Submission to the Yoorrook Justice Commission

The Urgent Need for a Specialist Infant Court in Victorian Children's Court

Acknowledgement of Country

The authors acknowledge the traditional owners of the lands and waters throughout Victoria, and we pay our respects to their Elders Past and Present. The authors acknowledge members of the Stolen Generations, and that the forced removal of First Nations children from their families continues to affect the health and wellbeing of First Nations families and communities.

Introduction

Since the *Bringing Them Home* report of 1997, and notwithstanding several initiatives at a state and federal level, the rate of Indigenous children forcibly removed by the State from their families remains at an appallingly high level. This particularly so in Victoria.

Reducing the over-representation of First Nations children in out-of-home care is a key socio-economic target of the National Agreement on Closing the Gap. Committed to by all Australian State and Territory governments, the Agreement specifically aims to reduce the rate of First Nations children in out-of-home care by 45 percent by 2031. However since this target was established, the problem has worsened.[1]

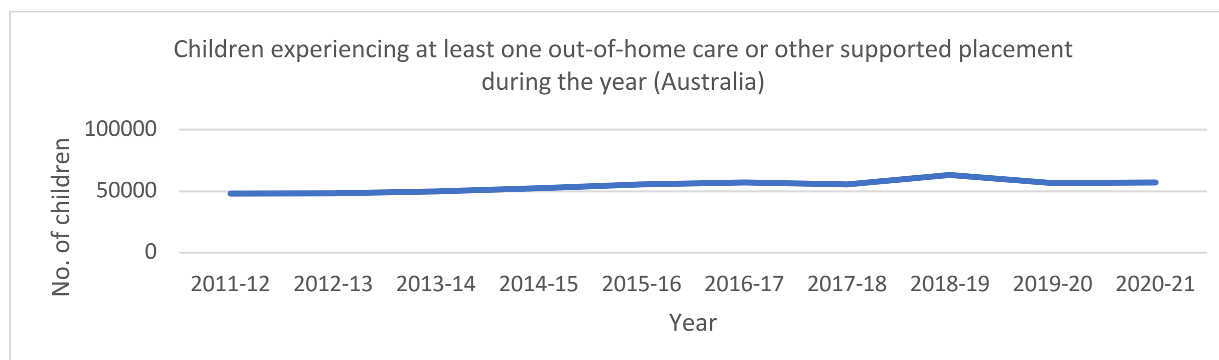
Here in Victoria, First Nations children, particularly babies and toddlers, are significantly more likely to be removed from their families than Non-First Nations children.

We, the authors believe that the implementation of a Specialist Infant Court in all Children's Courts throughout Victoria would reduce the rate of permanent removal of First Nations children from their families and moreover, would support more First Nations babies and toddlers being reunited earlier with their families and into their strong and proud culture, where they belong. We note the value of a process of progressive implementation based upon a pilot. However, we also note that there is considerable evidence of the efficacy of this model internationally. We believe the dire situation for First Nations babies and toddlers, combined with the substantial evidence of the effectiveness of the approach, warrants comprehensive implementation to ensure some babies and toddlers and their families are not disadvantaged because of postcode.

1 Chamberlain, C., Gray, P., Bennet, D., Elliot, A., Jackomos, M., Krakouer, J., Marriott, R., O'Dea, B., Andrews, J., Andrews, S., Atkinson, C., Atkison, J., Bhathal, A., Bundle, G., Davies, S., Herrman, H., Hunter, S., Jones-Terare, G., Leane, C., Mares, S., McConachy., Mensah, F., Mills, C., Mohammed, J., Mudiyanselage, L., O'Donnell, J., Orr, E., Priest, N., Roe, Y., Smith, K., Waldby, C., Milroy, H., Langton, M. (2022) Supporting Aboriginal and Torres Strait Islander Families to Stay Together from the Start (SAFeST Start): Urgent call to action to address crisis in infant removals. *Australian Journal of Social Issues,* 2022; 57: 252-273

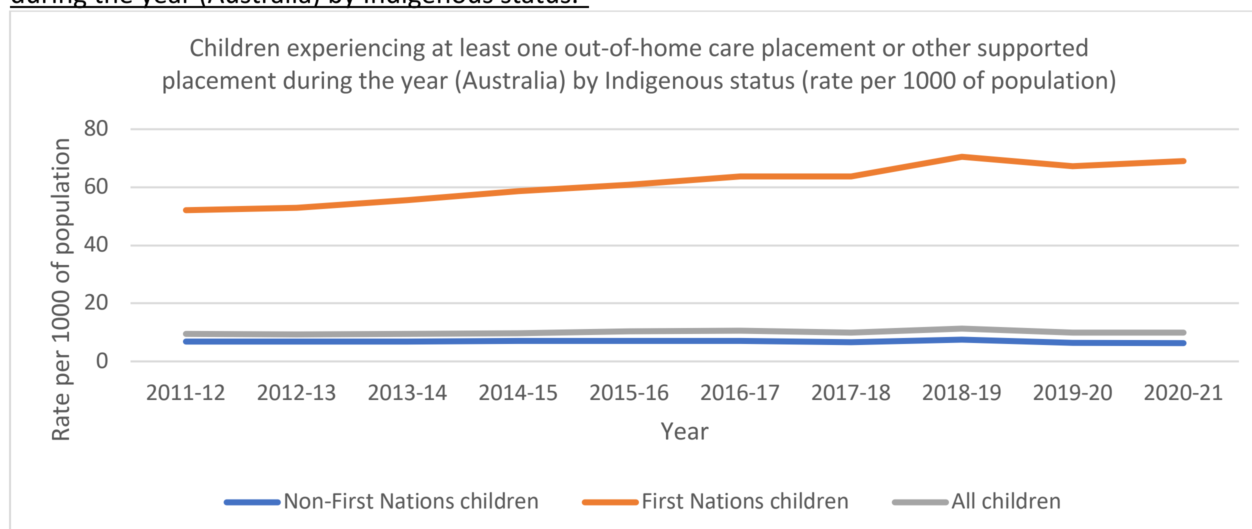
A) The Worsening Child Protection Crisis Nationally, and in Victoria:
Child protection jurisdictions throughout Australia are perpetually described as being in a state of crisis. Each year sees an incremental rise in the number of Australian children being removed from parental care and entering the out-of-home care system (Figure 1).

Figure 1 – Children experiencing at least one out-of-home care or other supported placement during the year.[2]



However, First Nations children experience at least one out-of-home care placement or other supported placement at a significantly higher rate than non-First Nations children. In 2020-21, First Nations children experienced this trauma and disruption at a rate of 69.1 per thousand of population, compared with 10 per thousand of population for non-First Nations children. Over the ten years to 2020-21, this represents a 32.6 per cent increase in this rate for First Nations children, compared with an 18.9 per cent rate increase for non-First Nations children (Figure 2.) More specifically in Victoria in 2021-22, First Nations children entered out-of-home care at a rate of 31.9 per thousand of population, compared with a rate of 1.9 per thousand for First Nations children.[3]

Figure 2 – Rate (per 1000 of population) of children experiencing at least one out-of-home care placement during the year (Australia) by Indigenous status.[4]



2 Australian Government Productivity Commission (2022), *Report on Government Services*, Retrieved from https://www.pc.gov.au/ongoing/report-on-government-services/2022/community-services/child-protection

3 https://www.aihw.gov.au/reports-data/health-welfare-services/child-protection/data

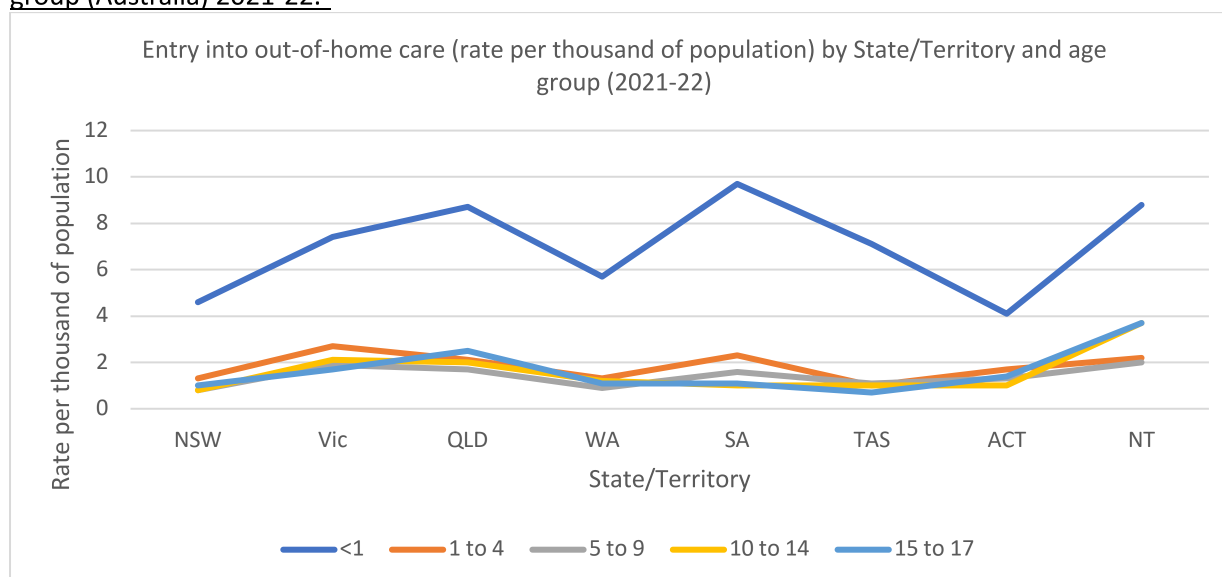
4 Ibid

B) The over-representation of infants and very young children in out-of-home Care:

The Australian Institute of Health and Welfare (AIHW) reports that nationally, infants and very young children consistently have the highest rate of receiving child protection services, when compared with older children. While First Nations children continue to be over-represented within every age group, First Nations infants and very young children also receive child protection services at a higher rate than First Nations children in all other age groups.

As a corollary to the greater prevalence of infants and young children receiving child protection services, and compounding the plight of this most vulnerable cohort, children aged 0 to 4 years enter out-of-home care in higher numbers than children or young people in any other age group, with infants aged less than one year significantly so (Figure 3).[5]

Figure 3 - Children entering to out-of-home care (rate per thousand of population by State/Territory and age group (Australia) 2021-22.[6]



Again, First Nations infants enter out-of-home care at a greater rate than non-First Nations infants in all jurisdictions throughout Australia. In 2021-22, this over-representation was significantly higher in Victoria than in any other jurisdiction where First Nations infants aged less than one year entered out-of-home care at a rate of 89 per thousand of population, compared with 5.6 per thousand of population for non-First Nations infants (Figure 4), with this disparity continuing, though reducing as children age (Figure 5). *This is almost **16 times** more First Nations babies removed than non-First Nations babies.*

5 Australian Institute of Health and Welfare (2022), *Child Protection Australia 2020-21*. Retrieved from https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2020-21/contents/about

6 https://www.aihw.gov.au/reports-data/health-welfare-services/child-protection/data

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Figure 4 – Infants' entry into out-of-home care in 2021-22 by jurisdiction and Indigenous status. [7]

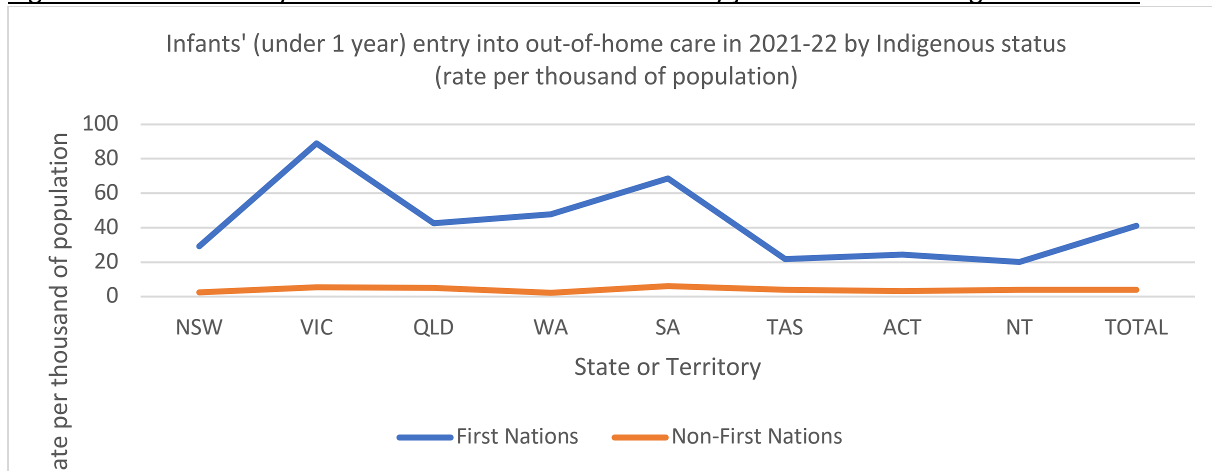
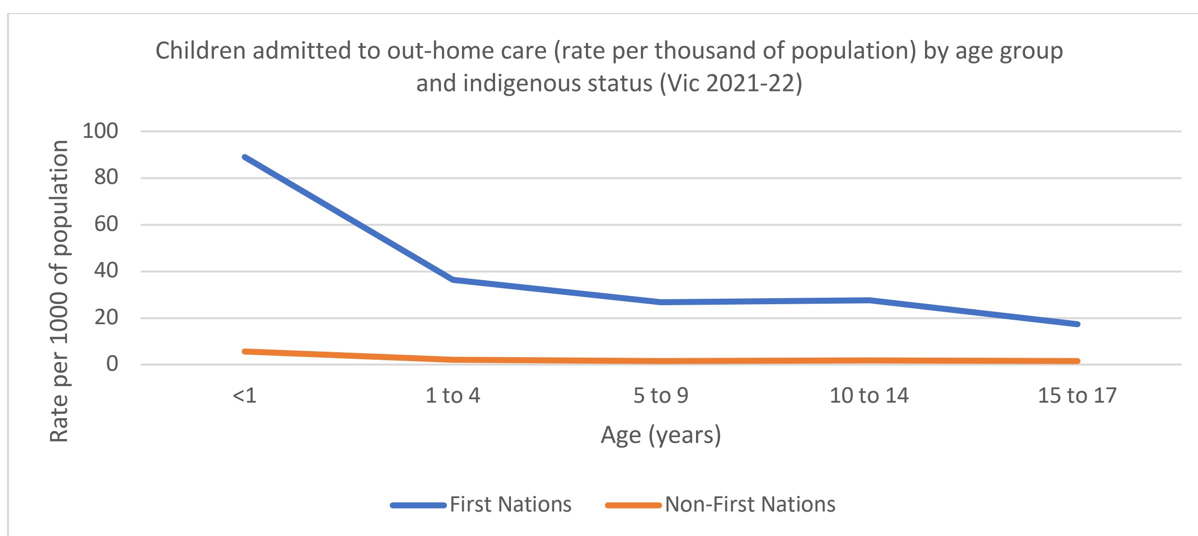


Figure 5 – Children admitted to out-of-home care (rate per thousand of population) by age group and Indigenous status.[8]



At the same time, rates of discharge from out-of-home-care were among the lowest for infants and very young children when compared with children in other age groups.[9] National and international literature indicates that of all age cohorts entering out-of-home care, infants experience the longest placement duration[10] and that

7 ibid

8 Ibid

9 Ibid

10 Wulczyn F., Ernst, M. and Fisher, P. (2011) *Who are the Infants in Out-of-Home Care? An Epidemiological and Developmental Snapshot.* Chicago: Chapin Hall, University of Chicago; Zhou, A.Z. and Chilvers, M. (2008) Infants in Australian Out-Of-Home-Care. *British Journal of Social Work*, 2010, 40, 26-43

where children enter out-of-home care in infancy, they will, on average, spend more of their childhood in care than children who first enter care at an older age.[11]

C) The significance of the over-representation of infants in out-of-home Care:
Infants' entry into out-of-home care can compound the harms associated with the adverse events responsible for that entry. National and international literature indicates that infants in out-of-home care are more likely to experience developmental delays, adverse physical health, and attachment problems, and are more likely to experience adverse longer-term outcomes than other children.[12]

Between conception and aged 3 all the important neuronal pathways are developed that mediate functioning and lay the foundation for all development. The brain is a use dependent organism that develops in response to experience, and an infant's experiences occur through relationships. Adversity, particularly relational poverty, during this period interrupts this process, and can have long term and sometimes permanent effects.

There are three major neurobiobehavioural systems that develop during the first three years of life that are impacted by adversity. These are the stress response system, the development of emotional and behavioural regulation, and the capacity to make and sustain productive relationships. These systems are all mediated by the relationship between the infant and important caregivers. Infants who suffer adversity during this period can develop sensitised stress response systems, which results in them being more difficult to soothe and more prone to stress. This also influences their capacity to regulate feelings and behaviour. The relationship between the infant and the caregiver is a key mechanism for the development of these systems, and this overarching system is referred to as the attachment system.

Adversity during infancy, particularly from birth to age 2 has been found to have significant impact on the development of organised attachments, and effects have been found to be enduring and difficult to correct. Exposure to traumatic harm and to dysfunction and inconsistency in, or prolonged separation from key attachment relationships, sees infants likely to develop adverse mental health conditions that have lasting negative impacts on psychological and social development across their lifespan.

For First Nations infants and their families, the deleterious impact of involvement in child protection processes, and particularly in relation to entry into out-of-home care is significantly compounded by the reality of intergenerational familial trauma associated with racist Australian policies and practices leading to the Stolen Generations, whereby *'subsequent generations continue to suffer the effects of parents and grandparents having been forcibly removed, institutionalised, denied contact with their Aboriginality.'*[13] Loss of connection to culture, often occurring as a result of removal of First Nations children from parental or familial care, sees the loss of a significant protective factor for the overall wellbeing of First Nations children throughout their lifespan.

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11 Ibid

12 Wulczyn F., Ernst, M. and Fisher, P. (2011) *Who are the Infants in Out-of-Home Care? An Epidemiological and Developmental Snapshot.* Chicago: Chapin Hall, University of Chicago; Zhou, A.Z. and Chilvers, M. (2008) Infants in Australian Out-Of-Home-Care. *British Journal of Social Work*, 2010, 40, 26-43; Milburn, N.L., Lynch, M. and Jackson, J. (2008) Early Identification of Mental Health Needs for Children in Care: A Therapeutic Assessment Programme for Statutory Clients of Child Protection. *Clinical Child Psychology and Psychiatry* 2008, 13 (1), 31-47

13 National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families (Australia). (1997). *Bringing them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*. Sydney: Human Rights and Equal Opportunity Commission, p154

The significance of the over-representation of infants entering out-of-home care lies in the likely trajectory of adverse outcomes that these most vulnerable children will experience across the range of developmental, social and psychological domains throughout their lifetime unless timely skilled assessment and early intervention targeted at both these children and their familial systems occurs. Critically, assessment and intervention needs to occur on a timeline and in a context that informs decision making by child welfare sector professionals, and by judicial offers in children's court jurisdictions as early and as comprehensively as possible to minimise the compounding effects of the adversity these most vulnerable children face, and to mitigate against the development of intergenerational trauma and dysfunction. The importance of the timing of intervention cannot be over emphasised – because of the pace of development in the first three years of life, and the crucial neurobiobehavioural structures in development, intervention to establish healthy relationships is critical.

In a study by Florida State University Centre into Early Childhood Courts in 2017 it was concluded that: '*The legacy of unhealed adverse childhood experiences is seen every day in* [Children's Courts]*, as formerly abused or neglected children are now the abusing or neglecting parent. Fortunately, this multigenerational cycle of trauma and maltreatment can be interrupted with a systemic shift towards 'therapeutic jurisprudence,' a reframing of the judicial system to promote a more effective approach to altering the trajectory for maltreated children and their families.'*[14]

D) The Ameliorating Impact Specialist Infant Courts:

Specialist Infant Courts (also known as Early Childhood Courts or Safe Babies Courts) had their origin in the 1990s in Miami, Florida, and today exist in over one hundred jurisdictions throughout more than thirty-six states in the US. They arose from collaboration between infant mental health clinicians and judicial officers who observed existing systems failing infants and their families. Unfortunately, there is no such court in Australian care and protection jurisdictions.

Embedding infant mental health and early childhood development expertise into solution-focussed court processes, Specialist Infant Courts seek to understand and focus remediation attempts on the underlying causes of infants and their families appearing in these specialised dockets. Their focus is on preventing further trauma and its impact on child development and infant mental health, and healing the effects of past experiences. Such courts adopt a non-adversarial approach and employ the expertise of multi-disciplinary teams led by a Court-employed 'Community Coordinator' offering individualised, dyadic, evidence-based treatment approaches, to the familial issues and dynamics that have led to their involvement in abuse and neglect proceedings. In Specialist Infant Courts, therapeutic jurisprudence manifests itself in less adversarial court events that sees more genuine engagement amongst parties, ensuring more accurately informed understandings of root problems, and consequently more accurately targeted and effective interventions.

The World Association for Infant Mental Health Statement on the Rights of Infants states:

> 1. The Infant by reason of his/her physical and mental immaturity and absolute dependence needs special safeguards and care, including appropriate legal protection.
>
> 2. Caregiving relationships that are sensitive and responsive to infant needs are critical to human development and thereby constitute a basic right of infancy. The Infant therefore has the right to have

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14 Florida State University Centre for Prevention and Early Intervention (2017). *Florida's Early Childhood Court: Improving outcomes for infants and toddlers in Florida's dependency court.* Florida State University: 2017 , 3

his/her most important primary caregiver relationships recognized and understood, with the continuity of attachment valued and protected– especially in circumstances of parental separation and loss. This implies giving attention to unique ways that infants express themselves and educating mothers, fathers, caregivers and professionals in their recognition of relationship-based attachment behaviors.

3. The Infant is to be considered as a vital member of his/her family, registered as a citizen, and having the right for identity from the moment of birth. Moreover, the infant's status of a person is to include equal value for life regardless of gender or any individual characteristics such as those of disability.
4. The Infant has the right to be given nurturance that includes love, physical and emotional safety, adequate nutrition and sleep, in order to promote normal development.
5. The Infant has the right to be protected from neglect, physical, sexual and emotional abuse, including infant trafficking.
6. The Infant has the right to have access to professional help whenever exposed directly or indirectly to traumatic events.
7. Infants with life-limiting conditions need access to palliative services, based on the same standards that stand in the society for older children.[15]

Specialist Infant Courts are the best means to uphold infant's rights in the jurisdiction of the Children's Court.

E) Specialist Infant Court Key Processes and Operations:

i) *Assessment:*

When an infant and their family are referred to a Specialist Infant Court, an in-depth assessment of the infant, parent, and their relationship is undertaken by an infant mental health specialist. Infant-parent relationship assessment focusses on the internal and the external aspects of the relationship. This means evaluating the parents' understanding of the infant, their capacity to think and reflect about their infant, and their formulation or 'working model' of the infant in their mind. External aspects of the relationship are evaluated through standardised observational measures to understand how the relationship is in real time, to evaluate the infants' part in the relationship and the parents' sensitivity to the infant. This includes the parents' capacity to respond appropriately, to set and maintain limits where needed and to support the infant emotionally. There are decades of research that show that caregiving sensitivity and parents' working models are related to attachment and development of infants. recommendations for intervention follow from the assessment and are provided to the Specialist Infant Court judicial officer and to the multidisciplinary court team. The assessment and the recommendations that flow from it are updated regularly through a process of continual review of progress and communicated to the Court Team.

ii) *The Family Team:*

The multi-disciplinary Family Team is led by the Community Coordinator and usually meets monthly. The purpose of the Family Team is to review progress, provide observations and make recommendations, as well as deliver treatment and case management. The effect of the Court Team is to build a supportive community around the family to drive goal attainment. Composition of the family team is not prescriptive and membership is generated by the group. It includes the parent and the alternative caregiver (eg, foster carer), the Community Coordinator, the infant mental health specialist, legal representatives, the child protection practitioner, and

15 WAIMH (2014) Position Paper on the Rights of Infants:
https://perspectives.waimh.org/wp-content/uploads/sites/9/2017/05/PositionPaperRightsInfants_-May_13_2016_1-2_Perspectives_IMH_corr.pdf

any other family or community members who might help the infant and family, as well as other service providers engaged with the family.

iii) *Monthly Court appearances:*

Monthly Specialist Infant Court hearings are the formally listed court event at which progress towards identified parent and infant goals, treatment and other service engagement, barriers and successes are formerly reported to the Court, and where amendments to existing court orders can be made where warranted. The Family Team informs the judicial officer of therapeutic progress, allowing judicial decision-making that is contemporaneous with emerging need or development. Informed by the concept of therapeutic jurisprudence, Specialist Infant Court hearings are less formal than traditional court events, though all traditional respectful conventions are maintained. The approach is strongly non-adversarial. Conversations occur directly between the parent and the judicial officer, though legal representations may also occur through legal representatives for all parties in attendance. Judicial demeanour is candid and warm, conveying knowledge of and investment in the experience and progress of family members, while clearly maintaining judicial authority through the communication of clear expectations and the making of orders.

Trauma informed principles are embedded in court appearances to reduce anxiety and distress as much as possible. Trauma informed principles include, but are not limited to, all people in the court sitting at the same level, a culture of inviting and respecting the perspectives of all, the assumption that families are doing the best they can under difficult circumstances, and regular breaks being offered.

iv) *Behavioural health interventions:*

A core component of Specialist Infant Courts is the engagement of participants in a continuum of behavioural health services. This continuum includes a range of interventions, including the Parent-Child Relationship Assessment that occurs upon referral. Trauma interventions and engagement in individual parent treatments (eg for adverse mental health, addiction, family violence, etc) also sit within this continuum.

A common behavioural health intervention in Specialist Infant Courts is Child Parent Psychotherapy (CPP). Evidence-based, CPP is a relationship-based intervention 'designed to repair the behavioural and mental health problems of infants, toddlers, and pre-schoolers whose most intimate relationships are disrupted by experiences of maltreatment, violence, and other forms of trauma that shatter the child's trust in the safety of attachments.'[16] Unlike many interventions typically employed in child welfare cases, CPP is dyadic in that sessions are attended jointly by the infant *and* the parent or caregiver, and its focus is on healing the infant-parent relationship, while developing parental insight, strengthening caregiving sensitivity and an evolving understanding of the infant's needs of their parent as they develop. CPP also provides a healing opportunity for parents as they rework their own adverse childhood experiences with their parents through reworking their relationship with their own infants, with reduction in distress, post traumatic stress and strengthened relational capacity as a result.

F) Evaluation of Specialist Infant Courts:

Multiple evaluations of the efficacy of Specialist Infant Court has revealed the following[17]:

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16 Lieberman, A.F., Ippen, C.G., and Van Horn, P. (2015). *Don't Hit My Mommy! A manual for child-parent psychotherapy with young children exposed to violence and other trauma*. Second Edition, Washington DC, Zero To Three

17Faria, A., Bowdon, J., Conway-Turner, J., Pam, J., Ryznar, T., Michaelson, L., Derrington, T. and Walston, J. (2020) *The Safe Babies Court Team Evaluation: Changing the Trajectories of Children in Foster Care.* American Institutes for Research, Washington, DC; Casanueva, C., Harris, S., Carr, C., Burfeind, C. and Smith, K. (2017) *Final Evaluation Report of the Quality Improvement Center for Research-Based Infant-Toddler Court Teams*,

- Infants involved with Specialist Infant Courts exit out-of-home care sooner than those involved in traditional justice approaches up to three times faster than comparison samples;
- Infants involved with Specialist Infant Courts are five times less likely to re-enter out-of-home care than the control cases in traditional adversarial approaches;
- Specialist Infant Court involvement sees a reduction in future applications relating to abuse or neglect in participant families;
- Specialist Infant Courts see improved user experiences of Children's Court proceedings, with participants reporting feeling more respected and involved compared with existing approaches, and reporting improved life circumstances, greater understanding of early childhood development, and trauma and attachment as a consequence of their involvement.
- Specialist Infant Courts achieve relational stability and care for children at higher rates, and in a shorter period of time than control groups;
- That cost-benefit analyses of Specialist Infant Courts determine that 75% of Specialist Infant Court costs are mitigated by out-of-home care cost avoidance alone, and that further cost-benefit is achieved through disrupting life-long, usually intergenerational, patterns of dysfunction and disadvantage.

A more thorough description of evaluation outcomes of Specialist Infant Courts is contained in the attached Fellowship Report by Matthew Wilson.

G) Conclusions:

There is a clear positive correlation between case planning and judicial decision-making being informed by infant mental health and developmental expertise, and outcomes that are consistent with the best interests of infants and their families. At the very least, where comprehensive assessments of familial needs and strengths occur early in proceedings, infants and families are more likely to be engaged with services and supports required to enhance wellbeing and functioning, leading to earlier stability and permanence for children. Indeed, this has been found in Australian research, where a comprehensive therapeutic assessment at the time of entering out-of-home care resulted in less time spent in placement and greater rates of reunification than a previous cohort who did not receive the assessment.[18] Where these assessments and the interventions that flow from them are *coordinated* not only with each other, but also with case planning processes and judicial determinations as they evolve, families are more likely to engage meaningfully with them. Enhanced engagement inevitably leads to improved family functioning and, consequently, higher rates of family reunification. For Indigenous children, particularly infants, babies and toddlers, the importance of family reunification cannot be over-stated.

September 2017, RTI International; Foster,E.M. and McCombs-Thornton, K.L. (2015), Investing in Our Most Vulnerable: A Cost Analysis of the Zero TO THREE Safe Babies Court Teams initiative, June 20, 2012; McCombs-Thornton, K. L. (2011). *Fostering a Permanent Home: A Mixed Methods Evaluation of the ZERO TO THREE Court Teams for Maltreated Infants and Toddlers Initiative* (Doctoral dissertation, The University of North Carolina at Chapel Hill); James Bell Associates (2009) *Evaluation of the Court Teams for Maltreated Infants and Toddlers: Executive Summary*. James Bell Associates, Arlington.

18 Milburn, N., Lynch, M., & Jackson, J. (2005) Protected and Respected: Addressing the needs of the child in out-of-home care. royal Children's Hospital Mental Health Service.

Furthermore, there are clear benefits to infants and families from their participation in evidence-based, dyadic interventions such as Child-Parent Psychotherapy (CPP). In Australian child protection jurisdictions, expert understanding of the relationship between infants and their parents, and with alternate caregivers is rarely achieved – and even more rarely achieved on a timeline that allows for necessary interventions with respect to that relationship to be identified and implemented early. When children enter out-of-home care, it is even more rare for dyadic relational *treatment* – that is, expertly observed and guided interactive intervention with both the parent or caregiver *and* the child – to occur in a court context where need and progress can be presented to judicial decision-makers contemporaneously as understanding and relational functioning evolves.

Appropriately targeted early behavioural intervention achieves improved outcomes including lower insecurity, avoidance, anxiety and anger observed in the attachment styles of infants and children, higher levels of parental empathy, enhanced satisfaction in parental relationships, and improvements in behavioural problems, traumatic stress symptoms, and mental health diagnostic status. These improvements obviously benefit the infant and the parent. They also benefit future siblings and the next generation, giving greater and longer lasting returns on the initial investment.

Specialist Infant Courts report improved outcomes in terms of earlier and more sustainable permanency outcomes for infants and young children. Where reunification is achieved, infants and young children spend less time in out-of-home care through these approaches than through traditional adversarial approaches, and they are less likely to experience further abuse or neglect, leading to a significant reduction in future child protection and children's court involvement. Where reunification is not achieved, infants and young children find stable, permanent alternate care arrangements more quickly and maintain as good a relationship as possible with parents.

Solution-focussed approaches in care and protection jurisdictions enhance the participation of marginalised and socially-excluded parents and family members, and achieve better outcomes particularly for First Nations families for whom child protection involvement and children's court proceedings can be particularly traumatic and ineffective. Where Specialist Infant Courts achieve superior outcomes to traditional adversarial approaches, they do so consistently regardless of the cultural background of participants.

As this Honourable Commission examines injustices previously and currently experienced by First Nations people and children, we submit that an Australian-first Specialist Infant Court in all Victorian Children's Courts would offer an important way of reducing the egregious over-representation of First Nations children, particularly infants, babies and toddlers in out- of-home care.

We recommend that the Yoorrook Justice Commission support:

- the establishment of a Specialist Infant Court in all Victorian Children's Courts commencing with a pilot program operating in a number of locations, rural as well as metropolitan and
- that the pilot program pay specific attention to the needs and rights of First Nations children as articulated by the Aboriginal Community Controlled Child Welfare Sector
- A core component of the pilot program to be considering protocols and making recommendations for statewide implementation.

Dr Nicole Milburn, Mr Julian Pocock, Mr Matthew Wilson, Ms Fleur Ward, Associate Professor Campbell Paul.

About the Authors:

a) Dr Nicole Milburn:

Nicole is the Chair of the Tweddle Foundation which provides thought leadership in the infant, child and family sector. She is a Clinical Psychologist who has been working with infants, children and young people and their families for 30 years, and is passionate about infants, children and their families having access to the best possible help when facing difficulties. She provides leadership through her roles as Chair of the Tweddle Foundation and the Australian Association for Infant Mental Health.

Nicole has a Bachelor of Science, Graduate Diploma of Counselling Psychology and Doctorate of Clinical Psychology. She is also a graduate of the Australian Institute of Company Directors and a registered supervisor of Child Parent Psychotherapy.

b) Mr Julian Pocock:

Julian is on the Board of the Tweddle Foundation and has over 25 years senior management, policy and advocacy experience in the child rights and welfare field focused predominantly on the rights and experiences of First Nation's families and children. He has held roles with SNAICC, Berry Street and currently works for VACCA and the Victorian Aboriginal Executive Council. In 2002 he completed a Masters Degree in Policy and Management from RMIT including an independent analysis of failures in the Northern Territory child protection system; *State of Denial: The Neglect and Abuse of Indigenous Children in the Northern Territory.* SNAICC 2002.

Julian contributed to this submission through his role as a Director of the Tweddle Foundation.

c) Mr Matthew Wilson:

With an almost 30 year professional history in the child and family welfare sector Matthew Wilson's professional passion is for evidence-based innovative approaches to the complexity of matters involved in Australian child protection and children's court jurisdictions. In furtherance of this passion, in 2020 Matthew was awarded a Churchill Fellowship to investigate innovative court-based approaches that better meet the complex needs of infants and their families in care and protection jurisdictions throughout the US and UK. A copy of Matthew's Churchill Fellowship report is appended to this submission by way of attachment and is also accessible via: https://www.churchilltrust.com.au/project/to-investigate-innovative-court-based-approaches-to-infants-in-care-and-protection-proceedings/.

Matthew holds a Bachelor of Social Work, a Graduate Diploma in Child, Adolescent and Family Mental Health, a Graduate Diploma in Child and Family Practice Leadership, and a Masters in Addictive Behaviours.

d) Ms Fleur Ward:

Fleur Ward is an LIV Accredited Children's Law specialist whom practices principally in the Children's Court (Family Division). Fleur also holds a Masters of Mental Health Science (Child Psychotherapy) from Monash.

e) Associate Professor Campbell Paul

Assoc. Prof. Campbell Paul is a Consultant Infant Psychiatrist at the Royal Children's and Royal Women's Hospitals Melbourne, the University of Melbourne, and the Murdoch Children's Research Institute. He has worked in hospital and community infant mental health and has delivered postgraduate and other trainings in infant mental health and the Newborn Behaviour Observation in Australia and Asia.

Dr Paul helped establish the first specific mental health service for Australian First Nations children, the Koori Kids Mental Health Network in Victoria.

He has a special interest in the inner world of the infant and young child and in infant-parent psychotherapies. He is a founding member of the Australian Association for Infant Mental Health and currently President of the World Association for Infant Mental Health.