

2019 Submission - Royal Commission into Victoria's Mental Health System

SUB. 0002.0028.0404

What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

"My suggestion would be to increase the content of mental health issue information that is covered in the Victorian Curriculum at schools. This way, young adults grow up with the knowledge of mental health issues, their effects on individuals and the society, and the solutions and treatments of such illnesses. "

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

"What works well to prevent mental illness includes the assistance and aid of counsellors and psychologists to people suffering the conditions. Well trained professionals are, on the most part, proficient in guiding the person with a mental illness toward solutions tailored to the individual and their circumstances. DHHS have proven not to aid in the prevention of mental health illnesses, regardless of their title being "'Health and Human Services'". I and other individuals that I know of have been deprived of access to psychologists, psychiatrists and the like due to DHHS' incapability to handle their cases. This may be due to insufficient funding, or careless management and behaviour of staff. Nevertheless, cases such as my own have been neglected. Personally, I would not have suffered of the mental health issues that I currently do without the interference and neglect of the Department of Health and Human Services. Thus, investigation into the management of DHHS and Child Protection cases would aid in protecting the mental state of young Victorians. "

What is already working well and what can be done better to prevent suicide?

"There are surplus hotlines and services available for access to counselling for suicidal individuals. Personally, these services such as Headspace and Lifeline have worked well for me, and have at times been the source of advice and counselling that have prevented me from committing suicide. The only reasons for my suicidal thoughts and actions within the last three years of my life have been due to DHHS neglect. I have been placed in arrangements in which I have been in danger - repeatedly so in environments in which there are sexual assault claims under investigation. This is the case currently - from 21 - 25 December 2018 I was placed in ██████████ CAMHS care, as I was suicidal. When I was released, DHHS placed me in my current living arrangement - one in which I have had reason to fear at times for my safety. I was not allocated contact with psychologist during this time period by the Department due to 'concerns' they had regarding this psychologist. However, they have failed to facilitate contact with another psychologist for myself since my submission to CAMHS. This situation has been a tremendous cause of stress to me, resulting in suicidal thoughts being prevalent almost in day to day life. There have been investigations into sexual assault perpetrated by a family member toward me, and it had been confirmed that the family member had broken an intervention order that would have prevented the abuse from occurring initially. For 2 years this matter has remained unresolved, and this family member has

not been charged with the breach of a court order. "

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

"Family hardships and conflicts during childhood are a precursor to mental health issues such as depression and anxiety. PTSD (Post Traumatic Stress Disorder) can also be an outcome of these childhood adversities in extreme cases. There needs to be improved management of cases reported to Child Protection for this very reason - as children in these vulnerable situations rely solely on Department direction and management to direct the course of their life. When Child Protection cases are poorly managed, the children involved in the issue are more likely to experience severe mental health issues as a direct result. "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

"Some of the 'drivers' behind communities experiencing poorer mental health conditions include socio-economic backgrounds, family environments and access to mental health facilities. One thing that can be done to address this issue for the younger generation is the introduction of further mental health studies into the Victorian Curriculum. Improved management of DHHS and Child Protection cases will also help to ensure the mental health of children and families of all backgrounds."

What are the needs of family members and carers and what can be done better to support them?

"Family members and carers require support from external services, especially when they are known to be under strain by supports such as Child Protection. Personally, I had a stable living placement at a DHHS approved foster family that broke down due to lack of support and respite options. My previous foster mother had requested respite options for six months prior to the placement breakdown, and none were allowed. This tension with the family caused by lack of respite breaks was a large proportion of the reason for the eventual placement breakdown. "

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

"These services could be sustained by increased research into community impacts. This would determine how the given services are received by the community, and further, how they can improve their services to meet the community's needs at the given time. "

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

N/A

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

"I would like the Royal Commission to aim to reform the management and goals of DHHS and Child Protection. The Department too often aims to reunify children with abusive parents, because they do not take the time and effort to investigate as to whether the reunification goal is in the best

interest of the child. Also, there is too large of a stigma around teen aged young women being adopted by men. My current situation at the moment hostile and difficult because I was removed from a home I was happy in because I lived with an older man alone (but had his family nearly always around). The Department argue that they cannot determine a reason as to why my carer would have had any initiative to help me, and therefore his intentions are, according to them, likely to be impure. This action by the Department has come close to destroying my life, and has been the reason for the last 6 months of suicidal thoughts and urges that I have lived with. I as a 16 year old girl should have the opportunity to be heard in court, and be supplied with any evidence to support the Department feeling the necessity to rearrange my living circumstances. I was told directly by a Child Protection worker that I have no right to access evidence surrounding my case as I am 'only 16'. The Royal Commission needs to aim to support young people in their stance against the incompetence of Child Protection, and their neglect of the children's lives that they govern."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

"There needs to be regular monitoring of the management of DHHS case management. If the handling of cases is deemed to be unsubstantial by superiors placed by the Royal Commission, the given members of DHHS staff should be retrained, or demoted to a lower importance role. "

Is there anything else you would like to share with the Royal Commission?

"If there is anything that can be done by the royal commission to assist in amending the neglect and mismanagement of DHHS within my life and case, it would be much appreciated if someone would contact me using the given details from previously. (If needed, my mobile number is

██████████

(A piece I've written regarding my strained relationship with my mother – and how difficult it would be to fix)

I dropped a plate last week. I'd loved that plate for the last 10 years of my life – cared for it, washed it, paid for maintenance it needed when it was chipped by the careless handling of others. But I dropped it. I didn't mean to, it wasn't my intention; but it happened. Here's the strange part. I tried to apologise to it for hurting it, but it didn't change its state: broken, shattered to pieces on the tiled kitchen floor. Isn't that what we're taught to do? Apologise? It's supposed to make everything better, right? The plate should have fixed itself! I apologised... there's no magic wand spurred on by the presence of any other word that I can find in the dictionary, but it's expected that there's magic and wonder in that humble, five letter word.

Maybe it's because it's what we're taught. For some, it's the case. For others, it's laziness – unwillingness to put in the work to fix the damage you do to the people around you, so you just apologise and hope that the pieces get swept under the carpet. The way to tell the difference between these two outlooks on causing pain? In my opinion, it's the choices that're made that follow up from the damage done.

When I was only 6 or 7 years old, I witnessed what I hope was one of the worst displays of maturity ever shown by two parents. I hope it's the worst, because if there are any instances that top it, the participating individuals shouldn't have the privilege of being called adults. Mother wanted her own way, father wanted his. We're taught growing up that there's a method of peace keeping called 'compromise' – but none of that was shown during this situation. The poison and toxicity that accompanied their words took a physical form; punches, scratches, slapping... So dear younger me witnessed my parents engaging in their preferred form of physical warfare against each other, stirring me to hide. It's all I knew how to do. Sometimes I feel like it's still all I know how to do. I gathered my courage to go out there to try and ease the tension, but I was too late... there was mum's car, driving down the driveway. "Mum! Please, wait stop..." but it was worthless. She was gone. I looked back down the driveway and there was my 'father', eyes full of fury – a look that always seemed to overtake his being when he saw glimpses of my mother's character in me. I couldn't win, and I couldn't lose more. The plate of my heart, soul and spirit was broken. Shattered in a million pieces on the floor. The tears of that young girl combined with that powdered china to form clay, but no one bothered to do anything with it. No one tended to my brokenness while it was still able to be moulded. By 11 years old, that adaptability and softness I'd had to display so many times throughout my life had been parched by the scolding heat of pressure, change, and puberty.

At 11 years old, I'd decided that no one cared about me. Whenever I'd expressed pain, everyone around me, namely my mother and father, tried to fix it with material possessions, emotional attention and mental encouragement... or telling me to grow up. Surprisingly, it helped for a while, like the placebo effect a band-aid has on a nasty wound for a child. However, I started to grow up, and I realised that for all of my life since that day everyone had been placing band-aids on what could have hypothetically been a broken ankle. I started realising how much the walk of life made me want to die... but still 'nothing was wrong'. 'There's worse people out there [REDACTED] What would God want you to do?' ... Either too ashamed to admit the damage that they'd done to the 'child they loved so much' or too blind to see the damage in the first place, they made psychological help or the idea that someone understood my pain unfathomable. This is because 'there was no damage to understand', words spoken by mum and dad both. My father mentally withdrew himself out of my life at this point and told me that I was to be entirely mum's problem from there out. I'm still trying to figure out why I was a problem. But mum was determined to fix me – after all, what mother would want to live with the fact that they'd damaged their daughter

to the point of no return by rejecting her when she was weak? I realised that the main reason that she offered 'help' (hugs, early bed-times for my mental stability, private schooling) was for her own pride. She sent me to a private school so that the first thing people noticed about her 'love' for me is that she was willing to pay to give me a future, not that she tried to make me cover up my pain. Not that she wouldn't let me feel. Not that I wouldn't have had that 'bright future' if I stayed with her – it's common sense that there's no brightness in a grave. Not only did she not make the effort to bend down to mend my broken pieces, but she didn't even follow my intuitively useless action of apologising to the pieces for the irreversible damage. She told me that I was useless, just like my father, evil, the devil's child... she told me I had no hope of a future, and hit me when I told her she was wrong. Furthermore? To this day she has never said sorry. She was never sorry that I was hurt – but she was definitely grieved by the fact that I thought she wasn't perfect, so added a 'but' to all of her half-hearted excuses for verbal amendments. At 11 I decided I deserved more. At 11 I started to realise that I was allowed to feel – I was allowed to express myself and ask for help when those broken pieces started tearing away at my heart. What was mother's response? Rejection. Once again. What else could I have expected though, right? A leopard never changes its spots... once a narcissist, always a narcissist. I sought my own help, I looked for distraction from the mental pain by letting it seep out of my arms from desperate, bloodied wounds. I dulled my mind with alcohol, and starved my body in attempt to starve my brain. Nothing worked... I asked mum for help, when I was at my most desperate – but what did I receive? Rejection. She told me that she wished I'd never been born, because every molecule of my being was brimming with evil and poison. I believed her, and continued down my path of self – destruction.

When mum walked into the room of my brokenness to try and cover the pain, she stepped on the largest and most easily repaired fragments and broke them again. If my spirit wasn't broken the day I witnessed hell on earth as a toddler, it was definitely broken now. The glue she used to try and 'stick me back together' consisted of hitting me to try and fix me, and telling me I could never be whole. 'You could never hold a relationship, and your friends are only still there because they pity you. If you stopped being so fake with them, they'll see the real you and leave. You'll never TRULY be loved by someone, if you show them who you are.' To top it off? To her I was the one who threw her plate of wholeness off the edge – and I was the reason she never wanted to repair it. I would be the reason for her suicide, and I deserved every pain in life that came to me. This 'truth' that was apparently supposed to fix me only broke me more. She told me that I was a scrag just like my grandmother, who two years later repeatedly let my rapist in the house to have his way with me. After that comment she kicked me out of the hell that I called home. This happened in a fairly uniform manner for the next two weeks, at the very least, before she discarded me like the piece of rubbish she'd made me into, and swept my mess of brokenness into my father's house.

I had no hope there – I began to learn why my mother and father were married in the first place. They were just like each other. Abusive, cold, sadistic, pride filled and without a hope for a future. He re-enforced everything mum had told me, except somehow he was the wiser one, he knew that this wasn't the way to fix me. He did it purposely to hurt me. And it worked. I've only recently figured out which parent had the worse method; continual harm without attempt to see the damage done (mum), or knowingly breaking someone to pieces and apologising afterwards (dad). My father has recently apologised for the damage done and has made all efforts to prevent further damage, leaving mum ever so more negative, from my perspective.

I'm 15 now, and I've written a short, mostly hypothetical recap of the last 8 years of my life. People around me wonder why I still don't get along with my mother – and it's because to this day she still damages me to make herself feel better (or look better to herself). Whenever she gets the opportunity, she still tells me that I should be doing something differently... my best still isn't

good enough. I learned that this is bullying in Year 6, which ironically coincides with the period of time in which I started to retaliate against her evil clutch over my life. I haven't broken free... and I don't think I ever will. I don't even know if I want to. I just want a real mum. I want a mum that shows she cares about me both in the spotlight and behind closed doors, not one that says the right thing at the right time to fill her void of emptiness, and feel as if she looks good to someone. Mum needs professional help in order to fix this problem. We need to attack the source of not only my greatest pain, but her greatest weakness also. We need to fix her depression, so I can have my mum back, instead of this empty void that flickers the woman I love but exists as a ghost.

Dr [REDACTED]

MBBS FRANZCP DipChildPsych

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Provider Number: [REDACTED]

[REDACTED]
Provider Number: [REDACTED]

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Phone: [REDACTED]

Provider Number: [REDACTED]

[REDACTED]
Phone: [REDACTED]

Provider Number: [REDACTED]

31/07/2018

To Whom It May Concern

Re: [REDACTED]

DOB [REDACTED]

[REDACTED]

[REDACTED]

This is to certify that I am a consultant child, adolescent and family psychiatrist of 35 years' experience with particular expertise in complex posttraumatic stress disorder and dissociation.

I have been seeing [REDACTED] since 14/10/2017 and have treated her with insight oriented therapy and medication.

I have had four joint interviews with [REDACTED] and [REDACTED] since 6/6/2018 and have met [REDACTED] mother [REDACTED]

[REDACTED] has improved dramatically since [REDACTED] involvement in her life and especially since he has become her primary caregiver – she sees him as a father figure – and she has moved to Geelong to live with him. She has stopped self harming, running away and sexually acting out, attends school regularly and is doing extremely well both academically and socially.

[REDACTED] is very supportive of the above situation ([REDACTED] her long term friend, has become involved with [REDACTED] at her request), sees her daughter regularly, and their relationship has improved.

I see [REDACTED] 61, as an exceptional man of great integrity who is very involved in a pastoral support service for victims/survivors of church related sexual abuse and who has raised six well adjusted children of his own.

He is very committed to [REDACTED] welfare and she feels totally safe with him. As she most poignantly put it, she has been given a chance to relive her childhood and has grabbed it with both hands.

In view of the above, it is my professional opinion that [REDACTED] influence on [REDACTED] [REDACTED] has been most beneficial and strongly recommend that she continue to live with him.

I would be happy to discuss this further.

[REDACTED]

Dr [REDACTED]

Consultant Child, Adolescent and Family Psychiatrist

(The red script is a response to [REDACTED] [REDACTED] misleading report presented to court on 13/12/18, whilst the black text is extracted from the above mentioned document)

Concerns were raised at the beginning of October 2018 that [REDACTED] might be living with Mr [REDACTED] and not with her mother Ms [REDACTED] [REDACTED] ACMS Case Manager had difficulties establishing where [REDACTED] was living as Ms [REDACTED] was difficult to get in contact with and was not returning phone calls or texts. On 5 October 2018, ACMS Case Manager met with [REDACTED] and Ms [REDACTED] at the family home in [REDACTED] with Mr [REDACTED] present. It was established that [REDACTED] had been staying with Mr [REDACTED] in [REDACTED] and recently began attending [REDACTED] Secondary school, returning to Ms [REDACTED] on the weekends. Ms [REDACTED] was of the opinion that [REDACTED] remained in her care, however as [REDACTED] was now at school in [REDACTED] it was necessary that she remain with Mr [REDACTED] during the week to attend school regularly.

[REDACTED] and DHS were informed that [REDACTED] was attending school in [REDACTED] at the beginning of term three. Ms [REDACTED] [REDACTED] also informed that she would stay with Mr [REDACTED] and [REDACTED] Monday to Wednesday in [REDACTED] and then [REDACTED] would spend two days with Mr [REDACTED] and return at weekends to Ms [REDACTED] place. This was also discussed at the Conciliation Conference on 03.10.2018. After this conference, it was agreed [REDACTED] was doing well and conciliation notes read "DHS agree to consider withdrawing at the next court date if the YP and MO continue to engage with support services and there are no new protective concerns".

Child Protection confirms that on 14th April 2018 Mr [REDACTED] was not endorsed as a carer for [REDACTED] by After Hours Child Protection, however on 15 April 2018, approval was given as a temporary arrangement for [REDACTED] to reside for the weekend only on the provision that one of Mr [REDACTED] adult children reside with them as there were no other placement options. This decision was due to Mr [REDACTED] having an adverse criminal history check and Child Protection records reported concerns that Mr [REDACTED] exposed his stepchildren to a family violence incident between himself and his stepchildren's father.

The one and only criminal record was in reference to a matter in 2007 when Mr [REDACTED] was charged with 'Cruelty to an Animal'. This happened on a 44 C° day on the beach at [REDACTED] Mr [REDACTED] had taken his wife and 4 children to the beach to have fish and chips for dinner, as the power was off in [REDACTED] (for 8 hours). There was a crowd who had gone to [REDACTED] with same incentive. There was a 2.5 hour wait for fish and chips, on that given day. After he had purchased dinner, prepared it on the beach for his family and started eating, a dog ran over them scattering them into the sand, and proceeded to jump on his stepdaughter, [REDACTED] scaring her. He, regrettably, reacted by grabbing the dog and throwing it in order to protect his family member. This was considered excessive force. This happened at the time when he was severely depressed due to a fractured back, his brother's gruesome death, and court case as victim of notorious paedophile and (former) Priest, [REDACTED] [REDACTED]

In reference to Mr [REDACTED] exposing his stepchildren to a family violence incident, it was in fact children's father that instigated this. Mr [REDACTED] wife and her ex had a very bitter divorce. He (the ex-husband) was a Policeman, and during a protracted property settlement he had constantly caused needless issues and conflict. He was later reported to Police command and disciplined for his actions. He was further disciplined after entering the family home to remove furniture he didn't own. This action resulted in Police command attending and he, consequently, was stood down for 6

months from active duty and confined to desk duty as punishment for his actions. Mr [REDACTED] was never charged with wrongdoing regarding this incident, or had any orders taken against him. The closest he had gotten to being charged was due to his wife's ex husband's attempts to frame him out of jealousy and spite.

On 5 November 2018 Child Protection received an L17 Family Violence report advising of an incident occurring between [REDACTED] and her mother Ms [REDACTED] at Mr [REDACTED] residence in [REDACTED] with Ms [REDACTED] as the respondent. Child Protection follow-up established there had been an argument between [REDACTED] and Ms [REDACTED] about Ms [REDACTED] requesting [REDACTED] return to [REDACTED] to live with her. It was also confirmed there was an argument between [REDACTED] and Ms [REDACTED] in relation to Ms [REDACTED] throwing a chocolate bar back at [REDACTED]. Details of this incident was confirmed by [REDACTED] Police who attended on this day and advised that a member of the public reported the incident to Police. On 12 November 2018, Child Protection discussed the incident with Ms [REDACTED] who confirmed she had a significant argument with Mr [REDACTED] about wanting [REDACTED] to return to [REDACTED] with her that evening.

The above is a total distortion, and in fact, not the order of events described in the presence of [REDACTED] ACMS Case Manager by the Child Protection worker. The previous day, [REDACTED] had met up with her paternal grandmother with whom she had previously stayed. It was this grandmother who had broken the intervention order against [REDACTED] paternal uncle with whom she had made allegations about, to allow him to enter the house – all whilst she felt unsafe and expressed such. He subsequently raped her during these periods of time. Later, [REDACTED] had an incident with her grandmother whereby she was caught smoking marijuana in her bedroom. She had not seen or spoken to her grandmother since the above incident. As Mr [REDACTED] goals were to establish [REDACTED] in as many family connections as possible, when approached by the grandmother to see [REDACTED] he allowed the visit with [REDACTED] permission. The visit went very well, and [REDACTED] has since communicated by text with her grandmother and recently told her she loved her.

Unfortunately, on the same night, [REDACTED] endured a flash back triggered by the above interaction. She was subsequently quite tense the following day. It has been proven in different incidences over time that when [REDACTED] is on edge, Ms [REDACTED] follows suit. Ms [REDACTED] to make matters worse, was already suffering severe depression at this time. To attempt to ease the tension, Mr [REDACTED] took them to [REDACTED] heads for lunch, after which they went to Kmart to get a surf board for [REDACTED] with the intent to use later this day at the beach. [REDACTED] and Ms [REDACTED] got involved in an argument over a long-time, troubling issue - why her mother had abandoned her the day her and her father split up. Previously, this had created a great feeling of rejection for [REDACTED] and the argument and angry fight that day had scared and traumatised her. Ms [REDACTED] had fled the situation (and left her daughter) in fear for her own safety, yet [REDACTED] had felt she was forgotten in these moments and was left to face these fears on her own. Over the years neither side could reach common ground on this issue. After heated discussion on the above date, they were able to gain some understanding. In addition to this, during this discussion [REDACTED] also learnt that in her mother's words, she had not really loved her father when they married. Emotions ran high for both parties after this comment. Arriving at Kmart [REDACTED] and her school friend accompanied Mr [REDACTED] to purchase the surf boards. Ms [REDACTED] stayed in car as she was upset. Whilst in Kmart Mr [REDACTED] spoke to [REDACTED] about seeing it from 'mums' point of view' and she agreed that she could now. She chose to buy her mother a bar of Toblerone as a peace offering. On return, [REDACTED] went to offer the apology and chocolate to Ms [REDACTED] who was now sitting inside the car. Her reaction to [REDACTED] gifts was to half close the door on [REDACTED] leg and throw the chocolate to the back seat saying, "I don't want your f**king

chocolate". Mr [REDACTED] was greatly disturbed by this response by Ms [REDACTED] to her daughter's long sought-after apology. There was yelling in the car between [REDACTED] and her mother and as the group pulled up at Mr [REDACTED] residence, the argument grew in intensity. Mr [REDACTED] yelled at Ms [REDACTED] to, 'Shut-up, and try and understand your daughter'. He told her that she didn't see the damage she was doing to [REDACTED] "This is the issue that caused most of your conflict and she's trying to apologise for her part, and you are rejecting it", which Ms [REDACTED] reacted to by accusing Mr [REDACTED] accusing him of always taking [REDACTED] side. Mr [REDACTED] then proceeded to leave car in attempt to ease tension and tried to enter the front door of his residence to withdraw, but Ms [REDACTED] had also exited the car, and pushed Mr [REDACTED] roughly in the chest against the car which consequently re-ignited the conflict. It was this incident that a member of the local public saw and quickly proceeded to call Police. Ms [REDACTED] then asked [REDACTED] to come home with her, but [REDACTED] said no, due to fear of the violent behaviour she had just witnessed by her mother. Police soon arrived and interviewed all parties involved in the conflict and spoke to the neighbour. They assessed the situation and concluded that [REDACTED] was safer in the care of Mr [REDACTED] and asked Ms [REDACTED] to move on.

On 9 November 2018 Ms [REDACTED] confirmed that she had organised a respite arrangement for [REDACTED] to reside at the home of Mr [REDACTED] [REDACTED] during weekdays and returning to Ms [REDACTED] to reside in [REDACTED] on the weekends. Child Protection were not previously aware of and was not supportive of this arrangement due to concerns about the inappropriate relationship between Mr [REDACTED] and [REDACTED]. Further to this, a kinship assessment had not been completed on Mr [REDACTED] by Child Protection. There is no evidence of an inappropriate relationship between Mr [REDACTED] and [REDACTED] and both have refuted such, a psychological test was done by Mr [REDACTED] to evaluate, Ms [REDACTED] has strongly refuted as has her sister, and such allegation is a falsehood and referred to police for investigation, as well as child commissioner. It against the laws of natural justice and is not supported by anyone other than DHS

This is not fact. Truth was as advised on 03.10.2018; [REDACTED] would reside at Mr [REDACTED] home with Ms [REDACTED] present from Monday to Wednesday, have respite with him on Thursday & Friday and then would return to Ms [REDACTED] residence for the weekends. During these weekends Mr [REDACTED] would arrange for 'bonding opportunities' to encourage the relationship between [REDACTED] and her mother. Ms [REDACTED] expressed many times to Mr [REDACTED] that she was most appreciative of this. In fact a couple of days before returning from her trip to Israel Ms [REDACTED] had sent Mr [REDACTED] a message "Thank you [REDACTED] fo being there for us. I really appreciate all you do for [REDACTED] We are very blessed to have you in our lives" and another which said "[REDACTED] is the one who has F...D this whole thing up and where does [REDACTED] fit into all this" and further "Despite [REDACTED] and [REDACTED] working with [REDACTED] I feel you are the only one who can help [REDACTED] change the way she sees me". When Ms [REDACTED] stayed at Mr [REDACTED] he would also ask her to cook for [REDACTED] some of her favourite meals. This arrangement was no different to that advised at case conference on the 03.10.2018

Ms [REDACTED] also advised Child Protection on this date that she would be travelling overseas for a 3-week period commencing the following week and [REDACTED] would be in the care of Mr [REDACTED] [REDACTED]. Child Protection agreed to undertake an assessment of Mr [REDACTED] suitability as a potential kinship carer. It was agreed by all parties that in the event Mr [REDACTED] was not assessed as suitable, [REDACTED] would reside at her maternal grandparents' home, while Ms [REDACTED] was overseas. Ms [REDACTED] agreed for [REDACTED] to remain in her care prior to the assessment being completed.

On 12 November Child Protection assessed that Mr [REDACTED] was not a suitable caregiver and advised Ms [REDACTED] that [REDACTED] should return to her full-time care and any contact between [REDACTED] and Mr [REDACTED] should be supervised. Mr [REDACTED] does not hold a current Working with Children Check and has been served with a NO CONTACT NOTICE on 14 June 2018 in relation to another young person known to Child Protection

The so-called assessment of Mr [REDACTED] was not in line with DHS procedure. In fact it was done in presence of Ms [REDACTED] and most questions were in relation to issues of concern to DHS re Ms [REDACTED] apparent lack of transparency. The no contact order was in relation to [REDACTED] boyfriend as DHS took the view Mr [REDACTED] [REDACTED] be grooming him too. Mr [REDACTED] only involvement with [REDACTED] was as he saw his girlfriend [REDACTED] [REDACTED] had shared some issues of concern about his welfare with DHS and has since made complaint to the child commissioner. These complaints in part were: Punched in the head twice by another resident, No medications on occasions as residential staff forgot to order, On two occasions unable to get medications as another resident had stolen them, On other occasion unable to get medications because another resident had locked himself in office, On 20.06.2018 [REDACTED] was scared and had heightened anxiety due to a resident yelling and screaming and being antagonistic towards staff. Marijuana was freely available with in unit through other residents and [REDACTED] was often kept awake by noises from other residents' room who were entertaining girlfriends in the room. These girls would stay the night against regulations and leave in morning. There were many other issues. Mr [REDACTED] advised if he couldn't get safety and help from his DHS case worker then use the correct channels to complain.

During this assessment Child Protection held significant concerns about Ms [REDACTED] and Mr [REDACTED] not being transparent and providing contradictory information. Child Protection was aware that Mr [REDACTED] had advised [REDACTED] and other professionals that he had cancer, however when asked directly by the Child Protection worker Mr [REDACTED] denied this. Later in the assessment Mr [REDACTED] mentioned he had previously been treated for bowel cancer and when challenged about denying his diagnosis he reported he had a 4% chance of the cancer returning and thought he had mentioned this earlier. During the assessment [REDACTED] advised Child Protection that both Mr [REDACTED] and her mother have not been open about information with Child Protection as they were all concerned what Child Protection would think. [REDACTED] reported there were concerns about Mr [REDACTED] previous cancer diagnosis and Child Protection would have concerns that he might be unwell and not able to provide care for her. When asked about an inappropriate relationship occurring between [REDACTED] and Mr [REDACTED] [REDACTED] Ms [REDACTED] and Mr [REDACTED] all refuted this suggestion. Mr [REDACTED] stated that there had been one time he had found [REDACTED] in the bathroom in her underwear as she required medical treatment after cutting herself with a razor. Mr [REDACTED] reported he had to lift [REDACTED] to provide first aid, however denied he had touched [REDACTED] inappropriately with [REDACTED] and Ms [REDACTED] confirming this incident.

Mr [REDACTED] expressed he had not communicated with DHHS as this was Ms [REDACTED] responsibility. He had also been previously advised by [REDACTED] (then) boyfriend's, [REDACTED] DHHS case worker, [REDACTED] that he wasn't to contact DHS. The writer distorts facts in saying Mr [REDACTED] denied he had cancer. In truth, her exact question was "Is it true you have cancer and only have a 4% chance of living two years?" Mr [REDACTED] replied that this was incorrect. He had been made aware that this information was gotten from [REDACTED] [REDACTED] and was false information in a DHHS report of his. [REDACTED] had sent a copy of this to [REDACTED] who informed Mr. [REDACTED] of such misleading information. In fact, Mr [REDACTED] later clarified to the Child Protection

worker, [REDACTED] [REDACTED] that his reply was in fact to the 4% chance part and that he in reality had a 90% or better chance of full remission.

In relation to the Child Protection worker asking about an inappropriate relationship occurring between [REDACTED] and Mr [REDACTED] she did not ask. In the presence of [REDACTED] ACMS Case Manager, [REDACTED] Ms [REDACTED] [REDACTED] and Mr [REDACTED] [REDACTED] said "We have received an allegation that you have touched [REDACTED] inappropriately", to which Mr [REDACTED] responded with "By whom and when?". Caseworker responded with "From [REDACTED] side six weeks ago". Ms [REDACTED] jumped off her chair and yelled at [REDACTED] "You have had an allegation for six weeks and you haven't told her mother?" Mr [REDACTED] then said, "I will have your job. If you have had an allegation against me for six weeks, then you are bound by law to investigate and should have taken steps then and there to remove [REDACTED] from all contact with me. I am disgusted by your inactions." Case worker responded with "Well have you touched her inappropriately?", to which Mr [REDACTED] replied, "I have absolutely never touched her inappropriately". [REDACTED] then asked [REDACTED] the same question to which she answered, "definitely not. I've been groomed before and I know the signs and symptoms. None of which [REDACTED] has displayed." [REDACTED] later asked [REDACTED] the same question again on her own to which she replied in the same way. Ms [REDACTED] then exclaimed, "Do you think I would let him anywhere near her if I thought even for a minute that anything untoward was going on?!"

This false allegation is being followed up by the Police and has been referred to the Child Commissioner. [REDACTED] later told Forensic Psychologist, [REDACTED] [REDACTED] about the above conversation and he proceeded to put her through a 'knowledge of grooming/inappropriate touching test' to which the result established there had been no such conduct. Mr [REDACTED] was not at this appointment.

In relation to the above incident in which Mr [REDACTED] picked [REDACTED] up from the floor in her underwear after having found [REDACTED] collapsed, Child Protection worker left out these words: "After wrapping her in a towel He lifted [REDACTED] up to dress her wrists". This was also confirmed by [REDACTED] and Ms [REDACTED] and in fact is on the copy of the Case worker report presented at court 07.12.2018. On this copy, Ms [REDACTED] had written in her own hand writing "after placing a towel."

On 14th November 2018, Ms [REDACTED] advised [REDACTED] ACMS Case Manager that [REDACTED] maternal grandparents were not in a position to care for [REDACTED] while she was overseas, and she had cancelled her overseas trip.

[REDACTED] in this time was also removed from her job at [REDACTED] [REDACTED] and deprived of a social life. She was then unable to attend end of year school social activities and was not allowed by DHHS to attend an end of exam luncheon. In addition [REDACTED] has been involved with Mr [REDACTED] children and grandchildren providing her with a happy family environment

On 16th November Ms [REDACTED] [REDACTED] advised [REDACTED] ACMS Case Manager that she would be travelling overseas for the period of 16 November 2018 to 9 December and as previously agreed with Child Protection, arrangements had been made for [REDACTED] to reside with her maternal grandparents. [REDACTED] advised [REDACTED] ACMS Case Manager that she would not attend her classes at school over the next few weeks and would do her exams online. It was explained to [REDACTED] and Ms [REDACTED] that arrangements had been put in place by her school and Child Protection had agreed to transport [REDACTED] to sit her year 10 exams. [REDACTED] was not expected

to attend any of classes during the period as the school was able to provide [REDACTED] with work to complete at home. Between 22 November 2018 and 30 November 2018 [REDACTED] was transported to her exams by Child Protection and [REDACTED] ACMS staff. [REDACTED] had been engaging with staff during these trips to [REDACTED] and was happy with how she was progressing with exams. Child Protection was concerned about topics of conversation [REDACTED] raised during the travel with her reporting;

- She hated her mother for leaving her with her grandparents while she travelled overseas.
 - [REDACTED] concerned about her mother not being employed and having to rely on Mr [REDACTED] to pay her mother's mortgage and using Mr [REDACTED] superannuation funds
 - [REDACTED] discussed being concerned about Mr [REDACTED] being diagnosed with cancer
 - [REDACTED] reporting that Mr [REDACTED] told her that her Psychologist Mr [REDACTED] had advised Mr [REDACTED] that her mother should be completely out of her life.
 - [REDACTED] reported that Mr [REDACTED] advised her that her mother had told Mr [REDACTED] that her mother had told Mr [REDACTED] that she was not going to apply for legal aid for the court matter on the 13 December and that [REDACTED] was not worth fighting for.
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- Mr [REDACTED] has since clarified that no funds were coming out of his superannuation, but that if he had to continue to aid Ms [REDACTED] financially, he would need to withdraw from his savings. He had used money intended for his super fund – this is where the confusion arose regarding this matter. Ms [REDACTED] [REDACTED] and Mr. [REDACTED] had a discussion regarding the mortgage before Ms [REDACTED] went to Israel. This discussion revolved around Ms [REDACTED] [REDACTED] and Mr [REDACTED] paying one third each. Mr [REDACTED] only ever helped Ms [REDACTED] with the intention of having a home for [REDACTED] to return to
 - Mr [REDACTED] was receiving treatment but is in a good place with a remission report due in January 2019
 - Mr [REDACTED] advises that the above statement was never said by him or Mr [REDACTED] and [REDACTED] says she did not say this. What she did say, is that Mr [REDACTED] psychologists backed her when she made rational decisions and if down the track this meant not having her mother in her life, this may also be the case. Mr [REDACTED] has always fought to have [REDACTED] and Ms [REDACTED] reunified. When [REDACTED] was residing with him, he would request her to phone Ms [REDACTED] twice daily. He continually created an environment whereby they could relate in a relaxed manner. Whilst Ms [REDACTED] was in Israel, he had [REDACTED] send Mr [REDACTED] and Dr. [REDACTED] (Psychiatrist) an essay on why she struggled with her relationship with Ms [REDACTED]. He also had messaged Ms [REDACTED] during this period, that, "Perhaps it was time for her, [REDACTED] and Mr [REDACTED] to work together to sort through the issues." Ms [REDACTED] agreed to this plan. Additionally, Mr [REDACTED] had organised his work life for January in such a way that he would not have time to look after [REDACTED] and had discussed with Ms [REDACTED] that she would need to be 'Taxi Mum', taking [REDACTED] and friends to movies, to the beach, shopping etc. and be chief, cook, etc. The idea was to use this time to mend old wounds. Also while in Israel [REDACTED] did some garden works to the "Rabbit Run" with Mr [REDACTED] as a surprise for Ms [REDACTED] return. Mr [REDACTED] had sent photos of [REDACTED] working in the garden with text stating she really enjoyed it and it was then planned for her and her mother to complete the works.
 - Mr [REDACTED] received a message from Ms [REDACTED] in text form from Israel which said that she was not going to apply for Legal Aid as, [REDACTED] and DHHS hold all the cards so what's the point in fighting anymore.'

During this time [REDACTED] was not able to do her job at [REDACTED] [REDACTED] nor was she allowed by DHS any social time with her friends.

On 29 November 2018, Mr [REDACTED] reported to [REDACTED] ACMS that Mr [REDACTED] had advised him that he should wait until [REDACTED] is 16 years old and then they will have more power. [REDACTED] advised [REDACTED] staff that Mr [REDACTED] was going to provide her with his own personal mobile number if she needed to talk to him. Mr [REDACTED] also advised [REDACTED] staff he had arranged medication for Ms [REDACTED] through [REDACTED] Psychiatrist Dr. [REDACTED] as Ms [REDACTED] had been very unwell with a major depression and could not get out of bed. This was impacting on her health and her capacity to care for [REDACTED] Mr [REDACTED] further reported he has been supporting Ms [REDACTED] financially with her mortgage payments and would estimate he has paid around \$10,000 on her loan

Mr [REDACTED] advised [REDACTED] that she would have more power as far as she would be heard more. At that current time, [REDACTED] felt she was not being heard, and her input / opinion did not matter. In fact, at court she asked Child Protection worker [REDACTED] [REDACTED] "why are you pushing me to go back to mums at this time?" [REDACTED] replied, "I thought that was what you wanted". This shows that she hadn't even discussed with [REDACTED] or Ms [REDACTED] what were best options going forward, or what [REDACTED] wanted for her future.

It is a regular practice of Mr [REDACTED] to allow for after-hours care.

The prescribed medication by Dr. [REDACTED] [REDACTED] was followed up by Ms [REDACTED] with her own GP and he issued a script for medication

Mr [REDACTED] supported Ms [REDACTED] at her request for help when she lost her job, paying half of her rent at the time. This suited Mr. [REDACTED] as Ms [REDACTED] consequently allowed him to use a room in the house when he was required to work locally. This arrangement continued for only three months. In September Ms [REDACTED] had taken on the responsibility of building a new house which entailed a mortgage. Mr [REDACTED] only helped on a single occasion with half-payment of this mortgage in November. Whilst in Israel, Ms [REDACTED] texted Mr [REDACTED] saying, "You know I hate discussing money, but I worked out why I am so low in funds. It is because you haven't given paid any money for September or December mortgage." Mr [REDACTED] was concerned about her financial situation. However, rather than give her more money he raised it with her parents saying they needed to 'step up' and contribute. He also spoke to them regarding her depressive state. Mr [REDACTED] has many texts from Ms [REDACTED] expressing her real and deep depression.

On the same date, Child Protection was advised that Mr [REDACTED] approached [REDACTED] [REDACTED] staff members in public and discussed his anger with DHHS for removing [REDACTED] from the care of Mr [REDACTED]

Apart from DHHS, all parties were agreeable that [REDACTED] should remain with Mr [REDACTED] Mr [REDACTED] has a single conviction to his name, a matter which he has advised [REDACTED] Psychologist and Psychiatrist of. However, the Child Protection worker assigned to [REDACTED] case was still willing to put her in a placement in which she was exposed to her maternal uncle, with whom she has made an allegation against, or with her father who has had many Intervention Orders against him. DHHS have never chosen to investigate the allegations against her maternal uncle. Mr [REDACTED] has known Mr [REDACTED] for an exceedingly long time, yet Child Protection worker [REDACTED] has only had one meeting with him in the presence of Ms [REDACTED] and [REDACTED] from [REDACTED] and assumes to have a more accurate perception of his character than Mr [REDACTED]

On 30 November ██████ was angry and heightened with the Child Protection worker and advised she would not be returning to Melbourne after her exam. ██████ reported to the Child Protection worker that she had an appointment with her Psychologist Mr ██████ the night before and that he had stated that he wanted ██████ to have no contact with her mother Ms ██████ ██████ further reported she wanted to stay in ██████ to be with her friends for the day, (As they were celebrating end of exams and breakup), Child Protection worker advised ██████ this was not possible as Child Protection worker had to return to Melbourne for court commitments. At 10:58 am ██████ sent a text to the Child Protection worker advising she was not coming to the car. Child Protection Worker with the assistance of School staff located ██████ in the school grounds to negotiate her return to Melbourne. ██████ left the school and Child Protection worker and school staff were unable to negotiate with her to return to Melbourne. Child Protection remained in contact with the School throughout the day about ██████ whereabouts as she was remaining in contact with the school. It was confirmed that ██████ had made an appointment to see her psychologist that day and would be returning to the school later in the afternoon. Child Protection made arrangements for ██████ to be picked up from ██████ and there were no concerns reported by the Child Protection transport worker in relation to ██████ presentation when she was collected. It was reported that ██████ was in good spirits and engaged in conversation about her schooling and her aspirations to study psychology. ██████ was returned to her grandparents at 6:00 pm on 30 November with no further concerns about her presentation or behaviour.

On 6 December 2018 Child Protection arranged a professionals meeting to discuss concerns that ██████ Psychiatrist Dr ██████ ██████ and Forensic Psychologist ██████ ██████ had raised about Child Protection removing ██████ from the care of Mr ██████ Child Protection advised they held concerns about the nature of Mr ██████ relationship with ██████ and Ms ██████ and the significant concerns Child Protection holds about previous texts and emails sent by Mr ██████ to ██████ ██████ Case Manager in regard to ██████ which were of a ██████ nature and viewed by Child Protection as grooming behaviour. Child Protection also discussed concerns about the potential control and power Mr ██████ has over Ms ██████ as Child Protection has become aware that Mr ██████ is supporting Ms ██████ financially by paying her mortgage.

The above-mentioned Case Management meeting was the only meeting arranged in 8 months – and it wasn't instigated by DHHS. If Mr ██████ was to have been grooming ██████ it would have been completely illogical to have sent the messages unedited to ██████ ██████ Case Worker. The messages mentioned a sexual allegation by ██████ against her father, so he forwarded straight away in attempt to gain some professional assistance to handle the matter. It is to be noted that under law, all allegations of sexual nature by a child under the care of DHS are mandatory to be investigated - yet no investigation was done.

The nature of mentioned financial support has been explained and is reiterated that Ms ██████ worked time in Mr ██████ business to repay him for his assistance. Any support Mr ██████ has given Ms ██████ has been to ensure that Ms ██████ had a house in order to provide a home for ██████

Child Protection raised further concerns that all members of ██████ care team had not been sharing information with each other and potentially not all parties were fully aware to all informed

decisions about [REDACTED] to be made. It was of concern that neither Dr [REDACTED] or Mr [REDACTED] were aware of the concerning texts and emails sent by Mr [REDACTED] and did not hold any concerns that his behaviour was inappropriate and by its nature is regarded as grooming behaviour.

It is to be noted that at no stage did DHS seek or arrange case management meetings. It is also to be noted that at both conciliation conference of the 21.06 and 03.08 all parties were given letters from [REDACTED] care team and informed of [REDACTED] care program. On the 03.08 it was agreed by all parties, that if [REDACTED] continued to do so well, DHHS would highly consider withdrawing at next conference. It has been informed by Child Protection worker [REDACTED] [REDACTED] that the previous Child Protection workers & DHHS Representatives at both Conciliation Conferences were 'not authorised to make decisions.' This is appalling neglect, and it is disturbing to know that DHHS would send unauthorised personnel to such a conference. All parties came to a consensus only to find out that an abuse of the court system had occurred by DHHS. This matter has been referred to the Child Commissioner, as it is a great occurrence of injustice to [REDACTED] and Ms [REDACTED]. Both Mr [REDACTED] and Dr [REDACTED] have a copy of so-called concerning texts and formed their opinion as experts that they are not of concern. What is of concern is that DHHS have no regard for [REDACTED] professional care team's opinions. It is also to be noted that Mr [REDACTED] has been requested by DHHS to give expert opinion in previous cases, but suddenly unwarranted suspicion is cast on him.

It is also of concern that during this meeting Mr [REDACTED] reported that on 30 November 2018, [REDACTED] requested an urgent appointment with him and during this appointment she revealed she had imminent plans about her intention to kill herself, however this information was not passed on to Child Protection to enable safety planning to occur that evening. Mr [REDACTED] advised he had contacted Dr [REDACTED] to make an appointment to see [REDACTED] the following day. Child Protection hold significant concerns that both Mr [REDACTED] and Dr [REDACTED] are not sharing information with Child Protection about [REDACTED] health, safety and wellbeing and only sharing this information with Mr [REDACTED] who is not her approved carer. Mr [REDACTED] and Dr [REDACTED] were both clear that they fully support [REDACTED] residing with Mr [REDACTED] and do not share the same concerns as Child Protection.

The two professionals mentioned above have a total of approx. 90 years of experience between them. Should they not be listened to over a single Child Protection worker who has been on the case for a period nearing 3 months? Or at least have their perceptions and opinions taken into consideration?

Mr [REDACTED] has known Mr [REDACTED] for well over 13 years. Mr [REDACTED] recommended Mr [REDACTED] to Ms [REDACTED] and [REDACTED] after Ms [REDACTED] had expressed concern at lack of progress with [REDACTED] previous psychologist. Mr [REDACTED] knew of Mr [REDACTED] expertise in sexual assault cases and his previous instances of being called by DHHS as an expert. Due to this, he proceeded to introduce him to Ms [REDACTED] and [REDACTED]

After this introduction it was Ms [REDACTED] and [REDACTED] together who made the decision to change [REDACTED] regular psychologist from Ms [REDACTED] [REDACTED] to Mr [REDACTED] and the results have been phenomenal.

Child Protection has also confirmed that on 28th June 2018 Mr [REDACTED] and [REDACTED] attended [REDACTED] Secondary College in [REDACTED] and Mr [REDACTED] enrolled and paid [REDACTED] school

fees and for her school uniform. Mr [REDACTED] was recorded as a primary and emergency contact for [REDACTED] whilst she attends [REDACTED] College. This has now been amended. Ms [REDACTED] is also listed as a contact but has not attended this school, however phone conversations between the school and Ms [REDACTED] confirm she agrees with [REDACTED] enrolment at [REDACTED] Secondary College and for [REDACTED] to be residing with Mr [REDACTED] during the weekdays. Mr [REDACTED] was the primary contact for [REDACTED] and was signing her out of class when necessary and has been described by the school as doing what would be expected of a parent, which Child Protection holds concerns about given Mr [REDACTED] is not [REDACTED] parent, guardian or considered as her primary carer.

The above information is incorrect; [REDACTED] Ms [REDACTED] and Mr [REDACTED] attended [REDACTED] college, and it was in fact Ms [REDACTED] who paid for the school uniform and fees with \$500 worth of gift VISA cards she possessed. This was all to Ms [REDACTED] knowledge, and the forms will show she had signed them.

None of the above was done without Ms [REDACTED] permission, and she fully supported a new start for [REDACTED] as she was bullied at her previous school. Ms [REDACTED] had also discussed with Mr [REDACTED] about moving to [REDACTED] in 2019. The school welfare officer has been kept informed at all times of [REDACTED] case, and has fully supported the plans put in place by Ms [REDACTED] and Mr [REDACTED]. He did so in consultation with [REDACTED] Professional care team. [REDACTED] Case worker, [REDACTED] [REDACTED] had visited [REDACTED] at the school and was pleased to hear that she was doing terrifically. In Mr [REDACTED] care, [REDACTED] has gone from no schooling in Term 2, to completing Year 10 at [REDACTED] college as an 83% / 'A' average student.

Pattern and History of Harm:

Child Protection History indicates that this is the 16th report received in relation to [REDACTED] with thirteen of these reports closing with Child Protection Intake and two previous reports progressing to Child Protection Investigation.

Much of the Child Protection History has been in relation to ongoing conflict between [REDACTED] parents, Ms [REDACTED] [REDACTED] and Mr [REDACTED] [REDACTED] and concern about [REDACTED] being caught in the middle of this conflict and Family Law Court dispute. When [REDACTED] was approximately 12 years of age Child Protection received numerous reports raising concern about [REDACTED] relationship with Ms [REDACTED] and [REDACTED] was self-harming and engaging in aggressive and high-risk behaviour.

This behaviour repeated itself again in April 2018. Ms [REDACTED] had remarried into a toxic relationship with Mr [REDACTED] [REDACTED]. Prior to marriage, it was an on and off again relationship. Ms [REDACTED] has admitted that they split up on the honeymoon night and remained apart for rest of Honeymoon period. They met up again and sat together on plane back home purely and only due to the tickets being booked next to each other. After this, they attempted for 10 months to conduct a marriage – that was damaging and hurtful from the beginning. This was very disturbing time to [REDACTED] and brought back all the old fears from her mother and father's breakup.

The conflict between Ms [REDACTED] and Mr [REDACTED] was particularly nasty. [REDACTED] had recorded some of the arguments as no body would at first believe her. This had a severe effect on [REDACTED] mental health – the continual conflict and being framed a liar drove her into a state of deep depression and severe anxiety.

Ms [REDACTED] later invited an ex-boyfriend to live with them and half share the rent of her house. This too proved to be an unworkable relationship and [REDACTED] once again recorded arguments which she has played to her psychiatrist (she recorded it because she was again framed a liar by her mother). Ms [REDACTED] has always blamed the other party for whatever has gone wrong in her relationships and has proceeded to do the same to her daughter.

[REDACTED] was previously staying at the [REDACTED] family home for a period of approx. 8 months. During her time there, there were no issues of inappropriate conduct alleged against Mr [REDACTED] [REDACTED] yet Ms [REDACTED] continues to suggest that there was. This is both denied by Mr [REDACTED] and [REDACTED] yet without any evidence Ms [REDACTED] has turned on Mr [REDACTED] and made several allegations continually of his behaviour but also trying to keep [REDACTED]

These concerns were investigated by Child Protection in February 2015 where the assessment was that [REDACTED] had been negatively impacted by the ongoing dispute between her parents, and services were linked in to support [REDACTED] in the care of her mother.

Early in 2015 [REDACTED] went to reside with her father, Mr [REDACTED] [REDACTED] and a report was received in May 2015 where allegations were made that [REDACTED] was self-harming due to ongoing conflict with Ms [REDACTED]. The case was closed with Child Protection intake due to [REDACTED] no longer residing with Ms [REDACTED] and the re being ongoing support in place for her mental health.

The current report relates to concerns of [REDACTED] disclosures of sexual abuse by a family member, and other family being aware but not acting protectively. At the time [REDACTED] was living with her paternal grandmother, Ms [REDACTED] [REDACTED]. Ms [REDACTED] confirms that [REDACTED] had made disclosures to her, but she did not act as at the time her husband was dying and she did want him to know what was going on. During this time, the alleged perpetrator was attending the home and [REDACTED] was in regular contact with him and feeling unsafe. Ms [REDACTED] continues to not acknowledge the protective concerns believing her inaction was appropriate, given her circumstances at the time.

Likelihood of Harm

Child Protection hold ongoing concerns for [REDACTED] contact with Mr [REDACTED] [REDACTED]. The family are aware of and clear about these concerns, but continue the contact with Mr [REDACTED] either at his home or at Mr [REDACTED] [REDACTED] home. Child Protection and [REDACTED] will continue to monitor this contact closely and keep in regular contact with [REDACTED] and Ms [REDACTED] to ensure [REDACTED] safety and well-being.

Child Protection acknowledges that Mr [REDACTED] may have good intentions for [REDACTED] (**Good intentions are not grooming**), however the impact of the controlling behaviour and conflict between Mr [REDACTED] and Ms [REDACTED] is having a negative impact on [REDACTED] and there is clear splitting between Mr [REDACTED] Ms [REDACTED] and relevant professionals. There is also concern that [REDACTED] relationship with her mother is not being supported. Child Protection has concerns that [REDACTED] is concerned about the adults in her life which further impacts her ability to trust in the adults around her and on her sense of safety and stability.

Mr [REDACTED] has always supported the reunification of [REDACTED] and her mother. Unlike DHHS, he has taken care to ensure an ongoing relationship between them. Whilst Ms [REDACTED] was in Israel Mr [REDACTED] investigated schooling possibilities near Ms [REDACTED] home. In addition, he had put in place a plan whereby Ms [REDACTED] would become priority in [REDACTED] life over the school Holidays. DHS have at no point put in place any plan or support services towards their reunification. Mr [REDACTED] had asked Mr [REDACTED] prior to the counselling sessions with Ms [REDACTED] and [REDACTED] to provide therapy with reunification in mind. This was to begin in January. Unfortunately, upon Ms [REDACTED] return from Israel, her and [REDACTED] reunited but within 24 hours things between them became tense. [REDACTED] then self-harmed over the despair of an unchanging mother.

Child protection has significant concerns that Mr [REDACTED] commissioned a private psychologist, Mr [REDACTED] [REDACTED] who has previously provided counselling to Mr [REDACTED] to work with [REDACTED] despite at the time she was engaged with [REDACTED] [REDACTED] – Clinical Practitioner Sexual Abuse Counselling Prevention Program. Child Protection have confirmation that Ms [REDACTED] withdrew consent for Ms [REDACTED] to continue to provide counselling with [REDACTED] when Mr [REDACTED] commenced working with [REDACTED] Child Protection is further concerned about the conflict of interest occurring as it is reported Mr [REDACTED] sits in sessions with [REDACTED] and Ms [REDACTED] appears not to be involved in these sessions at all or aware of any safety planning for [REDACTED] Child Protection has established that Mr [REDACTED] did not report to Child Protection [REDACTED] recent plan to harm herself or share the safety planning put in place with Child Protection.

DHHS has their facts very wrong. Mr [REDACTED] recommended Mr [REDACTED] to [REDACTED] knowing him to be an expert in Child Sexual Assault cases, and an expert witness to DHHS. Ms [REDACTED] and [REDACTED] met with Mr [REDACTED] because of the lack of progress perceived by Ms [REDACTED] with [REDACTED] [REDACTED] Mr [REDACTED] has not sat in on all appointments, and when he has it has been for him to learn how to manage [REDACTED] in her current mental status – especially when she had disassociation episodes, psychotic fits, etc. He relayed this to Ms [REDACTED] As per professional patient conduct, Mr [REDACTED] was only able to sit in on occasions when [REDACTED] invited him; an invite she never extended to Ms [REDACTED] However, Mr [REDACTED] made it abundantly clear to Ms [REDACTED] that she could phone him at any point if she had questions, yet Ms [REDACTED] never did so. It is to be noted that DHHS although knowing [REDACTED] had a change of Psychologist, at no stage tried to contact Mr [REDACTED] Case Management meetings whereby Psychiatrist and psychologist could have passed information were abandoned and neglected. DHHS were continually unavailable when these therapists attempted to telephone them to update them with important information and failed to return these calls.

Vulnerability

[REDACTED] is 15 years and 10 months and has experienced significant trauma, abuse and exposure to conflict between her parents. [REDACTED] is highly vulnerable and has developed attachment issues due to this trauma which has impacted on her sense of safety and security and relationships with her family and other adults in her life.

This conflict was not only between her parents, but Ms [REDACTED] second husband (failed marriage) and this re-occurred having a shared house arrangement with an ex-boyfriend of Ms [REDACTED]

Child Protection is concerned that [REDACTED] current Psychologist and Psychiatrist do not share the same concerns or views as Child Protection about the nature of her relationship with Mr [REDACTED] which is viewed by Child Protection as grooming behaviour

Both Psychologist and Psychiatrist alike are very concerned that DHHS do not share their professional view, with 90 years of experience. They are alarmed that DHHS is ignoring the tremendous progress [REDACTED] has made. In addition, both psychologist and Psychiatrist are concerned that after 8 months no family support plan or therapy has been put in place.

[REDACTED] vulnerability has increased due to the family's reliance on Mr [REDACTED] to resolve their conflict issues and Mr [REDACTED] providing financial support to Ms [REDACTED]

The above is a misrepresentation of fact. Mr [REDACTED] financial help has been explained previously in this document.

Mr [REDACTED] is 62 years of age and has worked with young people as youth leader from age 16 through to age 27, when he became a minister of religion. He did this for 17 years. After which time he has been an elder on church boards, a lay preacher and since 2013, a member of [REDACTED] Geelong. [REDACTED] is an organisation dedicated to the support and care of sexual assault victims within the [REDACTED] church. In January 2019, he is to begin a part-time, paid position with [REDACTED] in a welfare officer capacity. Mr [REDACTED] is greatly offended by the suggestion of grooming and in 62 years has never had a complaint against him, in all his public service. He is prepared to provide over 50 references, ranging from Bishops and Priests, to a Psychologist, Psychiatrist and Social Welfare Officers. He also has contact with business personnel and the like whom are also willing to provide beaming references. It is to be noted the great improvement [REDACTED] has made whilst receiving some care from Mr [REDACTED]. He will fight to clear his name of any grooming allegation, after 46 years of public service and ministry without a single complaint. Mr [REDACTED] was a panel member in the recently held "[REDACTED] and [REDACTED] in Church and [REDACTED] Conference" held in Melbourne and was called as an expert opinion to the Catholic Church response to Royal commission on The [REDACTED] on [REDACTED]. Mr [REDACTED] has also been involved in Junior football through the [REDACTED] Football Netball club as a Junior [REDACTED] and has umpired Junior Football to under 18's and women's football including u17 girls for a number of years. Mr [REDACTED] is also a member and leader within the [REDACTED] Health and [REDACTED] Group "[REDACTED]" which has its headquarters in [REDACTED]. Mr [REDACTED] has organised wellness seminars and been actively involved in its leadership. A letter of reference from the founder of [REDACTED] is attached.

DHHS sought a no contact order against Mr [REDACTED] in relation to [REDACTED] ex-boyfriend Mr [REDACTED]. The basis of this order was that he was grooming Ms [REDACTED] [REDACTED] and Mr [REDACTED]. At the time, all four researched what grooming was, and Ms [REDACTED] was adamant there was no way she was being groomed and was offended that DHHS would think so and not discuss with her. [REDACTED] responded with a firm "I have been groomed and know what grooming is - and This isn't grooming" [REDACTED] was very upset by the order and has requested Mr [REDACTED] to fight it which he is in the process of arranging. Both Psychiatrist and Psychologist were made aware of this allegation and thought it was ridiculous.

Mr [REDACTED] has received the support of [REDACTED] Father and a letter of this is attached. He is of an extraordinarily strong opinion that [REDACTED] should not be with her mother. He supports the view that Ms [REDACTED] in her mind can do no wrong and in every broken relationship blames the other person. Mr [REDACTED] has warned Mr [REDACTED] that 'his time will come when Ms [REDACTED] will turn against him when she is seen not to be getting her own way'. Ms [REDACTED] family also share the opinion that Ms [REDACTED] has done no wrong and therefore blame [REDACTED] for the current breakdown in relationship.

Part of [REDACTED] issues with her mother are Ms [REDACTED] very high so called 'Christian standards'. [REDACTED] constantly feels like she is never good enough and has learnt to detest her Mothers religion, as she is so hypocritical. E.g., sleeping with her second husband before marriage, and the nasty fights. She classifies anything that doesn't meet her standards as vulgar.

DHHS had mentioned a concern to [REDACTED] of Mr [REDACTED] pulling her hair. This was done when [REDACTED] was having a psychotic episode. After this, Mr [REDACTED] sought professional help for her at the [REDACTED] Centre. On the way there, [REDACTED] attempted to jump from the moving car onto the road and Mr [REDACTED] whilst driving flung his arm out to grab her and held onto her by the hair as it was all there was to stop her jumping at the time. [REDACTED] has recognised with gratitude that this action probably saved her from real harm, if not death.

An issue of [REDACTED] smoking has been raised. [REDACTED] was smoking behind Ms [REDACTED] back for some time prior running away in April. She was also being supplied cigarettes by her boyfriend at the time. Ms [REDACTED] is also a smoker. Mr [REDACTED] is virtually a non-smoker but does so socially on occasion. Mr [REDACTED] was made aware by [REDACTED] and her boyfriend that she was smoking. Mr [REDACTED] discussed this with Ms [REDACTED] and Ms [REDACTED] agreed to allow [REDACTED] to smoke occasionally in her presence, providing in these times cigarettes for her. It was agreed by [REDACTED] Ms [REDACTED] and Mr [REDACTED] that [REDACTED] would stop smoking when she left for Israel. When she returned, she was angry that [REDACTED] was still smoking and blamed Mr [REDACTED] however Mr [REDACTED] had no control over her smoking as [REDACTED] was at her grandparents' place. [REDACTED] was able to source cigarettes from elsewhere. Mr [REDACTED] had then set the December court date as stop smoking day as [REDACTED] was distressed. [REDACTED] didn't smoke at Mr [REDACTED] and did so only in her mother's presence. Ms [REDACTED] was the regular supplier of cigarettes to [REDACTED] boyfriend as well

[REDACTED] prior to Mr [REDACTED] involvement in her life had for some time been stealing alcohol from her mother's collection. Alcohol had played a part in her life for four years. It was agreed after discussion by Ms [REDACTED] that [REDACTED] could have a small drink from time to time at the table when her mother was also doing so. At no time in Mr [REDACTED] care did [REDACTED] drink alcohol or steal alcohol.

Strengths and Protective Factors

Ms [REDACTED] [REDACTED] is open to working with support services and working with [REDACTED] Adolescent Case Management Services (ACMS).

Ms [REDACTED] is willing to work on developing a healthy relationship with [REDACTED]

[REDACTED] has displayed insight into her own thoughts and behaviours and has indicated that she would like intensive and ongoing therapeutic assistance.

[REDACTED] has indicated that she wishes to continue with her current Psychologist and Psychiatrist. She is no longer willing to continue any family therapy until such time as Ms [REDACTED] is in much

better health and willing to admit her faults along with apologising sincerely for her part in the relationship split.

Family therapy has been an ongoing discussion with [REDACTED] and Ms [REDACTED]. A referral to the [REDACTED] Centre has been made, and the family are currently on the waiting list.

This has been requested for over 18 months without any action by DHHS and due to Ms [REDACTED] health (and her inaction toward recovery) may not be possible at this time.

[REDACTED] ongoing engagement with her [REDACTED] Case Manager and her ASISTA Mentor has been beneficial and has had a positive effect on her perception of herself, and her ability to have positive social experiences.

3. PERMANENCY OBJECTIVE AND CASE PLAN

[REDACTED] [REDACTED]

(b) Family Reunification

Please see attached Case Plan at the end of the report.

4. CHILD'S VIEWS AND WISHES

[REDACTED] views are differing from her mothers and she is currently very unhappy with the decisions Child Protection have made regarding her placement and has indicated that she feels very disempowered. [REDACTED] has expressed she would like to continue with her life in [REDACTED] given this is where her new school and friends are. [REDACTED] has expressed to [REDACTED] ACMS that she would like to look into lead tenant or foster care options in [REDACTED]

5. SUPPORTING INFORMATION

Please refer to the end of the report to view the following tables in the 'Supporting Information' section:

- Table 1 'Basic Child Facts'
- Table 2 'Family Details/Significant Others'
- Table 3 'Legal History'
- Table 4 'Professional Involvement'
- Table 5 'Placement Chronology'
- Case Plan

6. RECOMMENDATION

6.1 Recommended Order

It is recommended that [REDACTED] [REDACTED] be placed on a family preservation order for a period of 06 months.

6.2 Recommended Conditions

It is recommended that the order contain the following conditions:

1. Mother to accept visits and cooperate with DHHS
2. Father to accept visits and cooperate with DHHS
3. Mother to accept support services as agreed with DHHS
4. Father to accept support services as agreed with DHHS.
5. Mother and [REDACTED] to engage in Family Therapy, follow through with recommendations made, and allow reports to be made to DHHS
6. [REDACTED] to have respite as agreed between Mother, [REDACTED] and DHHS.
7. [REDACTED] to continue attending school or a day program.
8. [REDACTED] to continue her treatment with a psychologist/psychiatrist and allow reports to be given to DHHS>

7. REASONS FOR THE RECOMMENDATION

Child Protection is respectfully recommending that the application to extend the family reunification order is granted and for this to be converted to a Family Preservation Order

Child Protection is recommending ongoing involvement in order to support the relationship between [REDACTED] and Ms [REDACTED] and facilitate further assessments.

Child Protection and [REDACTED] ACMS to arrange regular care team meetings to ensure [REDACTED] care team is sharing knowledge and the information is up to date and informed decisions can be made for [REDACTED]

Child Protection and [REDACTED] ACMS will continue to support [REDACTED] and Ms [REDACTED] to strengthen their relationship and explore further support options to be put in place to address Ms [REDACTED] current financial situation and address her reliance on Mr [REDACTED]

8. CURRENT STATUS

[REDACTED] [REDACTED] is currently subject to a Family reunification order until 21/05/2018 with the following conditions:

Conditions:

- Visits & Cooperation-[REDACTED] [REDACTED] must accept visits from and cooperate with DHHS.
- Visits & Cooperation-[REDACTED] [REDACTED] must accept visits from and cooperate with DHHS.
- Support Services-[REDACTED] [REDACTED] must accept support services as agreed with DHHS>
- Accommodation-[REDACTED] [REDACTED] may have respite as agreed between the parties
- Expose Child To Violence-[REDACTED] [REDACTED] must not expose the child to physical or verbal violence.
- Expose Child TO Violence-[REDACTED] [REDACTED] must not expose the child to physical or verbal violence.
- Contact-[REDACTED] [REDACTED] may have contact with the child at times and places as agreed between young person and mother and subject to the young person's wishes
- Contact-[REDACTED] [REDACTED] may have contact with the child at times and places as agreed between father and young person and subject to the young person's wishes

- *Other- [REDACTED] [REDACTED] Young Person may have contact with Paternal grandmother at times and places as agreed with DHHS and Young Person. [REDACTED] [REDACTED] is not to be present
- No Contact- [REDACTED] [REDACTED] must ensure that Young Person has no contact with [REDACTED] [REDACTED]
- No Contact- [REDACTED] [REDACTED] must ensure that Young Person has no contact with [REDACTED] [REDACTED]