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THE LEGISLATIVE COUNCIL SELECT COMMITTEE ON TASMANIAN CHILD AND FAMILY CENTRES

Mr MARK MORRISSEY, COMMISSIONER FOR CHILDREN AND YOUNG PEOPLE, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIR (Mr Willie) - Welcome to the public hearing of the Legislative Council Select Committee enquiring into Child and Family Centres, Tasmania. All evidence taken at this hearing is protected by parliamentary privilege. I remind you that any comments you make outside the hearing may not be afforded such privilege.

Have you read the information for witness document?

Mr MORRISSEY - I have.

CHAIR - The evidence you present is being recorded and the *Hansard* version will be published on the Committee website when it becomes available, however if you are at all concerned about the nature or appropriateness of any evidence you want to provide to the committee, you can ask that we hear that evidence in camera. The committee will consider your request and make a determination on whether to receive that information in private or public. Please advise at any time if you wish to make such a request to the committee.

I invite you now to make a verbal submission.

Mr MORRISSEY - I will briefly talk a little about my background in these types of centres. It is one of the areas in which I have the longest standing experience; probably around 15 years ago I first visited CaFE Enfield in South Australia. Many of you may have heard of it. They have a website that does not do justice to what they do, but I would argue they were probably one of the leading centres in this space. Interestingly enough, it was based on a school site which, at the time, I was concerned around the message: is this owned by Education? I reviewed by opinion on that after looking at it.

The reason I am sharing this is that it still has great applicability today in Tasmania. One of its great strength was that they were welcoming new mothers to bring their toddlers onto the site. You would often get mums and bubs bringing along their four year olds. It was helping them be comfortable. They were welcomed into it and were part of the centre.

CaFE Enfield, in Enfield, is based in a fairly high-need area of Adelaide. They were doing many things even back then. They had a governance committee run by members of the community. They would bring in mums and dads and give them training in how to sit on a board or how to chair a committee. Many people got their first exposure to education through that centre. Increasingly, the centre brought in the families, fathers as well, but more often mums - there were lots of single mums. It often contributed to their first excursions into any sort of formal education.

I met some young mothers there - and I still remember it some 15 years later - who were very proudly talking about how they just finished their first TAFE certificate. I remember meeting a young woman who was chair of the family's governance board.

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There were some issues in regard to government departments working together. Governance in government departments often means a string of silos. The magic in that were the relationships and their working together that made it work.

Ms FORREST - It was in Enfield, Northern Adelaide.

Mr MORRISSEY - Have you been there?

Ms FORREST - No, I looked it up on the website while you were talking.

Mr MORRISSEY - It is worth a visit. It is one of the longest standing centres. It has had its ups and downs, like all of these centres with changes of philosophy, but it is a good example. It was ticking off those early antenatal periods.

Ms FORREST - Antenatal as well as postnatal?

Mr MORRISSEY - Yes, I guess pre and post. Sorry, I'm not sure. I think that's the term I meant.

It was involving the mothers and the fathers in their first taste of education. It was bringing their voices into the running of the centre. That is something that is done well here but it can be improved. I am not sure there is a common framework for engaging community here.

Another very good centre that I was closely involved in establishing was the Challis Early Childhood Education Centre. This is very different model in Armadale in Western Australia which is once again a very high-need area, with a large population of Aboriginal children in the care of the state - one of the highest ratios in the country. That centre runs up to the age of 12, which is interesting. The principal is a woman called Lee Musumeci who, in my view, is arguably one of Australia's leading champions, if not expert in these centres. She has built the centre on a very strong relationship with the community. She is very good at bringing stakeholders in. In the early days of setting it up, she came and saw me. She asked me to join the board so then I was hooked in.

What I am saying is relationships are really important. I moved a lot of staff I was responsible for, who were working in individual clinics across the Armadale region. I brought in the early childhood nurse midwife, put them on site, put in speech pathology on site, OT, physio, we got students in from Curtin. Lee got bulk-billing GPs into the space. This is a big scope.

Ms RATTRAY - It is a big centre, is it?

Mr MORRISSEY - It is a big centre. It started off small. It now is effectively the one-stop shop for that whole community of Armadale for children under 12.

I always believe there is merit in going straight to the top. Lee made a meeting with Andrew 'Twiggy' Forrest and brought money in that way. It is around ambition and leadership.

Ms FORREST - It was probably a high Aboriginal population helped that connection. It is his work in the Aboriginal communities there.

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Mr MORRISSEY - Absolutely, yes. She brought in a couple of politicians and put them on the school board.

CHAIR - That would have ruined it.

Mr MORRISSEY - Actually, it did not, it was a great strength. Alannah MacTiernan was a federal minister but is now a state minister again. I was privileged to be closely involved.

There is one comment I would like to make to this committee: one of the big challenges we face up to the age of 18 and including early childhood, is the long-standing issue of silos that exist in departments. I say this sincerely, and after many years in this space, unless we, as a community, ipso facto governments, address this in a much more structured way, we will still struggle with delivering fully in this space.

The reality is silos are often driven by their own KPIs, by their own budgets and often their leadership which might have a different perspective. I am not saying bring it all together under one umbrella is the panacea because there is risk in that. I believe it is a better option -

Going back to the Challis example, Lee brought in a representative group of all the government agencies, private sector under a governance umbrella that overcame those silos. They sat around the table, not as members from the departments of education, health, GPs whatever, but as part of the Challis governance community, alongside members of the community. People who often had been disengaged, unemployed were actively sitting at a table with some of the community's most influential people; a combination of all of those people sitting in a virtual team. I would argue, if one day a government in Australia could aspire to bring them altogether under a governance structure that works, that will profoundly increase outcomes.

I have made a submission which I will email later. One of my key points is that these centres are fantastic but they mainly enrich at present. We have to somehow get a system happening where we reach out. It is the people who do not attend these centres who we need more than anyone. If we are going to reach these children who are missing out totally, it will need new ways of working.

Despite the efforts - this is some words I have put down a few weeks ago - to offer coordinated services across departments, there is often no really stitching together of services across departments. You may or may not have observed this so I may be repeating something. There are lots of referrals coming out of these centres but there is often not the ability to pick up and provide the services. You may have heard this from others. I have heard it at pretty well every centre I have been to.

At the second visit, the leadership start opening up. One example is the family violence work is put in. They are doing lots of case finding. Often they find issues with mums in particular with really small children. They refer them out and they are not getting the response that they need. I have no hard evidence; this is anecdotal, but that is what I am hearing from several of the centres here.

Funded staff members are sometimes provided according to a one-size-fits-all model. All CFCs are given an education officer. If we had a governance committee representing the community as well as the department and everyone is sitting around the table, I believe they

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would be a better source of wisdom in regard to what goes in there. That is one of the great strengths of the Challis model in WA.

If there is ever an opportunity for anyone here to bring Lee across to get her to talk, she would be absolutely inspirational - or if anyone can get a chance to visit WA.

I will give one example. Lee was doing some baseline assessments on where the Aboriginal children in the care of the State sat in the educational scale. They were sitting at the very bottom. In the space of moving through the program that she had in place, which is a child development, speech pathology, high quality early learning according to the standards, feeding them at school - I know there is a philosophical discussion around that - providing these children with everything they don't have including substitute quality parenting on the school site, she moved their educational outcomes - this data is available - up to or equal to some of the best upper middle class suburbs in Perth. You saw these little tackers who were really struggling move through the school.

Ms FORREST - How old were they coming into the centre, Mark?

Mr MORRISSEY - They were often coming in as bubs into the clinics. They were getting into early learning at two and three - high quality play-based day care. The day care in the Armadale area - which was a catchment - was of very poor quality. It was drop the kids and they would be minded by unskilled people. Through Lee's efforts - and the board's - they got in some quality educators on site for these little kids and it started to transform them from two and three.

You all know all this but I am sharing.

Mr DEAN - Have any other states picked up similar model to the WA one?

Mr MORRISSEY - I couldn't say with any sort of authority. I know each state is applying a similar sort of model but there are a few that stand out - CaFE Enfield, Challis, and what we are doing here is pretty good as well. There is nothing wrong.

Ms FORREST - In many respects it is similar. What we are hearing is that the centres in Tasmania started off within local enabling groups before they were established. They have morphed into the advisory panels. Each centre has slightly different offerings, depending on the needs of the community. Is that the sort of thing that you are saying is really important?

Mr MORRISSEY - Yes, it is really important.

CHAIR - The consistency is different with engagement. Some advisory panels are very engaged and others are not very active at all.

Mr MORRISSEY - It is around leadership, getting an inspirational leader into this space.

I am referencing stuff that I have seen work for which there has been empirical evidence and also reflections on conversations locally. There is often an overlap between the CFCs and Neighbourhood Houses. You would be aware where they are. Staff at CFCs need to have additional time and support to undertake active outreach. This the universal message they have given me. They would like to be able to get in a car and get out and find the families who are out there.

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Some comments were made to me by the CFCs that they would like to have more qualified staff to provide direct service provision onsite. It is often tricky when you refer a family who then has to make their way into the city to get services, often on public transport. It would be great to be able to offer - and it is increasingly done - a lot more services there immediately.

I really support extending the age beyond the age of five. That may be the natural evolution of these centres. There is a role for public-private partnership in this space if it is high quality, which is occurring in some other places. I have no philosophical view in regard to whether something should be provided by the state or the private sector. My only interest is that it is high quality, has high standards and is a good buy.

In closing, these centres are arguably one of the better initiatives that have popped up in the last couple of decades. They have been successful, considering it is not long in the history of service provision. We could improve them by improving the governance and support from the various government departments that go in. Moving the age up incrementally makes really good sense and starting with more high-quality services in the antenatal period is really important as well, as is increasing community engagement to reflect what the local communities need. When they refer out there has to be somewhere to go, which is a separate issue to here.

CHAIR - I might start with the last couple of points Mr Morrissey raised. You said there has been successful reform in this space. Would you support the expansion of child and family centres into other communities?

Mr MORRISSEY - Yes. I was anticipating this question for the last week or so. One thing I believe to be true is that all services should be universal, because once we start providing targeted services, there are issues with that. I would like to see a point where every community has a CFC reflecting the needs of the local communities. From a compassionate needs-based approach, we probably should start in the higher-need areas. The risk we face is if they stop just in those areas. I was driving the other day and reflecting on what a CFC would look like in Sandy Bay. Philosophically, if we were to do that now the optics would be terrible, but it would be great in a couple of decades to have CFCs as a universal. Does that answer your question?

CHAIR - Yes. Would you agree with this statement, because I have heard it from the early childhood and care sector, that there are quite a number of middle-class and even upper-class families presenting with developmentally vulnerable children with nutrition as an issue, perhaps because their parents are both employed and they are on their screens a lot at home. Would you agree with that statement?

Mr MORRISSEY - Absolutely. The issues don't present as obviously in some of these families. The needs can be very similar but they may present or not present in a different way.

CHAIR - You said you would support the increasing of the age from five. Would that be to help with the transition into kinder and prep or would you go beyond that and be looking at an extension to, say, seven or eight?

Mr MORRISSEY - I have seen a very good model in WA where it goes up to 12 and when you see that in operation, it actually makes really good sense. Once you start moving up, it is hard to say, do we cut off at five, six, seven or eight? It is that comprehensive one-stop shop on site wherein lies the magic. By the by, I used to joke with Lee whether she was going to start

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offering day surgery there because she was becoming so comprehensive and the community really valued that. Obviously there are some things you would never do there, but if it is in the area of child development, education, health and wellbeing, absolutely. I wouldn't be able to answer where you would cut off, but I would personally say at the top of primary school.

Ms RATTRAY - In regard to the comment you made about the overlap often in communities of services with neighbourhood houses, I am really interested in your agreement that we could do with child and family centres everywhere, particularly in the lower socioeconomic areas. How do you see the marriage of those well-established neighbourhood houses or community houses and something like a child and family centre?

Mr MORRISSEY - They are both very important. They work really well in many places. Like anything in life, it is around relationships and leadership. I'm not going to propose solutions to how we make sure that they sit very comfortably side by side, but it probably requires leadership from the top down and locally as well. It is not insurmountable and it generally works in most places. There are some places where there could be room for some support to more clearly delineate who does what.

Ms RATTRAY - I am aware that a number of neighbourhood houses in my electorate where they do not have a child and family centre offer a lot of those services for families, particularly programs around parenting, nutrition and health and also they often run very good school holiday programs which to working parents are really valuable. They already work in that space. I am a bit cautious about how you establish a new centre and not push out an already good and valuable existing service. I will grapple with that.

Mr MORRISSEY - If I was looking after that area in some sort of leadership role, I would form a group where everyone sat around the same table - there is more than enough work for everyone - and progressed it through a really respectful and collaborative relationship.

Mr DEAN - Going back to the previous question the Chair asked about increasing the age, I appreciated your comment because the best example of that is Rocherlea, Ravenswood and those lower socioeconomic groups in this state where the kids that we want there are not there. If you increased it in age, you have the schools providing a lot of these services anyway. I am wondering how that could work. I am of the view that we should be concentrating on getting those kids who need to be there into these childcare centres. That is the under-fives, and there are a lot of them, unfortunately. I see them running around all the time and they are our next lot of criminals, sadly. First of all, how can we get those kids into those centres? Is there any model? Is there some way we can do it?

Mr MORRISSEY - Is this the younger children?

Mr DEAN - Yes, the younger ones, from birth to five.

Mr MORRISSEY - We have to make it attractive, warm and friendly for the parents to get them in there. We have to offer them something when they get there. The existing centres are doing that well. The next big great gains will be when we get the outreach out to the centres, because if we decide to go that way, we will get them in there.

One thing I have seen over many years is that families who are really struggling and whose kids are likely to take a trajectory that is undesirable are often very reluctant to engage. Once they

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start to engage, it works really well. Most people can be brought in, but there needs to be different approaches for those who don't go near them. It's not going to be easy because they are the hard ones to reach. If we reach those people, that is where we will make the greatest gains. For the people who come into these centres happily and freely and participate, that is great and terrific, but they're not really the ones we should be trying to engage.

Mr DEAN - If we take Rocherlea as a good example, a small Housing Commission area, should we identify those families where these small children are and then send people into those homes to explain to them what the Child and Family Centre is about and what we can do to help them? Should we be doing that individually in each of these homes? It seems to me to be the only way to do it.

Mr MORRISSEY - I think that is a terrific idea. Some of the people who can do that most effectively are child health nurses, so we need child health nurses who are trained in that intensive home visiting with really good engagement skills. Another group we have not really engaged well in the outreach are the families who are successfully engaged. We know that the great gains in child protection in other parts of the world have been led by mainly strong mothers who have stepped out into the community and reached the hard to reach. It is probably going to take two or three or several different strategies involving child health nurses, other engaged parents and family networks. Even down to early intervention police - they do a terrific job.

Mr DEAN - Thank you.

Mr VALENTINE - You talk about public-private partnerships. Have you had experience with that? Can you expand a little more on that?

Mr MORRISSEY - I have seen that happen really well at the Challis School in Armadale, Western Australia, with some private providers of child development services such as speech pathology and others. I am not sure whether they're still there but when I was working in that area they were and they provided a service that was funded from a range of sources. They are just as effective, sometimes more effective than government-provided services. I am agnostic in regard to who funds it and, ipso facto, who provides it, but the quality of service is critical.

Mr VALENTINE - I was interested as to whether or not it introduces a bit of a barrier for some if people are needing to pay for some of these services.

Mr MORRISSEY - No, they're not paying for it.

Mr VALENTINE - The other question was about getting people to the centre. In more regional areas a lot of people do not have cars and there is very little public transport. In your experience, have there been mechanisms to overcome any of that?

Mr MORRISSEY - Yes, there is the old standby, the minivan that leaves the centre in the morning and goes out and picks people up. Other families who are participating who might have a car will bring people in. The child health nurse can go out and bring people in. The reality is that some people, often the ones we want to really reach, don't want to be brought into the centre, at least initially, so we go out there and patiently and respectfully warmly engage those families as much as we can where they are. I am not a big fan of the school bus-type set-up to pick young families up. It is a bit patronising but it works for some.

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Mr VALENTINE - With regard to the sensitive area of mental health, obviously a number of these parents, and maybe children too, who need to access those sorts of services feel there might be a stigma to that. It might be difficult to do that on site. Have you seen how that might be handled in other areas?

Mr MORRISSEY - Some of the centres elsewhere provide outreach mental health services, although not as much as they should. Perinatal infant mental health is a critical component that we really struggle to provide, even by the state, and that really is the next great goal where we will start to achieve some real gains. Mental health is one of the prevailing issues for most of these families, and particularly for young mums in the situations they are in it would be very hard to say that most of them don't experience some sort of attachment or postnatal depression or pre-existing anxiety, accumulative trauma from their own childhood.

Ms FORREST - Antenatal depression?

Mr MORRISSEY - Yes.

Mr VALENTINE - That's a good point to hand over to the midwife.

Mr MORRISSEY - You would know more about this than me.

Ms FORREST - I have a bit of an issue with suggesting some of these kids out there are the next criminals; I don't necessarily believe that is the case. There are a lot of disadvantaged families out there who, for whatever reason, often their own experience, don't want to engage with services if they were seen to have anything to do with government or anything like that. I want to go back to the Ernesto Sirolli approach where you sit under a tree and let the elders talk to you, and you do that for as long as it takes, rather than asking what we can do for you.

There is a very small percentage of women who don't access any antenatal care. There are some but they are small in number. They are the very difficult ones to engage. The majority of others may not go to hospital but they will at least go once or twice to a GP, if not just to have a pregnancy confirmed, but some of them may know they need to have blood tests and things like that. These are the ones who might not come into the centre that we may need to go out to and sit under the tree with for some time. They are the ones, I believe, who we can make the most difference with in terms of changing their whole parenting experience.

Mr MORRISSEY - I would agree.

Ms FORREST - How do we create those connections with services they access? Some GPs bulk-bill and they don't have to pay anything. Some of these people use GPs quite freely because of that reason and they are not in a government setting. How do we create those connections to engage these families?

Mr MORRISSEY - With the very structure of bulk-billing and how GPs provide service, although critical and they do it very well, they are not well placed to provide that necessary support. They are good at case finding. We need a class of workers, professionals and para-professionals, possibly working out of these centres to actually go out and 'sit under the tree' - I like that term. It is about very respectfully, gently and slowly engaging them at their own pace. I don't think we have that class of worker at present.

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Ms FORREST - These people could go to GPs and say, 'This is who we are if you have a family that you think won't engage or go to the hospital for antenatal care because the government runs that' - that sort of thing.

Mr MORRISSEY - Yes. I don't think that class of workers either exists or is funded adequately out of the existing services in that space. There is also a legitimate case for para-professionals, under quality supervision, to go out and engage with these families as well. Often they are more able to engage than professionals, who often clearly present as from somewhere else, not particularly their part of the community.

Ms FORREST - As a midwife from a family and child centre, do you think there would be an acceptance at a certain level for these particularly challenging families to engage with?

Mr MORRISSEY - Yes.

Ms FORREST - If they go and sit under a tree with them.

Mr MORRISSEY - Yes. I say this at every opportunity: there is no greater cohort of professionals than qualified child health nurses and midwives to get out there and sit under the tree. If you want to get over a front door and inside a house, you send a child health nurse and they will mostly do it really well. They go into a house and assess it in a way that others couldn't and will put in place the services that are required. That is often intensive work and we can only give that class of professional about eight to 10 families at a time. That is a resourcing issue plus the fact that these people aren't out there. There is not enough of them. We're not training enough, we're not bringing enough through the system.

Ms FORREST - It takes a long time to sit under the tree in some of those houses I have been in. Getting through all that stuff to get to the front door is often one of the biggest challenges.

CHAIR - You were talking about the advisory bodies and ensuring community engagement, would you see a possibility of a role there for, say, a TasCOSS or a Commissioner for Children to engage with those advisory bodies in some sort of oversight role to facilitate that engagement? I guess if it is stuck within the education department and that engagement drops off there is not really any accountability there.

Mr MORRISSEY - It is around governance. I think that needs to be a round table discussion with all of the people. I am not sure if it would fit within the role of the Commissioner for Children under the existing legislation and nor would a commissioner's office would typically be a resource to provide that. There is a role for a commissioner to provide advice to government through an informal review. That is a legitimate role, but I would be reluctant to say who should bring that together. I have seen models where they have come together organically, such as CaFE Enfield did way back. Challis in Western Australia came together organically under the leadership of a local champion.

CHAIR - This has come up quite a bit: the hours of the child and family centres are open. Do you see scope for some more flexibility around that to engage, for example, dads who might be working?

Mr MORRISSEY - Yes, absolutely. It is critical that the centres at some point start to extend into the evening. I have tried over 30-odd years to open centres later. There are all sorts

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of logistical issues in regard to it but it is something I think is really important. With the will, I think it is achievable. There are a lot of working mothers who can only come in of an evening. As someone was saying earlier, often their needs are as great because they are working.

CHAIR - I can probably anticipate your answer with this one but I am going to ask it anyway. Building and infrastructure: do you see architecturally designed centres as important for the community so that they can be proud of them? Or can existing infrastructure be repurposed as long as it is done in a way that has community input and they drive that process?

Mr MORRISSEY - Yes, you have probably guessed my answer.

I have always believed that the design of a building contributes greatly to the way people think. Broadly speaking, the nature of the architecture can often define the expanse of people's views. I think a beautifully built building - it does not have to be that expensive - is very respectful to the people who walk in the door. The Huon centre, which was designed closely with the community, reflects that community and it is a beautifully put together building. There are some lovely old buildings that can be repurposed. I think community involvement but also a building has to be respectful. So often, throughout Australia, government buildings are awful and ugly. Even in Tasmania we have some child protection centres which are not good places to bring families into. If we are going to engage families, we welcome them with respectful buildings.

Mr DEAN - A lot of parents who currently do not go to family centres and do not take their kids who should be there are, unfortunately, very a low social-economic group of people, with very low living standards, for want of a better word. What they say is - and they say it to me and time and time again - 'I am not going to a child and family centre and having to stay there with my kid'. Currently the parents or guardian have to be there with the child in these centres. Is there some way that we can get around that?

Mr MORRISSEY - Possibly one way forward is to engage the people out where they are, as you were saying, sitting under the tree with them so they become comfortable and familiar with the staff from the centres and what the centre offers. Then slowly invite them in, if it is necessary.

Mr DEAN - Mark, the clear position is, you are not going to get some of those people in there, never. We have to get another model. Sitting under a tree is all right but it is not going to get some of those. Sadly, you have the ones who are involved - and I can give you dozens of them in the Rocherlea, Ravenswood areas -in illicit substances and all those things. We have to get some way other than sitting under a tree, getting the children at least into a centre. The parent can do what they want. You are not going to be able to do much about that, frankly. You can try.

Mr MORRISSEY - We are probably never going to get them into a centre but we need to get the services out to them. I suspect those families may never be comfortable dropping their kids off there in the first place. Often the most effective way is to work with the families in their communities in the local park, in their homes, in their backyards, some community outdoor event they can come to. There would be a whole range of issues.

This picking up on your comment. I have met many young people who have travelled through the Ashley Detention Centre. Most of them tell me that they have had very little engagement from services at all until they end up in the system at the age of 10, 11, 12, 13. Whilst they are only a small group, I genuinely believe that many of them could have had their

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lives turned around by working with the families in the homes, in the backyards in a way that could have turned around a lot of their lives. I sincerely believe that to be the case.

Mr DEAN - I support you exactly. As a copper, we used to see that time and again: they were not being given the support they should have been given very early.

CHAIR - Is there anything else you would like to add in closing?

Mr MORRISSEY - No. Thank you for listening to me.

CHAIR - On behalf of the committee, I thank you for your time today and the submission you will forward to us later and for all the work you have done in the role as Commissioner for Children and Young People. I am probably speaking on behalf of the members here that we are sad to see you go.

Mr MORRISSEY - Thank you.

THE WITNESS WITHDREW.

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Ms TEAGAN PEARCE, TYF POLICY AND PROJECT OFFICER, YOUTH NETWORK OF TASMANIA, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIR - Welcome to the public hearings of the Legislative Council Select Committee enquiring into child and family centres in Tasmania.

All evidence taken at this hearing is protected by parliamentary privilege. I remind you that any comments you make outside the hearing may not be afforded such privilege. Have you read the information for witnesses' document?

Ms PEARCE - Yes

CHAIR - The evidence you present is being recorded and the *Hansard* version will be published on the committee website when it becomes available. However, if you are at all concerned about the nature or appropriateness of any of the evidence you want to provide to the committee, you can ask that we hear that evidence in camera. The committee will consider your request and make a determination on whether to receive that information in private or public. Please advise if at any time you wish to make such a request to the committee.

Can you advise the committee of your field of interest and expertise?

Ms PEARCE - My name is Teagan Pearce. I am the policy and project officer at the Youth Network of Tasmania. YNT is the peak body for the youth sector and young people, aged 12 to 25 in Tasmania.

CHAIR - Thank you. I now invite you to make a verbal submission.

Ms PEARCE - YNOT is the peak body for 87 000 young people in Tasmania and the wider youth sector, which includes over 70 members through our regional networks, over 300 sector workers working all areas of youth welfare across Tasmania.

YNOT's vision is to make sure all young people are actively engaged in community life and have access to the resources needed to develop their potential. Having places to support parents within local communities, such as child and family centres, is important for reaching young parents to ensure they have access to the resources they need for their family.

In Tasmania the current rate of teenage pregnancy is 16.1 per 1000 births. While this figure has dropped over the last five years, it remains the second highest rate in Australia. This high rate demonstrates the need for a continued collaborative investment, as it has been the combined efforts of many that have resulted in the decrease, but of course more always needs to be done.

Teenage parenthood presents a number of challenges that have a significant impact on the health, socioeconomic wellbeing and education outcomes of both the parents and child, with young parents more likely to be from a low socioeconomic background. Having child and family centres in less socioeconomic communities provides a local response to the support young families may need. There is a lot of stigma associated with being a young parent. This can be a barrier for many young parents accessing support and resources when they feel they are not included or accommodated for in an existing program.

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Young parents need support people who are non-judgmental and tailored programs that address these concerns that young parents may have. Young parents can do really well with the right support, but are often sensible to extra attention or issues that may arise, such as financial stress, housing stress or family conflict. This means there needs to be wraparound support to address both the needs of the child's wellbeing as well as the parents. Despite the benefits of child and family centres, no one service is able to meet the needs of a cohort. Having a range of services is key to being able to deliver the wraparound support many young parents need. Effective collaboration between services is essential for the implementation of this support.

We know young people want to be supported by their families, and some young people through our statewide consultation have suggested making it a requirement for pre-parenting classes. Young people want more access to programs and education for parents on issues such as mental health so that parents are better resourced to identify these issues children and young people may have.

Ms FORREST - Thanks, Teagan. There are a couple of things I wanted to follow up on that you have said, one being the wraparound support needed, which I think is absolutely essential. You talk about the pre-parenting classes in your written submission and say it should be mandatory. I am not quite sure how you make it mandatory but I understand the intention there. How do you see the wraparound services constructed and where do they start? How do you engage some of these young people who may not realise they are pregnant until sometimes fairly well into the pregnancy? How do you see the services being structured to capture these families during the pregnancy, ideally as early as possible, and how does it then transition to the early parenting for you?

Ms PEARCE - In those circumstances it may be possible that a young parent has other issues going on that may suggest they might be engaging in another service that might not be relevant to pregnancy or health, for example. I guess the opportunity there is if they are engaging with another service for that to be identified early and for the services to work together and have those referral pathways and understanding of what different services can offer young people.

Ms FORREST - One of the things the Children's Commissioner mentioned that has been mentioned by others is that you identify a family at risk or someone who needs additional services, you refer them and they then have to leave that service they are comfortable accessing because that is why they are there already, and then they have to then go through another door they don't really want to go through. One of the things that has been talked about is that outreach from the family and child centres. Is there a need for a greater structure between some of these services? Are they GPs? Who do you think they are? Where are these connections not perhaps being made?

Ms PEARCE - We definitely advocate for more outreach services because it is true that young people do not always access the services they need, either because they do not identify the need themselves or they do not feel comfortable in approaching that service. In terms of services, I do not have any particular ones in mind in terms of where young people might be picked up. It is across the board of that understanding of what services are available and have those resources that are able to tailor to young people and their needs.

Ms FORREST - Do you think it is important that these antenatal and pre-parenting classes for young people are done in groups? I used to do antenatal classes, as you probably know, for a long time, and we ran specific classes - 'I'm going to be a mum under 21' was one of them, for

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example. I went to visit my daughter-in-law who had a baby recently in Melbourne and I could see an antenatal class going on as I walked along the street into the main entrance of the hospital. That was an interesting location. You couldn't not look into the room because it was so brightly lit and it was dark outside, but the average age of those parents in there would have been 30. I imagine a young woman or young couple would not necessarily want to walk into a group like that. How important is it that we tailor education directly to younger people?

Ms PEARCE - It is really important because, as I mentioned, the stigma associated with being a young parent can be a significant barrier for young people in accessing help. Feeling as though you are not accommodated for in any group can be a very daunting experience, especially in a young person. Having that tailored support and support staff who understand the needs of particularly young mums is vital for making sure that those spaces and programs are as inclusive as possible and that those young people feel welcomed.

Mr VALENTINE - A comment was made in your submission about accessing services and rural people or regional people not being able to access public transport or whatever. Do you want to expand on that? How many people are we talking about here who, in your experience, are in that position?

Ms PEARCE - I don't have any specific information on that but with Tasmania having a very dispersed population, you would expect some young parents out there are missing out on the services due to their location and availability of transport. It goes across many issues. That is a very difficult thing to try to address but it's obviously an important consideration.

Mr VALENTINE - Of these people who should have these sorts of services available but simply don't want to walk through the door, do you have comment on what is stopping them from doing that? Is it that they just see it as a bureaucracy and they don't want to go there because they're worried about what they might be asked and reveal and those sorts of things? Can you comment on that?

Ms PEARCE - Yes. It would be different for each young person, but definitely the stigma would be a key one, as well as potentially not even knowing what to expect or there being difficulty in accessing the service. For example, they might need to fill out forms and not have the literacy skills to do that. It may be transport or it may be issues going on in their local community and for whatever reason it is not seen as the place to go. The issues will vary from young person to young person but I would say they would be some of the key ones.

Mr DEAN - If I asked your group who were the vulnerable families in Rocherlea or Ravenswood, would you be able to tell me the people who need these services and this support?

Ms PEARCE - No, but I could get you in contact with people within our network including our members in regional networks to provide specific information on local communities, underpinning what information they have available.

Mr DEAN - That seems to me to be an area we need to do a lot more on. With the new Education Bill before us, the disadvantaged groups will be able to have access to these childcare centres. I am of the view that we haven't done that well enough. We don't know who some of these families are. We need to do much more work in that area because they are the kids - you might have heard me with Mr Morrissey - that we really do want in these centres. A lot of the kids who are already in these child and family centres are going to do okay without the centres, to

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be realistic about it. It is those others that we really do need to get in there. Do you have any comment you want to make on that as to how we should or can do it?

Ms PEARCE - What you have raised highlights the importance of having a local community response. The needs in each community and of particular families that really need these services are going to quite different. Again, that is where better communication between services about the needs of different families and where they could go for access and support - that may be a child and family centre or it may be a different form of support that they need that could be addressed elsewhere - and having that local community's response and the sharing of information.

Mr DEAN - We have a lot of groups working with children, and a lot groups working with disadvantaged children and so on. What Mr Morrissey said is right: there is this crossover with Neighbourhood Houses to some extent. Is there a way we can bring a lot of this together and work much closer than we currently do?

Ms PEARCE - Collaboration is very important. I am sure that there will models out there that would point to a possible way forward. I don't have a specific model or idea in mind but collaboration is definitely very important.

Mr DEAN - Thank you.

CHAIR - We are talking about barriers to engagement but I am assuming that a lot of YNOT members are highly engaged young people. How do you, as an organisation, engage people who might see barriers to that sort of community involvement?

Ms PEARCE - Traditionally, the way we have engaged young people through our events is through our statewide consultation forums or opportunities such as the Tasmanian Young Conference. They are face-to-face ways for young people to engage and have their say. For example, we promote forums through schools. Schools select representatives but we contact our members, we contact organisations and we contact the services about the opportunity and encourage them to get young people to attend. We provide free transport. We provide them with food during the day and try to limit some of those barriers.

It is through the support of other organisations in getting those young people to attend and making that link between the opportunity that we provide and the logistics of getting the young person there on the day. Once they are there, we find young people engage in various ways but we do see a high level of engagement across the board.

CHAIR - In regard to the logistics and some of those things you talked about, could that be expanded in child and family centres, do you think, to make it more accessible?

Ms PEARCE - Potentially. It is about understanding the barriers that would be present for that local community. Using our example of our statewide forums with young people, we identified that in having a statewide forum transport would be one of the biggest barriers for young people. So, by us providing that, takes away one of those most significant ones. Using that process of identifying the key barriers and trying to address those in each community would be a positive way forward.

CHAIR - Do you think there is an opportunity for CFCs, a government institution to work with, say, Metro and ensure that bus routes do go past the CFCs and other access? I know in my

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electorate that is a barrier for the Chigwell Child and Family Centre from other parts of the electorate because the transport is not there.

Ms PEARCE - Yes, definitely. Perhaps if that is coming up as an issue for that community, then it would be very wise to explore that further and develop a solution there.

CHAIR - What about opening hours? Do you see some flexibility might advantageous as well?

Ms PEARCE - Yes. I am not certain of what the hours are at the moment and what the structure is with the centres.

CHAIR - It is pretty close to school hours.

Ms PEARCE - For parents it would be very important to engage in the service if the service is open when they are available. For many, their availability might change from week to week so having a consistent time when young parents have to turn up can be a sometimes. I believe we outlined in our submission that need for flexibility because the difficulty in trying to maintain a regular appointment to go to a centre can be a challenge.

CHAIR - Would you like to see after-hours services available?

Ms PEARCE - Yes, that's something we would advocate for.

CHAIR - How important is the building from a young person's perspective? Is it a possibility to have repurposed buildings as long as the community is involved in the redevelopment of that building and have a say over how it looks and functions in the end?

Ms PEARCE - Community ownership is really important. It doesn't necessarily mean that something brand-new has to be built, because that doesn't mean that the community would have ownership over it. Consultation with the community about what they need and what they would like to see in that space is really important. For young parents it is also very important to see what their needs are as a cohort so they feel accommodated for and welcomed, not excluded.

Mr VALENTINE - Do you see mental health services being available through the child and family centres or do you think that is something that needs to be done from a different angle?

Ms PEARCE - I would say there are some services that already exist and provide support to young parents and young people generally from all backgrounds. There is an opportunity there for child and family centres and those organisations to collaborate on potential models that already exist within other organisations to provide outreach one day a week, for example, and that is a way to ensure that services aren't duplicated and are connected in with that specialist support other organisations are able to provide.

CHAIR - On behalf of the committee thanks for your time today and the effort YNOT put into the submission. We really appreciate it.

Ms PEARCE - Thank you.

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THE WITNESS WITHDREW.