LAW REFORM, DRUGS AND CRIME PREVENTION COMMITTEE

Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria

Shepparton — 25 February 2014

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Ms M. Bell, Senior Manager, Adolescent Specialist Care Services, Shepparton, Berry Street.

The CHAIR — I understand that Sandy has given you the terms of the inquiry.

Ms QUIBELL — Yes.

The CHAIR — I will not need to go into the background. As you know, it is an inquiry into the supply and use of methamphetamines in Victoria, particularly ice. We are concentrating at this stage particularly on regional areas and also on Indigenous populations for consequence and impact. I thank both of you. For the record, we have Trish Quibell, deputy director, Hume region, from Berry Street; and also Ms Marg Bell, senior manager at adolescent specialist support programs, Berry Street as well. Thank you both.

Both of you are presenting evidence to this committee under these conditions. This is a public hearing of the Law Reform, Drugs and Crime Prevention Committee. All evidence taken at this hearing is protected by parliamentary privilege as provided by the Constitution Act 1975 and is further subject to the provisions of the Parliamentary Committees Act 2003, the Defamation Act 2005 and where applicable the provisions of reciprocal legislation in other Australia states and territories. However, it is important that you note that any comments you make outside the hearing, including effective repetition of what you said in evidence, may not be afforded such privilege. Have you received and read the guide for presenting evidence to parliamentary committees?

Ms QUIBELL — Yes.

Ms BELL — Yes.

The CHAIR — Is also important to note that any action which seeks to impede or hinder a witness or threaten a witness for the evidence they would give or have given may constitute and be punishable as contempt of Parliament. We are recording the evidence and will provide a proof version of the Hansard transcript at the earliest opportunity so you can correct it as appropriate. They are the conditions under which you are presenting today. What we normally do is allow a brief introductory statement — some abide, some do not — and then we will ask the committee to pose some questions to you. I understand you are from Berry Street. We have some background information in relation to the work you do. We look forward to your contribution to this inquiry, so thank you both very much for your time this afternoon.

Ms QUIBELL — Think you very much for the opportunity to present to the committee. As you said, my name is Trish Quibell. I am the deputy regional director for Berry Street. Berry Street was established in 1877 and is now currently the largest independent child and family welfare organisation in Victoria. Our primary core business across the state is predominately out-of-home care services, foster care programs and residential care programs for young people who are unable to live at home, so statutory clients who are also in a joint program with child protection as well.

In more recent times Berry Street has taken on a number of other different core businesses as well to support that, given that we recognised that there were a number of early intervention needs across the state for the young people who came into the care system. We have entered into delivery of education programs, including an independent school, of which we have one of our campuses here in Shepparton, for young people who have disengaged from the mainstream education sector and often have not been attending school regularly since primary school age. We do some family violence programs as well, recognising the impact that family violence has on child wellbeing, and also taking an early interventionist approach with community development programs so young people do not fall into our service sector, especially at the statutory service end. We much prefer to work with families to continue to strengthen their capacities well before they enter the child protection system and end up in one of our residential care units or needing to find a foster care placement as an alternative home for them.

Marg is our specialist in residential care and has been our senior manager of residential care programs for a number of years now. We have a number of units dotted around Shepparton holding four to five clients in each and staffed 24/7 by residential care staff. I will let Marg go into more detail about our experiences with methamphetamine use that we are experiencing in residential care. At the moment we are not seeing a huge increase in ice or methamphetamine use

in our home-based care programs, predominately because the children are actually younger. Young people who start to exhibit extreme behaviours and the most complex families, which are the ones that Berry Street chooses to work with, are more likely to come to our attention in the residential care system, where it has been impossible to actually find alternative placements within a home environment, such as foster care, for them.

In our education programs we are seeing a slight increase in drug usage of young people, but what we would find is that the majority of young people who have gone through a series of drug options, from alcohol to marijuana to synthetic drugs and then potentially into ice, ultimately even probably drop out of our education system, even though we are working with some of the most disengaged young people. These are young people who do not have the head space or the capacity to actually turn up and not be a risk to themselves or to other young people. Even with the additional supports that we provide in our education programs they will end up often becoming non-attenders, and the risks are significant for staff and other students, especially in a school environment. I will let Marg talk more about our residential programs.

Ms BELL — Currently we have four residential settings with 16 young people residing in placements, with 5 in one unit, which is extremely complex at the moment. The young people there are all substance users; they are polysubstance users. They tend to have a progression from alcohol to marijuana, and it tends to go in ebbs and flows of what is available and what they can financially afford. We have been through phases of glue sniffing and petrol. Marijuana tends to be probably the consistent one — marijuana and alcohol. Then that is topped up by the use of amphetamines, such as ice, or some of them have gone on to use heroin. A large percentage at the moment are polyusers around alcohol and marijuana, and we have a small group who we know are consistently using ice.

The impacts that we see from that are really quite horrendous. We are finding it is very easy for them to become addicted to it quite quickly, so we are finding that within a short period of time they are really craving it. They become highly, highly aggressive in their response. We are seeing a major increase in the physical assault of our staff, the theft from their co-residents, the theft from staff, the theft of the TVs out of our units — anything that is not nailed down is fair game. Certainly our staff are struggling to have the capacity to manage the higher levels of aggression that we have not seen when the young people have been using marijuana or alcohol.

We spoke before about the young Indigenous population. We have a number of young Indigenous children within our service, and we are finding that they too are probably far more inclined to use it. We have not quite been able to work this out; it becomes a bit of a hit and miss for us at times. We have to go out and do a whole heap of hunting and following kids to try to find out where they are getting it from, what is happening that they are actually getting it. What we are finding is that they tend to have a wider network in this area, because it is their country, so they have a larger network which enables them to have greater access to suppliers of substances.

We also find that the young females are far more vulnerable and susceptible to becoming ice users, because what we find is that they are being sexually exploited. For us at the moment it happens to be Middle Eastern men. We are finding that they are engaging our young girls in with the lure of caring for them and wanting to be their friend or their parent, and then they are supplying them. They start with cigarettes and alcohol. They are then moving them through to marijuana, and we are now finding that the young girls are becoming quite addicted to ice.

Mr SOUTHWICK — At what age is that?

Ms BELL — Fourteen to 16 at the moment. It is quite significant for us. I guess the reason that we become acutely aware of the ice use is because of the sexual exploitation component to it. For us to be able to action against it we have had to actually go down the road of looking at it from a sexual exploitation point of view, and that is one of the tools that has been used to hold the girls to them. We are finding that the girls are then returning to placement. They are significantly disengaged from placement. They are significantly disengaged from education and primary and secondary services. We then have staff who have to go out and hunt these kids down. They knock on doors, they chase after cars, they get registration numbers. We keep an amazing record of every

person who comes into contact with these young people that we see as undesirable and we pass that information on to the police.

The dilemma that we have is that we do not always have enough information for the police to actually be able to action anything, because our young girls will not speak about what they are doing, because they believe they are having their needs met. We tend to be quite hamstrung in what we can actually do, and we do not have the physical capacity to stop them from leaving the premises. We follow them, we hunt people down, we follow them in taxis, we follow them in our own cars, in Berry Street vehicles, but the people that they go to are quite adept at moving their locations as well quite easily.

We find that when they do return they are returning in extremely heightened states. Their mental health is deteriorating over a period of time, and we find that we are losing them to this cohort, this sub-cohort, within the community, which is really quite devastating for the staff that we work with to watch.

Mr SOUTHWICK — So is this cohort of people that you described as of Middle Eastern characteristic actively preying on these young women?

Ms BELL — Yes.

Mr SOUTHWICK — And targeting these young women? Is it planned in terms of them working with friends in all of this, or is it — —

Ms BELL — Yes. We have done extensive work with police around sexual exploitation, and that ranges from Shepparton to Dandenong. We continually provide them with a significant amount of information in regard to that, and that is where we are seeing that our young girls now are starting to — they are not just targeting one specific young girl. What they will do is that they will have groomed one specific young girl really well. They have her highly addicted to ice and other drugs. Then they are getting her to actually bring other young girls in and they exploit other young girls at the same time. That bit makes it really difficult when you have a young child who is suffering significant trauma and attachment issues and someone is giving them the daddy love that they assume they need.

I have had discussions with one of our young girls in our case management service who is no longer in our residential program but is still involved in our case management program. She talks to me quite openly about her substance issues and her use of ice and her boyfriend, as she calls him, who really cares for her — as she describes it. He buys her great gifts. He provides her with the drugs she needs. He puts a roof over her head, and he even drives her to and from locations to sleep with other men, and then he gets a percentage of the money, and she gets a small percentage of it as well. When they are that entrenched — and her need is not just for ice, it is also the need to be loved and cared for — we have no capacity to compete with them. We watch our staff, who feel like they are really beating their head against a brick wall when they are competing against not only peer pressure but also the community perception of these people who prey on young people.

Ms QUIBELL — For our young people, who have never had or rarely had consistent role models, appropriate care and affection at home to any great degree, they are looking for it anywhere. This subculture of predators is very adept at luring those young women and grooming them, the same as any paedophile or sexual predator would, but they are using alternative means — not only the sexual predation but also the seduction of the drugs. For our young people the drugs actually stop the emotional pain. It makes them feel good, and it stops the emotional pain that they are often feeling. They are young people who often really struggle to engage in therapeutic processes and counselling services because they often do not have the language to express that pain and trauma they feel, so the drugs give them an alternative outlet that, for a short period of time, alleviates that. When reality kicks back in, the damage is done and they feel pain again. The only way to address that is to take it back on again.

Mr CARROLL — Have they come to you, firstly, through protective services orders?

Ms BELL — Through child protection.

Mr CARROLL — Child protection.

Ms BELL — They are the most complex young people. They are young people who have generally been through foster care or kinship placements that have broken down because their degree of trauma is so significant that they cannot form attachments or appropriate attachments. They are disengaged from primary and secondary services, so they struggle to even stay home at night or to even go to sleep. We have had some young people who find it fantastic — and they will tell you it is much easier — to use a drug like ice or other drugs because you do not have to think and you cannot feel. It is much easier to have that than to feel the burn.

Mr SOUTHWICK — In the residential care that you are providing with the 15-odd young people, how does that type of environment support them to get out of the situation they are in when they are surrounded by people who have had similar situations and similar drug habits?

Ms BELL — Cross-contamination is prolific, and it is really difficult for them. That is not to say that we have not had some really great success stories where young people have come through and gone on to our leaving care program and exited quite successfully and maintained jobs, but for the largest percentage of them their trajectory is not to be well-engaged members of the community. They really struggle with trying to be an individual when they are in a house with three other people they did not get to select as people they wanted to live with. They do not know the people, and they have people coming through to care for them for 8-hour shifts at a time. It is really difficult for them. We find that they experience peer pressure from each other, where they believe they are supporting and caring for each other in their skewed thought process. What we see is that a young person may come in and not have substance issues, but within three to six months, if the placement has been made with other young people who are significant substance users, you can guarantee that young person will become a substance user. It is because it is easier to fit in and be accepted by your peers. One of the reasons we find our young people using a substance is because it is easier to fit in and be accepted. That is not just for our young people in residential care; that hits across our whole community.

Mr SOUTHWICK — So where is the positive story?

Ms BELL — Positive story?

Mr SOUTHWICK — What can we do to fix what you have just outlined?

Ms BELL — I think the system is under so much pressure in terms of the number of placements available to a young person when they do not fit into home-based care or kinship placement — that matching of young people. The number of residential beds is limited within this region. We currently only hold 10 placements — 10 permanent residential beds. We have 16 young people currently. To mix and match that combination in four units is not possible for us to do, to get a good mix or combination.

Ms QUIBELL — In the last two months we have had to close two units because of funding issues, which is not to put blame on the Department of Human Services, because obviously it is a much bigger sector issue than that, but the capacity to mix and match young people across six units rather than four gives you a greater capacity to decide, 'Okay, Timmy is not fitting well over here, but his behaviours would fit well over there'. We have a greater capacity to move them around between units and find a good match that is supportive to their emotional needs as well as the young people who are cohabiting in the same unit as them.

That cross-contamination issue is probably one of the reasons we do not see as much drug usage in our home-based care, foster care and kinship care programs, because it is more of a home environment. Our residential units try incredibly hard to create that, but when work is done predominantly on a crisis model purely because that is what is going on on a day-to-day basis, it is hard to create that stability for young people. You cannot create stability for three young people if you have one young person returning to a unit drug affected, physically and verbally abusing staff and throwing furniture around the house, or physically abusing other young people in care.

It is very much a multilayered approach. The professionalisation of the foster care system would potentially have some impact on being able to upskill foster carers so we would not have as many young people in residential care, because our carers would have greater capacity to manage complex needs.

There is also the option of looking at alternative models of intervention as well — how do we engage these young people in a partnership and a collaborative approach across education, residential care and community development opportunities? We have drug services available in Shepparton with Primary Care Connect. Hamish and his group there do a fantastic job, but — Marg and I were talking before — they are a 9 to 5 service. Our young people do not engage terribly well with 9 to 5 services. We do not have the capacity to enforce young people to stay in a unit at night. We do not have the legislative capacity to restrain young people. It is up to our staff's ability to cajole, negotiate —

Ms BELL — Bribe.

Ms QUIBELL — bribe — anything to get a young person to stay, but if they are intent on leaving the unit, they will leave the unit, and they will leave the unit by force if need be. That is the point at which our staff end up putting themselves at risk, where in order to try and create the best opportunities or a safe space or to continue to outreach to young people despite where they are in the community, they will put themselves actively at risk against probably their better judgment to try and find where these young people are. Our staff will knock on the doors of houses where we know there is drug usage and drug dealing going on. That is always reported back to the police, but in a lot of ways we probably have a greater capacity as general citizens to knock on that door and ask if Timmy is there than the police do in some regards.

Ms BELL — We have a really great partnership with the police in terms of them coming to do welfare checks with us. They knock on some of the doors that we will not knock on, because it is not safe to do so. Yes, can provide them with enough evidence, which is really quite difficult to do. We become quite hamstrung in it.

Ms QUIBELL — It is probably also interesting to look at the qualifications — where our skill base lies for our residential care providers. Our staff in residential care are probably the only part of our sector who do not have a mandatory qualification as their background. You can be a member of the community who simply has a desire to work in residential care and work with young people and get a job in residential care programs, whether it be statutory services for child protection like ours or disability services. We make every effort. We have an incredibly high profile on upskilling of staff, but most of our staff come to us unskilled and with very little, if any, experience in this sector.

They may be a retired farmer who has decided they want to do something different, someone who has previously been a nurse or someone who has been a stay-at-home mum, but they want to care for young people. They see potential in young people. They can see the good in a young person and that the behaviours are not the young person. The behaviours are their coping strategies and the strategies that they have developed over years to protect themselves from harm and to keep the world at bay in a lot of ways. The messages that go on in their heads are contrary quite often to ours. You try to get close and they will push you away, because they do not believe that they deserve that closeness from someone, and if they let someone close they will be hurt again so, 'I will kick you out of my life right now'. But then you have these predators who do the, 'I'm the only one who loves you; I'm the only one who cares for you. I will take care of you. I will give you the love and affection that you have not had'. Because our young people have never had appropriate relationships with parental figures, it is very seductive to them.

Mr SCHEFFER — Thank you for that very arresting stuff. One impression that we pick up through the media mainly and through narratives that are given to the committee is that it is a case of normal family, normal healthy child, a freak accident, a casual encounter, struck by ice, gone — turned into something else. In my view it is a kind of mythologising that turns into a sense of moral panic that has no reason and no rationality to it, and therefore you are disempowered by it, you do not know what to do and everyone is at a loss. Obviously what you are describing and what a few

of the witnesses today have described is that this is amenable to reason. We can understand linkages and connections about people's experiences.

One of the witnesses this morning talked about one of the wellsprings of it is people who cannot find meaning, which is what you have talked about. Is there any literature or something from your own research or experience that could kind of give us a map or a model — without blame; I am not talking about blame — of the kind of complex family that you are talking about, or maybe not even so complex, where the preconditions are created that one or other of them is susceptible to the kind of predatory behaviour or encounters that bring them into it? Is there a way of us thinking about this that is structural?

Ms BELL — Our Take Two would be able to talk well on the impacts of that and provide information.

Ms QUIBELL — Take Two is the therapeutic arm of Berry Street. They do a lot of research around brain function and the implications for that. I agree with Marg. I think they would probably be our experts internally. You were talking about the family precursors, and it is interesting that we can identify a couple of young women that we have. Marg and I have both been with Berry Street for near on 10 years now, and we know of at least one young woman who was in the sector when we came in who has a history of polydrug use and has now lost her own child to the system. She has had her child removed. You have to question what is going to happen now when that young person grows up in the system as well. It is devastating to see young people come through the system only to then a few years later see them come back as very young parents themselves.

One of the risks for our sector is that legislatively we can only hold a young person — DHS can only have them on a protection order — until the age of 18. Where else in society do we expect our own children to leave home at 18 and not have additional supports? We provide a leaving care program which gives us some capacity to support them with physical and emotional support for periods of time outside of care, but again that is limited. Young people who grow up in caring families, even after periods of drug usage or trauma, most often have the capacity to come back into that family. Our young people do not have that capacity or they gravitate back to family of origin to find that there has been no change in the situation that they were removed from to start with. In fact they then pre-empt revisiting those patterns again.

Previously, professionally, I have spent a period of time as a sexual assault counsellor, and I think one of the things that I would say is that clients from that background were often highly susceptible and vulnerable to drug usage, again because of that almost backward-running tape recorder in their heads that says they are not worthy of anything, and they will take any means to numb that emotional pain. Drug usage is the most effective way to do that on a short-term basis.

A lot of our young people would not see themselves as having an addiction; they would completely deny that they have an addiction. That would be prevalent regardless of what strata of society you come from. Most people do not believe they have got an addiction until something hits them and they have hit rock bottom. For our young people, our young women especially, they will continue to think that they are in control of it, they will continue to think that they are functioning, they will continue to think that they are in relationships that premeditate that drug usage, that are caring, unless their dealer or their pimp dumps them. That may be the point at which they go, 'He does not love me any more' but they will blame themselves: 'What is it about me that he does not like anymore? What is it about me that makes me a bad person?'. They are almost incapable of externalising that belief system to themselves. They have been told as children, especially if they have been victims of abuse as youngsters, that it is their fault: 'You are the bad child'. That self-belief system becomes incredibly entrenched and ingrained for these young people.

Ms BELL — It makes it extremely difficult when there are no real drug and alcohol detoxing facilities for young people that are voluntary. There are none here in Shepparton. You might get this tiny window of opportunity when they go, 'I want to do something'. By the time we have to go through a referral, and they have to ring up and self-refer, they are like, 'I cannot do this; it is too hard. I am such a failure. I will just go back'. They certainly do not express it that way — they are more explicit than that — but they certainly have the capacity to say, 'I cannot do that. It is too

hard for me to even get the help I need, so why bother? It is much easier just to have some drugs and feel much better'.

Ms QUIBELL — There are professionals within our community who are articulate, functioning adults in their mainstream life but who may see themselves at some point as having an addiction and who struggle to make that connection. If it is too hard for them, it is doubly, triply hard for a young person to actually come to that point. There are no local facilities, so if we get through that process of getting them to make referrals and they get into a detox facility, it is not local. It is also completely inappropriate and not helpful for them to try detox, properly, in the units because our units have a number of clients and our staff are not trained in drug and alcohol detox.

Imagine you are one out of four young people, and you have made a choice that you want to detox and you do not want to do this again, but you have a bad experience with access with a parent or something else happens out in the community and you have got three other young people in there going, 'Come out, we are going out tonight, we are going to score'. It is the easier option, it is the path of least resistance. Generally young people lack cause-and-effect thinking to start with and if you throw vulnerability into that mix as well, it becomes more complex.

Ms BELL — And with all the electronic mediums, there is no escape from them, whether it is 11 o'clock at night or 2 o'clock in the morning, they can Facebook or Snapchat or use all of these other electronic mediums to source what they want but also to be in contact. We have young kids who will settle for an evening. They will be home, and you will think, 'Fantastic; they are in bed by 1 o'clock — this is so good'. Then at 3 o'clock in the morning the alarms will go off in the unit and there will be a young kid walking out the door. You say, 'Where are you going? What are you doing?'. They say, 'I'm just going to go and catch up with a friend'. They will come back at 6.00 a.m. or 7.00 a.m. heavily substance affected — the access to electronic media has great potential but it also has the capacity to cause a great hindrance.

Mr SOUTHWICK — Can you provide some information around your mentoring programs? I know you have some. Berry Street Gippsland has quite a large program, and that is a strategy for introducing a positive role model into a young person's life.

Ms BELL — We have one that sits within the sorts of services that I have. We have matched all our young people with a volunteer mentor, except of course again it is voluntary for the young person to accept a volunteer. We have matched some and they work great. They take the kids out once or twice a week. They catch up with them. They phone them. We have one young girl currently who accesses her mentor a lot of the time outside of any specific set-up times. She will ring her. She has contacted her mentor to say, 'Everyone in the unit is going out to do this tonight' — which was sexual exploitation and substance misuse — 'and I don't want to do it, but I do not know how to get out of it. Can you ring?'. The mentor rang the unit and said, 'I'm just going to pick up Marg and take her out to the movies for the night'. It has given her an out like that. We provide our mentors with training so that they are aware of the complex needs of our young people in residential care. The mentors also cover our home-based care and kinship care young people as well, but certainly probably the hardest gig that they get is our young people in residential care.

Mr SOUTHWICK — How would you consider expanding a model like that? Obviously you would provide funding, but is that something you would see could have opportunities to support young people in a broader context and also for those that have not quite entered the pathway of spiralling down?

Ms BELL — We have thought about what training we need to provide to mentors to ensure that they have the right skill set to be able to manage the complex children. We do work with them around and train them in self-harming and in minor substance use, but we are just talking about how we expand this. We have only had our mentoring program for about three and a half years now. We have got approximately 45 mentors who do really great work with the young people. In terms of expanding it, we would look at how we do that in terms of the skill set that they would need, such as what training we need to provide them with so that they actually have the emotional capacity to manage as well as the knowledge in terms of skill sets around substance abuse,

self-harm and suicide risk. We need to unpack what an expansion would look like and what expectations we would place on them. We certainly do not want to burn out our mentors by making them so entrenched with the young people that they struggle then to detach from it.

Ms QUIBELL — We also have contracts to run the VicRoads L2P learner driver program which provides mentors for young people who do not have someone at home who can support them to get their 120 hours to get their P-plates. Whilst that mentoring program does not provide the level of training around mental health and drug usage that Marg's mentoring program does, because we have developed that one internally, with the VicRoads one we find out from young people — they report back the relationship they develop with their mentor is far more meaningful for them because of that emotional connection than the fact that they then have been able to go on to get their P-plates. The P-plates almost become secondary to what that relationship means for them. Unfortunately with the VicRoads program that is not a priority of the funder. That relationship stuff was not seen as a priority, so we report on actual numbers of young people getting their Ps. But we would love to see those sort of programs include training for their mentors around the other positive impacts they could have on a young person's life, because those relationships can go far beyond getting their P-plates, for instance.

Ms BELL — They end up outliving the whole care system. The relationship we admire for our mentors and which is probably part of our expectation is that their relationship will outlive the care system. When you turn 18 the care system says, 'Thank goodness', and kind of does a backward run, but a mentor is still going to be there for them. We look at how we can support them to be there longer term. If they have to move on, the impact for our young people is they then go, 'Another person in and out of my life'. That is in comparison to a relationship they may have with a staff member in which they know a staff member is paid. They are quite apt at informing staff they are paid to be there for 8 hours and must do specific tasks during that time, whereas they do not have that kind of antagonistic relationship with a mentor. It certainly has that capacity and is something we will continue to work with them on so that it does grow and thrive, because it is invaluable. That sits alongside our leaving care program, so we are able to watch a child walk through the care system now until they are 21. We still have a couple who come back and they are 24.

Mr SOUTHWICK — One last thing just on this. One of your recommendations might be a refocus on existing programs like the learner-type program to encompass a mental health or holistic type of approach to the people they are mentoring.

Ms QUIBELL — Yes, definitely. Because our young people are difficult to engage in the initial stages, they end up dropping out of a lot of mainstream mentoring programs and volunteer programs, because they are a little bit scary for a lot of community members. But we would say on the evidence that those relationships that go through can engage young people in a broader community life they would not envisage for themselves generally.

We know that things like sport are great capacity builders for young people. We know that if you can get a young guy who might be a builder in the local community to become an L2P mentor — because he wants to give something back to his community but Meals on Wheels and some of those other traditional volunteering activities are a little bit old and out there — then you give him something different to engage his time as a mentor. He then engages the young person. They might start out in a driving program together, but then he might say, 'I play footy for the local club. Why don't you come down and have a look?'. It engages our young people in those things they are often ostracised from because they wear a label, and if we can give them opportunities that take that label off them and they are seen by the community as Timmy, Marg or Mary rather than 'one of those kids', then we have done a great service to those young people.

We would like to think the community does not act in that way, but when we had the fires recently we had to relocate a unit of young people. We tried to relocate them to an accommodation facility and were told by the proprietor they did not want anything to do with our little parolees. That is devastating for us and our staff given that no-one goes to work to be abused and our staff turn up every day and that is what they risk walking into but they continue to do it because they have hope for these kids.

The CHAIR — We have spent a bit of time on the work you have been doing, and there is some great work there. Just as a wrap-up question, unless there is a burning question — I dare not ask because I am sure there is. We have reached the end of the session, but, getting back to what we can do as a committee to help the Shepparton region respond to the prevalence and use of methamphetamines, are there any peculiarities in this region as part of regional Victoria and regional life that are posing particular problems for young people? We understand the work you are doing, but is Shepparton different from anywhere else? You have got Berry Street in Ballarat where I come from, and I am quite aware of the activities down there, but is there anything here that is problematic that is not somewhere else, or is it just a generic country area? We went to Wodonga and they said, 'The young kids are bored. There is nothing to do. There are no cinemas, there is no this, there is no that'.

Ms QUIBELL — I think there is a whole range. There is a lot of generic there around our young people are inherently no different to young people in Ballarat or Gippsland or Bendigo young people. They will have the same complaints about being bored, there is nothing to do, there are no activities for them. You are obviously very well aware that federally and state Shepparton, or the Goulburn Valley, tends to tick all the big boxes for all the wrong reasons at the moment. We are piloting Communities for Children, Better Futures, Local Solutions, a whole range of national initiatives — income management.

It would be simplistic to say those initiatives have shone a spotlight on the vulnerabilities of Shepparton. What they have done in a positive way is they have brought together a whole range of agencies that work in different sectors — police, Primary Care Connect, mental health agencies like Berry Street and other youth agencies — with really I would suggest an invigorated intent towards collaboration and working together. Partnerships are now becoming more than just partnerships on paper between agencies. We are becoming far more sophisticated when opportunities arise to say from a collective impact approach, 'Which are the best agencies to start a service or engage a cohort of young people?' rather than, 'We'll go into competition for it'.

Obviously there is still a level of competition because when you have got large and small agencies there is always that push and pull around sustainability of agencies but agencies and services are now far more willing to come to the table together to discuss these issues. I do not know if you have heard anything from the Lighthouse Foundation — or Rise and Shine, as it has just rebranded itself in Shepparton, which is an initiative that has come out of the Sir Andrew and Lady Fairley Foundation where they have brought together a whole range of philanthropists who were investing upwards of $5 million annually in Shepparton at the time when we became the highlight of all the vulnerabilities, but there was no collaboration. There was no planned approach as to how that money was coming into Shepparton.

They have started a collective impact approach called the Lighthouse Foundation which is based on a premise that education is the best way to move a community forward, and they are now engaging with those other philanthropists to come to the table and actually put their money on the table and say, 'We will engage in this'. There is a large range of opportunities for data collection so that we are evidence based in terms of the delivery and the implementation and development of new services and programs for Shepparton. I think that capacity may be unique in some ways to this area because of those vulnerabilities that have been highlighted that have brought us all to the table far more openly than we probably would have been beforehand.

The CHAIR — It is working, is it?

Ms QUIBELL — I think we are very much in the early stages, and I am by no means being disrespectful but we are sort of hamstrung by short funding periods, which we know is a reality of government.

Mr SCHEFFER — It is not disrespectful. That is what we are here for.

Ms QUIBELL — It is the reality of government — state, federal or local. We know that. Four years or two years of funding to create meaningful change is incredibly difficult. Community development and collective impact theory would say that it would take you 5 to 10 years. It can

take you 18 months to three years purely to get complete buy-in and develop that passion in a group of agencies for common purpose in some ways.

I truly believe the capacity and the potential is definitely there, and the signs are starting to come together with the Committee for Shepparton and the Lighthouse Foundation and a couple of other networks that we definitely sit at the table for. But it is about how do we leverage very limited funds and get longevity out of them so that we can see long-term meaningful change.

The CHAIR — Right. On that note, because that is what we are about as well — we are wanting to create meaningful change in our recommendations — I thank you both very much on behalf of the committee. Your time has been very interesting. Congratulations on the work you do, because I am aware of the work you do locally in our patch, which is very similar, I suggest, to what you are doing here. Thank you both very much.

Ms QUIBELL — Thank you for the opportunity.

The CHAIR — Sandy would love the notes if you are happy to table them as part of your submission.

Ms QUIBELL — Sandy would be lucky to be able to read them.

The CHAIR — I will let you two negotiate that one. I close the public hearing in Shepparton this afternoon. Thank you to those in the gallery for your interest. We appreciate it.

Committee adjourned.