

**JOINT STANDING COMMITTEE ON THE
COMMISSIONER FOR CHILDREN AND YOUNG PEOPLE**

REVIEW OF THE FUNCTIONS EXERCISED BY THE COMMISSIONER

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
FRIDAY, 16 OCTOBER 2015**

SESSION ONE

Members

**Ms L.L. Baker (Chair)
Hon Robyn McSweeney (Deputy Chair)
Ms E. Evangel
Hon Sally Talbot**

Hearing commenced at 11.04 am**Dr CHERYL KICKETT-TUCKER****Director, Pindi Pindi, examined:**

The CHAIR: On behalf of the Joint Standing Committee on the Commissioner for Children and Young People, thank you for your appearance before us today. The purpose of the hearing is to assist our committee in its review of the functions exercised by the commissioner, with particular reference to the recommendations from the review of the Commissioner for Children and Young People Act, which was a year ago. At this stage I will introduce myself, Lisa Baker, member for Maylands and the Chair of the committee. On my left is the Deputy Chair, Hon Robyn McSweeney, member for South West Region. Our other committee members are Eleni Evangel, member for Perth, and Hon Dr Sally Talbot, who is also a member for South West Region. This hearing is a formal proceeding of the Parliament and commands the same respect given to proceedings in the house itself. Even though the committee is not asking witnesses to provide evidence on oath or affirmation, it is important that you understand that deliberate misleading of the committee may be regarded as a contempt of Parliament. This is a public hearing and Hansard will be making a transcript of the proceedings for the public record. If you refer to any documents during your evidence, it would help if you could provide the full title for the record.

I have five quick questions. Have you completed the “Details of Witness” form?

Dr Kickett-Tucker: Yes, I have.

The CHAIR: Do you understand the notes at the bottom of the form about giving evidence to a committee?

Dr Kickett-Tucker: Yes, I do.

The CHAIR: Did you receive and read the information for witnesses sheet provided with the “Details of Witness” form?

Dr Kickett-Tucker: Yes, I have.

The CHAIR: Do you have any questions in relation to being a witness at today’s hearing?

Dr Kickett-Tucker: Why are we so far away from each other?

The CHAIR: It is parliamentary process, unfortunately. It is kind of interesting the round-table layout. I suppose because this committee is a bit different from the other standing committees. As I was reading out there, other committees have hearings where witnesses give information on oath or affirmation and it is somewhat more sensible to have a separation. This is a slightly different committee, so relax. It is weird that we are all sitting on this side, but we deal with it.

I will start by saying thank you so much for coming. It is very much appreciated. You are here really because our role is to talk to the Parliament about the work that the commissioner is doing and you are here for two reasons. The first is about the Listen To Us consultation. You have done some work with the commissioner on that and we are really keen to hear your views around that. We have a set of questions that I can go through, which will guide that conversation. The other half of the hearing is more about a particular piece of research that we are doing into how the commissioner might work into the future, particularly around the issue of child protection and child abuse. That is a separate part, so if we start with perhaps the easier part first.

Dr Kickett-Tucker: The good stuff.

The CHAIR: Yes, unless you want to say anything else like “hello” and talk about yourself for a while, I am happy to hear that.

Dr Kickett-Tucker: I think it is important because as an Aboriginal person that is what we do. Kaya Wanjū, which means hello and welcome, to you as well. I am a traditional owner of the Whadjuk Noongar people. I was born and bred in the upper Swan region, which is where I still live today. I have two community development businesses there for the community that I work from. Even though I might be qualified or whatever, I am a very grassroots person and everything I say really does come genuinely from my heart. I have a background in basketball. I used to represent the state and the national team here, so I have a sports interest, and I have sort of gelled that with my education over the years and it has been a bit of a journey that is for sure. I am one of eight kids in a family of eight—so I am in the middle of that eight. I had three kids of my own, one in every decade. One is 21, one is 15 and one is five.

The CHAIR: Beautiful! I can go with you on that one; my family has the same division of children.

Dr Kickett-Tucker: So I come also with a mum experience. My kids do not have any kids and they had better not until they are 30—I tell them that! But I do have grandchildren our way and great-grandchildren. I am very heavily involved in schools in the area, and I think that is about it. My husband is a Wongatha man from the goldfields so I have a lot of contact with people from the goldfields and I have a huge connection in the north east goldfields. My parents are still around and they were very heavily involved in DAA, in Aboriginal Affairs in their day. When I get a bit fiery, I blame them. That is about it. That is me. I am a Midland girl; what else can I say?

[11.10 am]

The CHAIR: I am up the hill. I can relate to being a Midland girl; let me tell you. I grew up in there in the days when you used to kind of walk around the streets in the evening and walk home. I was from Darlington so my mates and I used to walk in to Governor and walk back out again, and on particularly good days just catch the bus—Darlington is on the Great Eastern Highway—meet my friend on the corner at the Greenmount Library, catch it down to Midland, get on the train and get off at Cottesloe and spend the day at the beach.

Hon ROBYN McSWEENEY: You all missed out. I grew up in the bush.

The CHAIR: I grew up in Darlington—that is enough of the bush!

Hon ROBYN McSWEENEY: I suppose.

The CHAIR: Can we now turn to the questions otherwise we will be here all day.

Dr Kickett-Tucker: That is a typical thing with Aboriginal people. You have got to know all that stuff. When you do research it takes two hours to talk, especially with the old blokes. They do not think they talk much but when they get going they are worse than women, and it takes two hours and then you have wasted two hours and then you get onto the stuff.

The CHAIR: I worked for the National Native Title Tribunal, when they were first starting here, with Bob French and Fred Chaney, and the federal Parliament, the Treasury, was always completely stunned by my regular appearance back in Canberra to say, “We have used all the money”—we had \$360k, it was in the first start-up here. The people on the tribunal could not understand it at the beginning and Canberra certainly did not understand why it takes so long to get to even the first point of discussion in a native title claim. So we used to send Graeme Neate and Bob French and Fred Chaney out into the bush and they would have to wait three days before anybody turned up to talk. It took Canberra a while to cotton on to that fact. Sorry, we could be here all day talking about this stuff.

Let me just ask you a question about why you are here. I really want to find out from you what you thought about being part of the Listen to Us process?

Dr Kickett-Tucker: I thought it was fabulous; I really did. Ted Wilkes is my uncle. I work with Fiona Stanley, she is my patron. I work with Donna Cross. These are all the ambassadors.

The CHAIR: She is fabulous.

Dr Kickett-Tucker: Yes, Donna Cross is fabulous.

The CHAIR: She is impressive.

Dr Kickett-Tucker: I have worked on projects with her. Who else was on that list? I cannot remember. Wirrpanda goes out with my niece.

The CHAIR: We will not hold that against you.

Hon ROBYN McSWEENEY: Sounds like me with my lot!

Dr Kickett-Tucker: Yes, so I was asked to go on the reference group and I jumped at the chance because my interest and my expertise has always been with children and young people, always. I was like, “Thank goodness!” I was really pleased to be involved in that project. I think I got on really well with Jenni Perkins—extremely well. I really, really like her nature and her sincerity and it really shows. When we pulled that team together, I guess I did a little bit more than what she wanted because I was really—that was my space, you know.

When the meetings happen, I am definitely there, writing everything. Whenever we had the paperwork given back to us and the questions that we were devising and the research plan—I am a research officer—I really, really got into it. I think she saw that I was genuinely really interested in this sort of stuff, so I was on the reference group for that. Then, when the project came about and the data was being collected, I was very interested in how that was going to be handled, particularly the reporting. So, with a fine toothcomb, I went through the report and fell over backwards a bit, and then they asked me to come and do training with their staff. That is when Caron Irwin was the executive director at the time. Caron—I cannot remember the other lady who came out to my office—came out to our office in Midland and spoke to us. That is kind of how this came about. So what happened from being involved in that report, because it is actually a long journey, I then was asked to do training with their staff, but that actually did not eventuate because Caron left and a few things changed. But it was an honour to be asked about how do you get information in this form turned into this form, and they wanted me to teach them about that, because, being a researcher, I have to adhere to the ethics of the university that I work with and also the Western Australia Aboriginal ethics committee, which is part of AHCWA. I said, “So when you are reporting stuff, you must not report things that really have a huge impact on the negativity of our people. We are not allowed to do that, so you should not be doing that; nor should journalists.” If it is going to make our situation worse, because it impacts people’s mentality and it is like a fulfilling prophecy, so if I really believe everything that I read in the papers and in the research that I am going to die at 55, that is only a couple of years off. So people then act out what their values are and what they are believing and create that behaviour. It is terrible. It is shocking. So the depression in the community of reading health reports after health reports is terrible.

Hon ROBYN McSWEENEY: So it is like they focus on the negativity instead of the positivity.

Dr Kickett-Tucker: All the time.

Hon SALLY TALBOT: And there is a strong element of racism in that.

Dr Kickett-Tucker: Yes, there is.

Hon SALLY TALBOT: It is a double standard.

Dr Kickett-Tucker: Exactly. There is never enough description around the, I guess—it is interesting because I was doing another report this morning which asked this question—things that we cannot control. When we are doing a project, whether it is a community development project or a research project, there are factors around that we cannot control. You cannot have a perfect

research design, particularly with our families because the daily struggles are there every day, and they tell you all about it two hours before you are really supposed to do them, which is what I was just talking about.

The training did not eventuate but I am sure it will be by the table sooner or later. But then, after that, I was invited—it was really great; I was so happy Jenni did this—by Darren Gillespie—I must mention him, because he is awesome, and I mean that in terms of his professionalism, he is down to earth, he connects really well, particularly with me, and his communication is always regular. It is not like you just go to one thing and that is it; you do not hear from them anymore. With Aboriginal people, the development of rapport is really important, and Darren has that, and so does Jenni. Jenni responds personally to me, which I find really good. I think it is very honouring. It honours you as a person, which is what you want. After the “Listen to Us” report, the next thing that happened was I was invited to a briefing for all the DGs. Colleen Hayward was in that as well.

Hon ROBYN McSWEENEY: She is lovely.

Dr Kickett-Tucker: Yes. We were both asked to do the welcome, but she is actually not from here; I am. So I said, “I’ll do it.” I jumped in before she did, because that is how you have got to do it. I was very prepared. Jenni knows I am always prepared at these things. I came there with my folder, so when the DGs asked questions, of course I told them what I needed to tell them.

The CHAIR: What kind of things were they asking?

[11.20 am]

Dr Kickett-Tucker: Just things like, in the report itself, some of the kids have issues at home with families and stuff like that, and even though they might highlight that family is the most important part of their life, there are issues with other families that are not doing so well. I said to them, “The thing is, though, you have to look at the strengths of our community and our families. There is so much deficit modelling going on that we are always looking at the worst-case scenarios or the data or stats, which do not tell you everything, to develop programs and respond to things.” But there are a lot of families actually doing quite well if you look at it with different glasses. What is it about those families or communities that are doing well? But you have to ask them. You really need to go to those places and ask a range of people. One of the questions was about who do you talk to. I said, “Look, just because you go into a community, the person who talks the most and the loudest is not necessarily the person you should be speaking to. You need to speak to everyone.” That is why consultation with our families is important. The thing is that, in doing that, you are actually—what is the word?—honouring the diversity within those communities and the expertise and the knowledge at each different life stage, whether you speak to a child, a youth, an adult or an elder, male or female, or whatever job they might have, whether it is being a mum, being a grandma, working or whatever it might be. The different regions are completely different. Then you have got kinship groups within those regions. One of the things I said to the DGs was, “If you want to affect a child, one of the things we do at our workplace at Pindi is if we affect a child, the only way to do it is to work with their siblings, their parents, their uncles and aunts, the kinship group and then the wider Aboriginal community and then the wider community.” It is like if you throw a pebble in a pond, all the ripples that go out are the parts to that pond, so that is holistic and doing things from an Aboriginal world view, and you cannot do that if you are not Aboriginal. You need to ask people or get Aboriginal people.

One of the things we do at Pindi that works really well for us, and I am very glad that Jenni did this with the “Listen to Us” report, was put the responsibility and the ownership back into communities, where the kids and the families worked up their own research design for whatever it is and the outputs of whatever it was going to be—that was really good; that was awesome—and of course listen to the reference group, which was even better. Sometimes with reference groups, you can say things but no-one listens to you—and I have been on a few of those and you get out of them really quickly. It is just a waste of time because your people are looking at you thinking you are going to

make a change, but if no-one on that committee is listening to you, you cannot stay there. If the respect from that group and the kinship group is gone, you have lost it, and it takes a long time to get it back—a long time. It has not happened to us yet, but the potential is there.

The CHAIR: So it was a good experience being involved?

Dr Kickett-Tucker: It was fantastic. Can I just say a last thing? There are two more briefings. The next one is on Monday, and that is with, I think, all the Aboriginal groups and service delivery people with children, like Sport and Recreation, and I think AHCWA is going to be there. The third one is with not-for-profit and community-based organisations.

The CHAIR: Is that a briefing about “Listen to Us”?

Dr Kickett-Tucker: Yes, and the third one is at the State Library and they are expecting up to 250 community people. I have been involved in the three spaces. Most people do research but they do not get it out there. Jenni has done a great job of getting it out there with these different layers.

The CHAIR: This is a really good segue, because one of the things that our committee has to do is to tell the Parliament how effectively the work of the commissioner is being delivered. It is not like critiquing Jenni. It is just this is the act and this is what it is meant to do and this is how well it is doing it. One of the things we are really interested in, and I think you would agree, is that it is really important that we know what the impact of some of this stuff is having, because otherwise, as you have said, you can just do research for the sake of research, but it gets nowhere and nothing changes. One of the things we have been asking the commissioner’s office to look carefully at is how do they actually know that what they are doing is making a difference. They have done the major report into mental health across children in WA. We have asked: how do you know that there has been real change in government and in the community and wherever it touches and that it is making any difference? From your experience about giving information back to the groups as part of the reference group that you have said you are involved in, how do you reckon it is going? How do you reckon it is being accepted and what do you think will change because of it? I know it is hard.

Dr Kickett-Tucker: That is hard —

The CHAIR: I know.

Dr Kickett-Tucker: I will be really honest. With the DGs it was like —

Hon ROBYN McSWEENEY: Pulling teeth?

Dr Kickett-Tucker: Richard Aspinall is a DG of PMC here. I highlighted him because he has done some good work in our community and he really listens. We judge people’s hearts too when they talk, whether their action matches what they are saying. I can say Richard is pretty good in that space, and so is Ron Alexander from the Department of Sport and Recreation. When you strip them down and they are not the DG, they are decent people. They are kind and considerate and humanity is all over them.

The CHAIR: And a connection?

Dr Kickett-Tucker: Yes, and they have a connection with people. There are other people in that room who do not have that. When I work in schools I often think that some teachers need a psych test. They have not got kids or they do not like kids. I have heard teachers say, “I don’t like kids.” They should not be working there, especially if they are working with our kids. If they have a racial tendency not to like certain groups, they should not be there. Luckily for me, my five-year-old daughter’s teachers are fabulous, and I will show you some photos later to prove it.

Hon ROBYN McSWEENEY: You just want to show off your little girl!

Dr Kickett-Tucker: At the start of term 4 they rolled out the red carpet—I will show you later. They were fantastic. We actually read people quite well who are good at it, and I think with the

DGs, their world view does not gel with ours at all; they have just one way of thinking, and very siloed. One of the things I recognised in the DG meeting was that everyone has their patch and it is all siloed and no-one wants to work together. My point of talking to them was that an Aboriginal world view is holistic: the past, the present and the future are connected. People are connected. I told you who I am related to—the commissioner; we are all related to each other. But the non-Aboriginals do not work like that. It is all in silos and it is very difficult to break down those silos, particularly when people have been doing it for decades.

The CHAIR: Cheryl, maybe from what you know of listening to us, we really thought it was a fantastic thing, and the stuff that we are wanting to tell our Parliament now in WA is how it can impact on delivering services and on the jobs that all these DGs and community leaders are doing in getting things that really change the lives for the better of Aboriginal people. So it is really important for us to know, what do you think you would really like to see change as a result of listening to us?

Dr Kickett-Tucker: Exactly that; they have to really listen to that report and then actually have a plan of attack for what they are going to do. One of the things that we do at Pindi is—I am not young any more, even though I work with kids, so we have a committee set up for youth called Aliwah, which means “Watch out”. The kids have named it themselves. We also have a peer-led wellbeing program led by Aboriginal kids for all kids in the community, not just Aboriginal. We are the only Aboriginal corporation doing this kind of work.

The CHAIR: Tell me what they do.

Dr Kickett-Tucker: They do wellbeing. It is a new project starting up in January.

The CHAIR: Is it like Protective Behaviours or is it wellbeing?

Dr Kickett-Tucker: No, it is wellbeing based on the Aboriginal wellbeing and there is a diagram through the Australian Bureau of Statistics that we are utilising. The program is for four to 12-year-olds. It is a wellbeing program where the kids come once a week for four to 12 years of age. They do a hands-on interactive wellbeing program. Aboriginal high school kids will be doing that with all the kids in the community and then delivering a basketball program straight after, utilising all the stuff.

The CHAIR: So you have the kids delivering the program to young kids.

Dr Kickett-Tucker: Yes, Aboriginal kids in the first instance, because they are going to be the trainers of all the other kids, so we are trying to change people’s perceptions of Aboriginal people, to show that they are worthy and that they are able to do these things if you just give them a chance, but you have to put supports around them as well. These older kids will be mentored by national and state league basketball players and umpires, as well as Basketball WA and the Australian Basketball Federation. But it is not really a basketball program; it is a community development, peer-led wellbeing program, utilising a sport you do not need much money for. So it is trying to get kids who are socially and financially disadvantaged—and also kids who are bullied and cannot make a friend, we are going to pair these kids up in like a buddy system. We cannot wait. It is called Kaat, which is your head, Koort, your heart, and Hoops—Kaat, Koort ‘n’ Hoops. What we did with that was we went into the community and asked people, “What is it that you need, what is missing, what do you want, how do we do it, but how do we do it based on the strengths of what we already know and who you are as a community?” That is what we did. We have also done a men’s perinatal research project looking at Aboriginal men’s mental health. But again, we did not design it. We got guys together around a BBQ, fishing, golf, and said to them: “How do we help you when we’re going mental having a baby? How do we help you help us to help the family?” Guys do not talk much, especially Aboriginal men, and they do not go to the doctor at all. So we arranged a program around what they wanted and we implemented it and we have just finished the report for that.

So my point is that it is all the grassroots connections, being right at the grassroots. And all through this a lot of the Aboriginal people involved were not working before, so we plucked them off the streets, basically—people that we knew in our networks—and said, “Look, would you like to come and do some work for us?” We employed them in a space where it is family friendly, pet friendly—they can bring a dog if they have a dog.

[11.30 am]

The CHAIR: Well done.

Dr Kickett-Tucker: Yes, so we know that if they have to pick their kids up at 2.30 pm, they have to go. Their jobs are not full-time, they are not part-time—what they are is casual. So they can come and go, flexible, you know. So we are making a different work environment but we are really getting the people in the community to tell us how to do it and what to do. We are just the vehicle but they do it, not us, you see? So the DGs need to think like that. I know that they are at the top and they have a helicopter view, but would it not be great if every DG had an Aboriginal person who was like an intern who could be working with them, just like maybe an Aboriginal commissioner for children?

The CHAIR: Yes, that was put to the commissioner, as you know, in the review and was rejected. It is interesting that you should raise that; we were very interested to know your view about that.

Dr Kickett-Tucker: Because there are no staff. They had staff there for this project, and one of the staff was my ex-brother-in-law, who I helped immensely. He used to ring me up and ask me, “Cheryl, can you help with this, can you help with that?” That would be on top of all the other stuff I was doing. I said, “Fine” because he was my brother-in-law—he is still my brother-in-law. He was very concerned in his job and he does not work there anymore; he is unemployed now. That is the other thing; it is the funding. I hope we become more like Canada with First Nations and have 10-year funding cycles, because these three-year, two-year, one-year funding cycles do nothing. As we said when we started—I told a little bit about myself, not much but a little bit, but that stuff, that rapport and development in the community, it takes time. When doing a project, it takes 12 months, even though you are using people in the community, you are not using everyone in the community to access; you are only using certainly kinship groups, and we do work with a kinship group; that is another way of working. The hard-to-reach people are the ones you really need to work with. We have documented how many times we have gone out to the hard to reach, and those hard-to-reach people are the ones who are really suffering; the ones in poverty, the ones who are involved in drugs and alcohol and whatever it might be. In that group there, we have spent in that last project, the perinatal project, up to 20 times visiting those families. But that is what it takes and then you eventually get them. And then, “Oh, funding’s finished, the program’s finished; bye!” And then we cop it: the Aboriginal community, the groups that are running it, say, “Oh, you know, it’s just a once-off”, and then they get fearful for the next one.

Hon ROBYN McSWEENEY: Where does your funding come from—is it federal or state? If it is state, there should be a three to four year contract because that is what they went to, but if it is commonwealth, I do not know.

Dr Kickett-Tucker: We do not get any funding for the running of our operations. I volunteer; I am pro bono, two and a half days a week.

The CHAIR: How do you find the money to run some of the programs, Cheryl?

Dr Kickett-Tucker: With the research—Henny Penny Pty Ltd—that is run through grants: Healthway, ARC, NHMRC and whatnot.

The CHAIR: But you do not have any program funding?

Dr Kickett-Tucker: Yes, we do. We just got PMC funding.

The CHAIR: PMC?

Dr Kickett-Tucker: Prime Minister and Cabinet. IAS, Indigenous —

The CHAIR: So it is federal?

Dr Kickett-Tucker: Yes.

The CHAIR: That is why it is a three-year —

Dr Kickett-Tucker: That is three, but the fight for that three and that budget was immense—let me tell you—but we got there eventually. We had to drop Midland, which was one of their targets. This project is about working with kinship groups outside the school gates to get their kids to school—a really important project. We have to do it in the Fremantle office, down in Fremantle.

The CHAIR: Oh my goodness.

Dr Kickett-Tucker: So we had to drop Midland and Midland has the highest urban Aboriginal population, particularly under the age of 25. When you talk to the staff, they do not see the bigger picture. They just stick to the rules and the guidelines; they do not see this bigger picture.

The CHAIR: I am going to take you in a different direction. I totally agree; I think the committee agrees with what you are saying and we understand what comments we can make in our small way around this stuff. I want to take you in a different direction around the other role of this committee and what I would think is probably one of the most important things that we are doing and that is a review looking at how the commissioner should work into the future child abuse per se—sexual abuse and physical abuse. I am not expecting you to be an expert in that area.

Dr Kickett-Tucker: I am not; I was just going to say that.

The CHAIR: That is fine. I am not expecting you to be and the committee understands that you are not. I am really interested, though, in picking up on your wellbeing programs that you are running. It is not quite in the questions that we had decided we were going to approach you with, but I think it is very interesting that you are running a program around wellbeing and you are connecting in with young children because what we know—with an ex-Minister for Child Protection here on my left —

Dr Kickett-Tucker: That is where I met her!

The CHAIR: That is right. And there is some very valuable intellectual grunt on this side of the table. We are very aware that the children in the Aboriginal community are at extremely high risk because of some of the competing issues around drugs and alcohol, and mental health, and all of that stuff.

Dr Kickett-Tucker: That is what it is; it is all about that.

The CHAIR: I am really interested in whether you have thought about any aspects of what we would call protective behaviours in the wellbeing training that you are doing?

Dr Kickett-Tucker: No, not yet.

Hon ROBYN McSWEENEY: It is, in a way, because it is giving them self-esteem and confidence in your program, is it not?

Dr Kickett-Tucker: Yes, that is.

Hon ROBYN McSWEENEY: So it is probably coming at it at that angle, which you probably had not really thought about being protective behaviours. It is not so much protective behaviours, but it is giving them the strength to feel good about themselves.

Dr Kickett-Tucker: And to say something. We have not, but Donna Cross—I want Donna to come and do some cyberbullying sessions because we are trying to respond to the issues that we know about; what kids say. That cyberbullying stuff is one of them. Even from age eight upwards, it is shocking. I forbid my kids to do Facebook; I hate Facebook. “Here is my face, come and read it; come up close!” I say to them. “Come and have a yarn with me!” We have got scope to do that, and

the thing is that it is the peers who are going to be teaching it. That is where I have got to be very careful because it is really important that it is done properly. So maybe we will get an expert in to talk about it. We are quite flexible in the wellbeing program because it is a pilot. One of the things I know as a parent is that it is important to teach the little ones—mine is five—about their private parts. I teach her, “No one can touch you except Mum, like when I bath you” or Dad—mum, dad, whatever—but nobody else. So the little boy next door actually opened the toilet door up to her and she was horrified and came home and told me. I thought that was good. But it was my sister, who is a teacher—she has been a teacher for 11 years—who was the one who said that she is teaching this stuff to her daughter who is only four. I did not even click because I have not been around any of this sort of stuff before. You think you are all happy, happy—apart from what my brother tells me; he is a police officer with paedophiles. When he tells me those stories, I am like, “Eew, okay.” My sister was the one who alerted me and said I needed to teach it early. I thought, “Okay, right.”

The CHAIR: I guess that is the point that is really interesting, Cheryl. You are an exceptionally educated human being and you have raised three children, yet you are saying to us that there were aspects of that experience which did not include understanding the need to teach your kids those protective behaviours.

Dr Kickett-Tucker: You say things to them, but teaching is when you do it over and over again. When my daughter came in at five and said, “The little boy opened the door when I went to the toilet.” I said, “Next time, you tell him off and tell his mum!” Then you provide feedback or encouragement to that behaviour. That is what I mean, that teaching is a follow-through right through. We always said things to our kids, but I am very careful, as a parent, of where they go. Growing up, my mum worked and I was fostered out with my sister during the school summer holidays—you know, you got paired off. Most of the time I went to family, but now and again I did not. Mum was very careful who we went to, so I am very much careful too. That experience being away from my mum made me—I do not pick up jobs or go anywhere unless my kids are with me. I get invited to do a lot of things I do not do because my job is being a mum first. I will not go unless they come with me so if I go overseas, it is every five years or something until we can afford it. But the point is that I am more wary now of dangers and people do talk and you listen to them. I knew that anyway but it is just being more proactive—that is the word—rather than being reactive.

[11.40 am]

Hon ROBYN McSWEENEY: It is mostly not stranger danger.

The CHAIR: No, it is family.

Dr Kickett-Tucker: But they do talk. My five-year-old is really friendly—extraordinarily friendly—and it is to the point where she will talk to anyone. I had to stop her and say to her—I know you do not want to do this to a child, but had to say this to her—“You can’t talk to everybody in the street because if someone takes you and grabs you, you won’t see Mum anymore.” That is kind of like how I said it to her. She knows that is called stranger danger.

Hon ROBYN McSWEENEY: They need to know about it.

Dr Kickett-Tucker: They do need to know about it.

Hon SALLY TALBOT: Can I just ask you to elaborate in one particular area. You would have read the Blaxell report on the Katanning hostel?

Dr Kickett-Tucker: Yes, yes.

Hon SALLY TALBOT: What happened there, of course, was that most children did not disclose, but of the ones who did, you will remember that there are chapters in the report about the responses of the adults, including parents. Do you have any views about what sort of information parents

might be lacking when it comes to understanding what their children are saying to them and what the range of responses might be to a child who is attempting to disclose?

The CHAIR: Particularly from the perspective of an Aboriginal community? That might be really helpful.

Hon SALLY TALBOT: Because obviously the thing that really awakened our interest is that Blaxell says that the experience that follows disclosure can be as traumatic, if not more traumatic, than the actual sexual abuse. That is why he is led to that conclusion that we need to be looking for some sort of mechanism that involves a child's friend who walks with the child through that whole—all the stuff that happens after they disclose.

Dr Kickett-Tucker: I agree with you; it is an extraordinarily turbulent time, and possibly the kids probably do not want to say anything because of the fear that their mother has to deal with it, particularly with someone that they know, and all the repercussions that happen after that. Some of the wording, you know when kids label their private parts or whatever, it might be different words to what the adults are using, so that is why they have to do it at an earlier stage so the vocabulary is exactly the same and when the kid actually says that so-and-so did something, the parent knows automatically what that is, and it is on the same lines if they are at school—the teachers know that same word as well. Do you know what I mean?

Hon SALLY TALBOT: Yes, I do.

Dr Kickett-Tucker: I think that miscommunication is a big, big problem.

Hon SALLY TALBOT: That relates directly to your story about your daughter and the toilet door; you know, is that a metaphor for something else? You know your daughter well enough to know what language she is using.

Dr Kickett-Tucker: No, I know. She is very smart. She is only five but everyone who talks to me says that she talks like a seven-year-old. She is a very smart little girl. The other two kids are a bit quieter. With the first child, you know, you always make a lot of mistakes, but we got better as we had more children! For me, I do not have expertise; the only thing I have witnessed is in one of the projects we have just finished, an adult man disclosing something that happened to him years ago —

The CHAIR: And that happened in one of your projects? How did you deal with that?

Dr Kickett-Tucker: The research assistant at the time, he disclosed it to a female who he had a rapport with, and so she told me and we got the mother in because he wanted to tell his mother. So we got a space where I was there, because that is part of our risk management, the research assistant was there, the boy—he is an adult now—and the mother, but then we had offered professional counselling through Yorgum. The family counselling service. That is all we can do; whether they take it up or not—we do record it in an incident report form, but we do not disclose that to the research; we cannot do that because it is all confidential. Those things happen. What we are dealing with in today's society is a lot of men who have had that happen to them in the past and they just live with it every day and then now and again they might disclose something, and that is what happened in this particular project, and we dealt with it as part of our risk management. Those men have children; they have boys and because they are so fearful about what happened, they do not teach them anything about—that prevents them from telling them about staying safe: not just being safe in your community, but being safe in your person, your body; that is your temple and you need to look after it, and this is how you do it. You know how we teach kids not to eat this and that and be physical; they need to be aware of their body and that no-one is supposed to touch their body or shove them or hit them or push them, or whatever it might be. We need to do more of that; I think it is really important.

Hon SALLY TALBOT: The other thing that Blaxell found—I do not think he uses the term—is that siloing that you referred to. Say something happens at school, and the Education Department

could do something with it but it will not necessarily talk to the Health Department or, in the case of Blaxell, the country hostels. Do you have anything in your programs to dismantle that siloing?

Dr Kickett-Tucker: All of our programs are holistic—all of them. So even though the basketball wellbeing program is for little kids and the peers are coming in, possibly their siblings, down the track in the program we have family days and family interactions where, once a month, the kids have to bring a family member into the program, and that is how we generate the interest, and in the second year hopefully it will get better and better. We have to judge the program based on the temperament of the community at the time and the willingness to be involved in it, but everything we do, we do not do in isolation. If something has happened to that child, we will deal with it and provide the right information to their parents and their families. But everything we do—that child, their siblings, their family, their kinship group—we look at the whole sphere across all their social, physical, mental—all the components of wellbeing. The only component we cannot really make a difference to is the economic area, where parents are employed. I mean, they can be volunteers in our program and we can help them, and their kids who are in the peer leader program, but we cannot make a change to their family income. For a lot of people we work with, poverty is a huge problem around families. When we talk about education, you do need a vehicle, money or something to get to school, and in this case, with adults. Like you said, I am a qualified person, but I was lucky to have parents who had jobs to send me to school. There are a lot of families in the community that will never get the opportunity to do that, so they will not be able to open up their minds to know and to learn this other side, the non-Aboriginal side of things—stranger danger and looking after yourself. They will never get to see that stuff because they are staying in the communities where they come from. Our people do not move very far past one neighbourhood, and if they get on a bus—if you look at the bus stops through the north east suburbs, you will see one mum or a nanna—usually a nanna—and about six or seven kids, all under the age of five, jumping on a bus. When services are split—I am really not happy about this. The federal government had Aboriginal funding from COAG and they did some research in the City of Swan area on where these family centres should be, and the Aboriginal families—this is a good example—said, “Have this family centre located at Midland Primary School, because Midland Primary School is right there, no-one is using the building and haven’t used it for years, so let’s put it there because it’s close to Centrepont shopping centre and the train station, and it’s easy access and central”, but what did the government do? They split up the family service centres and split them across two major highways so if you have a pram, you are going to get bowled over trying to get there. You need a car to get to some of these places.

The CHAIR: Are they on both sides of Great Eastern Highway?

Dr Kickett-Tucker: Yes, one in Stratton and one in Clayton View.

The CHAIR: Oh, my Lord.

Dr Kickett-Tucker: They took the word “Aboriginal” out of the title, and I visited —

The CHAIR: What did they call it?

Dr Kickett-Tucker: They have changed the name again. Sorry; family child centres, or something. They took the word “Aboriginal” out, so when you go visit them, you can probably count on one hand how many Aboriginal people actually go there. There was a need for Aboriginal funding, but they split the centres and located them in schools.

[11.50 am]

The CHAIR: I am completely cognisant of the difficulty of dealing with the federal government on local issues, Cheryl, so I understand it is very, very difficult. It does not matter what political persuasion the federal government is; it has a Canberra-centric view in many cases.

Dr Kickett-Tucker: Yes, it is like everything stops at the rabbit-proof fence, even money.

The CHAIR: I think we should probably finalise our questions.

Dr Kickett-Tucker: I do not know if I have answered yours properly, but it is —

Hon SALLY TALBOT: Yes, it was very interesting.

The CHAIR: I have a final question; actually, I have two, but the official one is: what do you think about the Commissioner for Children and Young People in relation to keeping children safe in Western Australia?

Dr Kickett-Tucker: Is the commissioner not really set up to provide advice, though, rather than programs?

The CHAIR: She has a role to do both. The children's commissioner is an independent office that has a responsibility to look at the needs and profile of children in this state, and to try to get their needs across the community and understood.

Dr Kickett-Tucker: I know that part of the role, but how much power does the commissioner have in making those changes in those big files of recommendations that come out?

The CHAIR: Very good question.

Dr Kickett-Tucker: Make it happen because that is what needs to be done.

The CHAIR: Which is why we were asking you at the beginning of this hearing what you think the results are going to be from the "Listen to Us" paper, because that is exactly the nub of the issue for the first half of our questions. The second half of our questions is more specifically about the abuse of children and what role the commissioner might find for herself and her office in tackling that in the future. But you do not have to have an answer by the way, because it is not your area of expertise. We are just interested whether there is anything you want to add?

Dr Kickett-Tucker: The thing is you are right, we can all go and ask someone: what do you think? But then what are you going to do? It is like cultural security, people say, "You've been in an Aboriginal community, you know Aboriginal people; I am culturally aware." That is what they say or they go to a cultural awareness workshop, but then what? Okay, then there is cultural security. You actually have to have policies, practices and procedures in place in your workplace, if you are in a workplace, about being culturally aware, and then what? Then you need cultural sustainability, so that those processes and practices are audited and someone is checking to make sure that you are doing what you are supposed to be doing. I guess that in that kind of reality that maybe the commissioner could be kind of like a watchdog but with more powers to make sure that people are doing the right thing, whether it is in DCP, family and children's services, the education department—across the board. Someone has to give a gold star or a tick. The Heart Foundation gives a tick; we should be giving a tick to those community and government organisations that are doing the right thing from the commissioner. Maybe she can set up an audit of some sort and regularly go out and monitor and tick them off.

The CHAIR: Fabulous, thank you.

Dr Kickett-Tucker: If they do not do it, we could pick up some sort of —

Hon ROBYN McSWEENEY: Consequences.

Dr Kickett-Tucker: Yes. I was thinking punishment. Stick them down that hole at the Round House. There is still a big hole down there; drop them in there! I do not know.

The CHAIR: Beautiful—I should stop you while we are in front. I just have a final question. This has nothing to do with this hearing, but it has something to do with the program that you are running in which you said they bring pets in. Have you tried to get a relationship with the RSPCA or a mobile vet or something or other so you can get the animals sterilised?

Dr Kickett-Tucker: It is usually the staff. No, these people are responsible people.

The CHAIR: They are all okay.

Dr Kickett-Tucker: Yes, they love them. The reason they come to us is because as like a kid, they are loved. They are pampered pooches and they do not want to leave them in the car. So I tell them to bring them into the yard: “There’s a big yard there—out you go.”

The CHAIR: Mine do the same. I was looking at a different context. I thought you meant when some of your participants in your program came in to bring their animals as well.

Dr Kickett-Tucker: No, it is the staff.

The CHAIR: That is okay; although that does not necessarily mean that they are going to be responsible.

Dr Kickett-Tucker: Mine is one of them. I have got a little poodle. Then there is another lady and another lady that bring their little dogs in. I tell them to chuck them in the yard, they are right. We have a good relationship with the gardener and he is right.

The CHAIR: My staff do exactly the same. But let me tell you, that does not mean that they have had their animals sterilised or that they are treated properly. It just gives me an opportunity to do that.

Dr Kickett-Tucker: With the kids, when we have groups, families come in—thanks to Lotterywest—we have a whole creche of gear. We put it all out there and for as long as the parents are in the building or on our site we do not need to employ anybody, but if we do any, we do have to do that. The kids are looked after and they get their snack and they do their activity while the parents are doing their—usually the old people go out and help and it is really good. We are really fortunate actually.

The CHAIR: Thank you very much, Dr Kickett. I need to read the closing statement now, another other official bit of parliamentary committees.

Dr Kickett-Tucker: That is okay. It is my first; this is an experience.

The CHAIR: I forgot to ask you that. So you will be completely familiar with it next time.

Dr Kickett-Tucker: I was a bit nervous coming.

The CHAIR: Thank you, Cheryl, for the evidence that you have given to our committee today. A transcript of the hearing will be given to you for correction of any errors. Any corrections must be made and returned within 10 days of the date of the letter attached. If the transcript is not returned, it will be considered correct. New material cannot be added in your corrections and the sense of your evidence cannot be altered. If you want to give us any additional information or elaborate, you can give us a supplementary submission when you return the transcript of evidence.

Dr Kickett-Tucker: Thank you, ladies.

Hearing concluded at 11.56 am
