

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 K. Gurney, Managing Lawyer, Goulburn Valley Community Legal Centre.

The CHAIR — Good afternoon. Thank you for making the time available this afternoon.

Ms GURNEY — Thank you very much indeed and thank you for the invitation to speak to you. It is certainly a topic that is of great importance to us in the region at the moment. Methamphetamine is causing a lot of problems.

The CHAIR — We have heard. Ms Gurney, my name is Simon Ramsay and I chair the joint parliamentary Law Reform, Drugs and Crime Prevention Committee. The Parliament has given us a reference in relation to the use and supply of methamphetamines in Victoria, particularly ice. I know you are very familiar with the terms of reference of this inquiry.

I will read you the terms under which you are providing evidence to the committee this afternoon, if you do not mind. Welcome to the 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 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 Australian states and territories. It is important that you note that any comments you make outside the hearing, including effective repetition of what you have said in evidence, may not be afforded such privilege. Have you received and read the guide for witnesses presenting evidence to parliamentary committees?

Ms GURNEY — I have.

The CHAIR — It is also important to note that any action which seeks to impede or hinder a witness or threaten a witness as to 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 you with a proof version of the transcript at the earliest opportunity, so you can correct it as appropriate.

Ms GURNEY — Thank you.

The CHAIR — For the record, you are managing lawyer of the Goulburn Valley Community Legal Centre.

Ms GURNEY — That is correct; the Goulburn Valley Community Legal Centre. The Goulburn Valley Community Legal Centre was established as a pilot project by the Loddon Campaspe Community Legal Centre in Bendigo. We still work under the auspices of the parent body — that is, the Advocacy and Rights Centre in Bendigo, which is the incorporated parent organisation. A lot of this information was put to the committee by my chief executive officer, Mr Peter Noble, and, as you are well aware, we have also made a witness submission. I will not go further into the vagaries of our incorporation and activities, other than to say that we have been operating as a full-time legal centre for approximately 15 months. In the first 12 months of our operation we provided casework and advice to over 1000 clients. We commenced initially with two lawyers, myself and a junior. We have grown with some assistance and the injection of some funds to where we now have three lawyers, and we have a part-time administrative person supporting us.

We provide duty lawyers services to Shepparton, Seymour and Cobram courts, at this point in time. We also conduct a night service one night per week on Tuesday nights. Our clients primarily come from the lower socioeconomic group within the community. We provide advice to anybody who comes to us seeking advice, but if we are moving into casework, those people who have assets or perhaps are eligible for grants of legal aid through Victoria Legal Aid would generally be referred off to private solicitors for that involved casework.

We take a lot of the people who would generally be regarded as perhaps low-level offenders but high and complex needs clients, people who unfortunately suffer from substance addiction issues, mental health, intellectual impairment, homelessness and financial distress. About 26 per cent of the population of Shepparton in the age group 16 to 64 years, the working age, is in receipt of commonwealth benefits. It is a very, very large proportion of the population, and many of our clients are second or third generation unemployed. That is a little bit of the background to where we are at.

On my personal background, you might guess that it has been a little bit varied. I started my working life as a chemist with Glaxo, the drug company. I spent time doing some farming and pastoral work in Western Australia. I came back and worked in the public sector. I obtained a further degree in biology and eventually I studied law. I have worked in criminal law with the Fitzroy Legal Service, I spent quite a bit of time working as the senior lawyer at the Neighbourhood Justice Centre in Collingwood where therapeutic justice is practised and, of course, I have worked in the various Melbourne and suburban courts where various forms of therapeutic justice are practised as well.

Mr Noble has given quite a bit of evidence previously with a detailed background and he described how we fit into the mix. I will be speaking only very briefly today on terms of references 3, 4 and 7, but I would like to spend some time on reference 8. I know that you have already received a lot of information about the problems that are caused, the background of supply and the levels of addiction and the effects of it. I think it is important to spend some time talking about some possible solutions, at least some partial solutions, to what is becoming a horrendous problem in regional Victoria.

It is very, very opportune that I am speaking to you today, because I started my day in court. I had an 18-year-old Indigenous female in court. She had a long-term cannabis habit, but it has now been overtaken by a serious methamphetamine addiction. There have been some psychological reports done in relation to some involvement that she had in the criminal justice system. She has breached conditions of orders that were made. It seemed fairly apparent to me that there was lot more than just a drug addiction — a mental illness problem. I managed to get her into detox. While she was there, I organised for a neuropsychological assessment to be done. Only the first step of that assessment has been done. She was supposed to appear to undergo the second stage of that assessment a few weeks ago. Unfortunately, her level of cognition is so seriously impaired that she went off and partied for a while instead. She is going back to Melbourne tomorrow for that second part of the neuropsychological assessment. She has significant brain damage. The interim report that I have received already indicates the extent of the cognitive deficit that she is now suffering.

One of the issues up here is the lack of suitable facilities for people to undergo detox. It is a bit ironic, having worked in Fitzroy and Collingwood, particularly, that clients up here who have a substance abuse problem have to go to Melbourne, to Collingwood and Fitzroy, in order to get their detox. In fact, two of the major centres, YSAS for youth and Turning Point for adults, are located in Johnston Street around the Smith Street area — not the best place for somebody who is trying to recover from a drug addiction. It goes beyond that. Detox is just a small stage. This girl completed detox, but because of the extent of her addiction it needed to be followed, with intensive rehabilitation. There is a rehab centre up here, Yitawudik, the old Percy Green, which is able to provide some rehabilitation services for adult men. There is nothing up here that provides for young people, nor for women.

Very briefly I would like to tell you about a second client I have been dealing with. It was not an amphetamine addiction; it is one that is almost as bad. It was an alcohol addiction. He is an older gentleman from the Tanami Desert in the Northern Territory who, quite literally, was drinking himself to death. He is a quite courteous man who is very, very steeped in his law and culture, a speaker of a number of languages and pretty well educated. He had worked for a while doing dictionary interpretive work, translating local languages to English. Unfortunately he became involved in transgressions against cultural law that saw him banished from his country. He is on pretty serious payback; if he goes home, they will kill him. He comes from Yuendumu and in fact is part of the Jurrah family. Some of you may have heard about a footballer who has perhaps had some similar problems.

We went to considerable effort to try to organise for him to be arrested using a special warrant issued under the Severe Substance Dependence Treatment Act and to have him assessed at the area mental health requires a psychiatric assessment, even though it is a substance addiction. We had a place for him to go down to, St Vincent's Depaul House, and then to go into long-term rehab out of Mildura in red sand country, where he would feel fairly culturally at home. Unfortunately, it sort of all fell apart. The area mental health people were not all that helpful to us, the arrangements began to break down and we were very fortunate that Primary Care Connect were able to broker a

bed privately with St Vincent's. We sent him down there and with considerable help from our local federal member interventions occurred that saw him transit through Rumbalara aged care after he was discharged from St Vincent's Depaul House before being transported up to Warrana in northern New South Wales, where another Aboriginal rehabilitation service was prepared to take him.

Despite not receiving very much help from area mental health here the court and the police were magnificent. The support agencies that were working with this gentleman were absolutely wonderful and persistent in achieving a result, because he ended up being admitted into Rumbalara aged care and had an ACAS assessment done while he was there. He was then transported to Warrana by the Regional Aboriginal Justice Advisory Committee people, so it worked out extremely well. He is now progressing. He came out of detox looking terrific. Getting him into rehab was just so important. You have to continue the course of treatment — a break and immediately that addiction problem comes back in.

He was heavily medically detoxed. It was quite agonising to watch as he started to go into withdrawal. It got to the stage where we were all so worried about his health that the local police were not locking him up for being drunk to dry him out, because after 4 hours he was already undergoing serious withdrawals, such that his life was actually at risk. That is the extent of the damage that some of these addictions do to people. They are two examples of work that we have done where you could say there has been some therapeutic justice applied.

Our practices and experiences with ice are somewhat limited because essentially we are not a criminal law practice. However, our involvement with the people involved in the lower levels of offending against the criminal law is growing rapidly. Clients have been referred to us from support agencies, from the court and from Victoria Legal Aid because they are not eligible for legal aid funding and in fact their criminality is at that lower level; it is possession of drugs, minor assaults, shop thefts and lower levels of crime that perhaps would not ordinarily see a custodial sentence apply. As I said before, while their offending may be at a relatively low level, their need for legal representation in the form perhaps of a defence is almost non-existent but their complex needs are very pressing indeed. We are finding more and more that methamphetamine is becoming a constant factor in offending, often in conjunction with cannabis and alcohol. We see it not only in the criminal law but also very much in matters of interpersonal relations, family violence and neighbourhood disputes.

Once again I think, Mr Noble, in the course of his evidence went through a lot of this so I am not going to labour it as well. An issue at the moment is that at this point in time there is really no accurate assessment available to us that highlights the extent of the abuse of this or other problem substances in matters that bring people into the CJS. I think the introduction of a therapeutic jurisprudence here in the Goulburn Valley's courts is a way that we can start to achieve this.

Based on my experiences, in particular with the Neighbourhood Justice Centre, which is a wonderfully effective but I admit a very expensive way of implementing a therapeutic jurisprudence, and in places such as the courts integrated services program, the assessment and referral court and some of the other specialist courts that are involved, there has been quite a history of the development of therapeutic justice in our courts. Commencing around 2005 the deputy chief magistrate Bob Kumar introduced diversion programs and the credit bail system at Broadmeadows, which were ways of encouraging people to improve their behaviour and cease offending in order to receive bail, avoid conviction and give them a second chance to stay out of the criminal justice system. As I am sure you know — and all the data shows this — once those low-level offenders become involved within the prison system, their propensity to commit further and bigger crime is significantly raised.

What we have done is put a proposal forward. We are actually conducting a forum here on 26 March — a month away today — to propose the introduction of therapeutic justice in the Goulburn Valley's courts, which would be the integration of health services with the court's processes; it is an advocacy health alliance, if you like. I would suggest that a program similar to CISP — but obviously one that is not so expensive — is pressingly important for our region,

especially because of the incredible growth in the use of methamphetamine, the damage that it is doing to individuals and the harm that it is causing to the community generally.

We are proposing that there be a medico-legal partnership between the selected major provider of counselling services in Shepparton, the courts and the Goulburn Valley Community Legal Centre. We want to ensure the provision of legal assistance in the health-care setting and to guide health and legal institutions on practices into the future. We want a staff and integrated health assessment and case management service at Shepparton Magistrates Court to triage referrals from magistrates, lawyers, prosecutors and court staff, and if possible — if funding is available for it — we would like to introduce a dedicated drug outreach lawyer position at the Goulburn Valley Community Legal Centre to deliver therapeutic legal services to clients and education services to client groups, service providers and staff.

In a nutshell, the process is that an experienced case manager with multidisciplinary skills be appointed by the health-care provider. Primary Care Connect is our largest such service provider in Shepparton at this time and there have been extensive talks with that agency about the proposals being put forward. That person would work regularly at the court. They would have referred to them the most pressing of clients, where underlying issues were reasonably apparent, or those people with complex needs. They would perform many assessments at the court. They would make referral appointments at court at the time. They would advise the legal representative and the registry that those appointments had been made. If necessary, they would go into court and speak to the magistrate about their initial assessment. Rather than the client being pleaded up then and there, and in all probability being released to go and offend again because the underlying issues have not been addressed, the magistrate would adjourn the hearing for four weeks, with the requirement that the person's bail be extended on conditions that they attend and engage with the recommended services and at the end of the month they come back.

If they have engaged semi-voluntarily and are proceeding well, the magistrate might proceed to where there is a disposition that would require ongoing engagement as required by the service provider. If the person is not complying, the magistrate has extensive coercive powers. So there is a carrot and there is a stick. However, the nub of it is those people who have issues that have led them to offend against the community actually receive some treatment to try to deal with those underlying issues and therefore stop their offending. I believe this could be very effective, certainly from my experiences at the NJC. The Auditor-General's report is very positive about the impact that therapeutic justice can have and there is a great deal of literature now available supporting the efficacy of therapeutic justice initiatives.

We want to improve client engagement with the justice system, we want to maximise opportunities for fair and effective legal outcomes and we want to improve client health and wellbeing. Essentially we are members of the community here. We live in a relatively small country area, where people know and care for one another. We want to reduce recidivism, we want to improve public safety and we want to see this overwhelming substance addiction afflicting our community at the moment well and truly dealt with and removed.

I would also like to say that we have had some initial and very positive talks with the legal services board about getting a pilot project up and running. Our proposal meshes very well with 'Reducing the Alcohol and Drug Toll — Victoria's Plan 2013–2017', which is the Department of Health's drug strategy plan. I have been having discussions with people in the Department of Health. At least one of them will be coming to speak at our forum. I was hoping desperately that the Attorney-General would be able to open the forum, but unfortunately Parliament will be sitting so neither the AG nor our very active local member, Jeanette Powell, will be available, so I am still frantically trying to sort out the program of speakers at the present time.

Finally, I would just like to say that therapeutic justice is a key but it is certainly not the whole solution. Last Tuesday night I went to a public forum here in Shepparton. About 140 people attended that forum. It was planned by ChildFIRST, which is a program of family care here in Shepparton, in close conjunction with the Department of Human Services. About 140 people attended. The key speaker at that forum was John Ryan from Anex, a highly entertaining and very informative speaker. He spoke about ice, the issues that it raises, the problems it causes and the

harm that it does — and very effectively. A number of the people who were present that evening had obviously been touched by methamphetamine — family members, friends, whatever — and some of them were quite distressed as they articulated the impact that the drug had had on them, albeit indirectly. At the end of the forum a number of people were saying ‘Where to from here?’, and there was not an answer. A forum like that is a terrific thing but it has not gone anywhere and I suggest we need something that will go somewhere.

Very recently there was quite a bit of publicity in the media about efforts that had been made in Mildura. Mildura has a very similar problem. Like Mildura, we have a large number of Aboriginal people in the population and we know that methamphetamine is getting amongst kids as young as 12 years of age. The Mildura community has a very active primary care partnership and I would think a very active local government. A group of people interested in solving this problem got together under the auspices of the mayor, Glenn Milne, formed a consortium and established a local action plan. All the feedback I have had so far is that local action plan is proving to be very effective.

We have the makings of all of the things that we need but we need more coordination, and in fact I have written to the mayor here today asking her and her council to take a lead role in coordinating the activities of the different areas of our community to try to help deal with this massive problem. I think that is really the rest of the solution. It involves amongst other things the notion of justice reinvestment. I am sure you have heard of smart justice and such phrases. Justice reinvestment says that where there are pockets in the community where socioeconomic levels are particularly low, where the numbers of people who are very vulnerable are particularly high, it is more economically sensible to invest in selective infrastructure and opportunities in those areas than it is to simply rely on enforcement alone.

If police, drug workers and others who are working at the coalface and my colleagues in the legal profession are really honest, when efforts are made individually without coordination and integration, where there is not a cooperation and sharing of information and cross-referrals between those different agencies, the net result loses out on that synergism which can make all the difference. My solution is that it is very much a community problem, that the community needs great leadership and direction to help overcome the community problem in cooperation with its government.

The CHAIR — Ms Gurney, can I just ask how much more you have because you can table that submission without reading it all?

Ms GURNEY — It is a very rough set of notes, I am afraid.

The CHAIR — I am sure our executive will be able to — —

Ms GURNEY — I am happy to leave it but it is a very rough set of notes.

The CHAIR — I am just mindful of the time. The committee would like to have an opportunity to ask you some questions. You raised some interesting issues in your presentation.

Ms GURNEY — Thank you very much. That concludes my presentation.

The CHAIR — I did not want to cut you off.

Ms GURNEY — No, that was literally the presentation.

The CHAIR — Thank you for your submission to the committee. The committee has had an opportunity to read a summary of it and I am sure they will pose some questions out of it as well.

Mr SCHEFFER — I am not quite sure where to go after that. It was very comprehensive and I agree with you. But just to recap for myself, from my scribbles as you were speaking, the first thing I picked up from what you were saying was that we needed some resourcing for treatment after detox.

Ms GURNEY — That is one of the things that we usually need to pick up.

Mr SCHEFFER — And then you went on to talk about the ineligibility of the people you were seeing for legal aid because the offence was not an indictable offence. Is that what you said? Could you expand on that?

Ms GURNEY — They are actually indictable offences. All offences under the Drugs, Poisons and Controlled Substances Act are indictable.

Mr SCHEFFER — Sorry, I misunderstood.

Ms GURNEY — It is the level of penalty that may be applied and the likelihood that imprisonment will follow. They are very much part of the Victoria Legal Aid guidelines for providing funding. Somebody who is found in possession of a drug of dependence, for example, in the absence of any intention to supply, is not going to go to jail. They will receive perhaps in the first instance a diversion and they may receive in the second instance a fairly significant fine.

Mr SCHEFFER — So that makes them ineligible?

Ms GURNEY — Yes, because they are not facing the prospect of jail.

Mr SCHEFFER — Okay. So what needs to change in terms of legislation to improve that?

Ms GURNEY — I do not really believe that the issue is in the legislation. I think rather the issue is in the way these things are dealt with. Courts generally are about getting it over and done with. ‘Not another adjournment, Ms Gurney. Going to plead up today? Let’s get it finished and move on with the next one’, because you are under a lot of pressure to keep the numbers down in the list process. It is about the business of getting it done.

The CHAIR — And defence lawyers are also using the system to prolong cases too. Certainly adjournments of witnesses — —

Ms GURNEY — Defence lawyers can be very difficult, I admit. I guess my approach is not one that currently many defence lawyers are practising or are particularly comfortable with. Their desire is to obtain assessments and reports generally, and rightly, in order to be able to defend or at least mitigate the offences that their client is alleged to have committed. My approach is to try to deal with those underlying issues so that they will not go out and commit them again.

Mr SCHEFFER — Sorry to interrupt you, but just on the point about their access to support to deal with the courts, you were talking about the fact that they could not get access to legal aid.

Ms GURNEY — They will not get a grant of legal aid, where the private solicitors or Victoria Legal Aid lawyers will be prepared to represent them. They will either self-represent, or as is happening more and more frequently, they come to us because we do not rely on grants of legal aid. We operate under a general funding agreement and so we are a free legal service. We do not charge the clients. We operate out of — —

Mr SCHEFFER — Now I am completely confused. What I am asking is what is the problem? What is the solution you recommend?

Mr SOUTHWICK — Why aren’t they getting legal aid? Why don’t they qualify for legal aid?

Ms GURNEY — Simply because the level of offending is not sufficiently great to put them at risk of imprisonment.

Mr SOUTHWICK — Low-level crime?

Ms GURNEY — It is low-level crime.

Mr SCHEFFER — That is right, so could something change in Victoria Legal Aid’s capacity to fund that class of offence?

Ms GURNEY — I am sure that Victoria Legal Aid would be very happy to receive a large injection of funds to do it.

Mr CARROLL — The guidelines have been changed.

Ms GURNEY — The guidelines have been changed because there is only so much money available in the pool, and so they have restricted the availability of grants for many offences.

Mr SCHEFFER — And you are saying that that might well have had some very good thinking behind it, to save money or whatever.

Ms GURNEY — Absolutely. There is only so much money to go around.

Mr SCHEFFER — However, it is now having a consequence that is disadvantaging a group of people.

Mr SOUTHWICK — They are being picked up by this service.

Ms GURNEY — I am suggesting that it goes beyond that. I am suggesting that there is actually a need to think about new ways in which services can be provided to the court that will help to reduce the risk of reoffending, and that first and foremost it is getting that linkage in with the health services to deal with those underlying issues. If we deal with the underlying issues and they are out of the way, there is no longer the basis for ongoing offending. If the drug addiction is sorted and treated, they are no longer going to go out and commit crimes to get the drugs. If their mental health issues are being treated and they are properly medicated, they are no longer going to go out and have paranoia attacks where they commit assaults on people because of their paranoia. That is what I am suggesting.

Mr SOUTHWICK — Continuing on from that, we went to the Dandenong Drug Court in which they had very similar service I think to what you are proposing with a client services team.

Ms GURNEY — That is right.

Mr SOUTHWICK — There was a health provider in amongst that team who was ensuring that they went to their various appointments in the weeks that they were not in court. Is that a similar model that you are proposing?

Ms GURNEY — Yes, but the model that I am proposing is one that is simply less expensive.

Mr SOUTHWICK — Sorry?

Ms GURNEY — It is not as expensive, because if you look at CISP, if you look at the drug court of the assessment and referral court, if you look at the way Melbourne, Dandenong, Sunshine and Morwell particularly operate, they have significant services onsite employed at the court, and that is pretty expensive. What I am trying to do is provide the linkage between all those external agencies that we have here already, that are able to provide services but need to be linked, coordinated and become part of the court process at a fairly insignificant cost when you compare it with some of these other systems.

Mr SOUTHWICK — I see, yes.

Ms GURNEY — Because we recognise that government is pressed, that finances are difficult, but we also recognise that there is a huge need to have people with these problems properly dealt with in the health area so that they will not make recurrent appearances in the criminal area.

Mr SOUTHWICK — That makes sense. Further, you made comment about the Johnston Street precinct and it not being the greatest place for someone to detox. What is the best place for somebody to detox? We have evidence to suggest that having local facilities would be ideal and then we have had contrary evidence to suggest that if somebody has a problem locally, get them out of that area into a place where they are not able to mix with friends who may have a problem or are dealers. What would you suggest would be the, if you like, best place to detox? Then

following from that, in terms of the Johnson Street bigger complex-type scenario, should we be looking at other models per se in Melbourne that have a better environment to provide this sort of detox and rehabilitation?

Ms GURNEY — There are two models of detox facility available. The first is voluntary, and that is the Turning Points, Odyssey House, YSAS — the support and advocacy service for young people. The other is the involuntary, and at this stage the only involuntary facility is the secure section of Depaul House at St Vincent's Hospital. People with really serious substance addiction issues, such that it is a threat to their life, can be mandated, but the process of getting them mandated is extremely difficult. Perhaps one area of legislation that could be looked at and reconsidered is the Severe Substance Dependence Treatment Act 2010, because the process is pretty dashed difficult if you are living in Melbourne where you have got ready access to St Vincent's in particular. It is extraordinarily hard up here, where the availability of a psychiatrist able to make the assessment that is required under that act is pretty much non-existent.

It is quite difficult for me, because I believe quite implicitly in the rights of individuals and yet on the other hand I can see that people with these very severe dependencies are least able to use the opportunity of a voluntary detox and that it being mandated is often the requirement. If I had my dreams fulfilled, it would be to have a facility located in a rural area well away from any of the towns — perhaps down around Murchison might be good — where there could be both voluntary and involuntary, so that there were some secure rooms that would be supervised at night while the detox process was being undertaken. Those sorts of detoxes take about 14 days. The shorter ones are usually five to seven days where they are voluntary and the level of addiction is not so serious. Here a lot of people attempt to detox in the home. They receive some medication, they attend some counselling and they try to detox in the home, but it seems to me that is very difficult when you are not removed from the environment where your substance addiction is being fed.

So detox is the first step, but the other step that is very, very important is the rehabilitation. The rehabilitation can be three to six months, and that requires residential accommodation and supervised programs. Once again, there is a marked absence of them for the central north-east and north-west areas. There is one out of Mildura for Aboriginal people. It is about 100 kilometres out of Mildura. It is actually located just over the border in New South Wales, but it is run by the Mallee District Aboriginal Services and the hospital. There is the Percy Green Memorial Recovery Centre here, which is for Aboriginal men, but for the rest of the community, particularly for young people and women, there is nothing. As I am sure you are aware, the number of women that are being incarcerated over the last 10 years has been growing quite significantly, and the great majority of those women are in prison as a consequence of their abuse of drugs, often because they have been victims of family violence, sexual abuse and other issues, and they use drugs to kill a lot of the pain.

Mr SOUTHWICK — Thank you.

The CHAIR — Mr Carroll, do you have a question?

Mr CARROLL — No, not yet. Thanks, Kaz, for your presentation.

Ms GURNEY — Thank you very much.

Mr CARROLL — We also heard from Primary Care Connect earlier today, who are very supportive about going down the therapeutic justice model and are also wanting to work with the Wodonga Magistrates Court on exactly what you have just been speaking about. We have been down to the Latrobe Valley. We have had a magistrate from the Morwell Magistrates Court in also sing the praises of the CISP program. What I am trying to get a handle on with your background at the Neighbourhood Justice Centre and at Fitzroy Legal Service is that we have CISP, the Koori Court, the Drug Court. There are all sorts of models out there, and some especially appear to be doing good work and economically they seem to stand on their own two feet in terms of payback for the taxpayer. What you are suggesting for Shepparton is that we do not have to roll out an additional CISP, that you could almost have a different sort of model, or in an ideal world would you have an expansion of the CISP program to the Shepparton Magistrates Court?

Ms GURNEY — In an ideal world, CISP would be wonderful here. I have to say that we have had the very first of the Koori courts established here, and very recently Attorney-General Robert Clark opened the first Koori Children's Court up here. That is an area where a therapeutic approach is taken, but the availability of the sorts of services I am speaking about is still extremely restricted in the Koori Court at the present time, because there is not that level of coordination occurring between court processes and suppliers of health services.

We also have, and have had for two or three years, a person who is called a mental health court liaison service person — a mental health nurse — who attends court for part of one day a week, ostensibly to do assessments on site and make some referrals. I do not believe that is actually very effective. One of the problems is that whereas somewhere like Dandenong or Melbourne can easily support dedicated specialist court services, a more general service is required for somewhere like here, where we are dealing with all sorts of different issues. That is why I am promoting the idea of a case manager with multifunctional skills, multidisciplinary skills, able to do those mini-assessments — not detailed assessments, but mini-assessments — across the whole spectrum of underlying issues rather than being a specialist in any one particular area. To me that is going to be much more effective than a specialist. But in an ideal world, if the resources were available, a full-blown version of a CISP would be wonderful here. Realistically I do not see that is going to be possible, at least in the near future, but I think the proposal we are working on the moment has a good chance of demonstrating just how effective it could be.

The CHAIR — All right, we might leave it there.

Ms GURNEY — Thank you very much indeed, and thank you for hearing me out. I am very grateful. Good luck to you with your deliberations and report.

The CHAIR — Thank you for that. Your proposal is on the record, so it will be interesting to see how it pans out in the report.

Witness withdrew.