

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Children Affected by Parental Incarceration

Melbourne—Thursday, 31 March 2022

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WITNESS

Dr Catherine Flynn, Senior Lecturer, Director, Higher Degrees by Research Program, and Deputy Head of Department, Department of Social Work, Monash University.

The CHAIR: Welcome back, everyone. No doubt you know that this is a public hearing of the Legislative Council Legal and Social Issues Committee's Inquiry into Children Affected by Parental Incarceration.

We are very pleased to have with us now Dr Catherine Flynn, who is from the department of social work at Monash University. Thank you so much for joining us this morning, Catherine.

If I could just let you know that all evidence taken is protected by parliamentary privilege. That is provided by our *Constitution Act* but also by the standing orders of the Legislative Council. Therefore any information you provide during this hearing is protected by law. You are protected against any action for what you say during this hearing. However, if you were to repeat the same things outside this space, you may not have the same protection. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

As you can see, we have got a cast of thousands watching and listening to your every word. You will receive a transcript of today's hearing. I would encourage you to have a look at that. Ultimately it will be made public on our website, so please make sure that you have a look at it. Of course this is a public hearing so it is public now as well. We understand you have a short presentation to provide to us. Thank you.

Visual presentation.

Dr FLYNN: I do. Thank you very much, Fiona, and the rest of the committee and people who are here. Hopefully this is all going to work smoothly. You know who I am. I am making my submission today on the basis of my research experience and expertise and, quite specifically, these particular six studies that have been conducted over the past 20 years. I am not going to talk about all of those, but what I will speak about is really based on those. In those particular studies I would estimate the experiences of somewhere in the region of about 500 children have been captured. A couple of things I would say from the outset: there have been fairly consistent findings no matter what the focus of the study was, as well as in the research that has been conducted outside of that, so fairly consistent findings over a long period of time—and I do not mean consistent in a good way—and, importantly, no real change over the past two decades.

I would like to start by saying that for me a key problem in both understanding and responding to the issues faced by children is the absence of data. We cannot plan; we cannot plan services or supports and we cannot develop policy without actually knowing what we are dealing with. So there is no data—well, data is gathered but not in any effective and usable way. So when I say no data is gathered, no usable data is gathered by any adult system with which the parents interact, but it is also true of child-focused systems. As an example, child protective services a number of years ago when we asked them said there was no way of them actually accessing information as to whether or not a child had a parent in prison, despite the fact that having a parent in prison is deemed to be an adverse childhood experience. The workaround proposed was that they would do a search for known prison addresses and that would be how they would identify if a parent was in prison. I was a little perplexed by that. So no real data is gathered, so we rely on estimates, and these are very much ballparks. They are based on a couple of assumptions. The first assumption—and these are research-based assumptions—is that somewhere in the region of 50 per cent of people in prison are parents and those people have somewhere around two children. So you end up then with this ballpark figure, but that is on any given day. The ability to talk about it on an annual basis—I have never quite managed yet to work out how to do that. So there is no annual data.

We have no government department who leads our thinking and, I guess, response to that, despite many government departments being involved. We have the Department of Justice and Community Safety, the Department of Families, Fairness and Housing and the Department of Education and Training, but nobody takes the lead. Importantly, I think, too, there have been bodies instituted, like the Victorian Children's Council and the Children's Services Coordination Board, but despite those bodies being in place to give advice to government or to bring together key decision-makers, nothing has actually happened. We have had a number of attempts to make presentations, particularly to the children's services board, and nothing has ever eventuated,

despite trying to actually have a voice and to raise issues—so no action, unfortunately, again despite a lot of good knowledge and a lot of advocacy.

In terms of consequences for children there are short and longer term consequences. Situations change really quickly for children—sometimes traumatically, particularly at arrest and at sentencing. Some of our research certainly points to the fact that arrest can be particularly heavy handed and at this current point in time is certainly not child sensitive in any way. Because no adult systems actually ask about children, children's safety or even their whereabouts are not guaranteed. You have probably already heard over the last couple of days about some of the things that might happen to children. I am aware of a young girl—I think she was 13 or 14—who was left in a car. Her mother went to a parole appointment and was arrested at the parole appointment, and the kid was left in the car. I certainly know of another young woman who was left at home for a number of weeks, because her mum was arrested, until somebody managed to go and say—I think she was 15—'You can't stay here on your own'. I have also heard of small children being left with solicitors at court. So despite the fact that the state is removing the parent, it takes no responsibility for the care or whereabouts of any dependent children.

That is not to say that there are no good practices. That was one of the things that was really heartening in the research that we did—that there are good practices. There are individual people who are practising well, but it is in no way organised or predictable. The good practices happen in an ad hoc and very individualised way and often because of those particular staff members' own life experiences. So it might be that if somebody has children themselves, they are more likely to ask about children at arrest or ask about children at other key points or even just to notice if there are children's toys around, but without guidelines people who do not have that set of experiences will not ask.

The other thing that seemed to work, as well, was about pre-existing relationships and knowledge of families. So we heard of some good practices in regional and rural areas, because they would know families. We certainly had a case where one police officer said, 'Look, I have to go and arrest Mum and Dad and there's a small baby, so what I am going to do is bring Dad down to the station. I will leave the baby home with Mum, and then I'll take Dad home and I'll bring Mum here'. All of the work that went into that was very thoughtful and centred the child, but again, none of that is predictable; that happened because of one person. So in the short term things are definitely not predictable. In the medium term I think the key things that are very evident to me are that children very typically have quite disrupted care and changes in accommodation and then changes in schooling.

In the research that we did where we looked at primary carers irrespective of gender we found that somewhere in the region of two-thirds of children moved home. I often say to people, 'Think about how traumatic moving home is when you don't even have the other traumas that go along with that', even when kids only move a short distance. I remember a 10-year-old kid talking about moving next door and how everything changed—all of the patterns changed—and the difficult interactions. He talked about this one interaction, which really sat with me, about opening some bread to make toast and not taking the end of the bread and being told that he should be grateful and he should be eating the end of the bread. This is a little kid, right? People go, 'Oh, well, you just moved next door and you know the people', but it was such an emotional thing for him. So there is lots of movement, and there is no guaranteed structural support for those children when they move. Nobody has oversight of where they are or where they go, and there are no specialised services or supports.

We have really fantastic services. Certainly I am very aware of and work with people from Shine for Kids and VACRO. Families often struggle to connect with services. Families bring a degree of shame, and the ability to ask for help is a tough gig. So the not-for-profits who carry the work in this sector have to go and find families, and they do that very well, but we also know that they reach a very small proportion of families. So support for children is not guaranteed, and we certainly know that children do experience ongoing grief and certainly some fairly significant mental health problems. We did some research over COVID about families' experiences of visiting, and the most consistent thing that carers reported with children was problems with mental health—real problems around anxiety and depression, and these are little children. So there are problems with no structure and support.

Then in the longer term there has been some pretty clear evidence just about that multiple and sustained disadvantage that families experience, which I think is a result of sustained inattention. I do not know why it is

easy for government to just ignore such a significant group of children and families that just have compounding problems.

The CHAIR: Don't count them; don't see them.

Dr FLYNN: Don't count them; don't see them.

I wanted to just make a brief comment about consequences for families as well, mostly because some of our earlier research suggested that one of the best ways to support children was by supporting carers. We do know that most children are cared for informally and invisibly by their families. The costs are borne by those families, with very limited supports. Again, people often do not seek help, and often those families are already carrying pre-existing burdens, and then there is something additional that adds to that. We do also know that there can be problems within families and then family contact becomes more and more complicated. But just as a brief example, we did a bit of a deep dive into a group of grandparents looking after their children, and what we found was—and I think this is pretty consistent—that around one third of children are cared for by grandparents if there is a parent in prison. What we found was that was true but often it was grandparents who were the crisis placement: 'Someone has been arrested, remanded, placed into custody—who can we ring?'. Grandparents are often the first people. But what we saw then was that often those placements were not able to be sustained, just because of the additional needs of children and the crisis, and so they were the children who often moved.

The other thing that became really clear to us was the additional costs that families carried, the standard child-rearing costs. We did little bit of looking at numbers and worked out that most of our grandparents were looking after kids who were around about eight for around about 18 months. It worked out as a cost—these are very estimated—of around \$20 000 additional direct cost to families. It did seem that families on lower incomes were able to access some services and some benefits, but families in that middle bracket really got nothing.

There are also additional costs that come with the criminal justice system—visiting, travel, sometimes money for the person in prison, as well as support services for the children themselves. And then there were the really hidden costs for carers. People talked about having to go part-time, having to leave their job, having to take jobs with reduced pay and having to move house to care for children. For a lot of people there were things like, 'Well, we've got plans', and now things like retirement have been completely put on the back burner. So the thing that worries me about all of this is that those costs are incredibly widespread. They are substantial. I do not know anyone who could just take a \$20 000 hit and say that is okay. And those costs are not alleviated or shared, and they are absolutely hidden. I am always surprised but I should not be surprised that when I talk about this, people kind of go, 'Oh, I hadn't thought about that'. So the fact that we do not talk about it and we do not think about it, I think, is part of the compounding problem.

So I really wanted to highlight some of the processes at the moment. There are a number of key crisis points that happen during a parent's journey through the criminal justice system, as you can see here, with really no formal attention paid to children at any of those stages. That real lack of formal protocol and guidelines and subsequent limited interagency communication really means that any sort of responsibility for children is not coordinated, is not placed with anybody. So again we get back to children not being recognised or seen along the way.

There are some good examples from other jurisdictions where things happen. Just a couple of examples—I am mindful of not talking too much: New South Wales is a reasonable example. In Victoria we do not have particular guidelines for police at arrest, unless children are abandoned or parents are incapacitated. Someone might make a judgement that a person being arrested means they are incapacitated, but that requires a professional judgement. In New South Wales at least police are given guidelines that they need to make all reasonable efforts to locate a carer, and there are really specific, stepped out guidelines to ensure that child has food and water. Do they need medical attention? We do not have any of that in Victoria. It does seem astounding. The US has a couple of really interesting programs in different states: one, they have social workers who are co-located, who then go out to arrests. There is an interesting group in the US called the International Association of Chiefs of Police. They are an American group, but they have done some really interesting work over the last few years putting up a model policy—putting out some guidelines, which would say: 'Here's how you train your officers. Here's what you should do to ensure that arrest is child sensitive'. They got some

funding for that, so now they have actually got video training for police officers. So even something like that—if you are going to do this, how do you do it in a way that is not further traumatising? Because there is certainly some evidence that would suggest that experience is taken forward by children. In a couple of other jurisdictions, like Sweden, police just are required to ask about children and then to act on that. Again, bail and remand and even sentencing—children are not required to be considered there. The idea that hardship needs to be exceptional if we are talking about sentencing—what is exceptional? And losing your parent is not deemed to be exceptional, unfortunately.

There have been some interesting programs in the past. VACRO provided the Family Links program down at Geelong for three years. The evaluation of that was good in terms of being able to, at a point of crisis, hear from people. And my understanding of that program was it was very much about referring people: ‘What’s going on? What do you need? Where can we put you? What can we link you with?’. And again, despite the—

The CHAIR: A sort of navigator program.

Dr FLYNN: Yes, but at that point of crisis. And I think there is, again not just about this particular process, some really good evidence across a bunch of areas that at a time of crisis can be a really fruitful time to sort of engage with people and to assist them to navigate and to access other resources. So despite the fact that that program had a really strong evaluation, it was not funded beyond the three years, and we do not have anything like that.

There are some other really interesting programs. There has been a program just in the last maybe three or four months in Oxfordshire in England, which is a bit like a program running in Northern Ireland as well, where they use data, so: ‘You come to prison. We know you’re here. We’re going to use that data to locate your family and do a welfare check. Are you okay? Do you need anything?’. And they have linked in with a not-for-profit in that area. So that idea of a first night check-in seems like a really good idea, because again we know that sometimes people can end up in prison and weeks can go by before they see their families.

In the much bigger picture, the idea of rethinking sentencing, and rethinking the sentencing of parents, should be on the cards, undoubtedly. Again there are some really good and innovative programs in Washington state that have been now running for a number of years. One is a little bit like home detention, the other is just a community sentence, where they have people allocated to work with families and with the parent. That seems like a really important thing for us to be investigating, I would think. And again we have really great programs that run during imprisonment, but again very ad hoc, very driven by, you know, what people can do. We have transport programs, we have got parenting programs, but if you only provide those things in this very captured space, there is no sense of, ‘Well, how do you help people then to return home safely? How do you maintain some sort of consistency for families?’. And the really difficult thing is that family services are often programs that run short term—something will run for a year, something will run for three years or something—and there is very little evaluation of programs, or if things are evaluated, it does not seem to matter and they do not run anyway. They are not on people’s political agenda, which is why it is a very great thing that this inquiry is happening.

I have a couple of things that I would like to suggest as priorities and really around those key points as parents move through that system. Clearly there are bigger picture issues about sentencing that I have not commented on, but it is about really gathering data, both in terms of parents in prison and children who end up in the care system, ensuring when we arrest people that there are child-sensitive processes in place, that police officers are adequately trained and that there are guidelines in place so that if there is a concern—‘Yes, we’ve arrested somebody, we’ve done it in a child-sensitive way; we still now have a child to deal with; what are we going to do with that child?—there is something in place to respond to those children, and again I think at sentencing.

A number of things have been brought into sentencing guidelines and practices over the last few years to think about in terms of people’s overall health and wellbeing. Their role as a parent seems not a million miles away from that. And a way again, at a point of crisis, of being able to refer people—the importance of providing services at that court time—seems very sensible. And I think for me overall the system needs to bring a much more child-aware, family-focused approach. You know, people go to prison. I am not going to make a comment about the right or wrong of that, but most of those people have families. A lot of them have children, and they are not individuals. We need to think about people as part of that wider system. So that is me in terms of presentations. I can get rid of that, if that helps you. It will go anyway.

The CHAIR: However you like. It is a good reminder.

Ms BURNETT-WAKE: They answered a lot of my questions, those recommendations.

Mr BARTON: Have you got a copy of all those slides?

Dr FLYNN: I believe that I sent them to Lilian.

The CHAIR: I think they are on your computer, aren't they?

Dr FLYNN: Yes.

The CHAIR: Thank you very much, Catherine.

Dr FLYNN: My pleasure.

The CHAIR: That was great, and I think it just builds on the information that we have heard, and it continues to build. I think the informality of the care for these children is quite stunning. You know, in systems when we look at out-of-home care and where we think that someone has eyeballs on our children, that we just assume that there is that—

Looking at, I guess, a scenario where a father is imprisoned, leaving a mother to be the primary caregiver, if that person was to try and access services, are there services available to her? Are there supports available to her? I am not thinking about sort of going to visit the prison but that day-to-day living.

Dr FLYNN: Well, there are generalist services, universal services, that anybody can access, but my understanding of the evidence is that most—'most' is probably not right—families find it difficult to access universal services if you go and you have to explain to somebody why you need something.

The CHAIR: And no-one wants to say that.

Dr FLYNN: And that is the barrier: 'I'm very sorry, I'm here because my husband did A, B and C and is in prison'. I mean, I think it is pretty understood that asking for help is really difficult for most people, and then you add a layer of shame and stigma that goes with that, because we all know that, you know, when one person commits a particular act their entire family, and particularly their children, are then labelled with that. And I think the difficulty is that people do not access universal services, and then the services that are available are few and far between. They might run for 12 months, and that is great, but then they are not available after that, so that sort of consistency and support for people is very hit and miss. I think people just in the end go, 'I'll look after myself'.

The CHAIR: Yes. And when something like a sister might take on the care, I assume that there would be formal arrangements and they could look at a kinship care program, but it is not compulsory for them to do that.

Dr FLYNN: No. Those things are few and far between. I think they happen more when there would be child protection matters raised. Perhaps there has been a report made by the school, and then there would be something kind of formalised. I have certainly seen quite a lot of young women, like teenagers, looking after little children.

The CHAIR: I thought also with the children who have been taken into out-of-home care, when we have looked at this issue previously quite often there is an order in that process for visitation rights, and it is formalised in those processes. Am I hearing that that is not formalised if the parent is in prison, so there is no formal requirement for access?

Dr FLYNN: Are you asking for children who are in out-of-home care?

The CHAIR: Yes.

Dr FLYNN: I have certainly known of children who are in out-of-home care where there are formalised arrangements to see the parent in prison. I think sometimes how that plays out can often be quite driven by practical resource issues, but certainly children are taken to see parents in prison. And again, I think in most instances that is a good thing. In some instances it may not be in the interests of the child.

The CHAIR: Of the child. Of course. The answers are not up there. Do you think we need legislative change to ensure this duty of care?

Dr FLYNN: I do, because I think at the moment there is an absolute lack of governance and there is an absolute lack of oversight. I think it became really clear in the work that we did that it was really easy for people to step back because they are big systems—‘Well, that’s not our responsibility’. Everyone seems to handball responsibility, and it just keeps moving around. Where does it land? It does not land anywhere. There have been a couple of instances over the last couple of years in the media—not in Victoria. I am certainly aware of where arrests were not done in a child-sensitive way and children were left in unsafe circumstances and to great tragedy, and I think we should really be learning from those things. You know, I do not think systems can just operate singularly without actually going, ‘All of these things connect up’.

The CHAIR: I am just trying to imagine what that legislation looks like, because I can see police guidelines being implemented—well, I can see how that could be implemented; whether it would be—but I am trying to imagine what that legislative change would look like that ensures that duty of care. And whose duty of care is it? Does it fall with corrections or the justice department, or should it fall with child protection?

Dr FLYNN: That is the difficulty, isn’t it? And I really wish I knew the answer to that. I am not fully convinced that it should sit with child protection, because it feels like that is a lot of net-widening unnecessarily, when really people do not need—

The CHAIR: They do not need protection, do they?

Dr FLYNN: They do not need to be surveilled; they need to be supported—and that is the difficulty. And that is part of the problem, because it does not sit neatly, and I think that is part of why it is easier for people to not step into that role.

The CHAIR: Yes. Just quickly, because I do not want to hog the time, we heard from Professor Loucks—

Dr FLYNN: Nancy Loucks?

The CHAIR: yes, Nancy Loucks—this morning, and she spoke about how in Scotland they have now got sort of child protection officers or a child protection policy or something. The prisons have that.

Dr FLYNN: Okay. Look, I am not fully across those developments, but for a number of years they had had—and I cannot remember the exact title—family-focused workers in prisons, and that had been a feature of that system for a long time. The Scottish system is very different to here. Even, for example, if you look at the probation service, all of the probation workers are social workers, so it has a much more welfare-oriented approach as opposed to the very law-and-order approach that we have here. I think that system has a different orientation that is historical. There are some really great elements of that, absolutely.

The CHAIR: I think I asked her a question about how you get child protection and corrections to communicate—do we need legislation?—and she said they actually have prison policies now, and that children are included in those policies. I am guessing from your answer—just from your face even—that we do not have that here.

Dr FLYNN: No. I mean, it does go back to the data-gathering issue. I have heard innumerable times why data is not gathered correctly, and I am told there are antiquated systems. So, as an example, people are asked when they go to prison, ‘Do you have children?’. People are asked that.

The CHAIR: Oh, okay.

Dr FLYNN: They are.

Mr BARTON: Is it when we are putting them in prison?

Dr FLYNN: Yes. But it is also not recorded in any way that means anybody can do anything with it.

The CHAIR: It is just a way of making conversation.

Dr FLYNN: They are asked, ‘Do you have children?’, ‘Do you have legal custody?’—and there is a third question. But the people asking the question do not actually understand the question. So the sorts of answers you can get if you are asked if you have legal custody—people might say, ‘Well, I see my child on a weekend. That’s legal custody’ and tick the box. Once a prison officer told me that they asked somebody—it was a father coming to prison—‘Do you have children?’, ‘Yes’, ‘Who’s caring for them?’, and the answer that this officer wrote into the free-text box was ‘Mothers x 3’. I said, ‘I don’t really understand that’, and he said, ‘Well, he had lots of children. There were three different mothers, and the three different mothers were looking after those children’. Imagine then trying to access that data to make sense of: where are the children? It is impossible. And so there are years of data—I can guarantee years of data—that is not usable. Nobody can tell you what it means. We gave very clear recommendations about ways to ask that question that would be then able to be comprehended and understood by people, but that did not gain any traction, unfortunately.

The CHAIR: Cathrine Burnett-Wake.

Ms BURNETT-WAKE: Thank you, Dr Flynn. When you were speaking earlier, you spoke about a need for a lead department, and then up on your recommendations there were two up there—the department of corrections and, what was the second one? The department of—

Dr FLYNN: Families, Fairness and Housing.

Ms BURNETT-WAKE: Yes. Is there one over the other that you think would be a better lead agency for the data collection?

Dr FLYNN: Look, I think there are different needs for data for both of those systems. If we are talking about Families, Fairness and Housing, we are really talking about: how do you understand that group of children in out-of-home care? In terms of parents in prison and then the children who are associated with that, that is definitely the department of justice.

Ms BURNETT-WAKE: Okay. There we go. Thank you.

Dr FLYNN: They are almost two—

Ms BURNETT-WAKE: Two different datasets.

Dr FLYNN: Yes. They intersect at some place, but I think you cannot do one without the other, and the second one is clearly a much smaller, more specialised issue. The bigger picture of, ‘Who are we actually talking about here and where are they and what are their needs?’, definitely sits with corrections.

Ms BURNETT-WAKE: So let us say in an ideal world we get this data and we have a lead agency that has the data, who should have access to it, and what about an opt-in and then opt-out system? Have you given some thought to that?

Dr FLYNN: No, I have not, because I think I have spent a lot of time just trying to work out: why are we not gathering the right information? And there is a lot of argument that people will not answer honestly at arrest or sentencing or being brought into prison. I am just a bit of a believer that if we say words like, ‘We want to support vulnerable children and families and we want no child to be left behind’, and all of those nice statements, then we actually need to be actively looking for these children and these families to offer support. I think it will be really interesting. Presumably the Oxfordshire program will have some evaluation. They have a similar system to us in that it is not welfare oriented, social work driven. So to have that assertive outreach, if you want to call it that, to people based on: they have had access to that data, that is an interesting use of the data, so that as a service they can say, ‘You’re in prison. We’ll go to your family’. To see how families respond to that, my sense is that it would depend on how that was presented to people.

The CHAIR: And here you would want it to be culturally appropriate and—

Dr FLYNN: All of those things, because you could imagine it going very badly.

The CHAIR: Yes.

Ms BURNETT-WAKE: Yes. Get the data—great—but then how do we manage that data? I think thinking needs to go into that.

Dr FLYNN: Completely.

Ms BURNETT-WAKE: I was just interested.

Dr FLYNN: And I think for me, there are definitely more than two but at least two different purposes for data. One is to go, ‘Well, if we’ve got 50 per cent of people in prison who are parents, what is our obligation to support that to ensure that, as part of that, people, everyone, goes home well—99 per cent of people return to the community, how do we ensure that people are well connected?’. So unless you know that, how do you do that. Or if you say, ‘Well, we know this number of people have children. This is the sort of care arrangements we are in’, then we can plan for that. Even if you as a service do not have access to that specific data at that higher level, we go, ‘Well, okay. In these regions across the state we know this is the issue. How do we actually bring that to our planning and service delivery?’. Because there is a lot of talk about a lot of money going to programs, but they are very universal, and I can guarantee that will miss a whole bunch of people. So I absolutely take your point about access and privacy, but I think one is about planning and just naming the issue and the other would be: would there be a reason for our service to know in their area if someone was in prison so they could actively outreach to the family? I think that would need to be thought through very carefully. Yes, totally.

Ms BURNETT-WAKE: Thank you.

The CHAIR: Rod.

Mr BARTON: No, I have got no questions.

Dr FLYNN: I have answered them all.

Ms BURNETT-WAKE: It was very, very thorough. Thank you.

Mr BARTON: Thanks, Catherine. I really appreciate this. The Chair raised the issue of duty of care. I call it the chain of responsibility.

Dr FLYNN: Totally. Public transport thought. It is true.

Mr BARTON: It is. We all have our hands on this chain. It goes all the way from the government through all of our providers. I noticed the slide you had—it looked like the chain of responsibility. So what we have got to do is make people responsible, make government departments responsible and hold them to account.

Dr FLYNN: Look, that is one of the great difficulties, I think. I just go: they are kids and families. They are everybody’s responsibility, right? We all live in the community. We cannot just go, ‘That’s not my problem’. But I think some of it is about—I do repeat myself a lot; I feel like I have been saying the same things for a long time in different ways to different people and in different places—having the opportunity. I am really grateful that the committee has taken up this issue because I think it has been a really long time, and I am sure you have heard that and will continue to hear that from people.

Mr BARTON: Well, Catherine, you are speaking for a lot of young kids.

Dr FLYNN: And there are a number of kids who particularly sit with me. I think if I can say something that creates even some very minor change, then I will feel I have done my job well.

Mr BARTON: Yes. A lot of the people have spoken here talked about shame and stigma.

Dr FLYNN: Completely.

Mr BARTON: Can you tell us a little bit more about those things?

Dr FLYNN: Look, I think for children the weight of that is really hard to capture. I think it really lands with children and families very differently. I think of kids who have said to me things like, ‘Oh, I just told people that Mum’s gone on a holiday because I know what happened last time. I can’t tell them that’. So kids just carry

this responsibility: 'I can't tell people. I can't talk to my friends'. It just seems incredibly unreasonable that we are putting all of that on children who are ultimately going to be adults in the community. We want them to be in good shape. We want them to feel held and cared for, not to have some awful weight. We are incredibly judgemental as a community, I think, and that is part of it. You cannot legislate for those things. Some of my job I think is to keep talking about these things, to keep saying, 'They're families like you and me, they're kids'.

The CHAIR: Yes, but I do not think even the cruel—well, not the cruel I suppose—the vast majority of the community would ever think that that shame should be borne by the child.

Mr BARTON: Never.

The CHAIR: Yet it is.

Dr FLYNN: Yet it is.

The CHAIR: Yet it is. This is about the children.

Dr FLYNN: I just suddenly thought of a young man who I spoke to whose mum did a reasonably long stint in prison, and this kid couch surfed I think for like 18 months or something before he landed somewhere. People would ask, 'Where's your mum? Where's your mum?'. He made up some name, and I cannot remember whether he just called it 'Dame Phyllis' or something, but he pretended it was a hospital—and this idea that if you actually told people no-one was going to help you. And he was also very clear that he did not want that. He did not want the shame of it. He did not want to be held responsible for that. I just think of young people who are really struggling to work out—little kids are a whole other thing, but young people are trying to work out who they are and where they fit into the world, and to have that responsibility put on them is very unfair.

Mr BARTON: It is funny how families react and all that. I remember going to visit my sister. It may be my memory, I do not know. But I only went with my dad; my mum never went. That is my memory. And whether Mum was ashamed—

Dr FLYNN: Yes. I think that it flows through to people, to all members of families. I think as a community we are very judgemental. People love a crime story or something and forget that there are real human people involved in that, there are children involved in that. I think whenever there are those big headline stories about something titillating that has happened or something awful, my first thought always is to go, 'My God, there are children somewhere in all of that that are going to have to front up at school at some point and know that they're not going to be protected from that'. So I just think we have a responsibility, all of us, to work with that. And for me at the moment—it goes back to something you said before, Fiona—there are just no eyes on this. It does not need to be heavy handed, but—

Mr BARTON: But why is that, Catherine? There has clearly been an enormous amount of work done. Shine have been around for as long as they have and have done marvellous, wonderful stuff. But we have not been able to kick that bloody door open and get governments to do things.

Dr FLYNN: I think, like I said before—I repeat myself a lot; different people, different times—sometimes it is just about opportunity. I do not know why it has been ignored for a long time, but I think I am just taking heart from the fact that at this point we have an inquiry.

Mr BARTON: They are going to hear us, Catherine.

Dr FLYNN: A government response is required, and that is a starting point.

The CHAIR: It is interesting. We have gone from a homelessness inquiry, where we could see the absolute impacts of homelessness and the justice system.

Dr FLYNN: Yes, completely.

The CHAIR: We then went to look at the justice system, and we could see the impact of intergenerational effects, and again housing, and now we are drilling down into this really fine inquiry that hopefully we can—

Dr FLYNN: And all of those things are absolutely connected.

The CHAIR: They are all connected, that is right.

Dr FLYNN: All of those things, yes. So sometimes it is about being able to say things in the right time.

The CHAIR: So the figures that Shine provided for us—we would be looking at possibly 7000 children in Victoria.

Dr FLYNN: On any given day. Today there will be 7000 kids.

The CHAIR: I guess we will probably be leaning on you and Shine, but I think it is so important for this committee to get those voices of those children, and you have articulated their stories. Logistically I do not know how the committee can hear directly from those kids, but—

Dr FLYNN: It is very difficult.

The CHAIR: it is so important. So anything that you can all do to help us have that voice certainly throughout our report will be really important. Thank you for taking notes in the back. It will be really important. I kept thinking, you know: do we have 7000 kids with asthma in Victoria? I was trying to think of an analogy—

Dr FLYNN: Comparable.

The CHAIR: And comparable.

Dr FLYNN: Well, the 43 000 sits with me as comparable to children in out-of-home care. There is a system and a support service—a system that is built around those children. I mean, there is crossover with this group undoubtedly, but when you think about a comparably sized group—I am not at all suggesting that out-of-home care is a fabulous system, but there is a system, there is a structure, there is guidance, there are requirements.

The CHAIR: There is funding.

Dr FLYNN: There is funding.

Mr BARTON: There is something.

Dr FLYNN: There is something. Whereas this is very much, you know, people just kind of making do on their own.

The CHAIR: Cathrine, did you have anything?

Ms BURNETT-WAKE: No. Thank you, Dr Flynn.

Dr FLYNN: No, thank you for your time. I am incredibly grateful.

The CHAIR: We are incredibly grateful for your work. We are in the early days of this inquiry, so I know that I and my colleagues have got a lot more reading to do—

Ms BURNETT-WAKE: Thinking.

The CHAIR: And thinking. Yes, certainly, thank you. You have really provided us with some very good direction into where we should be going.

Dr FLYNN: Well, I am, again, very grateful for the opportunity. Look, I am very happy if people have further questions. I will be making a written submission as well. I certainly have plenty of materials if there are particular things that you want to read or want to get your hands on. That is something I can do.

Witness withdrew.