

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Homelessness in Victoria

Melbourne—Wednesday, 12 August 2020

(via videoconference)

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Mr Lee Tarlamis

WITNESS

Mr Paul McDonald, Chief Executive Officer, Anglicare Victoria.

The CHAIR: Welcome back, everyone. This has been a great day, and we are really looking forward to hearing from Paul McDonald from Anglicare Victoria in just a moment. Paul, I will just introduce you to the committee again. We have Lee Tarlamis, Kaushaliya Vaghela, Tania Maxwell, Catherine Cumming and, as you know, I am Fiona Patten; I am the Chair. Just a couple of formal words, as this is a public hearing: all evidence taken at this hearing is protected by parliamentary privilege as provided by our *Constitution Act* and the provisions under the standing orders of the Legislative Council. This means that any information that you provide to us today is protected by law. However, any comment repeated outside the hearing may not have that same protection. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament. As I mentioned, this is being recorded. We have got our crack Hansard team hanging on every word we all say. They will provide you with a transcript, and that transcript will inevitably end up on our website and form part of our final report, so I encourage you have a look at it once you are given a copy. If you would like to make some opening comments to start us off and then we will open it up into a broader discussion with the committee. Thanks, Paul.

Mr McDONALD: Thanks, Fiona. And thanks, committee, firstly for the opportunity to talk with you and for your vision to have such an inquiry, so I want to thank you for that. I am speaking on Boon Wurrung land down here, but I want to pay my respects to elders past and present.

I am Paul McDonald. I am the CEO of Anglicare Victoria, which is a large statutory family services provider and the state's largest out-of-home care provider. Our services range from family services, foster care, residential care, youth refuges, family violence homeless services to financial counselling and emergency relief services. We are also running Australia's largest social impact bond, directed at reducing homelessness through the COMPASS program, which I may refer to in my opening remarks. In previous positions—just a little bit about myself—previous to CEO I have held senior positions in government in running child protection, the child protection department or the children, youth and family division of the Department of Human Services for some time. Also I was the director of the drugs policy services area. I have run a range of social welfare organisations, including the Salvation Army Crisis Centre, the Council to Homeless Persons and the Youth Substance Abuse Service. Just to round it off, I am currently chair of the Centre for Excellence in Child and Family Welfare, which is the sector's peak organisation for child and family services; I am the patron of the Youth Workers Association; and I am national founder and chair of the Home Stretch campaign. It is with that background I speak with you on the issues of homelessness.

At any one time we would be involved in about 1000 family homes at Anglicare; at any one time looking after a further 400 children in out-of-home care, about 120 in residential care, 50 in our homeless and support services; as well as working with a range of homeless people through our meal and drop-in programs. Our submission to the inquiry is based from the viewpoint of the young homeless youth arriving in a refuge, from the young person in care who is having their care terminated at 18 by the state, from the family under housing affordability strain or even from the family fleeing domestic violence with a perpetrating father or husband.

Given the time allowed I will just briefly touch on a number of points. Having watched and worked in this area both inside and outside government, I will start with the plight of young people in the care system and the need when we are talking about homelessness to reform the way we exit the care of children from our system. The reason why I am saying that to you is that this has a direct relationship to homeless numbers here in Victoria.

Here in Australia—right across Australia in actually every state and territory jurisdiction—legislation does require that all formal care for a child in care terminates not on their circumstances, not on their abilities or inabilities; it is based solely on their birthday. Up until recently here in Victoria we had no formal provision of care past 18 provided by the state. Yes, there were some leaving care support programs, but in fact the state—to the state's credit, until recently—had no formal provision of care, did not recognise it. That is quite a remarkable position for Australia to be in given that 85 per cent of 18- to 21-year-olds here in this country are with either one or both parents, so we all know that the maturity, the ability for independent living, the emotional capability of an 18-year-old is not there to live independently.

So the reason why I bring this current situation to your attention is its direct relationship to youth numbers of homeless people. David MacKenzie's report, which surveyed 400 young people nationally through the Swinburne University, found that 63 per cent of the youth homeless he surveyed nationally were care leavers—63 per cent, nearly over two-thirds. We know that in the care system 35 per cent just within their first 12 months of leaving care will have five or more places of abode. We also do know that 50 per cent of young people leaving the care system will either be homeless, in prison, a new parent or unemployed, again within their first 12 months.

So that is why we have seen: well, what is a strategy that, if we can fix something here, reform something here, it will have a direct impact on at least two-thirds of the youth homeless population? Well, overseas a number of years ago they saw the same disadvantage and the same phenomena of terminating care for this age group and really what a social mess young people ended up in. Forty per cent of 18- to 21-year-olds in detention in the UK for offending were care leavers, and 70 per cent of the sex work industry in the UK were care leavers. The US had these same numbers, and so what the US did first of all, about 10 years ago, was legislate. They legislated what they call the fostering success Act. They negotiated with the states to extend care to 21. Both the Wisconsin study, the Illinois study and Courtney's work out of Chapin Hall show that now 44 states have extended care through to 21. They have halved the homeless rates for this cohort and doubled the education rates also for this cohort. They have also seen a 38 per cent reduction in teenage pregnancy, 42 per cent reduction in convictions and arrests and a third reduction in hospitalisation—great savings, too. So what we did was we took this information and we put it to the Victorian context. We said to the Victorian government, 'If you actually extended care through to 21, you would halve the homeless rates. You would also drop arrests by a third and you would do a number of other things that were reflected in the UK and the US jurisdictions. But not only that, from an economic point of view for every one dollar you spend on extending care you will receive up to \$2.50 return back into the state coffers on the reductions in relation to needs on homelessness'.

Just in passing, here in Victoria we have seen, though, good progress for this cohort. The government first of all announced 10 per cent would enjoy extended care, and then now in a more recent announcement as a result of COVID they are now offering extended care to any young person regardless of them turning 18 until June 2021 as a result of the COVID crisis. And further, we are hopeful that there will be a further announcement in relation to mainstreaming this as much as what we have seen in Europe, the UK, the United States and even in New Zealand, where they have all accepted an extended care age through to 21. We think that could have a direct impact in relation to homelessness.

If I could continue on in relation to further comments in the submission—just a couple of comments I will refer to. We are also running a Compass social impact bond. I am happy to go into the detail of what a social impact bond is, but basically you need an investor, a government and a provider. The provider says, 'I have got a model to care for a problem that government has'. So first of all, sorry, the government has a problem that they want to actually see if they can make some impact on, and then a provider provides an option about, 'Well this is a solution that we could provide through a model'. And then an investor invests in the program of which if the performance indicators that we achieve as a result of running that program then the investors get a return. Now, I think you would read more articulate description of a social impact bond, but that was the 30-second version.

So what we have is \$15 million we raised from investors in partnership with government to offer the Compass social impact bond program. It is a five-year program during which we will take on 207 young people leaving care and they will be provided with two years of housing and support. And then I will be measured on just three outcomes: did I reduce their offending, did I reduce their hospitalisation admissions and, importantly, did I reduce their homelessness? We are two years in, and I can say that of the 87 young people who have been accepted onto the program, they are all housed, 17 are Indigenous, 56 are linked with community services, 35 are now engaged in education and training, 17 are employed and 10 are in traineeships. Now, what we have got there is that through that bond what we provide is an integration of housing, so we guarantee a home for the young person within this. We actually, through the bond, purchase houses in the community. And secondly, we provide a worker who will work in a multidisciplinary way on all the things the young person may need. And what we do know is that if we invest in this group with some of these resources, they will pay you back in spades. I mean, to basically have nearly just under 65 of those young people employed, engaged, educated and housed—coming out, who had no other option at 17 for their prospects—shows that we can make inroads into this youth homeless population in a very sort of profound way.

In relation to our submission, I will finish by saying that there are other examples or areas that I have talked about: early intervention, going to the families to prevent the homelessness occurring—for example, having good access for perpetrating dads who are violent into group work like Caring Dads men's behaviour change. Quick and good access can stabilise family homes, as we have proven—good access to family functional interventions for whole families together who are on the brink. Sometimes the system has a jaundiced view of these families. They think, 'Oh, should we remove? Will we remove?' and 'Let's just not give them a second chance'. But we do know that if we invest strongly in these families, not only will we keep those families together, we will actually physically keep the household together and reduce that homelessness. And of course we have mentioned our rental affordability survey that we have done every year now for the last eight years that measures the rental availability for people on low incomes across Victoria, which has been very low up until recently.

Look, Fiona, I might stop there and just allow for questions, so I am happy to be taken where the committee wishes.

The CHAIR: Great. Thanks very much, Paul, and congratulations on the work and the very long list of organisations that you are involved in currently. I would be interested in hearing a little bit more about Compass and how it came to pass, certainly given that you are giving yourself quite a quick turnaround. I mean, three years—that is within an election cycle. I am sure that getting figures in that sort of turnaround is very popular with government. So I would like to hear more about COMPASS, but I would also like to hear more about the Home Stretch and extending that out-of-home care because, as you said, the outcomes are phenomenal where this has occurred in other jurisdictions. And I suppose what I am really interested in is what kind of time frame we would expect to start seeing those outcomes and start seeing those reductions in youth homelessness, because we know that if we reduce youth homelessness, we reduce homelessness altogether.

Mr McDONALD: Yes, well, that is a good question, and there is good confidence that government can have right around the country about what has happened overseas. I mean, this is not a thought bubble. This is not some kind of wacky trial that has been done in another country—you know, like a Scandinavian country—and 'Let's do it here'. This is something that is now part of the service system within the United States, the UK and New Zealand child welfare systems—just to name three. And when you go over there, and you are saying, 'Well, what's this extended care system like?', they go, 'Well, what do you mean? Care's through to 21, so what are you talking about?'. So it is involved there.

I can direct that in fact you can start seeing outcomes in extended care within months of placing this. Now, here in Victoria in the last two years of putting 50 and a further 50 in, we have got at least 100 in extended care—before the COVID rollout, that is. So we think we have got about 160, it could be up to even 200 young people currently enjoying extended care. Now, what you have got is you can immediately say, 'Well, they're not in the homeless queues'. You can immediately start getting some impact. But what I would say, for that economic return, you would start seeing that return within two years from an economic return back to government. But practically speaking, the numbers of young people and their attachment to have written and said, 'Look, it has been like a weight lifted off my shoulders. I feel now I can continue on and have my young adulthood and not abandon me'. And I know some of the care system—the foster care and kinship care—would say, 'Oh, we'll look after them anyway, just because the state's removing'. But I think we should not underestimate the impact the state has had on the child and that the child, even though it says, 'Oh, yeah, I'll get out of foster care and you are going to look after me at 18 or 19, but the state's still leaving me', does see the state as the parent—the corporate parent, but it does.

The CHAIR: Well, legally they are.

Mr McDONALD: That is right. And so that abandonment raises some other mental health stressors. I would encourage members that are interested to monitor the Cal U study. This is the Californian study that followed up with every young person for the last seven years, interviewed them for an hour and a half every year for seven years about the outcomes they are experiencing during extended care. I think some of the young people are up to about 23 years of age now. That just maps for government and gives good confidence to government—'Gee'. And this is where some of these figures come from: reductions in teenage pregnancies; some of these outliers; ability to save \$400 every three months, more than what they are able to do later. All these other sorts of outputs that help to build a good life start to get measured. And I think if we introduced

extended care in Victoria and placed a good evaluation beside that, within two years you would have some of that intelligence reaffirming what a smart decision this is.

The CHAIR: Thanks, Paul. Well, you get no argument from me. I certainly have been advocating for and learning a lot about this within Parliament. Just before I pass on to the next person, I just wanted to quickly check: COMPASS—you have got 87 people in it now. You are hoping to take it to 250—200, sorry.

Mr McDONALD: Two hundred and two will peak out, we are hoping, as far as referral flow. We will peak out at that maybe at the end of next year. But, yes, 202 we have to take on.

The CHAIR: Is this a model? It is innovative, and I am sure it has been practised. Is this the model that you would see that could be translated, as we just heard—we were meeting with Mind Australia this morning—into that mental health section, so people leaving care who are suffering from mental health issues.

Mr McDONALD: I will say three things about social impact bonds because there is a lot of chatter about social impact bonds and a viewpoint: this could be the great silver horse for us all. Look, I will say this: they are quite labour intensive to get up, and I think there are some learnings. We were the first. We were one of two agencies that were the very first through the Victorian government's invitation for an EOI on a social impact bond and then to join what they call the JDP phase—the joint development phase. So we succeeded there, and we were the first, and there were lessons learned. It was labour intensive, working with Treasury, and government wanted the figures and the numbers and what we can do and what investors can do. So I do not think it will replace our current Westminster child welfare or youth welfare or mental health system. However, they offer some very interesting insights that you can make some inroads into government problems—recalcitrant problems—and go to market. Do not tell market what you want to get, just let market work it out. The government came out on this and said, 'I've got a problem. We are not getting good outcomes for care leavers. They are costing us a lot of money downstream in juvenile justice, in hospitals, in homelessness. What have you got?'. So we went and proposed something.

I think, two years in—and certainly prior to that there was a year of discussion, about nine months with government, and there was a further four, five months of needing to go then to the investment sector. I think we need to understand that that is probably a longer period. We have got 55 investors who have all put in \$15 million now. We have given them estimate returns if we hit certain performances under hospitalisation, juvenile justice and housing. And I will say this: after the end of the intervention, which is two years, we are measured again two years later. So it is a killer on us. The echo of our intervention still has to last another two years. So after four years, and if we have reduced by a certain percentage, then our investors will get a return.

For your comment on mental health I think you will see overseas they have been tried in a range of different jurisdictions, not only in leading care but within preventive coming into care. Within mental health there are some ones going on in the United States and a few other sort of government problem things. I think there is room to always have these types of things going.

The other thing is this: the investing community are interested. They were not tripping over themselves to come to us, but they are interested in these types of models and how to get a social as well as a financial return.

The CHAIR: Fantastic. Thank you. Wendy.

Ms LOVELL: I missed a lot of Paul's presentation so I might go later if that is okay.

The CHAIR: Okay. Thank you. Kaushaliya.

Ms VAGHELA: Thanks, Chair, and thanks, Paul, for your presentation and for your submission. We have heard from a lot of presenters, and sometimes there are common themes on what they present. One of the programs that you mentioned is about men's behaviour change, and predominantly we have seen in the case of family violence the perpetrators are men. You are talking about the expansion of this program and commitment. I would like to know a little bit more about this. Why are you asking for the expansion for this program? And if it is working, I would like to know a little bit more about this because I have not heard about this. Because if they are the perpetrators, then if we can use that as a preventative strategy, that will solve a lot of problems.

Mr McDONALD: Yes, good question. I think since the royal commission we have learned more about changing men's behaviour. I certainly think the community conversation about domestic violence is getting more men—not all, but more men—reflecting on their position. I will mention three programs, in particular two: men's behaviour change, and Caring Dads, which is a Canadian evidence-based model similar in the sense that it is a group work model where you bring men around who are all perpetrators. They have either been sent there or have chosen—or really what we find is the partner is very influential to send them there because they say, you know, 'What are you going to do about yourself?' in this sense, because the partner has not yet decided. What is the important part about these programs is we have to accept that these men, these perpetrators, until something else happens with a police intervention or the partner leaves, they are remaining in the home. Can we change behaviour while they are still attending the home and when other members have not decided enough is enough in that sense?

We run 16-week groups. There can be up to 12, 14, 16, 18 men at a time in these groups. Prior to COVID we had them in a room, then between lockdown one and lockdown two we started to run the groups again socially distanced, about 10 in a room at a time, and we are now doing some Zoom. It is more labour intensive, but it is still working. So what happens is we run these groups in which we allow the group milieu as well as our two presenters to start to confront some of these behaviours about what is stemming, what is making them angry? What is the violence? And Caring Dads is about men perpetrating violence towards a partner, but we approach this group of men as, 'You are fathers. Your children are watching this. What's that?'. So we find that there are a lot of men wanting to be better dads coming along who are perpetrators.

I will give you a little example. We might run a class, and they are all sitting there and one of our group workers will say, 'Okay, men, I'm going to read you a children's story, and what I'm going to do is I'm going to read it and I want you all to sit on the floor'. 'Oh, come off it'. 'No, sit on the floor, all right? And we are going to bring the mood down. I'm going to read you a children's story'. So they are reading a children's story and the second worker is out of the room. So you get that mood going, and it is quiet, and in bursts the second worker. In bursts, 'What the hell? What's this? Effing this, effing that. What are you doing? Where's my dinner?'. Bang, bang, bang. And we go through and role-play that. Half of the men said, 'That's me', the other half of the men said, 'That's Dad'.

The CHAIR: Half.

Mr McDONALD: And then we start getting closer to who they are and how they behave in the context of their own family and about where it is coming from. So I think what we have found, to answer your question, is the more easy availability—if a man says, 'Okay, I'll go', we have to be ready to say, 'Okay, I can book you in, mate. We will book you in next Wednesday. We have got a group going next Wednesday'. And we do not run and start and finish a group; we will take on men during the course of that 16 weeks. Everyone has to do 16, but we will run the course, and it just is helpful too about some of the different men. So I think this is important. What is our strategy when the partner is not leaving? What is our strategy? And this has to play an important part. Because the feedback from the wives and the girlfriends inside the home—we have documented the feedback—is 'He's calmer; he's less angry'. It is not all, in that regard, but it is certainly a very important part. I think historically we have held these programs on the fringe of our domestic violence system, just on the sideline. Bringing them into the mainstream and seeing them as this is a very important part of the offering, I think.

The CHAIR: Thank you. And thanks, Kaushaliya, that was a great question. Tania.

Ms MAXWELL: Thank you, Paul. You have got some great insight and information there for us. Paul, I know the connection with family violence and the links to homelessness, and one of the issues that has been raised with me is that in rural areas sometimes the waitlist is extensive for men's behavioural change programs. A lot of them have actually increased up here to 20 weeks, but they are doing that rolling so when one comes out the others can come in. However, even given that, there are still long waiting lists, and we know that when someone is perpetrating violence, they need that support there and then. We also then have the issue that if that support is not given, then where does that father or man go, which contributes to the homelessness.

But also what I am hearing a lot of recently is that through Victoria Police they are having to go and remove—we are seeing more and more—young adolescent perpetrators. They take them to the station and they interview them. Mum is too scared to have him there, dad is either getting angry or they do not know what to do with this

young person. They go to the station, and then there is this real risk: what do they do with this young person? There are no service providers who will step in and organise somewhere for this young person to go. So they often then have to look for a grandparent or a friend. The police do not have the resources to be able to investigate the home that they are placing this child in—is it secure?—and those adolescents will often end up then couch surfing or in an unsafe house and becoming homeless. What would you suggest is done, sort of an intervention, that could decrease the likelihood of that young adolescent going into that position?

Mr McDONALD: Look, it is a very good question, Tania. The inquiry may have actually asked for the figures from DOJ, but I would encourage you to if you have not, because the figures are—wow! The figures are there. The older brother or the violent son is, unfortunately, from the view of the world that I see as quite a common occurrence in a number of our families. I think the threshold seems to be even longer that the mother holds on—‘What am I going to do? I’m torn. He’s my son. But look what he’s doing to my daughter’ or ‘Look what he’s doing to myself. I’m feeling scared’. And these are serious, violent—let us not pretend here. These adolescents are not going, ‘Oh, get stuffed’, and slamming the door and that is it. No, these are serious intimidating behaviours inside the home.

I submitted in the original royal commission submission a couple of programs that do exactly that—reach into the home—because the dynamic is: mum is reluctant to get the child out but has no other option. I think some of our in-home supports we tend to not probably invest as well in. You know, we often ask for families to come to meetings or ‘come and do this’, or we see the individual young person—for example, the young offender—as the offender and not associated with the family. But there are a couple of very good models in which they reach deep into the family home, sit around the kitchen table and see the whole: what is going on in this family dynamic? Now, the violent young person will have a view, and his view also will matter as well as mum’s view and maybe the younger-sister-who-is-terrified’s view. I would encourage, if there is consideration of resourcing or investment, reaching in. That is really what they want the system to do—to get in and be beside mum.

We have got things like rapid response. We are in the family home 15 hours a week for four weeks. Now, think about that: 15 hours a week for four weeks—that is a long time to be in a family home with mum dealing with what is happening in the dynamic. But what we do know is once we put that intensive investment in, just for four weeks, they are not re-reporting back to child protection, they are not asking police to come in. Intensive investment inside the home for a short period of time can help and assist in the thinking of violent young men, because they end up on the homeless circuit. They are probably down on themselves for being angry in the family home, angry at mum. Mum is down. I think the reconciliation between those partners is something that is sort of like men’s behaviour change we have had on the fringe. We need to get some of these programs as mainstream intervention before all of this happens, and that is what our submission is referring to.

Ms MAXWELL: Great. Thank you, Paul.

The CHAIR: Thank you. Lee Tarlamis.

Mr TARLAMIS: Thanks, Paul, for your submission and for presenting today and for your valuable insights. I do not have any follow-up question.

Mr McDONALD: Thanks, Lee.

The CHAIR: Thanks, Lee. Catherine.

Dr CUMMING: Hi, Paul; sorry, I was just on mute. This has been a wonderful conversation, and you have got obviously amazing insight from many years. I had other questions, but I think I am going to continue on with Tanya’s points around angry youth in general, because it is not just angry boys; there are many angry young girls as well, and they can be very intimidating. And you know, Paul, that I represent the western suburbs. We have probably the largest youth unemployment. We really lack a lot of services in the way of facilities. I know even the men’s programs that we do hold are normally shoved into neighbourhood houses and the like. There are not many standalone facilities, and we really struggle to accommodate the needs especially of homeless youth, but it is about having all the other wraparound services that we could possibly provide. Obviously you have given examples from America—there are many great programs from America and Europe—but it is the lack of actual standalone facilities or facilities that are not far from a university or a high school or even within the high schools, to be able to get in there. I think the points that you made about getting into the home—I know that with youth that have drug problems, even with the youth service in the homes,

there are always privacy issues and there is always some little barrier. And then we look at youth drug problems and mental health in silos rather than realising there are a multitude of problems with that angry young woman or that angry young man. And I guess I would like you to maybe touch on: do you do much work within or specifically for the multicultural community and youth? Because I know that in certain cohorts those young men or women are very intimidating, and their mothers, because they have multiple children or the like, and the father or whoever, it is really hard—

The CHAIR: Catherine, I might just interrupt. We are just running short of time. Paul.

Dr CUMMING: Go, Paul. You know what I mean.

Mr McDONALD: Yes, I know where you are going, certainly with the young women. Look, we run Melbourne or Victoria's only homeless service for young women. It is between 16 and 25. It is women only. And there again are some issues about being more gender specific as we are making responses to both men and women in the homeless market. I do not think we rate it as high as we should. Anyway, my insight in running that particular service—and it is in the northern parts of Melbourne, not in the west—is the numbers of multicultural young women coming in there as a result of some family conflict, with the cultural conflict, with the current society conflict, as you can say, and the requirements from those young women are not to be underestimated, absolutely not, and can completely derail them, because if the family is going, 'Out you go', that is the whole extended family. That is the lot. And these are young women who are very vulnerable and also do not have a lot of support and skills. I am glad you raised it, Catherine, in that particular sense. In relation to what else you are saying, I think we have got to have a bit of faith, and I think if COVID tells us one thing in relation to responding, it is not about 'It won't work'; it is 'If we're prepared to prioritise it, it will work'.

Dr CUMMING: Political will.

Mr McDONALD: That is right. We are running the only centre for COVID-positive homeless youth at the moment, which the government approached us on, and it has been established in inner Melbourne. Now, I have got to say, some of the young men and women that we have been involved with there—invest some time and effort, and they will actually in fact get themselves back going again. So whilst we do have angry young women and angry young men being very inappropriate in family homes, I also think if we prioritise the time and effort into this target group, things will resolve. They do. I mean, these are not dead-end, like there is no change.

Dr CUMMING: No, they are fixable.

Mr McDONALD: Yes, they are very fixable.

Dr CUMMING: Yes, thank you, Paul.

Mr McDONALD: Thanks.

The CHAIR: Thank you, Paul. I just wondered, on Catherine's last point around some of the multicultural aspects of this, do you find that it is important? Are you finding that it is important when you are looking at youth that there is also this looking at things being different in different cultures and different family structures, particularly with some of our new migrant populations?

Mr McDONALD: Absolutely, yes. Look, the trouble with me being my vintage is I can talk about when the Vietnamese community came here, you know?

Dr CUMMING: Absolutely, Paul.

Mr McDONALD: That's right, Catherine. And maybe it was the Catholic roots or maybe they saw a leader—that the community had a leader, anyway—and we were able to negotiate. Maybe it was a range of things. I think some of the newer migrants have been left finding their way. I do not think we have proactively tried to learn how and what is their thinking.

I remember when I was running child protection, for example, in the department and I was asked to go out to the Flemington flats to talk to a bunch of Sudanese fathers. This is going back years. Things have moved on, so I want to qualify that. But there was a group of men there, about 20, and the first question was: 'Paul, what is

this thing called child protection? We're the fathers. We protect the child. Who are you?'. Even with that, we had a fantastic dialogue. That is not an example, but it is just a little window to say, 'Have we really reached in again to these communities?'.

Dr CUMMING: Do they understand?

Mr McDONALD: Do they understand? And I tell you what the young people tell us about that: 'Well, where's my chance? Where's my opportunity? Where's my way in life?'. We have not sort of invested in that guidance. Again, I think we really have to prioritise that reaching into those communities, because they are over-represented in our juvenile justice and our police things. And really, we have got to offer a different prospect rather than, you know, bring them in and do the same old, same old. It has got to be a different narrative to them, because they know; they are observing, 'I'm seeing a lot of people getting in on this but we're missing out'. And yes, that is my short observation I would make to that—

Dr CUMMING: And even intervention in the schools, Paul.

Mr McDONALD: Well, the schools are—yes, that is right. That is right.

Dr CUMMING: They just lack the services, schools. I feel so sorry for them.

Mr McDONALD: Yes, I think the schools are very, very important platforms. Now, you do not want to burden the school with all sorts of other things, but they can be communities in themselves in which we can invest, I think.

Dr CUMMING: But those youth services should be able to get into those schools, you know, with open doors.

The CHAIR: Thank you. Thank you to all the committee, but especially thank you to you, Paul. This has been a really great conversation and I guess has also raised some of those more innovative programs and for the first time sort of talked about results in relatively short periods of time, which so often, you know, when we are considering these things like building more houses, these are very long term. So I think some of the solutions you have offered to us today have been incredibly encouraging. Thank you.

As you well know, you will receive a transcript of today. As I said a bit earlier, please have a look at it and make sure we did not misrepresent you in any way. Again, thank you. This will certainly form part of our final report, as will the transcript. I would like to thank all of the committee and everybody who is watching. We are going to take a break and we will be back at 1.30 on the dot.

Mr McDONALD: Thanks, everyone.

Dr CUMMING: Thanks for the call.

Ms VAGHELA: Thank you, Paul.

Witness withdrew.