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### **THE LEGISLATIVE SELECT COMMITTEE ON TASMANIAN CHILD AND FAMILY CENTRES MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE, HOBART ON MONDAY 14 AUGUST 2017.**

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**Ms GAIL EATON-BRIGGS**, ASSISTANT DEPUTY SECRETARY, CHILDREN AND YOUTH SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

**CHAIR** (Mr Willie) - Welcome. I invite you to make a verbal submission to the committee.

**Ms EATON-BRIGGS** - I am here today representing the Department of Health and Human Services. The submission that was put forward previously was about the components within DHHS and also THS, which use the child and family services. That included the Child Health and Parenting Service - CHaPS; the Child Safety Service, formerly known as Child Protection; and also the Family Violence Counselling and Support Service, and the Community Youth Justice programs.

**Mr VALENTINE** - Are you referring to the original government submission?

**Ms EATON-BRIGGS** - I am referring to this submission that came to you, I believe, from the Department of Health and Human Services.

**Mr VALENTINE** - I've been searching for that and I cannot find anything. I only have the government submission.

**Ms EATON-BRIGGS** - This is the one that was sent to me from the Department of Education. This was attached to an email to me when I was asked to come along today. It's an internal document.

My role is Assistant Deputy Secretary with Children and Youth Services. I also have the Child Safety Services portfolio and work very closely with the Family Violence Counselling and Support Service. In my role as Assistant Deputy Secretary I have visibility of what happens in the Community Youth Justice Program. The Child Health and Parenting Service was part of Children and Youth Services until December last year, when it was transferred to the THS. However, the CHaPS nurses still have a strong relationship with the staff within Children and Youth Services.

We have an operational requirement to use the child and family centres for a couple of aspects. The child and family centres provide a really lovely, safe environment for parents to have supervised contact. The children may be on orders, for example, or there may be a visitation that involves supervised access and maybe families reunifying. That can be done with the safety of a child and family centre really well.

The CHaPS nurses are often located within the child and family centres in a room where the community can access these services very easily. The family violence program runs a child counselling program, so the child and family centres are also a lovely, safe environment for that contact to be held.

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Sometimes our young people on community orders will work providing basic services in a child and family centre, such as cooking food or doing a bit of gardening as part of their community orders program.

We have the Strong Families, Safe Kids program, which is the reform for child protection services. That has an increased focus on trying to keep families out of the statutory system. We see the child and family centres as being a really appropriate way for communities to engage to be in a visible forum.

**CHAIR** - I will hand it over to questions.

**Ms FORREST** - We have heard a lot of similar comments from people around the state. It seems to me that every family and child centre is a little different and offers services that community needs, as opposed to the same thing everywhere. When areas have been identified to have particular need - and of course I know the north-west coast best and other members can relate to theirs. There is not a lot; there is one in Queenstown and one in Burnie. We know that Wynyard, Circular Head and other areas have significant levels of family violence. The work Big hART has been doing there, with Project O girls, is focusing on this - but that is a different thing.

How do you see the future of family and child centres, and do we need more in these areas to meet some of the needs in the areas you have oversight of?

**Ms EATON** - Yes. In the south, some of the support workers I have spoken to recently have give me a little bit of a wish list around specific locations for other services. They would love a centre at Kingston, New Town, Moonah, Glenorchy, Rosny and Sorell. That is just from the southern staff. If I asked that same question to the northern staff and the north-west, it would be exactly the same response: they would give me specific areas. That is because the child and family centres provide that terrific, safe environment in order to be able to handle access visits or contact visits. You have your professional staff there from the Department of Education. You have some community volunteers and then you have our children and our support workers or child safety officers there as well. It is a good combination.

In answer to your question, yes, it is a terrific environment and we would like to see more.

**Ms FORREST** - From what we heard, particularly in your area where you are doing supervised access and things like that, what seems to be more challenging in some parts than others perhaps is the sharing of information.

**Ms EATON** - Yes.

**Ms FORREST** - You are doing an integrated service that enables a family to access a range of services under the one umbrella. How have you found that? Has that been a challenge and do we need to address that?

**Ms EATON** - We are doing some work at the moment with the Department of Education around an MOU between our organisations. The sharing of information is one area we need to get right. It is the area that our staff bring up more than anything, to be honest. The sorts of things we are talking about as a way forward is some kind of a system where you would sit down perhaps with a parent and the staff member from the child and family centre and one of our staff members to start with, and have the conversation together about the information on the family

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situation and the child. Then you have it coming from the parent; you do not have difficulties around confidentiality.

We have not finalised that agreement yet but there is some very active work and some good discussion going to nail what that will look like.

**CHAIR** - On that, how do you prevent duplication in that process? As you update the information, you have two channels.

**Ms EATON** - Sorry, I do not quite understand.

**CHAIR** - If you have a DHHS staff member and a Department of Education staff member there at the initial meeting and as you update that data, it is going through two channels and so there is duplication.

**Ms EATON** - Yes, that is true. We would have to put in some business rules and working arrangements around that. I do not quite know how you stop that duplication occurring but all I can say is, the sharing of information is absolutely necessary for the safety of the child and the family and the workers who are there. There will need to be good communication between the Department of Education staff and our staff, and a continued commitment when things change to make each party aware of it. We have not nailed exactly what that needs to look like but we are working on it because we know that is an issue.

**Ms FORREST** - Is the information regarding the MOU that is being developed electronically stored information?

**Ms EATON** - No, it is not, it is about that simple information when a family comes into the service with one of our workers. If they are a family that is known to us, we need to make sure everybody is aware of any orders on the children, any potential family violence orders or any risks there might be for any of the parties, any allergies of the children, and any specific trauma needs the children might have so the play environment can be set up appropriately to meet the child's needs.

**Ms FORREST** - Wouldn't this information be stored electronically though?

**Ms EATON-BRIGGS** - It is stored electronically, yes. We in children and youth services have it stored on our information database. I would say that the child and family centres would have it stored on theirs as well. We do not want to destroy the trust of the parent by them thinking that if they come to a child and family centre their information is going to be shared without their knowledge and for not good aims and outcomes for them. Whereas that is not our intention but when some parents are in a really difficult situation, trust is very low.

**Ms FORREST** - We have talked about this with other witnesses. When a baby is born the connection from the hospital generally to the family and child health nurse is via a form signed by the parent saying that they are happy for hospitals to forward the information that is relevant. I do not know how many duplicate copies there are in a personal health record but it was full when I was there. There are probably about eight by now. There is a sort of a paper trail as far as the parent knows that this is what is being sent, information we are giving. In the interests of having a consistent data set, if you have one data set that says the child is allergic to penicillin and the other data set does not mention it or says they are allergic to erythromycin for example, they are

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allergic to antibiotics and someone says 'is this erythromycin?' and they say 'yes' when it is not. You have to have reliable data there.

**Ms EATON-BRIGGS** - Yes, I can see exactly what you are saying. We do not have a shared database currently with the Department of Education but we do have some conversations going on around that as well because we do understand that we need to join up the data for precisely the purposes that you are talking about. In saying that, I think we are almost talking about two separate things here. We are talking about the sharing of electronic information and reducing duplication, making sure that it is really efficient. Then there is another simple piece of communication and information sharing that can happen at the start of a relationship at your child and family centre that can build trust and get them into the centre in the right frame of mind in order to be able to make the most of that arrangement.

**Ms RATTRAY** - It has been covered fairly well and because we do not have your document it is a bit hard to -

**CHAIR** - Are you able to give us a copy of that? You said it was an internal document.

**Ms EATON-BRIGGS** - It is and it says draft on it but it was the one that was attached to an email to me that came here.

**CHAIR** - At a later date if it is okay could you share it with us?

**Ms RATTRAY** - Ruth already indicated that it was much easier for us to talk about child and family centres in our electorate. I have one in my very spread out electorate which is the St Helens Child and Family Centre.

**Mr VALENTINE** - I am feeling left out; I do not have any.

**Ms RATTRAY** - Yes, but you only have a three kilometre radius.

**Ms RATTRAY** - Obviously the supervised contact for parents and children is really important but the centres do not open on weekends. Have there been requests for somewhere safe that they have that connection with already to be able to expand the hours? I know that might come with a lot of challenges for staffing and the like, but I am interested in how that works.

**Ms EATON-BRIGGS** - You have hit on something that is really important and that is that the child and family centres open and are staffed largely between 9 a.m. and 3 p.m. Monday to Friday, so there is that period after school as well. Some of the centres are being really amenable and staying on to keep the service open for that little window for children who are potentially having contact in that after school period.

**Ms RATTRAY** - The Ravenswood one gave us some information.

**CHAIR** - It was the Dad's program wasn't it?

**Ms RATTRAY** - Yes, and they stayed open till 7 p.m. I think it is just one night a week to bring the dads in and it is working really well.

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**Ms EATON-BRIGGS** - Yes, it is absolutely brilliant. The centre at Bridgewater I know is very accommodating in terms of being able to stay open and re-arrange things so that our people can have access. To your point, prior to the child and family centres being available, then the child safety officers and support workers needed to find other places for supervised contact to occur and some of those places include some buildings that we, the department, still have.

There are a couple of houses in St Johns Avenue that are fitted out suitable for parents to have supervised access with their children, but often it is in a park. On a Saturday now, we do some supervised access. Not a lot, but we do some on a Saturday when it is impossible to do it at any other time. That would normally be in one of our houses, in a park, in another safe environment, but certainly not with the same structure as a child and family centre, with all the resources they have around.

**Mr VALENTINE** - Is Clare House one of those?

**Ms EATON-BRIGGS** - No. Clare House houses the Child and Adolescent Mental Health Service now.

**Mr VALENTINE** - They used to provide opportunity for access.

**Ms EATON-BRIGGS** - There is another program associated with an NGO and it might be Relationships Australia that provide a contact service.

**Mr VALENTINE** - Okay, that is their service?

**Ms EATON-BRIGGS** - Yes, that is right. The Salvation Army has a couple of fantastic programs called Doorways to Parenting and along with their program, comes a terrific environment but again, it is not open, as far as I know, on the weekends.

In answer to your question, to have access to child and family centres, would be really beneficial to our families in the community and it would come with challenges for staffing but if we are looking at better outcomes for children and families and enabling more of that access to occur, then it would be a very positive thing.

**Ms RATTRAY** - That flexibility is really important if you want to build some relationships back again. Is that something that your department has put forward to the minister?

**Ms EATON-BRIGGS** - This is headed Tasmanian Whole-of-Government Submission, Legislative Council Inquiry into Child and Family Centres. It is the agency submission for DHHS and the THS.

**Ms FORREST** - We received that, the whole-of-government submission, but this information does not seem to be in it.

**Ms EATON-BRIGGS** - Right, okay.

**Mr VALENTINE** - It says whole-of-government submission.

**Ms FORREST** - Yes, and that is often what they do.

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**Ms RATTRAY** - I was interested on how you touched on the fact that people do community orders work. It is something that I have been interested in for a very long time. It is very difficult in more rural areas for people to be able to undertake community work. Is that very prevalent?

**Ms EATON-BRIGGS** - No, it is not a widespread program at all, but it does happen. It is another vehicle for us to be able to find places for community orders to be served, very purposely.

**Ms RATTRAY** - Could it be more prevalent then? With the Child and Family Centres that we have and potentially, if this community is successful and it sees its way clear to recommend more, then the opportunity to have more centres around the state and possibly not the next seven that you won't identify. Maybe one there, or two. We have seen, as Ruth said, every centre that we have been to - and I have not been to all of them - that we have visited so far, but they are all very individual and run things quite differently but you can feel that they serve the community so well.

**Ms EATON-BRIGGS** - Yes, that is right. My response to that would be to not overdo it. If there are more services or more centres then there are more opportunities for those youths to be able to undertake their community orders there.

It is about getting a balance within the centres themselves. Some of our workers that I have speaking to about their experiences in the Child and Family Centres have even said that even for them doing supervised access there, you really have to plan how many families you are going to have there at a particular time because you can tip the balance of the people in the community that are there on a particular day. There is an element of that too, just making sure that there is a balance and it is not completely skewed to one component of the community than another.

**Mr VALENTINE** - Yes. When you are talking about an MOU, you were talking about and MOU between DHHS and education?

**Ms EATON-BRIGGS** - Specifically between children and youth services and education.

**Mr VALENTINE** - Children and youth services. I am interested in how you might also be including mental health services because quite often families and young people have issues with mental health.

**Ms EATON-BRIGGS** - Yes, that is right.

**Mr VALENTINE** - I am interested to know how you might be trying to make sure that they are not falling through the cracks.

**Ms EATON-BRIGGS** - Every child that is with Child Safety Services for a statutory requirement has a case manager. That case manager leads a care team. The care team would consist of the appropriate people from other agencies and NGOs that are relevant to that child. It might be that, let us say there is a child who has mental health issues, so it would have a representative from ? [4:31:35] there. We would have potentially the foster carer there. We would have the school there if they were engaged with school.

They form the care team. All of the care team have input into the plan, the case and care plan. The case and care plan includes when access is going to occur, and the best way for that to occur, et cetera. The MOU does not need to be between mental health and us and children and

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child and family centres for the use of the service, but the mental health component is wrapped up into their case and care plan.

**Mr VALENTINE** - It could be a parent that has the mental health issues and the child is simply being impacted by it.

**Ms EATON-BRIGGS** - It could be, yes. That is right.

**Mr VALENTINE** - The child may be quite mentally well, I guess.

**Ms EATON-BRIGGS** - Yes.

**Mr VALENTINE** - I was interested in that. Obviously when it comes to the family violence side of things they have a gateway service. This is almost a similar situation where you have a number of departments that might actually be working towards the same end, which is, in fact, that the child is being focused on and is receiving proper services to assist them in their education.

**Ms EATON-BRIGGS** - That is right. One of the big challenges in Human Services is ensuring that the agencies or the NGOs and the departments are connected up around the child.

**Mr VALENTINE** - They are not silos.

**Ms EATON-BRIGGS** - That is exactly right. There is a project being run out of the Department of Health and Human Services at the moment about joined up services. It is trialling how we can actually have a lead coordinator for a family to be able to make sure all of the agencies engaged with the family, are engaged in a way the family understands, and in a coordinated way. Your point is very well made.

**Mr VALENTINE** - I guess departments are able to make their decisions with full information, not just part of it.

**Ms EATON-BRIGGS** - That is right.

**Mr VALENTINE** - Thank you.

**CHAIR** - I have some on the data issue again. The child health checks - we have the highest attendance for antenatal pre-checks - I think it is 96 per cent for that first check. Then it drops away quite significantly all the way to age four. Is the department splitting that data, child and family centres and child health checks, in other types of environments and whether the retention is greater in a child and family centre?

**Ms EATON-BRIGGS** - You have asked a question I do not know the answer to; I can certainly find out if we are able to get that data. What I can say to you is that one of the reasons for transferring the Child, Health and Parenting Service, or CHaPS, as we know it, to THS and away from Children and Youth Services, was that there was a sense that parents were not wanting to continue to engage with CHaPS because they could see the departmental connection with the Child Protection Service.

Apparently before I started, there was some evidence there that said, 'Move them into the hospital system and they will engage better and continue to engage' because they are not as

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closely related to child protection in the minds of the parents. That is not to say that we do not continue to connect with the Child Health and Parenting Service, because we do. We are a vital part of each other's work. That is a little bit of additional information about why the drop off may have happened in the past. Potentially with them being located in the hospital system now, that might pick back up again. I will and can find out the information around your other questions.

**CHAIR** - When some get older it is because they start accessing their GP or whatever else, but I am interested in the split between say Child and Family Centre and a child health nurse located in the community. We have heard from other stakeholders with their engagement in those sorts of centres they have greater success in the Child and Family Centre environment such as St Giles. She was giving the example of Clarendon Vale Child and Family Centre and Sorell Child Health Nurse Clinic which was very clinical and a different environment. They found the Child and Family Centre a better place to operate.

**Ms EATON-BRIGGS** - It is an excellent question and I will find out the answer if I can, if we have it split that way.

**CHAIR** - We have heard quite a lot about Outreach and there is scope there for some of that to happen, particularly in communities like the west coast. You have the Child and Family Centre in Queenstown, but there may be opportunities for Outreach in Rosebery and Zeehan and other communities. Is that something the department would entertain?

**Ms EATON-BRIGGS** - Yes, we would be very interested in that kind of service. For example, we use the north-west and west coast region as an example. We have Child Safety Officers working from Burnie and staff working from Devonport. Some of those staff are working with families from Smithton to Queenstown. They are often doing reunification type work with some of those families. This currently involves a Child Safety Officer travelling long distances, potentially a couple of times a week in order to be able to pursue that reunification. If we could develop a service where a staff member is located within the Childhood Family Centre in some of those small remote places. Even for us to be able to work with another agency to find a person who had multidisciplinary skills, potentially they were an early childhood person and a psychologist or with a legal background. There would be all sorts of combinations put together to enable our staff to travel less and allow those families to be connected within their community. Hopefully people would get to know just by being able to drop in and talk to them. That would be something we would like to talk about further.

**CHAIR** - Strong Family Safe Kids - you said the Child and Family Centres fits with that philosophy, that it is about preventing kids ending up in a statutory system which is fantastic. We need to keep families together. Is there any structure in place to measure the impact of Child and Family Centres on this statutory system since their introduction? Is the department looking at that at all or if there is further role out of Child and Family Centres, whether we are looking at the impact of that on child protection?

**Ms EATON-BRIGGS** - Yes, we do not measure that currently, but there is no reason why we could not think about ways to include the impact of Child and Family Centres on successful contact, reunification, successes or non-successes. The broader measures related to Strong Families Safe Kids have yet to be determined in terms of impact, but it is something that could be thought about in the scheme. We have roughly 21 000 notifications annually into the Child Safety Services and into the gateways, so 21 000 combined. It will be interesting to see once we start to promote the whole notion of families being able to approach an advice and referral line, to be able



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to monitor the types of enquiries we get. To measure the amount of them that turn into notifications, investigations etc. and the amount we can refer back out and say we know of a Child and Family Centre in your community, have you been there because they have got a terrific program you would be able to join with et cetera.

The potential for us to be able to refer out to the Child and Family Centres is probably going to increase when Strong Families Safe Kids is implemented. We are currently working on the measures so again, a good question and something I can take away and think about.

**Ms FORREST** - Gail, you talked about the children you are dealing with are generally at risk kids for a variety of reasons. We have heard from lots of witnesses, one of the real challenges engaging families and young children in early education quality early learning opportunities has been this cohort of young children who are very difficult to get to. This is mainly because their parent or parents are completely disengaged or has had particularly bad experience or very fearful. No trust at all.

They certainly will not go to a government system like the school or something like that potentially, but they might go to a Child and Family Centre. There still seems there are some families who are difficult to reach. I imagine some of these are your clients.

How do you see the Family and Child Centres being more active or more able to engage with these families to get these children into a quality and safe early learning environment, well before they are ready to go to school?

**Ms EATON-BRIGGS** - The key is they are embedded in the communities and they are allowed to customise the way they work in accordance with the community needs.

We mentioned earlier not every centre operates in the same way and that is really key. I worked in early childhood 15 years ago for 13 years previous to that. At the time we were very keen on having purpose-built community hubs attached to schools and embedded in communities. It was terrific eventually see the Child and Family Centres being built. It is one of the ways to get to those hard to reach families.

If a centre can also have volunteers working in the service, that is often a lure. The volunteers are sometimes those people who have the connections out in the community and who can, with a bit of general encouragement, get somebody to come along who otherwise would be invisible.

Once they get to the Child and Family Centres, then the Child and Family Centres will often work with them in a fairly discreet way to build their parenting skills and give them information et cetera.

**Ms FORREST** - It is getting them in the door though that seems to be the challenge.

**Ms EATON-BRIGGS** - It is. There are some parents out there who will not engage. There are many programs aimed at trying to target parents in a whole lot of different ways. If you have got a parent affected by drugs, has mental health issues, maybe comorbidity issues, it is really problematic sometimes and other generations of the family will protect them.

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It is very difficult. Sometimes the only way with those families is for the child or children to be identified as 'at risk' and then start to come through the statutory system where we can physically get in there and work with them or engage other services to work with them.

**Ms FORREST** - How many of these percentage wise? Do you have figures on these families who are disengaged? It seems to be an unknown quantity. We know there are families out there. The challenge with all these things is we know they are there, but is it a massive problem? It can take a hit over resources and money to fix a fairly small problem. Maybe it is a bigger problem than we realise.

**Ms EATON-BRIGGS** - I do not have the numbers. My gut tells me it is a growing problem. That is largely because of the socio-economic status of Tasmania and some of the pockets I have mentioned. Drug use. That absolutely is a problem. Mental health issues are very prevalent.

When a family becomes homeless, that is a real key factor to their risk. We know that is a growing issue. I do not have the numbers, but it is a growing problem and it is significant. With the numbers of families that are using the child and family centres, they seem to have been embraced really well in communities. That says something in itself.

**Mr VALENTINE** - Sometimes it is a perception that a person has of what goes on behind those doors and it just needs some encouragement. The question I have is: do you have much to do with neighbourhood houses, in terms of interaction and coordination, and in what they do and how they are interacting with some of the families?

**Ms EATON-BRIGGS** - Some of our supervised contact happens in the neighbourhood house setting. It is not as ideal, as I understand it, as the child and family centres. That is because the child and family centres are really structured for children and families whereas a neighbourhood house is there to serve members of the community from zero to whatever.

**Mr VALENTINE** - It is broader.

**Ms EATON-BRIGGS** - It is much broader. The neighbourhood houses absolutely serve a purpose, but when we are in a community or a society where we want to value children, then to have centres that focus on children and families is really important and it sends a really positive message to the community that children and families are valued.

**Mr VALENTINE** - Given some of your clients are not just children, who may well be going to these centres, is there an opportunity there? Or do you think that it would be simply confusing the issue to try to deal with them through neighbourhood houses and bringing neighbourhood houses into the fold or into the group discussion?

**Ms EATON-BRIGGS** - It is potentially worth bringing them into the discussion, but the people who work in child and family centres have particular backgrounds and qualifications that sometimes is not prevalent in a neighbourhood house. You might get a community services worker working in a neighbourhood house, for example, with a lot of good intention around servicing the breadth of age ranges of people who attend a neighbourhood house. A child and family centre is much more tuned into the needs of children and families.

There is a place for neighbourhood houses. I know personally of a case where access happens in a supervised setting within a neighbourhood house and that works quite well for that young mum and that young child.

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**Mr VALENTINE** - It is more local, is it?

**Ms EATON-BRIGGS** - It is very local. Absolutely, it is very local for that.

**Mr VALENTINE** - As opposed to no child and family centre being available?

**Ms EATON-BRIGGS** - Correct, it is very local for them. So, again, that connection with community is really important and is probably the drawcard to get those children into a service where they are a little bit visible.

**Mr VALENTINE** - Do you have any comment on the funding and the fact that some of these facilities are Commonwealth-funded and others are state-funded? Do you have any issues there?

**Ms EATON-BRIGGS** - Only to say, generally speaking, they are a terrific investment in the social capital of the state. With my interest in children and families going back a long time now, I was really disappointed to see the number of child and family centres cut down from the initial commitment to what the current establishment is.

**CHAIR** - So they were previously federally funded but they are not now.

**Mr VALENTINE** - They are not now? Sorry, my mistake. Do we know whether they are Commonwealth-funded still?

**CHAIR** - No, they are not anymore.

**Mr VALENTINE** - No, they are not. Sorry about that. It does all come through the state.

**Ms EATON-BRIGGS** - A good investment in the social capital of the state, I would say.

**Mr VALENTINE** - Thank you.

**CHAIR** - Anything further, members? Gail, would you like to finish with anything?

**Ms EATON-BRIGGS** - In preparation for today, I did speak with a number of child safety officers, team leaders and support workers from right around the state. Support workers often are the people who do the supervised contact. Sometimes it is a child safety officer. In all cases they could not speak highly enough of the concept of the child and family centre in supporting their work. I asked them what they did previously and that is when they talked about needing to go to parks and use a contact service, et cetera. They all made the point about the balance - making sure that these centres don't turn into every Friday afternoon between 1 o'clock and 3 o'clock it is all about supervised access. It certainly needs to be blend and a balance. We are very supportive of the child and family centres. On the information sharing discussion we had earlier, as I said, we are with the department to finalise our MOU. We have a very good, collegial relationship going on there that will continue.

**CHAIR** - Excellent. Thank you for your time today.

**Ms EATON-BRIGGS** - Thank you.

**THE WITNESS WITHDREW.**