inner department that is part of
25 the funding cycle, one of the expectations upon the TAC is
26 that we are run efficiently so that we can provide what we
27 describe as the shareholder, the government, a dividend on
28 an annual basis.

29 MS ELLYARD: How is that dividend calculated, and what amount
30 is it usually in round terms?

31 MR CALAFIORE: It's calculated on what's called - a percentage

1 of what was called our PFIO, our performance from
2 insurance operations, which is, very briefly, we strip out
3 the impact of the external markets. So like a super fund,
4 we can make really large losses and profits depending on
5 our investment portfolio. So we strip out the
6 externalities. So it is 50 per cent of what we call our
7 PFIO, our performance from insurance operations. That's
8 under a ministerial guideline, and that is I suppose
9 booked into our corporate plans each year. So it could be
10 in the vicinity of \$200-300 million a year.

11 MS ELLYARD: 200-300 million every year?

12 MR CALAFIORE: Yes. In that vicinity, yes.

13 COMMISSIONER NEAVE: Did I understand you to say the
14 50 per cent can change from time to time depending on the
15 ministerial direction?

16 MR CALAFIORE: Precisely, Commissioner.

17 COMMISSIONER NEAVE: So they could say it's 60 per cent this
18 year or 70 per cent or 40 per cent?

19 MR CALAFIORE: That's right, or 100. Precisely.

20 MS ELLYARD: Former Chief Commissioner for Police Mr Lay gave
21 evidence this morning and touched on issues of road safety
22 and commented on from his observations the role played by
23 not only the TAC but other parts of the system that was
24 set up to ensure road safety. Could I ask you to
25 summarise, other than the TAC, who are the other partners
26 in the project of making the roads safer and bringing down
27 the road toll?

28 MR CALAFIORE: I think former Chief Commissioner is spot on.
29 This is integral. So we very much describe road safety as
30 a partnership approach. So VicRoads, the Department of
31 Justice and also the Department of Health - we would

1 describe ourselves as the road safety partnership in
2 Victoria.

3 While we are in a sense a very high-profile
4 organisation and we are known for our campaigns, we invest
5 \$160 million a year in prevention, and, to give you an
6 example, 120 million of that funding is actually going to
7 VicRoads to build safer roads. So, while we are known for
8 our campaigns and we are very proud of our campaigns, it
9 is very much an integrated policy response, both amongst
10 the agencies and also at the ministerial level. There is
11 a ministerial council for road safety, so we have all of
12 the road safety ministers represented, and all of the
13 empirical research, all of the evidence suggests in road
14 safety you need the policy levers working in harmony to
15 have any chance of making those gains.

16 MS ELLYARD: You indicated that a very large amount of money
17 goes to VicRoads for safer roads. Can you give some
18 practical examples of the kinds of things that that money
19 gets spent on?

20 MR CALAFIORE: Absolutely. I have driven up from Geelong
21 today. People might observe wire rope barriers running
22 down the side of highways. The TAC has funded those
23 barriers. They have been implemented by VicRoads. A
24 really practical example, one of the most shocking
25 injuries you can have on our roads is a high-collision
26 side impact because you get the acquired brain injuries.
27 Even if we put the economics aside in terms of the social
28 trauma that has on someone's family, when someone hits a
29 wire rope barrier it is actually good, cold, hard
30 economics for the TAC. It is injury avoided. It's a
31 great social policy. Yes, VicRoads unfortunately have to

1 pick up the maintenance bill. But that's a really good
2 example of where we have a targeted approach to say where
3 is our trauma happening in Victoria, why is it happening,
4 and then we can have the debate about what the appropriate
5 policy intervention is.

6 MS ELLYARD: Obviously that's informed by research. Can you
7 explain a little bit the role that research plays and how
8 you acquire that research knowledge?

9 MR CALAFIORE: Yes. It's critical. So we spend on an annual
10 basis, TAC alone, just under \$14 million a year on
11 research. So what we know in road safety, like a lot of
12 areas of public policy it is an opinion-rich field and it
13 is an area that everyone has very strong opinions. So we
14 invest both on the road safety side, at a number of
15 levels, internal TAC research, externally via the Monash
16 University Accident Research Centre, or Linkage grants on
17 a national basis. We also make enormous investment on the
18 client side, injured Victorians, of our business.

19 So, in short, as a commercial for-profit social
20 insurer, that is all about informed decision making, so
21 that we know we are spending taxpayers' money, so we
22 invest heavily in research and our expectations of how we
23 can translate research are very high.

24 MS ELLYARD: Can I ask you to speak a little bit more about the
25 Monash research institution and how significant you would
26 say has that contribution been overall to the work of
27 making roads safer?

28 MR CALAFIORE: Critical. It would be hard for me to
29 overestimate the importance of the evidence-led research
30 function. So very recently we commenced a program with
31 Monash University called the Enhanced Crash Investigation

1 Study, and this is just one program, \$2 million a year
2 over the next four years. That is literally going out
3 onsite when a serious injury occurs to deconstruct not
4 just what happened at the accident scene; what are the
5 pre-existing conditions in someone's life. What we know
6 from our research is that it is often just not about the
7 accident. The accident is a point in time. What are the
8 risk factors. There is a whole group of complexities as
9 to what may contribute to road trauma.

10 So that is a very large investment in insight,
11 but it is a critical investment because we are investing
12 hundreds of millions of dollars of taxpayers' money and
13 the community quite rightfully would expect to see a
14 return on that investment. While the numbers may appear
15 high, in a totality of a scheme with \$12 billion of
16 liabilities it is actually quite modest.

17 MS ELLYARD: You have identified that you have as the TAC in
18 effect an independent funding stream that means not only
19 do you not ask the government for money, you actually give
20 the government money. What's the relevance of that, do
21 you think, to the way in which the TAC is able to conduct
22 itself?

23 MR CALAFIORE: I think there are a number of natural
24 advantages, and one - listening to Dr Gassner beforehand,
25 he spoke about the long-term nature. We are a lifetime
26 uncapped scheme, so we have to think in the long term.
27 The wire rope barriers that I spoke about, that's a 20- to
28 30-year investment on behalf of the TAC.

29 So I suppose one of the advantages you have of an
30 independent funding source is it takes you out of
31 I suppose the day-to-day mill of maybe some

1 interdepartment deliberations, and I think it allows us to
2 have a much longer term focus. I think that's a natural
3 advantage.

4 I think it also assists very greatly in planning.
5 So one of the traps people can fall into this area of
6 public policy is a blitz mentality, that we need to run
7 some ads or we need to have a few extra enforcement
8 operations, and blitz mentalities and short-term thinking
9 don't really lead to transformational change in this area.

10 So I think that's one of the great advantages you
11 have in an independent funding source, and quite obviously
12 we have an obligation to operate efficiently. So, while
13 we have an independent funding source, that comes with the
14 responsibility of being able to demonstrate - whether it's
15 to DTF, our ministers, our board, the community - that we
16 are expending those funds appropriately.

17 MS ELLYARD: You mentioned the ads. The ads are often what
18 people think of when they think of the work of primary
19 prevention, but it sounds like most of the money you spend
20 on primary prevention actually goes into tangible things
21 like road safety rather than advertising; is that correct?

22 MR CALAFIORE: Yes. That's right. That's true. I'm not
23 trying to be cute with language. We deliberately call it
24 "public education". In my mind, "advertising" has a
25 connotation of consumer goods and selling toothpaste. So
26 what we try and say is - if I take drink driving, for
27 example, I would say we have been having a dialogue with
28 the Victorian community for over 20 years about drink
29 driving, whereas "ads", to me, have a connotation about a
30 short-term pushing a product. So we certainly invest
31 larges amount in public education and engagement, but it

1 is certainly a minority of what we do in terms of our
2 policy response.

3 MS ELLYARD: What philosophical framework or what thinking
4 underpins the use of public education at all? Why is that
5 part of the prevention work, and what kinds of messages
6 are you trying to get out?

7 MR CALAFIORE: There are a number of reasons. I start at the
8 evidence base in terms of one of the advantages when you
9 invest a lot - some of our research is not what I would
10 call academic research. Some of it is quite a lot of
11 focus groups - "Do you drink drive? If so, why?"; "Do you
12 speed? Tell us why." So we have got what I would call
13 really good, under the fingernails, gritty examples as to
14 the type of policy levers that would work for certain
15 people.

16 For certain cohorts, for example high-level
17 speeding, if our research is telling us that there is a
18 large number of the community that don't believe it's a
19 problem, that might be an area that is fertile for a
20 public education approach; whereas if I look at another
21 area, say, recidivist alcoholism, that might be a topic
22 where you say, "Do you know what? All the ads in the
23 world mightn't attack that particular cohort."

24 So public engagement, framing and shaping an
25 agenda plays a role, but it always has to be part of a
26 broader policy response both for TAC and our partner
27 agencies. So if I took a - we have a very close
28 relationship with Victoria Police. There would be no
29 point in the TAC running ads to say, "If you drive on
30 drugs you will be caught," if there is not the enforcement
31 capability there. So we have to work hand in glove with

1 our partners for us to have credibility.

2 MS ELLYARD: Do I also understand you to be saying that public
3 education only gets you so far, so there might be a
4 hardcore cohort in whatever issue that you are thinking
5 about whose minds aren't going to be changed by public
6 education, but a larger group perhaps that one might hope
7 could be influenced by the public education?

8 MR CALAFIORE: Precisely. In 1987, I can tell you, 25 per cent
9 of Victorians thought drink driving was acceptable. It is
10 about five per cent today. You never put the banner up
11 and say "mission accomplished". But we look at that area
12 and say you mightn't be able to crack that - what we call
13 a resistant rump via a public education approach. It
14 might be all sorts of policy interventions.
15 Other areas - take distractions, take speeding - a
16 community mightn't be there, so you can drag them down a
17 little bit. So it is a very much horses for courses
18 approach.

19 MS ELLYARD: May I ask you then about the other part of what
20 the TAC does, which is respond to the needs of those who
21 have been injured on the roads. What's the responsibility
22 of TAC there and how do you manage that part of its work?

23 MR CALAFIORE: Yes. While we are known I suppose from the road
24 safety side of things, we have over 600 employees in
25 Geelong that really are there to support injured clients.
26 We have over 45,000 active clients that we support. There
27 is really - they are all individuals with individual
28 needs, but at a very broad level three cohorts - what we'd
29 call really seriously injured Victorians, and it is a
30 terrible phrase, "catastrophically injured". So they
31 might be our lifetime clients. We really have a pretty

1 tailored case management. So we will go out and visit and
2 speak to our clients because we are going to have a
3 lifetime relationship with that cohort.

4 Thankfully, our largest cohort are what we call
5 rapid recovery clients. So quite minor injuries. It is a
6 bit more transactional. It might be two physios, we pay;
7 in and out; efficient, empathetic customer service. And a
8 group in the middle that require probably three to five
9 years of support. So, while we try to treat everyone with
10 individual needs, there are different interventions and
11 different policy responses depending on I suppose where
12 you sit on that spectrum.

13 MS ELLYARD: So how do you triage people into the different
14 categories?

15 MR CALAFIORE: Sometimes it is obvious. A "catastrophically
16 injured" in effect is obvious, and we know that because
17 you have come via the trauma system. Often someone is a
18 TAC client before they know it, because the Alfred
19 Hospital has lodged the claim on their behalf and before
20 they even know it we might have made some payments.
21 Sometimes it is actually quite - and it can be obvious at
22 the other end in terms of literally what people may like
23 is just an ambulance bill paid.

24 So we have a set of screening tools acquired
25 upfront in terms of that try to decipher in terms of the
26 nature of the injury, the nature of the circumstances, and
27 it can evolve over the years. So someone may start out in
28 the really seriously end of what we call our portfolio,
29 and over the years as you gain more independence and more
30 empowerment you may require less support from the
31 Commission. So it is something that you are continually

1 tweaking.

2 MS ELLYARD: So is there a kind of an imperative to try and get
3 people well so you can graduate them out of the system,
4 except, of course, in the case of the catastrophic
5 injuries?

6 MR CALAFIORE: That's right. That's absolutely right, and that
7 would be stated in the Act in terms of it is not about
8 providing palliative care; it is about being as curative
9 as we can. So for some people that's actually really
10 quite straightforward. For others, there can be a whole
11 range of complexities as to why people struggle to recover
12 post-accident. For all the cohorts and segmentation in
13 the world, you are dealing with people that have different
14 sets and circumstances. But certainly one of the publicly
15 stated goals of the TAC, we use just the language, "help
16 you get your life back on track", and we just try and
17 synthesise the complexities, say, "How do we get you back
18 to your pre-accident health."

19 MS ELLYARD: Taking up that issue of pre-accident health, you
20 mentioned that there can sometimes be a range of
21 complexities that lead people to be involved in accidents
22 and to be traumatised. Their lives might not have been
23 perfect before. They might have had a lot of other issues
24 in their lives. How do you unpick your role in helping
25 them recover from the effects of the road accident as
26 opposed to the other issues that might also need help in
27 their lives?

28 MR CALAFIORE: That's a terrific question. If I was being - we
29 are still learning how to do that. We are three years
30 into a longitudinal study that we based on the famous
31 British "Seven Up" series, where we are going to follow a

1 group of our clients for the next 30 to 50 years, and one
2 of the big insights for the TAC was about half - so
3 about - we get roughly 16,000 people, new clients,
4 unfortunately, a year and about half have some form of
5 chronic pain, chronic mental health or chronic issues. As
6 you said, there are quite a lot of complexities
7 pre-accident. So we are just starting to understand that.

8 Your question was: how does the TAC determine
9 where we can be most effective? I think we are starting
10 at learning but it's something that I would say that we
11 are still evolving about how we can best be of help.
12 Sometimes it's actually getting out of the way.

13 So one of the insights that we have learned is we
14 are not as important in people's recovery as we may think.
15 Because we work for the TAC, we live it every day, we
16 think we are sort of No. 1 and 2, and our clients are
17 telling us it is actually their GP, it's their family,
18 it's their trust and support network that will have the
19 impact, and for a lot of people we might be No. 5 on the
20 list, "pay the bill on time would be nice". So we are
21 still learning.

22 MS ELLYARD: On that issue of paying the bills on time, do you
23 impose any limitations on where people can go to get the
24 services that you are going to pay for - so "you must use
25 our preferred psychologist" or "this is the occupational
26 therapist you have to go to" - - -

27 MR CALAFIORE: We actually wouldn't be allowed to do that under
28 our Act. Our Act says the TAC is to pay reasonable
29 expenses. So it is a client choice model. So the client
30 would choose which physio you would go to and, provided it
31 is reasonable and within the realms of the Act, we would

1 pay that.

2 MS ELLYARD: One of the insights from a witness that the
3 Commission heard before lunch from the New Zealand context
4 is that there is a coterie of clients who might have high
5 needs but who do not necessarily have the ability to
6 identify for themselves the services that they need or to
7 make good choices about managing their care. What do you
8 do in cases where you might feel the person hasn't got a
9 good sense for themselves of the things that they need?

10 MR CALAFIORE: This has been a tricky issue for the TAC, and as
11 a non-lawyer I think the language that we have used and we
12 use publicly on our website is say "preferred providers".
13 People will ask, "Are there specialists, people that are
14 expert or that you know, TAC, that get really good
15 outcomes in this area?" So I think the language you use
16 is "here are perhaps some preferred providers". What I am
17 advised is we have to be very careful of competition law
18 and we are not seen to be favouring certain commercial
19 businesses over others. But I know it has been an issue
20 that the TAC and our sister scheme in WorkSafe have looked
21 at because the evidence would suggest that the outcomes
22 that people receive from certain providers aren't
23 always equal.

24 MS ELLYARD: So you might have someone who has been seeing a
25 physiotherapist for a year with no discernible
26 improvement, where you are aware of other cases of similar
27 injuries with much quicker recovery rates?

28 MR CALAFIORE: Yes, that would be a possibility for sure.

29 MS ELLYARD: But there is not anything you have the capacity to
30 do about redirecting business away from the one to the
31 other?

1 MR CALAFIORE: Correct. That would be correct.

2 MS ELLYARD: Can I ask you a couple more questions about your
3 prevention budget. You indicated that it is 160 million.
4 Is that quarantined in that you have some ongoing
5 obligation to allocate certain percentage of your budget
6 to prevention, or can it fluctuate?

7 MR CALAFIORE: No, it can fluctuate. In a sense - and
8 I suppose it is a decision of management which requires
9 board approval and ultimately approval via a corporate
10 plan. So that would be - we receive \$1.6 billion in
11 premium revenue each year. So it is about 10 per cent of
12 what we collect in revenue, as I stated earlier, and it is
13 over the long term.

14 Actually, the previous government announced a
15 billion dollars in infrastructure investment over the next
16 10 years. So we will have that booked in our forward
17 estimates that it's at least 100 million a year on
18 infrastructure. Obviously between ourselves and VicRoads
19 there's an advantage if we can do that more efficiently
20 and more effectively because the sooner that we can
21 upgrade the road network we know that drives down the
22 injury reductions. So it's certainly not quarantined.

23 MS ELLYARD: But I take it there is a commercial imperative in
24 effect for you to do prevention work because you would
25 expect to see reductions in calls on your insurance scheme
26 down the line?

27 MR CALAFIORE: I would say to me it is both an economic
28 imperative and a social imperative, and they are both
29 equally important. These injuries in Victoria are
30 preventable. So the level of road - one of the challenges
31 actually in road trauma - I contrast it to the issue of

1 family violence. Family violence is on the agenda, and it
2 is a crisis and it is seen as a crisis. One of the
3 challenges we have at the TAC is that Victorians think it
4 is going pretty well. It used to be a crisis, and we've
5 sort of fixed it. 249 Victorians lost their lives on the
6 roads last year, 199 this year, and we receive, as I said,
7 in the vicinity of 20,000 people. So you are right, we
8 have both the economic imperative but I would argue the
9 social and the moral imperative also.

10 MS ELLYARD: Can I ask you to reflect a little bit more on that
11 issue of how you keep the issue in the forefront of the
12 public's mind and keep reminding people that the problem
13 isn't solved. What particular strategies does the TAC use
14 to try to chip away at the complacency perhaps that might
15 exist?

16 MR CALAFIORE: I would say it is a ground war, an air war, a -
17 it is all of the above. If I go back to 1989, you can put
18 an ad on the Channel 9 movie and you could go to the board
19 and say, "I just had 4 million Victorians hear our
20 message." There's a role for above-the-line campaigning.
21 We send buses to youth festivals. We deal really closely
22 with the media, not just in the paid ad sense. I'm
23 speaking next week to all the regional editors in
24 Ballarat, because the media - people have different views
25 on the media, but they have an important and a critical
26 role in influencing debate, good and bad.

27 So we try a number of - we have to be creative.
28 We constantly have to challenge ourselves in terms of how
29 you can keep an issue in a 24/7 media cycle, how can you
30 tell the same story in interesting and news ways is
31 something we are continually debating amongst ourselves.

1 MS ELLYARD: Can I ask you whether or not you do any work
2 directly or whether you fund anyone else to do work in
3 schools or with young people, that cohort of people who
4 might be approaching the age where they will be allowed
5 onto the roads as drivers for the first time?

6 MR CALAFIORE: We do. There's actually an end to when - it is
7 earlier than that. We try to infiltrate from the
8 kindergartens into early education, and it really is -
9 there is just an enormous amount of research that says,
10 yes, we do things in the school system but it's about
11 really good decision making, and quite a lot of road
12 safety, what we have learnt about it, is it is not about
13 the driving and not about the car, although that is
14 important once you are at that age. It's about really
15 encouraging people peer to peer. So if your friends
16 are - if you can see that they are inebriated, that you
17 don't get in the car. We do quite a fair bit of
18 investment right throughout the school system, and it is
19 probably something that we are intending to
20 increase our - we believe there is more value in there
21 that's untapped.

22 MS ELLYARD: Do the Commissioners have any questions for
23 Mr Calafiore?

24 COMMISSIONER NEAVE: Thank you very much. That was most
25 interesting.

26 MS ELLYARD: Can I invite the Commission to perhaps take a
27 15-minute break.

28 <(THE WITNESS WITHDREW)

29 (Short adjournment.)

30 MS ELLYARD: Thank you, Commissioners. Could I ask that the
31 witness be sworn in, please.

1 <SERGE SARDO, affirmed and examined:

2 MS ELLYARD: Mr Sardo, could I ask you to tell the Commission,
3 please, your present role and a little bit about your
4 professional background?

5 MR SARDO: CEO of the Victorian Responsible Gambling
6 Foundation. Previously to that I was CEO of some
7 professional associations; way back, a psychologist in
8 community sector, an educational psychologist.

9 MS ELLYARD: When was the foundation created and what was the
10 context in which it came to be created?

11 MR SARDO: The foundation was created on 1 July 2012.

12 I commenced in October of that year. It's an independent
13 statutory authority, and we have the Responsible Gambling
14 Foundation Act. Our objectives are to reduce the
15 prevalence of problem gambling, the severity of harm and
16 to foster responsible gambling.

17 The reason the foundation was formed, previously
18 to that the Department of Justice funded what was called
19 the Taking Action on Problem Gambling Program, which was
20 largely a tertiary-focused program that funded counselling
21 services across the state, and that had been running
22 I think for about nine years prior to that.

23 Certainly there was a sense that there needed to
24 be more preventative work in the area, and also that we
25 needed to create an opportunity where the coordination of
26 these services was centralised into an independent
27 authority that was at arm's length from government,
28 because government was also the recipient of, and still is
29 the recipient of, significant taxation revenue. So there
30 was felt to be perhaps a little bit of a conflict of
31 interest.

1 MS ELLYARD: You mentioned that the system prior to your
2 creation was largely a tertiary-end system and part of the
3 reason for creating the foundation was the need to focus
4 on prevention. Can you summarise then what the key
5 responsibilities of the agency that you now head are?

6 MR SARDO: Essentially about half of our funding goes to
7 funding - we are up to about 25 different organisations,
8 these are community services organisations across
9 Victoria, and largely their role is to provide counselling
10 services, support services and community education. The
11 sorts of services we provide are face-to-face counselling.
12 We have a 24/7 hotline. We have web-based counselling and
13 chat forums, and we have financial counselling, and we
14 have a peer connection program where we have lived
15 experienced people that work with people with gambling
16 problems.

17 So we continue to fund that service. But
18 essentially when we took over, and our Act does suggest
19 that we needed a more preventative focus and adopting a
20 public health approach. So when we first started we
21 strategically diverted some resources to more upstream
22 type of programs, and we started to include programs like
23 education in schools, we started to focus on settings and
24 populations, vulnerable groups. We funded a variety of
25 CALD or ethnic community organisations. Because what we
26 realised is that one of the greatest challenges of such a
27 program is the stigma and shame associated with accessing
28 support and help. So what we wanted to do is make it a
29 lot easier and provide services that were far more
30 accessible and relevant to the communities.

31 MS ELLYARD: May I ask you about how your organisation is

1 funded and the extent of that funding?

2 MR SARDO: We are funded through a community support fund that

3 is essentially a levy from gambling taxation revenue. We

4 have first rights to that fund. So this government has

5 just committed \$148 million over four years.

6 MS ELLYARD: Out of that fund?

7 MR SARDO: Out of that fund, that's right.

8 MS ELLYARD: How is your organisation structured? To whom do

9 you report?

10 MR SARDO: We have a board that's comprised of the usual skill

11 sets required in a board, but we also have three

12 parliamentarians or will have - they haven't yet been

13 appointed, but we will have three parliamentarians on the

14 board as well. I report into a chair, we report into the

15 minister on a quarterly basis. We develop an annual

16 business plan in consultation with the minister. But

17 essentially the day-to-day operations are left to the

18 foundation.

19 MS ELLYARD: Other than the foundation, who are the other major

20 governmental players in the field of gambling with whom

21 you would have some interaction?

22 MR SARDO: The Office of Liquor, Gaming and Racing, which is

23 now solely responsible for policy and being a policy

24 adviser to government. You have the Victorian commission

25 for liquor, gaming and racing, which is the regulator. So

26 they collect the revenue and obviously their role as a

27 regulator making sure that industry complies to the

28 legislation. So they are the three entities with us.

29 MS ELLYARD: Is research part of what you do?

30 MR SARDO: We fund around \$2 million a year in research, which

31 compared to the rest of Australia is quite considerable.

1 So we probably now have the largest research program in
2 Australia in the gambling space. Our research focuses on
3 a number of areas. For instance, we want to understand
4 what role stigma plays in service access. So we will fund
5 research for that. We are conceptualising harm at the
6 moment to see if we can quantify the harm that problem
7 gambling creates. We do research on whether signage and
8 education programs are effective. So we are quite proud
9 of our research program. It's a significant agenda.

10 MS ELLYARD: May I ask you about the response part of your
11 work, so the provision of problem gambling services. You
12 have said that you do that through the funding of a number
13 of community agencies who then hold within them
14 counsellors who are going to specialise in the provision
15 of problem gambling counselling; is that correct?

16 MR SARDO: That's right.

17 MS ELLYARD: Do you set any criteria for the skill set that's
18 required for the people who are going to do that work?

19 MR SARDO: Our model is such that we fund probably all up with
20 community educators about 200 professionals across the
21 state. Out of those 25 agencies there are around 92
22 different locations, outlets if you like, across the state
23 and employees that are dedicated to our funding programs.
24 Most of the people delivering counselling services are
25 either psychologists or social workers, and then we have
26 community educators and support workers and financial
27 counsellors. They typically work in large community
28 organisations that have multiple funded programs and are
29 part of a multi-disciplinary team. So they will also have
30 mental health services, aged care, a range of different
31 services within that community organisation.

1 MS ELLYARD: Why have you taken that approach rather than, for
2 example, funding stand-alone problem gambling services?
3 What's the benefit of the multi-disciplinary model?

4 MR SARDO: Our greatest challenges is getting people to
5 gambling counselling services, and the reason for that is
6 obviously often people don't want to be seen to be going
7 to gambling counselling. They may also not recognise that
8 they have a problem. Because of the complexity of
9 co-morbidities - so problem gamblers will often have high
10 degrees of mental health issue, drug and alcohol
11 addictions, a range of different co-morbidities - they
12 will often go for support for those other areas rather
13 than problem gambling.

14 So what we wanted to do is embed problem gambling
15 in multi-disciplinary teams so that when someone does go
16 for support for, say, an alcohol addiction and gambling is
17 recognised then their co-worker can take on the gambling
18 while the drug and alcohol counsellor can continue the
19 program. So it really was about service access and
20 integration and making sure that we take a holistic view
21 of the individual rather than just dissecting out the
22 problem gambling.

23 DEPUTY COMMISSIONER FAULKNER: Do you consider domestic
24 violence or family violence as one of the harms that is
25 created by gambling? Are your counsellors ever placed in
26 family violence services? Lastly, are they trained to
27 detect family violence?

28 MR SARDO: Good question. Part of our submission was to
29 highlight the fact that up to 50 per cent of people
30 presenting with gambling problems will have experienced
31 some form of family violence, either as the perpetrator or

1 the victim. That's only recently that that report has
2 come out.

3 DEPUTY COMMISSIONER FAULKNER: We saw that data.

4 MR SARDO: We were quite alarmed at that. Since then we have
5 been funding Women's Health in the North on a project of
6 training family violence workers and problem gambling
7 counsellors, and that pilot is just about complete. Our
8 intention is that we will provide ongoing training to both
9 sets of professionals to make sure that they are able to
10 identify and deal with family violence when the issue is
11 recognised.

12 DEPUTY COMMISSIONER FAULKNER: The community support fund, do
13 you know what percentage of that you get?

14 MR SARDO: I think it varies. I can't answer that. It's
15 usually around \$100 million a year that's in it, and
16 that's used for a variety of other things.

17 MS ELLYARD: On the question of training, Mr Sardo, to what
18 extent does the foundation control or contribute to the
19 way in which the gambling counsellors who are funded with
20 your money are trained and resourced to do their work?

21 MR SARDO: One of the things that we initiated when we
22 commenced was what we call our professionals development
23 centre. So we dedicated - it's probably around half a
24 million dollars a year largely through staff and
25 consultants to creating almost a professional association,
26 if you like, where our network has access to knowledge,
27 information, education and training on the discipline of
28 gambling counselling, because it's not really a
29 well-identified discipline. So what we want to do is
30 create opportunities for knowledge sharing and training.
31 So we run regular induction courses, ongoing

1 training courses, specialised courses, we run webinars, we
2 bring in guest speakers, we have a conference every two
3 years and we send them all the research and everything we
4 do. So the professionals working in our sector are well
5 connected.

6 But what this centre is now also doing is working
7 with other community services' employees and disciplines
8 to help them understand better problem gambling. So we
9 run sessions for mental health workers, for instance, to
10 make them more aware of how to pick up gambling issues in
11 their clients. We run training sessions and conferences
12 that we call cross-collaborations. So we invite people
13 across all sectors to come together and talk about the
14 emergence of gambling within their client group and what
15 to do with them. It's become a real kind of centre of
16 excellence, if you like.

17 MS ELLYARD: How are the funding arrangements with the 25
18 agencies managed? Are they funded on an ongoing basis and
19 what review do you conduct over whether or not you are
20 going to re-accredit or re-fund them?

21 MR SARDO: Up until now we have been funding them on a yearly
22 basis as we develop our own programs. We are only three
23 years old. We really wanted to make sure we knew what we
24 were funding and what we were buying. The intention now
25 is, as of June next year, we will fund them for a
26 three-year period, which sees us out to the end of our
27 funding and obviously ongoing after that if necessary.

28 We have yearly reviews. We have a very clear set
29 of KPIs. We have people dedicated to work with these
30 agencies in yearly business planning, quarterly updates to
31 see how they are tracking, and we bring the whole sector

1 in on a quarterly basis to really discuss how the service
2 is going and identifying issues. So we have really
3 adopted a partnership approach rather than just the
4 funding authority that manages their contract, and I think
5 the sector has really appreciated that.

6 MS ELLYARD: You have mentioned that you have become
7 effectively a centre of excellence or a de facto
8 professional association. Is the way in which you
9 resource people or the best practice that you disseminate
10 influenced by material or experiences that are fed up to
11 you from the counsellors in different locations?

12 MR SARDO: Yes. For instance, the training calendar for the
13 professional development centre is really developed by the
14 needs of the professionals. We run training needs
15 analysis. We send out surveys and questionnaires
16 identifying, "What's important in your role and what's
17 lacking," and from that we put up a training calendar. So
18 it really is trying to address their needs as best as
19 possible rather than just assuming the types of training
20 they may want.

21 MS ELLYARD: How do you measure whether the gambling
22 counselling has been successful?

23 MR SARDO: We measure in a number of ways. We track outcomes
24 through pre-counselling assessments. So we take
25 assessments on things like quality of life, amount of
26 gambling and psychological health. Then we take the same
27 assessments at three months and then again at six months.
28 So we are able to track whether there's been an
29 improvement in counselling.

30 We are also introducing tools that allow clients
31 to provide immediate feedback on each session. So these

1 would be two or three questions - that will give us
2 electronically through an iPad at the end of the session
3 two or three questions around, "Was it helpful," those
4 sorts of things. So we are looking at new ways to
5 continuously monitor how effective the services are.

6 MS ELLYARD: What kind of numbers are we talking about? How
7 many clients are accessing your services at present,
8 perhaps both the face-to-face counselling and you
9 mentioned the availability of some on-line services?

10 MR SARDO: So this year - we will see around 7,000 new clients
11 a year and will answer around 12,000 phone calls a year.
12 We have had over the last two, three years around 6,000
13 people participate in an on-line program, which is a
14 structured self-help program that we provide on-line.
15 That's been enormously successful. We have a range of
16 self-help resources on our website. So we get around
17 300,000, 400,000 unique visitors to that website each
18 year. It's quite an interactive program.

19 What we have tried to do is diversify the types
20 of help, because not everyone wants to spend an hour on
21 the couch talking to someone. It can be quite
22 intimidating. So we have provided a multitude of
23 different services for people who may want to just try
24 something themselves or call somebody or chat to somebody
25 on-line. So the way to engage in help services has
26 increased significantly.

27 COMMISSIONER NEAVE: Can I just clarify one point. Those
28 services are directly provided by you or are they
29 outsourced to the 25 agencies?

30 MR SARDO: We fund the 25 agencies to provide - - -

31 COMMISSIONER NEAVE: To do all of those things.

1 MR SARDO: To provide the services.

2 COMMISSIONER NEAVE: You developed the on-line tool and gave it
3 to them?

4 MR SARDO: That's right. We support their services through our
5 digital platform. So when we run a campaign we point them
6 to our website, and then our website funnels out the
7 services depending on who wants to do what and where they
8 live and they can make appointments on-line and that sort
9 of thing.

10 COMMISSIONER NEAVE: Thank you.

11 MS ELLYARD: As far as you are aware is there any kind of a
12 waiting list for people who do want to take up the
13 availability of face-to-face counselling?

14 MR SARDO: No. Turnaround times are seven days and we have a
15 48-hour response in that if somebody does call they need
16 to be contacted within 48 hours. That's at the outset.
17 But they also have immediate support on-line. So they can
18 call any time and immediately talk to a counsellor.

19 MS ELLYARD: Do you impose any criteria on whether or not they
20 are going to be eligible for the service?

21 MR SARDO: No, because - obviously it's got to be gambling
22 related, but we do offer services for families and
23 friends. In fact we have run a campaign for families and
24 friends, because they are most affected. Essentially if
25 we detect that their issue is not gambling then we will
26 obviously refer them to the relevant service.

27 DEPUTY COMMISSIONER FAULKNER: Counselling is the only
28 response? So if a person happened to become homeless or
29 something as a result of their gambling addiction, do you
30 do anything other than the counselling?

31 MR SARDO: It is a case management type service. At that point

1 we would work with the relevant organisation or individual
2 to support that person. We also have a recovery
3 assistance program where we allocate about half a million
4 dollars a year for emergency relief. So if somebody's
5 electricity is just about to be turned off then we will
6 pay that bill for them, and we allocate that to 16
7 catchments around Victoria. They all have a budget for a
8 small amount of emergency relief in such situations.

9 MS ELLYARD: Is part of the benefit of the multi-disciplinary
10 model also, though, that in the case of someone presenting
11 with other issues like homelessness there might be
12 specialist services co-located to whom that person could
13 be referred?

14 MR SARDO: That's right. Typically these are large community
15 service organisations that have a multitude of programs,
16 and particularly in the regions they usually service the
17 whole community. So if there is an issue of homelessness
18 or severe drug addiction then it's just really a matter of
19 going to their colleague in most instances.

20 MS ELLYARD: I was going to move on to the topic of prevention,
21 unless the Commission has any other questions about the
22 response. Can I ask you then, Mr Sardo, about the kinds
23 of prevention work that the foundation engages in.

24 MR SARDO: Our primary prevention program that we launched
25 since we commenced is that we offer small grants of around
26 \$150,000 to the 16 catchments. So the objective of this
27 is we want to offer grants to local networks, and these
28 could be local councils, primary care partnerships, our
29 own gamblers help sector, and what we are encouraging is
30 local on-the-ground networks develop education and
31 awareness type programs that are best suited to their

1 locality. So these could be programs to engage with
2 Aboriginal communities, it could be programs to engage
3 sporting clubs, or generally programs to engage vulnerable
4 groups, if you like.

5 So there's around \$2.5 million that we fund each
6 year for those programs. We oversee, make sure the
7 programs meet certain criteria. They are all prevention
8 focused. So the criteria is such that it's about raising
9 awareness, education, those sorts of things. Then we
10 allocate a portion of the budget to evaluating those
11 programs yearly. So at the end of each year we are able
12 to know which programs have worked and which haven't. The
13 ones that have worked we are likely to refund. If they
14 haven't, then we will put back out to tender. That is a
15 major prevention program.

16 As I said, we have upstream prevention programs
17 in schools. So about 18 months ago we launched a program
18 that engages years 10 and 11 on really just raising their
19 awareness around the risks of gambling and dispelling some
20 of the beliefs. I think there's a normalisation effect
21 going on around gambling. It is becoming quite embedded,
22 particularly young males. So the objective of this
23 program is to kind of disentangle that, particularly in
24 sport. So far we have presented to around 8,000 kids. We
25 also provide programs for teachers and parents. So we
26 present to parents on the sorts of things they need to be
27 aware of with their kids.

28 Another major prevention program we launched is
29 working with sporting clubs, because we know that kids
30 engage in clubs, young men in particular engage in
31 football and those sorts of activities. So the sporting

1 clubs program - and actually on Monday we saw six AFL
2 clubs and Melbourne Victory sign a charter that
3 effectively prevents them from having gambling
4 sponsorships. So the purpose of that program is to send
5 the message that the normalisation effect needs to be
6 curbed in some way. So prevention from the perspective of
7 educating kids who attend sporting clubs, but also
8 disengaging sporting clubs and sending a message to sport
9 that the impact of gambling may be affecting the
10 communities that they service.

11 MS ELLYARD: And I think it is in fact Responsible Gambling
12 Awareness Week this week.

13 MR SARDO: Yes.

14 MS ELLYARD: From the Commission's perspective one of the
15 issues that it has heard about when considering primary
16 prevention of family violence is that the message of
17 respect and anti-violence is somewhat at odds often with a
18 lot of other noise and colour and movement in the
19 surrounding culture, and I wonder from the perspective of
20 trying to promote the message of responsible gambling you
21 could comment on how you manage that issue.

22 MR SARDO: Yes, it is a difficult - I would imagine the
23 similarities are that often you are trying to talk to
24 people who are largely in denial that they may have an
25 issue, and gamblers are notorious for that. So we run at
26 risk campaigns that try to provide at risk gamblers with
27 cues that can tell them that their gambling may be
28 becoming problematic.

29 We never run "responsible gambling" campaigns.
30 That whole term is laden with authority and all sorts of
31 things. So we never tell them "gamble responsibly".

1 Industry does; we don't.

2 What we try and do is appeal to them at an
3 emotional level. So we recently ran a campaign that was
4 focused on the regret you feel when you gamble too much.
5 So it is really trying to say to them, "If you say you are
6 gambling for fun, then why isn't it fun anymore" and to
7 listen to that.

8 We are trying to engage at a much more emotional
9 level rather than an intellectual level, because our
10 research shows that intellectual authoritative type
11 messages just don't work with groups that are largely in
12 denial or don't have that self awareness.

13 MS ELLYARD: What about the issue that there's a great deal of
14 advertising promoting gambling and making gambling look
15 exciting and perhaps even sexy and normalised? What's
16 your approach to trying to counter that message, thinking
17 perhaps particularly about the schools program and whether
18 you encourage students to think critically about gambling
19 advertising?

20 MR SARDO: That's probably our greatest challenge. The amount
21 of advertising has grown exponentially over the last few
22 years, and it's particularly targeting young males and
23 sport. So in the schools environment what we are giving
24 teachers is sessional materials that they can embed either
25 in a humanities subject and can talk about advertising,
26 marketing and advertising, "This is how the industry tries
27 to engage you."

28 We have also just run a project with the
29 Mathematics Association and we are about to release the
30 results of that whereby they embed a gambling focus in
31 mathematics probabilities and randomness to try and teach

1 kids that you have no hope of winning, essentially. So we
2 are looking at ways to educate kids in a way that's just
3 part of their normal education, again rather than trying
4 to tell kids, "Don't gamble", which we know just doesn't
5 work.

6 The other tactic of ours is because industry
7 targets sport, so will we. So our "Gambling is not a
8 game" program, as I said, now engages around 140 sporting
9 clubs around Victoria. These clubs have all signed the
10 charter that commit them to disentangling gambling from
11 the game. As I said, we have also seen the likes of
12 Collingwood, Hawthorn sign this charter. That sends a
13 really big message because you have major clubs, elite
14 clubs saying, "Sport and gambling shouldn't go together."

15 We are really just trying to use similar tactics.
16 We are losing the battle, by the way. We don't have the
17 investment that they do. But we are trying to at least
18 have an impact at certain levels.

19 MS ELLYARD: One of the reasons that you have to engage in that
20 battle is that of course, unlike family violence, gambling
21 to a certain extent is legal in Victoria.

22 MR SARDO: That's right.

23 MS ELLYARD: And there is a large industry based on that legal
24 activity.

25 MR SARDO: That's right.

26 MS ELLYARD: There is no corresponding industry making money
27 out of encouraging people to engage in family violence,
28 fortunately. But can I ask you about what role you have
29 in influence policy, given that you are trying to respond
30 to the difficult end of what's been determined by
31 government to be a lawful activity?

1 MR SARDO: So we try and work with industry. In fact we have a
2 program that funds 23 employees across the state that
3 works with local venues, pokies venues, to create safer
4 gambling environments. This is a voluntary program, but
5 around 95 per cent of venues are accessing the program.
6 So they allow us in. We work with their staff. We train
7 their staff to pick up whether there's problem gambling.
8 We look at signage. We do a number of different things.
9 So we are trying to collaborate and work with industry.

10 Recently, which we are really excited about,
11 there's a bill in parliament at the moment about giving
12 the foundation a policy and advocacy role. What that will
13 do is complete our public health framework. So the
14 objective of that is that we can then be a really good
15 source of advice to the minister. We can target and point
16 our research more specifically to policy related areas
17 and, if necessary, we can also agitate where we may not
18 see eye to eye with either the government at the time or
19 industry. That really does complete the public health
20 framework that we adopt.

21 MS ELLYARD: Do the Commissioners have any questions for
22 Mr Sardo?

23 COMMISSIONER NEAVE: No, we don't, thank you.

24 MS ELLYARD: Can I just ask one more question. You mention,
25 Mr Sardo, that it is intended, although not yet, that
26 there are going to be three parliamentarians on your
27 board. What's the process by which they are going to be
28 chosen and why haven't they be chosen?

29 MR SARDO: You would probably have to ask the government that.
30 I think it's just a new government and just getting it
31 on - it has to be a joint sitting, and I think it's just a

1 delay in getting it on the agenda of the joint sitting, is
2 my understanding.

3 MS ELLYARD: As far as you understand it there will be,
4 whichever members are deemed appropriate by parliament - -
5 -

6 MR SARDO: And I think each party proposes a parliamentarian
7 and then the joint sitting approves that appointment.

8 MS ELLYARD: If there are no other questions - - -

9 COMMISSIONER NEAVE: We have no further questions.

10 MS ELLYARD: I ask that Mr Sardo be excused.

11 COMMISSIONER NEAVE: Thank you very much, Mr Sardo.

12 <(THE WITNESS WITHDREW)

13 MS ELLYARD: That concludes the evidence for today.

14 ADJOURNED UNTIL FRIDAY, 16 OCTOBER 2015 AT 9.30 AM

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