

TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into perinatal services

Warragul — 8 December 2017

Members

Mr Paul Edbrooke — Chair

Ms Cindy McLeish — Deputy Chair

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Dr Rachel Carling-Jenkins

Ms Chris Couzens

Ms Maree Edwards

Mr Bernie Finn

Witnesses

Mrs Kirsten Finger, co-founder, and

Mrs Carmel Riley, president, Olivia's Place.

The CHAIR — I welcome to these public hearings Mrs Kirsten Finger, co-founder, and Mrs Carmel Riley, president, from Olivia's Place. Thank you for attending here today. All evidence at this hearing taken by the committee is protected by parliamentary privilege as provided by the Constitution Act 1975 and is subject to the provisions of the Parliamentary Committees Act 2003 and other relevant legislation. Any comments you make outside the hearing will not be afforded such privilege. It is a contempt of Parliament to provide false evidence. These proceedings will be recorded, and you will be sent a proof copy of the transcript. I would just like to put on record that we had our first perinatal contribution from another baby earlier on in the inquiry. I am not sure how Hansard wrote the baby's contribution down, but it has already happened, so —

Ms McLEISH — As long as they wrote that Paul could not cope!

The CHAIR — Maybe! And, as I said, I actually ran past Olivia's Place on Queen Street. I am fairly local to this area, and it was good to see your shopfront there. It is obviously in a great place as well. I would invite you to tell us about what Olivia's Place does and your submission as well, and then we might have a bit of a discussion afterwards if that is okay.

Visual presentation.

Mrs FINGER — No problem at all. Great, thank you. I thought I would just start by giving a little bit of background on Olivia's Place and how we came to be in our area. I will give a bit of a summary of what we do.

We provide support to families during any stage of pregnancy, including pre-pregnancy sometimes and post the loss of pregnancy through to the youngest child's first birthday. That is our primary mission, but we have been known to support families outside of that criteria as well with older children. We were established in 2012 with a voluntary committee, and after two and a half years of fundraising to reach a goal of \$125 000 we opened our centre in Barkly Street, Warragul, in October 2014. We were there for just a touch over two years before we were forced to move to bigger premises because we had rapidly outgrown what we could do safely there anymore, and we moved to our current Queen Street premises. We run, as an organisation, we are currently open 12 hours per week, so 3 hours, four mornings a week, and we are staffed by a 0.8 EFT shared between three people. I am not really currently counted in that, because I am on maternity leave, so I am surplus to that as well.

We have sort of two arms of what we do. We have our benevolent services supporting families experiencing periods of vulnerability. We do that through consultation, emotional support and material aid, and we enhance access to other services in the areas supporting families. Then we also have general community programs, which are run to try and improve support and knowledge and equip new parents for the journey of parenting. We recognise that parenting is an overwhelming journey no matter your background — whether you are experiencing a period of vulnerability or not — and we feel and believe that a lot of families do not have access to services unless they meet certain criteria for disadvantage. So we run some parenting education programs and sessions and do things like provide the public parent room and some family-friendly community projects for families.

Why do we need it? When we were first established, and still today, there is no other social support service available to families during the pregnancy period. We recognise that families engage with their health practitioners during pregnancy, primarily the GP and also the midwife; however, they are not mandatory services and there are families who do go through pregnancy without engaging with other services and without engaging with medical services. Maternal and child health is a great program for families after their baby has been born, but unless you have an older child who is still receiving milestone appointments, you do not also engage with maternal and child health during pregnancy.

We also recognise the need that, whilst there are other services that do support families post birth, we did not want to set up a service that only supported during pregnancy and left the families feeling high and dry once their baby arrives, so that is why we continue to support families in the early parenting period.

There is an increased growth in our area. You have heard about the population statistics for our area, but we have an increased number of families moving into the Baw Baw shire and who are looking to engage in their community and meet other families and, as a result of moving into the area, are experiencing social isolation, so we also help to link families into social networks in the local area.

Mrs RILEY — And it is probably worth mentioning as well at this point that the community of Baw Baw shire are the primary group that Olivia's Place services. However, our services actually stretch from Dandenong through to Bairnsdale and increasing demand requests coming from the south coast area of Gippsland as well.

Mrs FINGER — And also recently someone from Benalla. That was fun to manage!

We are independently locally governed by nine parents — all of us — and grandparents. We are a registered charity with the Australian Charities and Not-for-profits Commission, and we are endorsed for tax-deductible donations. We run on around 4000 volunteer hours per year in addition to our paid EFT, and we have, I think, around 30 volunteers involved in some capacity with Olivia's Place at the moment.

Mrs RILEY — Some of the backgrounds of those volunteers go from health professionals, maternal and child health, education background and, as you say, a lot of people who have been parents themselves.

I will jump in now. Up on that screen are the mission and values of Olivia's Place. To summarise, Olivia's Place exists in order to support and encourage families during that pregnancy and early parenting period, as we discussed. The organisation is committed to increasing protective factors and reducing risk factors related to perinatal mental health and the experience of intimate partner violence whilst also providing safe and comfortable environments for babies through consulting services, material aid and education programs.

We believe in community engagement and collaborative approaches with local agencies and are guided by the suite of core values that you can see on the screen, one of which states that new parents of any age, race, culture or belief should have knowledge of and equitable access to all services that meet their social, emotional, practical and material need.

I know the previous speakers today have described the local population a little bit and you understand about the projected growth in the local area. I wanted to provide you with a few more statistics relevant to our submission today. One is in relation to the Aboriginal population in the local area, which is sitting at 1.1 per cent of the population, compared with the Victorian average of 0.8 per cent. Baw Baw shire also has a fertility rate of 2.1 children per woman, higher than the Victoria rate of 1.8. Baw Baw has a teenage fertility rate, which means live births by mothers under 19 years of age, of 15 per thousand population, which is 50 per cent higher than the Victorian average.

I would also like to offer you some statistics on the breastfeeding of this area, noting the previous submission. The Victorian Department of Health and Human Services has identified that 76 per cent of bubs are breastfed at discharge from hospital. That drops dramatically to 26 per cent by six months of age in the local area. A lot of the work that Olivia's Place does in relation to breastfeeding is about support outside of the home and developing those baby-friendly communities, which are evidenced in the literature to be critical to a longer duration of that breastfeeding journey.

I just want to cover a little bit from the research base about why Olivia's Place exists — what underpins why we do what we do. We know that one in seven women and approximately one in 10 men are diagnosed with postnatal depression. Postnatal depression and anxiety can have a crippling effect on families and significantly reduce their social and community participation. It is well demonstrated through the literature that access to high-quality, contemporary and relevant information via secondary services and timely linkage to appropriate mainstream support services can increase their self-determination and reduce the incidence, severity and duration of mental illness during that perinatal period, which leads to improved social and community participation. This information comes from the national perinatal depression initiative report from Beyondblue.

From that same report, one of the recommendations is about acknowledging that, in addition to primary care services, there are a range of support organisations, such as Olivia's Place, that are well-placed to provide information, education and support services to women and men at risk of experiencing perinatal mental health disorders. It was acknowledged through that national report that these services often work largely in isolation and could be more actively scoped and integrated.

I just want to give one further quote here and we will move on. There is a commonwealth document described as *Promotion, Prevention and Early Intervention for Mental Health* from 2000.

The pathways to effective care are often unclear and extremely difficult to negotiate, especially for young people and their families, and for people from backgrounds that are not part of the dominant mainstream culture. Pathways to professional care require

identifying the existence of mental health problem or mental disorder, recognising the need for professional assistance and knowing how to access that assistance.

Stigma may be attached to admitting experiencing anxiety and/or depression and may threaten an individual's self-identity, their personal goals and their role as a parent and community member, so increasing the focus on promotion, prevention and early intervention may empower that individual to recognise and respond to the risk factors associated with perinatal mental health disorders, including self-determination to access available services when the need presents and achieve that optimal state of personal, social and emotional wellbeing.

Olivia's Place really identify that the activities associated with our services directly contribute towards community-based protective factors of mental health, such as sense of connectedness, attachment and networks within the community, participation in community groups and access to support services.

We would also like to cover the information in relation to perinatal domestic violence. We know that Baw Baw has a rate of family violence incidents 55 per cent higher than the Victorian average. Baw Baw has a rate of family violence incidents where children are present 69 per cent higher than the Victorian average. Thirty-six per cent of women who experience intimate partner violence are pregnant at the time, and 17 per cent of those women were pregnant when the violence first started.

What we know from the evidence and what we experience through Olivia's Place and part of the approach to services is that financial distress can occur regardless of socio-economic status and is one of the predictive factors leading into the situations of family violence. We will talk a little bit later about challenging the construct about vulnerable populations as opposed to individuals who are experiencing a period of vulnerability and what that means in terms of our services and how people can access our services.

So what does this all mean locally and for the coalface experience in the local area? As Kirsten has already stated, there are currently no other services that provide a holistic social, educational and peer support service to families through that perinatal period. I often picture it like a fence. You have got different bricks, which you can describe as different funding silos and different organisations. Unfortunately a family's journey does not quite segment like that. Olivia's Place continually endeavours to almost be that mortar between the bricks to bring those agencies together and smooth that individual's journey through the system for the best outcomes for their family.

The families who receive assistance from Olivia's Place may require help and support with welcoming a baby into their home or with supporting a family member who is welcoming a baby. Alternatively there may be families adjusting or grieving for the loss of a baby during pregnancy and seeking services due to that experience. The ages of our clients are varied, ranging from our youngest client, who is aged 13, through to grandparents supporting their children having babies. Kirsten can speak a little bit more about pregnancy loss.

Mrs FINGER — We do not get a huge number of referrals for families experiencing pregnancy loss, but we do receive some. We do receive some self-referrals and some from the local hospital primarily. There seems to be no real dedicated service necessarily there to support families who have experienced that particular loss. We are a host point for the local Sands chapter, the stillbirth and neonatal death support group. They have their monthly meetings at Olivia's Place in our meeting room. They operate independently from us but utilise our facilities free of charge. We have also supported families directly periodically. One small family specifically — this is sort of where your families do not always fit the criteria for support — had lost a baby but were struggling to afford the costs of the funeral and the urn that they wanted for that baby, and that is where Olivia's Place was able to step in and provide some funds to help purchase the urn and help give them some comfort at that time. It is the kind of thing that did not really fit with anyone else's criteria to support a family, but they still needed that support for their situation.

Mrs RILEY — So just to summarise the range of reasons that families or individuals seek assistance from Olivia's Place, they include women and men and families that are socially isolated or lack a support network, require nursery or material aid or require parenting skills support. Many of our families also experience financial stresses, domestic violence, severe mental health issues, physical and/or intellectual disability and homelessness. They may be kinship or foster carers helping care for children of others within our community. Olivia's Place has developed multiple avenues to access services in order to meet the varying needs of individuals, including —

Ms BRITNELL — That is going into *Hansard*.

The CHAIR — Let the record show!

Mrs RILEY — But my laughter was about the baby, not what I am saying.

The CHAIR — Same.

Mrs RILEY — So in terms of access to services, Olivia's Place has really aspired to offer multiple access points. We have face-to-face consultations, telephone and social media platforms, and we are increasingly applying principles of easy English to written materials as well in order to reduce barriers to information and knowledge gained with communication. I will pass back to Kirsten to start going through a whole lot of information on the ground, a lot of the data that we have been able to collect about the impact in the local area.

Mrs FINGER — As mentioned, we support families experiencing a period of vulnerability. We do that initially through contact with the families. Contact with the family can come via self-referral or via referral from other services. We maintain contact with families as long as and as often as their situation dictates they need it. It can be face to face, it can be over the phone, people can drop in and they can send us messages through our Facebook page and have a bit of a social connection to us. We did used to have a lot more time and capacity to spend a lot more time walking alongside families. However, increase in demand has meant that we have more families on our books and less regular or less intensive contact with them as they might need.

The CHAIR — How many families on the books at the moment, Kirsten?

Mrs FINGER — Right now we have 31 families receiving active direct support. We have six families that we are trying to wind down to become less active, and we have five waiting for intake. We also provide support to families by way of material aid. Material aid can be anything in the form of maternity-related items, such as clothing. For babies we have got infant clothing, linen, nappies, bottles, wipes, breast pumps — all those sorts of things — right through to cots, prams and car restraints. All the items we receive that we rehome to families are donated, and all funds are donated for the express purpose of purchasing. They are all cleaned and safety checked to ensure that they comply with mandatory Australian safety standards before being passed on to families for free.

We also enhance accessibility to other services by providing referrals and helping to navigate the system for those families who are uncertain about how to go about it. Other community programs: our Baby Steps parenting education program is one that we have run a previously that focuses on educating families in what to do after you get home with your little bundle of joy. We acknowledge the hospital does fantastic work in preparing families for childbirth and breastfeeding, but there is not a lot of support and it is quite a big identified gap that there are no programs out there to prepare families for what to do with your baby when you get home. What are the sleep and settling techniques? What are your baby's cues? How do you look after your own emotional and mental wellbeing? It covers practicalities like choosing car restraints and hip health and nutrition and all those sorts of things. We have run that program previously, with great data about improved knowledge throughout the program. However, it is not funded and the increase in demand has meant that we have had to put it to the side for now.

Mrs RILEY — And that is a significant issue for the committee, because we acknowledge the significant benefit that that does deliver and is part of. You will see in the annual report that we have tabled today that one of the strategic priorities is about being able to reinstate that program.

Mrs FINGER — We also provide a public parent room at Olivia's Place. We work closely with local business and local community to improve family-friendly facilities in our area. We are not open all the time and we have the only public parent room right in town, so we have worked with other local businesses to provide signage to show that they are breastfeeding friendly and have baby change spaces or toilets for little people and that you can just go in and use those services without feeling the need to purchase something in that business.

Mrs RILEY — It is probably worth noting there that that pilot project for family-friendly shops, which was implemented in Warragul —

Mrs FINGER — Warragul, Drouin and Yarragon townships.

Mrs RILEY — It has been picked up as a partnership project through the inner —

Mrs FINGER — Inner community youth area partnerships.

Mrs RILEY — youth area partnerships to extend across Baw Baw shire. It is a partnership with the Department of Health and Human Services, Berry Street and the maternal and child health program at Baw Baw shire —

Mrs FINGER — The First 1000 Days project.

Mrs RILEY — It is called the First 1000 Days project, and we can provide more information if you would be interested in that.

Mrs FINGER — A little bit more information about our material aid program: the statistics I am presenting today are for the most recent or the current financial year, and we do have the capacity to provide all of the statistics that we have today for previous financial years as well. We have all the data there; we just lack the funding and the time to actually extrapolate it. However, it is available.

The CHAIR — Would we be able to get a copy of the presentation too?

Mrs FINGER — Absolutely.

The CHAIR — Thank you.

Mrs FINGER — So this is just a snapshot of some of the material aid items that we provided during the 2016–17 financial year to what was a total of 93 families, which I will get up next. We do provide an infographic of impact for each financial year. We have one for this last year and the year before just to give you an outline of some of the items we have provided, the families we have supported and the value of those services to our local area.

Mrs RILEY — It is worth noting as well that one of the numerous avenues where we are seeking funding at the moment is focusing on how we better demonstrate outcomes in relation to social, emotional and mental wellbeing as well.

Mrs FINGER — We have collected very clear documentation right from the very moment that we started supporting families. In our first year of service, which was an incomplete financial year, we did support five families, noting that it was not until the 2014–15 financial year that we actually established a centre to operate from. Prior to that we had a couple of local businesses that allowed us to see families in their own meeting or consultation rooms. We had a local business that donated the use of an office there for four years for us. We did see some families in those first two and a half years.

You can see the first year that we were open we supported 42 families, and in the second year we were open we supported 92 families. The last two years have been quite consistent for us in terms of the number of families that we have provided for, with the exception of this current financial year. We have statistics for the first five months of this current financial year, and while we supported 92 and 93 families in the previous financial years respectively, we have already supported — that number is inaccurate — 84 families for the current financial year in the last five months. We have done this without an increase in paid staff, without an increase in opening hours and without an increase in resources, and we will talk a little bit about the changes to processes and what has had to go by the wayside as result of that.

The value of material aid: we have been providing material aid only since June of 2015. We have had two full financial years and then our current financial year to show that, along with the increase in family support. Those two first financial years you see reflected there were our 92 and 93 families that we supported each year. You can see in the second year that the value of material aid went up significantly on the previous year, having rehomed over \$32 000 worth of aid last financial year. Commensurate with the increase in families that we have been supporting this current financial year — that figure is not accurate — it is actually \$34 662 in value of material aid provided since 1 July 2017. We have just had our record month — last month, November — providing over \$10 000 in value.

I would like to note our baby bundles, which we were able to show this morning. Baby bundles are the one item that we gift to families no matter their background. We use those in a way that enables other services to be participants in the giving. A baby bundle is everything that a mother needs to go to hospital and give birth and have all the provisions for her baby and a couple of provisions for herself. It has got a nappy bag, clothing for the baby, nappies, wipes, breast pads, maternity pads, wraps and a blanket — everything that you need. They are valued at \$275 each.

Mrs RILEY — They are all-new products in the baby bundles.

Mrs FINGER — They are all new. We give them to the local GP clinics, to the hospitals and to any other services that request them, as well as ourselves, and we have recently experienced a very big growth in demand for those. Last financial year we provided 32 bundles for the whole year. Since 1 July we have provided 42, with increasing requests for them. Outside of the Baw Baw shire into the Latrobe City shire and also down towards Bass Coast people have been requesting them.

As a result of this increase in demand, we have had to change processes at Olivia's Place. Some of the negatives as a result of those changes in process mean that we have had reduced time in direct consultation with families and reduced ability to feel as though we are meeting all of their social and emotional needs. We also have a less personalised approach than we used to have, and we have a heavier focus on material aid.

We have had a very large increase in referrals from other services that are primarily around material aid supports. We have had increased pressure on resources. We have not had a very large increase in volunteer hours. We have been taking students from the local schools, TAFE and universities on placement, which does help, but they are not in all the time and there is obviously some taking up of resources in training them and making sure they are inducted to the safety procedures and how to do things in the centre.

The CHAIR — Kirsten, do you mind if we begin asking some questions? Because we are on a time frame here that is pretty tight.

Mrs FINGER — Sure. No problem.

The CHAIR — I would like a copy of the presentation, though — you can give that to Sean — just so we can actually go through it back at Spring Street, because we are just constrained by time.

Mrs FINGER — Sure.

The CHAIR — I do not have a question for you myself, but we do have a similar model in Frankston which was basically born the same way. It is called the Babes Project, and it is in Croydon as well. I just wanted to say to you that probably the difference between yourselves and some of the other providers is that you have actually got males involved. You can see on this page it is something that I think needs to be encouraged, because if blokes are not actually on the issue and involved in it, they are less likely to participate in actually providing a solution.

Can I also say that I love that you embrace the inspirational and positive side of having a baby, even though you are helping people. You are not just a place where people are turned off by the fact that it is just welfare and a handout. You are actually positive, and from what I read, what I have seen and what I have seen in your shopfront, people are actually attracted to come to you and ask for some assistance and some help because it is not some drab place run by someone who has not got children telling them what to do. You are actually involved in the process. Congratulations on such a good model.

Mrs FINGER — Thank you.

Mrs RILEY — Thank you for that, and just really quickly on that point, it is a fantastic avenue from a volunteering perspective as well. When you are a professional woman or man going back into the workforce, having opportunities to volunteer in an area that means a lot to you but also to maintain your professional skills actually really helps get back into the workforce in the longer term.

Ms COUZENS — Thank you, and congratulations on the work that you are doing. It is fantastic. I just wondered what qualifications the paid staff have.

Mrs FINGER — In our current team of paid staff the client consultant has an associate degree in social welfare. Our other client consultant has a degree in psychological science. My background is as a registered nurse and a currently practising paramedic with Ambulance Victoria, and our administrative assistant is admin skilled.

The CHAIR — Are you based at Warragul as a paramedic?

Mrs FINGER — Yes.

Ms COUZENS — Where do the bulk of the referrals come from?

Mrs FINGER — In the current financial year 48 per cent of our referrals have been self-referred — so people may walk in, phone or contact us through our Facebook page — and 52.5 per cent of our referrals are currently received by other services. We provide a breakdown of which services are referring to us.

Ms COUZENS — Do you have a breakdown of Aboriginal and CALD women?

Mrs FINGER — Yes, we have 15 per cent ATSI families at the moment. We also have statistics for mental health, domestic violence, migrant families, youth, disability and a multitude of other things there including foster kinship care, single parent, unemployment, homelessness, life-controlling addiction —

The CHAIR — Who collates your statistics? Because that is really impressive.

Mrs FINGER — We do.

The CHAIR — Beautiful. That is really impressive, and it makes it easy to fund it people as well.

Ms COUZENS — One more question: what links or networks have you developed with, say, family violence services, mental health or Aboriginal communities? Do you do cultural awareness training, for example?

Mrs FINGER — We are in the process of establishing those networks still. We do have really great referral relationships with all the services that support those families as well. We have not currently completed cultural awareness training; however, we have been in conversation around getting that in place. The biggest barrier to that for us has been the cost. It is very prohibitive, and we have not been successful in any of our funding applications to date.

Mrs RILEY — Just really quickly in terms of those referral networks, they are continuing to expand, and they are positive in a majority of situations. We do still find some barriers, though, which I just want to have on record in terms of what we see as well as increasing the risk for families. It really comes down to funding and policy silos, particularly between agencies funded under the Department of Health and Human Services and agencies funded through the Department of Education and Training, and a lack of collegiality, trust and collaboration between different professionals.

Mrs FINGER — Noting before that there was discussion around good referral information gathering, you were asking about screening for perinatal mental health and anxiety as well as family violence, which is something we also do with all of our families on first presentation and that is dictated by the situation ongoing. There are no current referral pathways for us to hand over that information on families who then go in to have their baby or who move on to maternal and child health. It is something we would like to try to establish, and we have started the ball rolling.

Mrs RILEY — We have been working towards it.

Ms McLEISH — This is a really impressive range of services, and I really enjoyed our visit this morning to see firsthand the space that you operate out of and to hear what you do. Can you explain to the committee how you manage to pay the rent and pay your staff? What levels of funding do you get?

Mrs FINGER — We do not receive any regular funding at all for Olivia's Place. We fundraise our funds for the most part. We run two major annual fundraisers a year. One is more looking for in-kind donations and donation of items which go into the baby bundles. The second fundraiser is our annual dinner and charity

auction, which we have run for four years. The first year we raised \$13 500 from that night. This year we raised \$40 500.

We also make regular applications for philanthropic grants. We have been successful in receiving funding twice from the Andrews Foundation to support our material aid and three times or four times — I am trying to remember — from Trinity Families to support our family support and mentoring. We recently received \$13 000 from Trinity Families towards that.

We are also supported through community funding applications to places like the Drouin Family Hotel and Bendigo Bank. We have had success with receiving \$3000 in sponsorship from the Baw Baw Shire Council, local op shops and service clubs. We also have great corporate relationships with businesses. The reason we do so well with our charity auction is because we are supported well by local businesses which sponsor the cost of the event for us and donate items for us to auction off. It is worth noting here that we did in 2014 receive a pre-election commitment from the Liberal government for \$50 000 a year for four years; however, they were not elected that year.

Ms McLEISH — Sadly.

Mrs FINGER — So sadly we have not been able to participate in that.

Mrs RILEY — It is worth noting as well that we are very active in trying to engage more with both state and federal government and primary health networks. We are awaiting at the moment hopefully a response from the Department of Health and Human Services in relation to the expansion of the Healthy Mothers, Healthy Babies program, which is a fantastic and needed expansion. What we were not able to go through with you before is that since the pilot of Healthy Mothers, Healthy Babies commenced in Latrobe city earlier this year it nearly doubled the demand for our service. So we are needing to prepare ourselves. We would like to be potential applicants for delivery of that service but also need to understand how we are going to be able to respond to that expansion.

Ms McLEISH — Congratulations on the work you are doing.

Ms BRITNELL — A very impressive service and it was quite a pleasure to visit this morning. It was really quite obvious once you talked about it the lack of attention we place on preparing for becoming a family. You are absolutely spot-on. But I just did not understand what you were saying then. So the Healthy Mothers, Healthy Babies program doubled the demand for your service. Explain that to me.

The CHAIR — So they would refer to you?

Mrs FINGER — They refer to us, primarily for material aid but we do receive visits from them up to three times a week. Our intakes per month, new referrals per month, have gone from an average of between six and eight to 14 to 16 per month. We currently have I think 15 or 16 Healthy Mothers, Healthy Babies program families actively being supported by Olivia's Place as well.

The CHAIR — That is really interesting because the same thing has happened with The Babes Project since the government put more funding into Healthy Mothers, Healthy Babies. I think 60 per cent of their referrals in Frankston are from that program.

Mrs FINGER — They make up 40 per cent of our service referrals.

Ms BRITNELL — There was one thing you talked about this morning that I wanted to talk about again this afternoon on the record. You explained the challenge that volunteers have. Can you just elaborate?

Mrs RILEY — Certainly. Olivia's Place is really committed to expanding our volunteer team, but there are challenges that exist. The example used this morning was referencing St Kilda Mums. They have a group of gentlemen called Tinkers who come in and do a lot of the fixing up of prams, cots et cetera. The difference between an agency like St Kilda Mums and Olivia's Place is because of the direct contact with families and our requirements under legislation to meet the child safe standards. There are a whole lot of processes and screening that need to occur for volunteers to be able to work for our organisation, and that in itself is an important process. What we have experienced is some of the older male population have had challenges with expectations

about what they need to evidence to be able to work with Olivia's Place. In plain terms, 'Why do I need to get a working with children check' or —

Mrs FINGER — But it is not just that, in a way. We do have processes for applying to be part of the team with Olivia's Place, and we do hold to a certain professional standard for all of our team members. Even the process of doing checks, applying, downloading application forms, filling them out and dropping them in is time consuming for some people. There might be computer literacy or not feeling very internet savvy or feeling like they cannot get their heads around the process. It can be prohibitive for getting some of the population in.

Mrs RILEY — There is just a real balance between the back-of-house functions and administration required to support those individuals to be able to join the organisation. In order to do that with our current profile it means that services either slow down or choices have to be made about services that we stop temporarily to be able to build the other side of the business.

Ms COUZENS — But don't you think it is around community safety, — those checks and balances?

Mrs FINGER — It is not a complaint. We are very happy.

Ms BRITNELL — But I thought the comment this morning, when we were talking about men's sheds and getting involved, was that they are not actually even going near any children, so they find it a bit of an overstep.

Mrs FINGER — That is correct. As part of being a child safe organisation we do have it that all of our team members, regardless of that contact, do comply with those processes.

Mrs RILEY — It is absolutely not a question. We are 100 per cent that child safety is paramount.

The CHAIR — Thank you so much for coming in today. Thank you as well, Nate, for your contribution.

Mrs FINGER — He is still contributing. Thanks for your time. I will make sure the presentation is circulated.

The CHAIR — Thank you so much, and congratulations for doing such a good job.

Witnesses withdrew.