Royal Commission into Victoria's Mental Health System

WITNESS STATEMENT OF LOUISE GLANVILLE

I, Louise Glanville, Chief Executive Officer of Victoria Legal Aid, of 570 Bourke Street, Melbourne, say as follows:

1 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Background

Professional background

2 I am the Chief Executive Officer of Victoria Legal Aid (VLA).

3 I have previously held a number of roles in the public and private sectors; including:

(a) Deputy Chief Executive Officer of the National Disability Insurance Agency;

(b) Acting Deputy Secretary, Strategic Policy & Coordination Group at the Federal Attorney General's Department;

(c) First Assistant Secretary, Access to Justice and Strategy & Delivery Divisions at the Federal Attorney General's Department;

(d) Executive Director (Deputy Secretary), Legal and Equity Group at the Victorian Department of Justice; and

(e) Principal Legal & Social Policy Adviser to the Victorian Deputy Premier & Attorney-General within the Office of the Deputy Premier and Attorney-General.

Qualifications

4 I have received:

(a) Master of Arts (Research) from Victoria University;

(b) Graduate Certificate in Health Law from La Trobe University;

(c) Bachelor of Laws from Monash University;

(d) Bachelor of Arts from the University of Melbourne; and

(e) Bachelor of Social Work from the University of Melbourne.

5 I have been admitted to legal practice in the Supreme Court of Victoria.

6 Attached to this statement and marked 'LG-1' is a copy of my curriculum vitae.

What is your role and what are your responsibilities at VLA?

7 As the Chief Executive Officer I have control over the day-to-day administration of VLA.

8 In conjunction with the VLA Board of Directors and any directions the Board sets, I ensure that VLA meets its statutory objectives and carries out its functions and duties in accordance with the *Legal Aid Act 1978*. These include:

(a) providing legal aid in the most effective, economic and efficient manner, and using our best endeavours to make legal aid available throughout the state;

(b) determining priorities for the provision of legal aid;

(c) arranging for legal aid to be provided by community legal centres and private legal practitioners, and coordinating strategic planning for the provision of legal aid by community legal centres and private legal practitioners;

(d) controlling and administering the Legal Aid Fund;

(e) providing legal education to the public

(f) making recommendations to the Attorney-General about desirable law reform based on practice experience;

(g) informing the public of legal aid services provided and the conditions on which those services are provided; and

(h) working with other legal aid commissions.

Victoria Legal Aid

What is VLA?

9 Victoria Legal Aid is a statutory authority established under the *Legal Aid Act 1978*. It is funded by the Commonwealth and Victorian governments.

10 Working alongside partners in the private profession, Aboriginal legal services, and community legal centres, VLA helps people with legal problems including family breakdown, child protection, family violence, summary and indictable criminal issues, social security, mental health, discrimination, guardianship and administration, fines, immigration, tenancy and debt. We also provide community legal education, and contribute to policy and law reform. Our Legal Help telephone and web chat service is accessible in multiple languages and is open Monday to Friday, 8 am to 6 pm. Legal Help officers assess a caller's needs and provide information, advice and referral as required.

11 VLA's clients are among the most disadvantaged people in Victoria. They are often marginalised, and many face complex legal problems. Our clients include those who are socially and/or economically disadvantaged, people with a disability or experiencing

mental health issues, children, Aboriginal and Torres Strait Islander people, and those who live in rural or remote areas.

12 In recent years, VLA's services have expanded to include non-legal advocacy, including in the areas of mental health and child protection. These services recognise the importance of early intervention to prevent legal problems from arising, and are innovative ways of fulfilling our objectives under section 4 of the *Legal Aid Act 1978* to 'provide to the community improved access to justice and legal remedies', and to 'pursue innovative means of providing legal aid directed at minimising the need for individual legal services in the community' (among other statutory responsibilities).

What services does VLA provide to people with mental health issues and what informs its position on the mental health system?

13 VLA is in a good position to provide observations on matters of mental health in Victoria as we have a large degree of exposure to people who experience mental health issues.

14 In 2017-18, VLA assisted over 94,000 unique clients (an individual who accessed one or more of our legal services, not including instances where a client-lawyer relationship was not formed), of whom 26% disclosed at the time of receiving legal assistance that they had a disability or mental health issue. As this data relied on people self-reporting their mental health issue or disability at the time of receiving legal assistance, it is likely that the true number may be significantly higher. It is also worth noting that in a recent survey of people who have interacted with VLA as clients, one third of those people who responded self-reported that they had a 'mental illness' (the term used in the survey).

15 People experiencing mental health issues are classified as priority clients across our services. Some of our other priority client groups overlap with this, including people who are in custody.

16 While some of VLA's work with people experiencing mental health issues is specifically within the mental health system, much of it occurs in our day-to-day work within areas including summary crime, indictable crime, child protection, family law, family violence, discrimination, social security, migration, tenancy, and legal help for people in prison.

17 The services that VLA provides to clients and consumers experiencing mental health issues include:

(a) **A specialist mental health legal practice:** The Mental Health and Disability Law (MHDL) program provides advice and representation to people with a mental health diagnosis or cognitive disability. We work to realise people's rights and autonomy, and to help make sure the justice and health systems operate fairly. In 2017-18, we provided representation to people in over 1000 hearings before

the Victorian Mental Health Tribunal, including 772 matters for people with inpatient treatment orders. We also appeared for clients in 93 *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997* hearings in the County Court and Supreme Court, as well as at the Forensic Leave Panel for clients on supervision orders seeking access to leave.

(b) **Non-legal advocates and consumer experts:** The Independent Mental Health Advocacy (IMHA) service is a non-legal advocacy service that supports people who are receiving compulsory mental health treatment. I go into more detail about IMHA below.

(c) **Mental health inpatient units:** IMHA advocates and MHDL program lawyers provide services to people by telephone and by attending all designated mental health services across Victoria, including adolescent, adult and aged, and long-term Secure Extended Care Units, as well as at Thomas Embling Hospital.

(d) **Assistance for people in the criminal justice system:** Our Criminal Law program provides support for people involved in the criminal justice system, including people with mental health issues that may be relevant to their offending or their experience of criminal justice processes. This includes our specialist Therapeutic Courts and Programs team comprising lawyers working in the Assessment and Referral Court (ARC) List in the Magistrates' Court, our specialist practice with clients who fall under the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*, as well as duty lawyers assisting people with mental health issues whose matters are dealt with through mainstream criminal justice processes. I also expand on the ARC List below.

(e) **Child protection, family violence and family law:** Our Family, Youth and Children's Law program provides help to children, young people and families to keep people safe, resolve family disputes, and achieve safe, workable and child-focused parenting and care arrangements. We support families involved in matters across the state child protection and family violence jurisdictions and the federal family law jurisdiction, many of which involve complex issues such as family violence, mental health issues, or substance abuse. VLA also recently commenced the Independent Family Advocacy and Support (IFAS) service, a three-year pilot service providing non-legal advocacy to families engaged with the child protection system, focusing on matters before families go to court.

18 Our lawyers and advocates also work within systems that intersect with the mental health system, including the criminal justice system and its response to mental health, family violence matters, child protection, and protecting people's rights and entitlements in housing and in the National Disability Insurance Scheme (NDIS). Through the breadth of

our work, VLA sees many intersections between mental health and legal issues. A good number of our staff therefore have significant expertise in mental health issues.

IMHA service

19 I would like to elaborate further on our Independent Mental Health Advocacy (IMHA) service. As noted earlier, we recognise that people who receive early legal and non-legal support have better long-term legal outcomes than those who are only provided with legal support for issues as they arise. This was the rationale behind the IFAS service outlined directly above.

20 IMHA is a non-legal advocacy service that supports people who are receiving or at risk of compulsory mental health treatment to have as much say as possible about their assessment, treatment, and recovery. It is funded by the Victorian Department of Health and Human Services (DHHS) and included in Victoria's 10-Year Mental Health Plan as a service that will 'strengthen a rights-based framework for the delivery of treatment and support, and help embed person-directed assessment, treatment and recovery as the norm for service delivery'.

21 IMHA has been externally evaluated over three years and the March 2019 final report of this evaluation by Dr Chris Maylea et al, *Evaluation of the Independent Mental Health Advocacy Service (IMHA)*, found that IMHA was 'proven to be very successful in a challenging context', and was highly valued by consumers. The report also highlighted the importance of advocacy for people undergoing compulsory mental health treatment.

22 IMHA is consistent with VLA's overall philosophy that people should be at the centre of decisions that are being made about them. Both IMHA and VLA as a whole benefit from the views of consumer experts, including a mental health lived experience advisory group, 'Speaking From Experience', which provides recommendations for how we can work better with clients and mental health consumers. As part the establishment of IMHA, VLA also employed our first Senior Consumer Consultant to develop channels through which mental health consumers can shape the direction of IMHA and provide input in the development of other VLA services.

ARC List and other therapeutic programs

23 I would also like to discuss the Assessment and Referral Court (ARC) List further. VLA provides assistance in various specialist courts and court lists in Victoria, including the Neighbourhood Justice Centre, the Drug Court, the Family Violence Division of the Magistrates' Court of Victoria, and the ARC List, which is a specialised list of the Magistrates' Court of Victoria set up to handle the cases of accused persons with mental health issues, an intellectual disability, an acquired brain injury, autism spectrum disorder, and/or a neurological impairment.

24 The creation of these specialist therapeutic courts has been a success in Victoria, as they allow for more tailored problem solving and more flexibility when determining what the proper trajectory for a person should be. Most importantly, these positive interventions can address the causes of offending behaviour, not simply the crimes themselves—a welcome outcome given that the alternative is often a custodial sentence.

25 However, such therapeutic services are only available to a very limited cohort of people. As mentioned earlier, many clients with mental health issues simply proceed through the mainstream criminal justice system. I would like to see therapeutic options made available to more people, such as the expansion of the ARC List throughout the state (it is currently limited to five Magistrates' Court locations), as well as criminal law reform that reduce the disproportionate and unfair operation of laws upon people with mental health issues—most notably, I would like to see the repeal of public drunkenness laws.

26 The alternative is a continuation of what we already see, particularly in our summary crime practice, which assists a high number of people experiencing mental health issues caught up in the mainstream criminal justice system. Roughly one in five summary crime unique clients disclosed a mental health issue in 2017-18, and we suspect the actual number is much higher. Our lawyers there consistently see the impact of the mental health system on people's justice outcomes, as well as the impact of the justice system on people's mental health.

Where does VLA fit within the mental health system?

27 I use the phrase 'mental health system' with a caveat, as I do not believe that the phrase is the best description of the current arrangements for addressing mental health in Victoria. I believe that current arrangements are disparate, decentralised, and uncoordinated, and rely more on goodwill and strong personal and professional relationships than on structural, systemic coordination.

28 This must be improved upon to ensure that people with mental health issues receive the best support to enable a positive and meaningful recovery. In VLA's experience, the mental health services we currently have are not set up to deliver a coordinated system response. This is not intended to be a criticism of those who work in the mental health space, many of whom are skilled and passionate people.

29 As set out above, VLA provides several services to people experiencing mental health issues. Through these services, particularly the support that we provide to people subject to (or at risk of) compulsory mental health treatment under the *Mental Health Act 2014*, we provide accountability and oversight of the mental health system.

30 VLA has direct experience of the flow-on effects of the gaps and failures in the mental health system. We have come across many situations where there has not been the

optimal level of engagement and support provided for people experiencing mental health issues from an early stage. This lack of support has become apparent after such people reached out to VLA for assistance with a matter that had since become a legal problem—including very acute legal need such as imprisonment or child protection involvement.

What are the identifiers of a proper functioning system?

31 In my view, some of the key identifiers of a proper functioning system are:

(a) The system needs to put users at its centre and ensure that they are listened to. At VLA we emphasise that a person's legal problem needs to be viewed in the context of their life rather than in isolation. A renewed focus on consumer engagement and leadership in the system is one way of achieving this.

(b) There need to be clear referral pathways and entry points throughout the system to reduce fragmentation and ensure that people receive appropriate and timely attention. This can be achieved through good system-wide coordination.

(c) It is better for appropriate support to be provided at the preventative or early intervention end of the system where possible rather than requiring people to meet or progress to higher thresholds at the tertiary end. This also includes preventative or early intervention in related systems that can affect a person's mental health—for example, a person's accommodation or housing.

(d) There needs to be clear coordination through the system and proper resourcing provided to assist people within the system. I have heard a number of stories of people and families who have had difficulties in coordinating what they need to do in order to navigate the system. I understand that the system can be particularly hard to navigate for people of Aboriginal or Torres Strait Islander background (who, on a separate point, also benefit greatly from culturally appropriate services).

(e) The system would benefit from a governance model that brings greater independence. At the moment all parts of the system (including complaint and oversight bodies) report into, and are administered by, DHHS. With a greater level of independence there can be greater accountability, a better level of oversight into the effectiveness of various parts of the system, and better management of any complaints made in relation to the system or parts of it. We also have relatively low levels of legal representation in the compulsory mental health treatment system compared with, for example, England or New South Wales.

32 Where the system is not properly functioning it runs the risk that only people who are at the more extreme end of the mental health picture are likely to receive the attention they need. I believe this is the current state in Victoria. In our experience there are often no

services available between the 10 sessions with a psychologist subsidised by Medicare, and crisis-based services, which may rapidly lead to a person's loss of liberty and autonomy. This can often escalate to adverse encounters with authorities and the police and can ultimately land a person in the judicial system. Prison can therefore become a custodian for people with mental health issues. The system does not support people to manage their own health in the way that they have identified works for them, and there is limited flexibility for support and treatment to be 'flexed' up and down to maintain a person's health.

33 In my opinion the Mental Health Act is appropriately focused on recovery. Although having a recovery-focussed legislative regime is one part of building a recovery-focussed system, in the absence of changes in resourcing, training, governance and culture, the reality on the ground for consumers does not match the objectives and principles of the Mental Health Act. The objectives of the legislation could also be improved for many of the reasons I have touched on earlier in this statement, to ensure that people receive a comprehensive and coordinated response to their mental health (and related) issues.

VLA has advocated for a social model of health rather than a medical model of health, why is this?

34 A social model of health goes beyond a medical model to focus on the social and economic contexts that impact on people's mental health, including stigma, discrimination, social status, housing, transport, exclusion and isolation. It moves from a deficit model focused on symptoms to one that focuses on people's strengths, and allows for a system-wide view with the person at the centre and prompts us to consider the different social, economic and legal factors that affect a person's wellbeing.

35 As Sam, a member of our consumer advisory group 'Speaking from Experience' stated:

> *My own mental health treatment involved a serious lack of holistic services. It got to the point my medication was being doubled at every appointment without any offer of therapy or social supports. The increases in dose were doing nothing to support my mental wellbeing and the side effects were actually causing harm. I've found now that the best thing for my mental health is having opportunities to make meaningful social connections. This has been far more helpful than high doses of medication.*

36 VLA supports a social model of health for a range of reasons including:

(a) **Intersecting systems impact people's health:** VLA sees through our work the way in which lack of access to housing, disability services, employment, income support, therapeutic services and mental health services in the community can

contribute to escalating issues, which can include family breakdown, criminal offending or hospitalisation. Relevantly:

- once people have entered these crisis-based systems, their exit, reintegration and/or recovery is again dependent on access to adequate housing and supports in the community; and
- the Royal Commission presents an opportunity to understand the ways in which these, and other, systems could work together more effectively to deliver better outcomes for individuals and the community.

(b) **Reliance on compulsory treatment rather than less restrictive options:** Through our work with people receiving or facing compulsory mental health treatment, we see the mental health system's reliance on medication and treatment of symptoms, rather than access to other kinds of therapies and support (and diverse professionals to deliver these), to help address underlying trauma or causes of mental distress (including social issues such as poverty, family violence, social isolation, racism and homelessness). In general, we do not see a recovery practice that focuses on the person's individual recovery journey and supported decision making. On this point, I also note that:

- in VLA's experience, limited resourcing in mental health services can contribute to reliance on inpatient and/or compulsory treatment (including medication and restraint) rather than less restrictive options that promote people's recovery and autonomy. We see services responding at the point of crisis rather than supporting people in their communities and offering diverse treatments including peer workers;
- Victoria has the highest rates of compulsory community treatment in Australia of 98.8 per 100,000, compared with 61.3 per 100,000 in QLD, 48.6 in WA, 46.4 in NSW, and 30.2 in Tasmania (no data for SA or NT—Edwina Light et al, *Community Treatment Orders in Australia: Rates and Patterns of Use* (2012)). Victoria is also higher than the national average for people admitted involuntarily to inpatient units—52% are admitted to an inpatient unit involuntarily, compared to a national average of 45.4% (Dr Piers Gooding and Dr Yvette Maker, *Why are the rates of restrictive practices in Victoria's mental health services so high?* (2019)); and
- we want to see a system that supports people's choices and their recovery in ways that enable them to live the best lives they can, as determined by them.

(c) **The relationship between health and legal problems:** A social model of health recognises the bidirectional relationship between mental health and legal problems—not only do legal problems cause and exacerbate mental health

issues, but people experiencing mental health issues are significantly more likely to experience legal problems. Early access to legal advice can help:

- protect and promote people's rights and build understanding of people's rights and options;
- prevent the escalation of legal issues;
- reduce the stress that accompanies legal issues; and
- together with essential health, housing, and community services, can contribute to the prevention of avoidable homelessness, family separation, incarceration, and involuntary treatment, all of which carry heavy costs for people and communities.

37 At VLA we have also seen the effects of homelessness—people who end up sleeping in public places are usually subject to additional police contact, which makes engagement with the criminal justice system more likely, and leads to significant levels of stress. Without proper support, it can be extremely difficult for such people to make positive changes to their lives. These problems are often amplified when a mental health issue is involved. Likewise, the criminalisation of public drunkenness moves people away from assistance and towards the criminal justice system.

Interaction between social, legal and mental health services

Can the social determinants of health impact on the ability to access adequate and appropriate mental health services? If so, in what ways?

38 I understand the social determinants of health to be a broader range of matters that often need to be addressed in a person's life to improve their health and wellbeing. These social determinants of health can have a significant impact on people's ability to access adequate and appropriate mental health services. This is readily apparent for members of the community with low social determinants of health, but it is also important to consider the needs of those with only slightly higher social determinants, who, whilst still requiring access to adequate and appropriate health services, run up against resourcing and eligibility issues.

39 Concepts that I believe should be kept in mind when considering social determinants of health include:

(a) **Social disadvantage and social exclusion:** People experiencing social and financial disadvantage frequently access services and supports at lower rates than others living more comfortable lives in the community. This is because people experiencing social disadvantage are more likely to experience practical and social barriers to accessing services, including transport, housing, financial,

and educational services. Some (but not all) people experiencing mental health issues are more likely to live disadvantaged lives and experience exclusion. This may include issues associated with employment, stigma and discrimination.

(b) **Access to mental health services:** People may not be able to pay for treatment and medication. Even people who are not financially disadvantaged may not engage with the mental health supports they need due to the cost of private treatment and associated medications. I note that:

- people on low incomes may struggle to find psychologists who bulk bill, enabling them to use the Medicare rebate for 10 appointments under a Mental Health Care Plan; and
- for people accessing mental health services, there may be issues with continuity of care and options for discharge back into the community if they do not have stable housing.

(c) **Homelessness:** For people experiencing homelessness they may have difficulties accessing a range of government services, including Centrelink, Medicare and the NDIS which provide the gateway for access to a range of health and welfare supports for people with mental illness. People's ability to confidently access and navigate government services is further compounded when services apply harsh or arbitrary policies, such as Centrelink's 'robodebt' initiative (this is the case whether people are experiencing homelessness or not).

(d) **Regional and remote areas:** There are also issues associated with the availability of services in some regional and remote communities, which frequently experience social and economic disadvantage. For example, some specialist supports and programs which have been piloted and proven to be effective (such as specialist courts and specialist mental health units) are only available in metropolitan centres. People living in regional and remote communities may not be able to access these services even if they were eligible, or may need to travel away from their homes, families and supports to access these specialist services. An example is the Assessment and Referral Court List, currently available at only five Magistrates' Court locations across Victoria.

(e) **Prison and transition out of prison:** People entering prison also experience issues accessing the same level of health support, including mental health support, provided to people in the community. This can further exacerbate underlying disadvantage and health inequality. VLA's lawyers frequently observe clients experiencing delays accessing mental health supports in prison, leading to deteriorating mental health as a consequence. Some people may also experience mental health issues for the first time when entering prison due to the nature of the custodial environment. Investment in mental health treatment in

prison has not kept pace with the overall increase in the prison population. People transitioning back into the community from inpatient treatment or from prison may also have difficulty accessing services in the community, particularly in circumstances where they are experiencing multiple and layered disadvantage, or where services in the community are not sufficiently resourced to provide for long term, supported, supervised accommodation for people with a criminal history and mental health and substance use issues.

What impact can limited access to the mental health system have on individuals?

40 One of the issues with the disaggregated system is that people do not get the services they need at the right time. This means that their journey through mental health services is extended, because they have not received timely support from the right service.

41 In my opinion, while some improvements have been made, there has been a lack of investment in strengthening mental health responses from successive state and federal governments.

42 At VLA we see the impact of limited access to mental health services on individuals. This includes:

(a) **Entry to crisis-based systems (inpatient units and justice system):** When there is a breakdown in services in the community—in both mental health and interdependent systems, such as rehabilitation services, housing, drug and alcohol, and the NDIS—people can end up in crisis, and consequently in an inpatient mental health unit or the justice system. As a result of this:

- people can become stuck in these systems, including being indefinitely detained in personally and financially costly environments (for example, in prison, Secure Extended Care Units (SECUs) or Thomas Embling Hospital), because of a lack of support and services to enable discharge back into the community; and
- prolonged detention or imprisonment can cause long-term damage to a person's recovery and wellbeing. Lack of access to mental health care in custody can negatively impact on a person's ability to get bail or parole and reintegrate into the community.

(b) **Over-reliance on the justice system:** I note that one of our regional lawyers who attended the Royal Commission's public consultations told the Commission that he had lost count of the number of times he had stood before a Magistrate and said that we are having to use the blunt tool of the criminal justice system to deal with mental health issues.

(c) **Flow-on impacts:** In addition to engagement with justice and inpatient units, lack of access to the right mental health supports can contribute to a person's inability to maintain their housing or family situation.

At present, are social, mental health and legal services effectively interacting to deliver effective outcomes for individuals with mental illness?

43 The ability of social, mental health and legal services to effectively interact is currently limited in a number of respects and this results in sub-optimal outcomes for individuals experiencing mental health issues.

44 We need increased coordination that places the particular needs of the individual at the centre and delivers a system response that meets that person's needs.

45 Where the system functions well currently, it is a product of goodwill and strong relationships but this cannot be a substitute for coordinated and integrated systemic design.

(a) If not, how and why are these services failing to effectively interact?

46 Through our work, we see the inability of social, mental health and legal services to interact effectively in:

(a) **Lack of coordination of multiple services:** Often, no single agency or worker is responsible for a person's matter and for navigating the system, particularly for people who face additional barriers to doing that themselves. This is a common theme that arises across VLA's work with people who are (or should be) engaged with multiple services, especially the NDIS. We have also observed that a system can work well if there is good coordination by someone with a strong knowledge of the system.

(b) **Delays in assessments and a lack of referral options:** The lack of adequate resourcing makes it difficult for systems to work effectively with each other. The waitlists for many services function as a barrier to referrals.

47 The failure of social, mental health and legal services to interact effectively may be attributed to:

(a) **A lack of resources and inefficient allocation of resources:** An individual waiting to access family violence services may in the interim remain within the mental health system. There is also a lack of resources for capacity building between systems and for partnership work across systems—for instance, strengthening coordination between housing and mental health services so that

a person's mental health support and treatment is not derailed by an unstable housing situation.

(b) **A siloed approach to people's life problems and the way in which services are provided:** Some practical examples of this include people who cannot get the right support for their acquired brain injury, substance dependence and/or mental health issue from one service, and are required to access different providers that do not work together.

(b) If not, what are the consequences of these services failing to interact effectively?

48 When social, mental health and legal services fail to interact effectively, this has a negative impact on people, including:

(a) people are unable to get the right services to meet their needs and address the underlying causes of their legal problems;

(b) people cycle in and out of systems, for example mental health, justice and homelessness without a sustainable solution; and

(c) people experience severe hardship and crisis-based services (such as inpatient units and prisons) are over-burdened.

49 The recognised relationship between a person's physical and mental health and their experience of legal problems demonstrates the importance of services interacting effectively.

50 Data from the NSW Law and Justice Foundation's Legal Australia-Wide Survey, the largest survey of legal need undertaken in Australia, showed that:

(a) individuals frequently experience adverse health and social outcomes as a result of their legal problems;

(b) the relationship between mental health and legal problems is bidirectional—not only do legal problems cause and exacerbate mental health issues, but people experiencing mental health issues are significantly more likely to experience legal problems;

(c) people experiencing at least six legal problems are likely to report having a mental health issue; and

(d) unresolved legal issues can escalate into subsequent, more severe legal problems.

51 The ineffective interaction between services, especially the difficult interface between the NDIS and the housing and justice systems, is highlighted through John's (a pseudonym) story below:

John: The costly maze of NDIS, housing and the justice system

- John has an acquired brain injury and schizophrenia, which have contributed to his past substance abuse, unemployment, housing instability and low level offending.
- When John transitioned to the NDIS, his plan was inadequate to support him to live well in the community. With these reduced supports, John committed further offences and was taken into custody.
- Due to the NDIS, housing and justice systems failing to interact effectively, John was unable to obtain bail to live in the community.
- It took 10 months for an NDIS plan review to occur, which finally led to a sustainable post-release package of supports. For the majority of this time, John had been in custody.

John's full client story is available online at the following web address: https://www.legalaid.vic.gov.au/sites/www.legalaid.vic.gov.au/files/vla-submission-to-the-productivity-commissions-inquiry-into-the-economic-impact-of-mental-ill-health-april-2019_0.docx

(c) If not, how could these systems work together more effectively to produce better outcomes for individuals and the community?

52 Improved interaction between social, mental health, and legal services is critical to better outcomes for people with mental health issues and the community.

53 My view of some of the ways in which services in the mental health system could be improved from an interaction standpoint is as follows:

(a) creating an environment that expects systems to work together (that is, reducing the prevalence of services acting in silos and not providing people with appropriate referrals);

(b) designing systems that place the individual at the centre and do not frame issues solely in mental health, legal, or housing terms (for example);

(c) services need to be more focused on being holistic and person-centred when considering where a person should be referred to, taking the time to consider what would be the best outcome for the individual as determined by them;

(d) greater investment in case management (including advocates who can link people to relevant systems and services);

(e) a better allocation of resources and a greater focus on streamlining services to meet people's needs earlier rather than waiting for those needs to escalate; and

(f) regulatory structures that are measured against actual quality improvements.

54 An example of systemic integration that VLA is involved in is our Mildura pilot of a 'health-justice partnership'. This pilot bases VLA staff at Mildura's Sunraysia Community Health Services with the aim of supporting better integration of health and justice services, as there is a demonstrable overlap between health and legal issues in many people's lives. It emphasises collaboration, community development and targeted outreach.

55 Based on our experience, mental health outcomes would improve with greater recognition of the role legal assistance plays in supporting mental health. This includes:

(a) early access to free non-legal advocacy and legal assistance before people's legal issues escalate;

(b) promoting and protecting people's rights and building people's understanding of their rights and options; and

(c) reducing the stress that so often accompanies legal issues.

56 Importantly, there are strong models for legal and health and social services working well together that include integrated services, outreach, and health justice partnerships. The 2018 *Justice Project* of the Law Council of Australia, the Victorian Government's 2016 *Access to Justice Review*, and the 2014 *Access to Justice Arrangements* report of the Productivity Commission have all recognised that these models require additional resourcing to respond to unmet legal need and assist disadvantaged people to deal with their legal problems.

57 Sarah's (a pseudonym) story shows the barriers people experiencing mental health issues can face when navigating the child protection system:

(a) Sarah is a client of VLA's new pilot non-legal advocacy and support service, Independent Family Advocacy and Support (**IFAS**).

(b) Sarah's story highlights the positive impact that a specialist advocate with an understanding of mental health, family violence and child protection can have for individuals, their families and the relevant systems.

(c) Her story highlights the benefits of providing early child protection support to people experiencing mental health issues, including in inpatient units, to help resolve issues that are causing significant stress and presenting an increased risk of family separation.

58 Sarah's story is below:

Sarah: Advocacy and support helps mother navigate the child protection system

- Sarah is a 46-year old single mother. She had been the victim of family violence. She has experienced recurring mental health issues. Sarah has an arrangement that her adult children and sister provided support and care for the younger children when she is in hospital.
- Child protection services opened an investigation while Sarah was an inpatient at a hospital due to her mental health. A child protection worker requested that Sarah apply for an IVO against her partner. Sarah did not want to do this as she was concerned that it would escalate the violence.
- Sarah was frustrated with child protection services, and it wasn't clear to her what steps she needed to take in order to have the investigation closed.
- Sarah was referred to an IFAS advocate, who was able to assist with communication between Sarah and her allocated child protection worker. This included clarifying the support that Sarah had to manage the care of the children when she was in hospital and explaining Sarah's concerns about the IVO to child protection services.
- As a result of this advocacy and communication, child protection services were satisfied and the investigation was closed.

Sarah's full client story is available online at the following web address: https://www.legalaid.vic.gov.au/sites/www.legalaid.vic.gov.au/files/vla-submission-to-the-productivity-commissions-inquiry-into-the-economic-impact-of-mental-ill-health-april-2019_0.docx

Reform

What systemic changes to the mental health system are required to allow it to more effectively interact with social and legal services?

59 In order to move towards a coordinated systems response to mental health that wraps services around the user, the six priority areas for reform that VLA has identified through our work and the experiences of clients and consumers are:

(a) **Building a recovery-focussed mental health system**: The mental health system is not currently focused on rights, recovery and self-determination. Compulsory, rather than voluntary, treatment continues to be higher in Victoria than other states and territories and we have low rates of advocacy and representation for people facing compulsory treatment. Three priority areas for building a recovery-focussed mental health system are supporting mental health

in the community, realising the promise of the *Mental Health Act 2014* of a rights and recovery focussed system of least restriction and supported decision making, and regulating treatment and intervention to support autonomy and dignity.

(b) **Consumer leadership**: People whose lives are directly affected by the mental health system should shape and have influence over the re-imagined mental health system that emerges from the Royal Commission. Our IMHA service is an example of a service model with consumers at the centre.

(c) **Criminal justice**: There is an over-representation in the justice system of people with mental health issues. The justice system must not be the default mental health service provider. There are some essential steps that must be taken to reduce the rates and intensity of criminal justice involvement for people experiencing mental health issues, including:

- reducing the number of people with mental health issues entering the justice system;
- increasing access to diversion, therapeutic courts and community-based sentencing options;
- recognising that some people with mental health issues may not be criminally responsible for their conduct;
- reducing the harm associated with imprisonment, including access to appropriate forensic mental health facilities; and
- supporting people towards rehabilitation, recovery and life in the community.

(d) **Improving responses of other systems and services**: Through our work, VLA sees the intersection between people's mental health and other life and legal issues. The Royal Commission is an opportunity to undertake a system-wide review with the person at the centre, including:

- adopting a social model of health;
- recognising that people have overlapping family, health, housing, NDIS, justice and social issues and need coordinated, integrated services; and
- ensuring that people experiencing mental health issues are treated fairly in other systems and services.

(e) **Reducing inequality in services**: Currently, people get different treatment and services depending on where they live, and there are insufficient and inadequate services tailored for particular groups within our community. People's postcode should not affect the treatment and services available, and services should be tailored and culturally safe for groups within our community, including Aboriginal

and Torres Strait Islander people, culturally diverse communities, LGBTIQ people, older people, women, and young people.

(f) **Governance, accountability, data and transparency**: Stronger governance, oversight and accountability mechanisms are a crucial component of bridging the current gap between the rights and recovery focussed system the Mental Health Act promises, and the reality for consumers. There is very limited publicly available data regarding the mental health system. Data is a key part of checking whether the system is meeting the needs of consumers (as identified by them), and responding when the system is not.

60 I also would like to note the recommendations of the independent three-year independent evaluation of IMHA, including that referrals to IMHA should be automatic for any person subject to compulsory treatment, and that IMHA should be adequately resourced to meet demand and to improve sector awareness and understanding.

61 I believe the independent evaluation of IMHA shows a service model that improves mental health through consumer leadership, advocacy and self-advocacy, a regional presence, and a commitment to rights and recovery.

Are the current governance, oversight and accountability mechanisms in the mental health system adequate? If not, in what ways are they inadequate?

62 The current governance, oversight and accountability mechanisms in the mental health system are not working to ensure quality, or to embed the cultural change needed to promote a rights-based framework. I believe that effective regulation is something that is needed to ensure that people's rights are adequately protected in the system. Four priorities for improved governance, oversight and accountability are:

(a) training to support changes in culture and practice;

(b) transparent data, increased accountability and oversight;

(c) improved governance; and

(d) greater access to advocacy and legal assistance.

63 The responsibility for the mental health system in Victoria all falls within the oversight and supervision of DHHS. While there are a number of different bodies set up, collectively they are not providing sufficient oversight. One problem is the lack of independent governance, as all of the relevant bodies report into DHHS and this type of governance structure reduces the level of independence and accountability in the system. The Royal Commission should also consider whether the fragmentation of oversight bodies is a problem, and whether more a consolidated approach should be taken.

64 I note that the improvements that have been made to England's Mental Health Tribunal, including it becoming more rigorous and rights-focused, have been attributed in part to its move out of the Department of Health into the Ministry of Justice (see, Eleanor Fritze, *Shining a Light Behind Closed Doors. Report of the Jack Brockhoff Foundation Churchill Fellowship to better protect the human rights and dignity of people with disabilities, detained in closed environments for compulsory treatment, through the use of innovative legal services* (2015) (pages 58-59)).

65 In my view we need to encourage appropriate systems and oversight to make sure there is better understanding and implementation of the Mental Health Act, including supported decision-making, least-restrictive assessment and treatment, and a recovery focus. This should include embedding consumer leadership and self-advocacy as part of systems and services, including funding and support for consumer-led services and programs.

66 Access to advocacy and legal assistance for people subject to or at risk of compulsory treatment is another important part of putting into practice the principles of choice, recovery and self-determination embedded in the Mental Health Act. Data from the Victorian and NSW Mental Health Tribunal 2017-18 annual reports indicates that legal representation was provided in 15% of hearings in the Victorian Mental Health Tribunal and in 80% of hearings in the NSW Mental Health Tribunal. As the Law Council of Australia has identified, '[l]egal representation for people facing the Mental Health Tribunal can make a noticeable difference to the outcome achieved', noting that the Victorian Mental Health Tribunal approves applications for electro-convulsive treatment in 85% of cases, but this rate drops to 50% if the person is legally represented (per Law Council of Australia, *The Justice Project Final Report: People with Disability* (2018)).

67 The Western Australian non-legal advocacy service has an opt out system so all consumers are aware of their right to an advocate. We know from the IMHA evaluation that independent advocates impact positively on people's experiences of the mental health system. Independent advocates are also able to work in line with key recovery principles such as positive relationships, inclusion, and self-determination.

Is there adequate publicly available data regarding the mental health system? If not, in what ways is it inadequate?

68 There are several data inadequacies I am aware of. First, there is a lack of available data on complaints about the Victorian mental health system—among other things, how widespread those complaints are.

69 Data is critical in helping improve quality, reach and consistency of service provision, as well as informing consumer choice and ensuring accountability. This was recognised and recommended in the 2016 review conducted by the panel chaired by Dr Stephen Duckett:

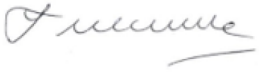
Targeting Zero: Supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care, Report of the Review of Hospital Safety and Quality Assurance in Victoria. As noted in that report, this lack of data undermines the ability of health services to assure the quality of their own services through benchmarking.

70 I also know that VLA would be assisted if it could receive data on compulsory treatment orders. This data should detail how many people are subject to such orders and their age, gender, geographical location, type and length of the order, and any complaints made.

71 We also have limited data to help design and implement tailored, appropriate and culturally safe services for groups within our community, including Aboriginal and Torres Strait Islander people, culturally diverse communities, LGBTIQ people, older people, women, and young people. Consideration of the service needs of these priority groups should be informed by engagement with consumers from these communities.

72 Better data should help inform a mental health strategy that drives a system that responds to people experiencing mental health issues and their social situations. This could be co-produced and have mechanisms for review, quality improvement and accountability.

73 It would also assist if we could obtain better data for treatment options in a voluntary rather than involuntary setting. One of the main benefits of this data would be to improve our understanding of people who require mid-range support, and how to create support services for this cohort. In my experience people tend to know what is best for themselves and we should remove the barriers which exist to people being able to seek out such treatment. Increased and better data will assist in this regard.

sign here ► 

print name Louise Glanville

date 8 July 2019

Royal Commission into
Victoria's Mental Health System

ATTACHMENT LG-1

This is the attachment marked 'LG-1' referred to in the witness statement of Louise Glanville dated 8 July 2019.

CURRICULUM VITAE

LOUISE GLANVILLE

QUALIFICATIONS & ADMISSION

1996 **Master of Arts (Research)**
Victoria University, Thesis topic: Transport and National Competition Policy.

2000 **Graduate Certificate in Health Law**
Latrobe University

1999 **Admitted to practice in Supreme Court of Victoria**

1997 **Bachelor of Laws**
Monash University

1986 **Bachelor of Arts**
University of Melbourne

1982 **Bachelor of Social Work**
University of Melbourne

Louise Glanville

CAREER SUMMARY

2018 (Oct) – Current	**Victoria Legal Aid** Chief Executive Officer
2017 (May) – 2018 (Oct)	**Victorian Responsible Gambling Foundation** Chief Executive Officer
2014 (Feb) – 2017 (April)	**National Disability Insurance Agency** Deputy CEO
2013 (Aug.) - 2014 (Feb.)	**Federal Attorney-General's Department** A/Deputy Secretary Strategic Policy &Coordination Group
2011 (Feb.) - 2013 (Aug.)	**Federal Attorney General's Department** First Assistant Secretary – Access to Justice and Strategy & Delivery Divisions **-**
2011 (6 wks)	**Federal Attorney-General's Department** A/Deputy Secretary Civil & Legal Services Group
2008 – 2011	**Victorian Department of Justice** Executive Director (Deputy Secretary) – Legal and Equity Group
2007 – 2008	**Victorian Government - Office of the Deputy Premier and Attorney-General** Principal Legal & Social Policy Adviser to the Deputy Premier & Attorney-General
2005 – 2007	**Victorian Department of Justice** Director Neighbourhood Justice Centre Project
2002 - 2005	**Victorian Government – Office of the Attorney-General** Senior Legal Adviser to the Victorian Attorney-General
2000 – 2002	**Office of the Public Advocate** Legal Officer
1998 – 2000	**Maddock, Lonie and Chisholm** Lawyer – Governance
1991– 1998	**Louise Glanville & Associates** Director & Consultant
1992 – 1997	**Victoria University** Senior Lecturer Dept. Urban and Social Policy, Faculty of Arts
1989- 1992	**Western Region Commission** Regional Social Planner
1988 – 1989	**City of Moorabbin** Manager Community Services
1985 – 1987	**City of Essendon** Aged and Disability Services Development Officer
1982 – 1985	**City of Keilor** Community Development Officer

MORE RECENT CAREER ACHIEVEMENTS

Transformational system reform including leading and contributing to the roll out of the National Disability Insurance Scheme (2014 – 2017) as part of the Senior Executive Team; currently a member of the Australian Law Reform Commission (ALRC) Family Law System Advisory Committee supporting Professor Helen Rhoades as Commissioner, following Attorney-General Brandis's reference.

Organisational reform and development including at the Victorian Responsible Gambling Foundation (VRGF) in 2017/18 (restructure, deeper engagement and partnering in particular with the Victorian Regulator and the Department of Justice as the key policy holder) ; leading capacity & capability build at the NDIA in all areas, with a focus on a high performance culture (2014-15), significant industrial relations and organisational restructuring such as the re-establishment of the Workplace Relations Committee and Divisional reform at the Attorney-General's Department (AGD); leadership on, and contribution to, the strategic priorities and vision statement for AGD and reflecting this in business planning processes (2011-2013).

Policy and legislative reforms including, at the VRGF, the provision of private policy advice on gambling & advertising to the Victorian Gambling Minister (2017/18); Federal Family Violence Reforms (2011&12); Federal Courts Reforms (2011/12); Alternative Native Title Framework (2010); Equal Opportunity Reforms (2009 & 2010); Civil Procedure Reforms (2010); Sentencing Reforms (2010); Criminal Procedure Reforms (2008); Abortion Law Reform (2008); Assisted Reproductive Treatment Reforms (2008); Tort Law Reforms (2004/05) & the *Statement of Intention* for the Victorian Government's *Charter of Human Rights and Responsibilities* (2004).

Negotiating funding and policy agreements including at the VRGF for the $19m procurement of Gambler's Help services; Budget and MYEFO lead roles at AGD in 2011 and 2013, the NPP (2010) for Legal Aid and the bi-lateral NPP for Native Title Agreements (2010/11) between Victoria and the Commonwealth; overseeing the development of budget bids at both State and Federal levels and implementation of the same where bids were successful (2008 -2013).

Leadership & oversight of the development of the Vict. Attorney-General's Justice Statements 1 ('04) & 2 ('08) which strategically articulated legal policy & practice reforms in a context of protecting rights, addressing disadvantage, reducing costs of justice, creating an engaged & unified court system & modernising justice.

Assuring quality and efficiency in the delivery of legal services to the State (2009) through the successful completion of the second tender for legal services, valued at around $60 million and utilizing the government's purchasing power to enhance pro-bono contributions of panel firms and expand equal opportunity briefing practices.

Pricing Reviews (2008-2011) of statutory agencies including Victoria Legal Aid, the Office of the Public Advocate and the Victorian Equal Opportunity and Human Rights Commission, which identified appropriate base funding for these agencies in the context of their core and evolving functions.

The development of Australia's first community justice centre – the Neighbourhood Justice Centre at Collingwood (2007) – including articulation of the service delivery model, the legislative and governance framework, the community engagement strategy (implementation commenced) and the evaluation framework for the centre.

Regulatory reform: member of the National Legal Profession Reform Taskforce – which prepared the report on regulatory reform (based on a co-regulatory model) for the national legal profession in Australia (2009 & 10).

Reforming judicial appointments and appointment processes - contributed to the creation of a more diverse judiciary and magistracy (2002-5 and 2007-8).

Development of a critique of the use of compulsory competitive tendering in human services (1993 – 2000) – particularly in the context of local government community services.

The development and initial implementation of the State Plan for the Early Detection of Breast Cancer-BreastScreen (1991) which was part of the national push for breast cancer screening in Australia. The Victorian model was based on a public/private mix of Principle Assessment Centres (Monash and Melbourne) and satellite services and prioritized the screening of woman over 50 years, using community engagement methods to enhance the take-up and viability of the screening program.

EMPLOYMENT HISTORY

Oct 2018 – current **Victoria Legal Aid (VLA)**
Chief Executive Officer

May 2017 - Oct 2018 **Victorian Responsible Gambling Foundation (VRGF)**
Chief Executive Officer

Sept. 2015 – April 2017 **National Disability Insurance Agency**
Deputy Chief Executive Officer, Governance and Stakeholder Relations

I held the Deputy CEO roles in a range of functional areas including Finance & Sustainability; People & Culture; Risk & Liability; Media, Communications & Engagement; Markets & Providers; Community Linkages; and Parliamentary & Governance. During these years at the NDIA I acted as CEO for a total period of 4 months and have been part of the senior leadership team delivering the NDIS.

Feb. 2014 – Aug. 2015 **National Disability Insurance Agency**
Deputy Chief Executive Officer

After joining the NDIA I held a variety of roles from General Manager, Governance to Deputy CEO & GM Governance & finally DCEO over this period. In this role my direct reports included the General Manager of Operations, the Chief Financial Officer, the General Manager of Governance & the General Manager of Scheme Transition & Integrity. The role supported the CEO and the NDIA Board and is the Chief Operating Officer for the Agency. It focused on building the NDIS through enhancing the NDIA's organisational capability in all areas. Key achievements included the building of organisational culture –both values & behaviours, establishment and enhancement of core agency competencies such as project management, contract management, risk strategy, recruitment/retention processes, & communications/ engagement functions, & contributing to operational policy & delivery in the lead up to full scheme transition in July 2016.

Feb. 2011 – Feb. 2014 **Federal Attorney-General's Department**

Acting Deputy Secretary - Strategic Policy and Coordination Group (SP&CG)
(Aug 2013 – Feb 2014)

First Assistant Secretary (FAS) – Access to Justice Division (AJD) and Strategy and Delivery (SDD) Division (balance of period at AGD)

The Deputy Secretary of the SP&CG at AGD is the Chief Operating Officer for the Organisation. The role incorporated all functions of the Chief Operating Officer at AGD as well as leading specific strategic policy projects relating to civil justice and human rights, criminal justice and national security. During my 6 months in this role I was responsible for leading the establishment of the Royal Commission into the Home Insulation Program as well as overseeing developments with the National Child Abuse Royal Commission.

The FAS position in AJD was the head of the four branches which comprise the Access to Justice Division (Justice Policy and Administrative Law, Marriage and Inter-country Adoption, Federal Courts and Family Law) & is part of the Civil Justice & Legal Services Group. The Divisional FAS lead both policy & program development for the Attorney-General in these substantive areas with a focus on strategy, innovation, service improvement, effective governance & informed communication. The position worked in close cooperation with a range of legal & judicial bodies and statutory entities. During my period in this role I made specific contributions to the development of the Family Violence legislative reform, to policy reforms in the field of international child abduction, to marriage celebrant reforms & to the Finance Review of small agencies, including the courts/tribunals. The National Forced Adoptions Apology was also driven from this Division. I also participated in corporate reforms, for example, chairing the Departmental Workplace Relations Committee & overseeing financial management changes to divisional & group budgets.

The FAS position in SDD was the head of two branches, the Ministerial, Parliamentary and

Communication Branch and the Strategic Policy and Governance Branch. This Division was part of the Corporate Group and was responsible for all AGD cabinet processes, departmental and ministerial communications including media and on-line strategies (such as the website), departmental strategic planning and governance including risk and audit and business planning.

As the only FAS at AGD that was responsible for two Divisions I was also a member of the AGD governing body, the Executive Board.

November 2008 - 2011 **Victorian Department of Justice**
Executive Director (Deputy Secretary) – Legal and Equity Portfolio

Reporting to the Secretary of the Department of Justice, this second-level position was part of the Justice Executive, contributing to the Departmental Leadership Team, and responsible for eight of the Attorney-General's key business units including Criminal Law, Civil Law, Native Title, Government Legal Services, Criminal Law Justice Statement, Human Rights, Appropriate Dispute Resolution and Legal and Equity Operations. In addition, the Legal and Equity Portfolio was the primary contact for 22 of the Department's 65 statutory entities such as the Director of Public Prosecutions, Victoria Legal Aid, the Victorian Equal Opportunity and Human Rights Commission, the Public Advocate, the Victorian Government Solicitor, the Privacy Commissioner, the Victorian Electoral Commissioner, the Legal Services Board and the Legal Services Commissioner. The position involved the giving of high quality strategic advice to Ministers and Departmental Executives, intersection with all elements of the public policy-making process, negotiation at the highest levels of government, including with federal counterparts, continuous problem solving and the management of government contracts. Effective stakeholder engagement within government, and with federal and local governments, the non-government and community sectors and the business community was an essential and core component of the role. During the period that I held this role, I acted as Secretary of the Department of Justice on four occasions.

March 2007 – 2008 **Victorian Government**
Principal Legal & Social Policy Adviser to the Deputy Premier & Attorney-General

This position had a strategic role in all aspects of the ministerial office, with a particular focus on overseeing the Attorney-General's legislative program & strategic agenda, including the development of *Justice Statement 2* & support for the Minister in terms of PAEC & ERC outcomes. The Principal Adviser was also responsible for resourcing the Deputy Premier in his roles of chairing the new Legislative Committee of Cabinet and the Social Development Committee of Cabinet. In the former case this involved a key role in the development of the *Statement of Government Intentions* 2008 & in the latter, the development of *A Fairer Victoria*, 2008. The role intersected with the public sector at all levels & had, at its core, the management of key internal & external relationships to advance the office's & the Government's agenda.

September 2005 – 2007 **Victorian Department of Justice**
Director Neighbourhood Justice Centre (NJC) Project

Part of the Department of Justice Executive and reporting to two Executive Directors in Justice, and a cross-departmental and organisational Advisory Committee chaired by the Justice Secretary, the Director was responsible for establishing the NJC, one of the key priorities in the Attorney-General's strategic program. Leading a team of six people, this implementation work involved developing the concept of community justice in the Victorian context, community engagement with individuals groups and organisations in the City of Yarra, facility renovation and refurbishment, management of the Project's $24 million budget (including capital), development of legislation and design of all NJC operations, including the NJC Court, procurement of services at the Centre and NJC staff as well as all aspects of communication with diverse stakeholders across government, the private and the community sector. The NJC was opened in March 2007 and is the first of its kind in Australia.

August 2002 - 2005 **Victorian Government**
Senior Legal Adviser to the Victorian Attorney-General

This position involved providing political, policy and legal advice to the Attorney-General. Key projects included reform of regulation of legal profession, the Attorney General's Justice Statement, the Victorian Human Rights Project and wide ranging legislative reform. Core

components of the work included managing the legislative program, advising on the Attorney-General's court interventions, liaison with stakeholders, problem solving, strategic thinking and planning. The Attorney-General's portfolio, within the Department of Justice, includes legal policy, court services, legal and equity programs, law reform, restorative justice, equal opportunity and discrimination agencies, judicial and quasi-judicial appointments and strategic planning. In addition, I also occupied the position of Chief of Staff in the Attorney-General's office from time to time, when an Acting appointment was required.

June 2000 – Aug. 2002 **Office of the Public Advocate (OPA)**
Legal Officer

The legal officer at OPA was involved in legislative interpretation and drafting, the giving of legal and policy advice, legal and policy analysis and research, and advocacy in various jurisdictions in the context of people with disabilities in Victoria. The position reported directly to the Public Advocate. During this time I was also appointed as a sessional member to the Victorian Civil and Administrative Tribunal but resigned from this on being employed to work in the Attorney-General's office.

Mar. 1998 – June 2000 **Maddock Lonie & Chisholm Lawyers**
Lawyer – Governance Group

As a lawyer at Maddock, Lonie and Chisholm, I worked for local, state government and federal government in administrative and public law. My substantive areas of practice included statutory interpretation and drafting, contract law, freedom of information, national competition policy and trade practices compliance, negligence and liability, as well as general community services advice.

1991-1998 **Louise Glanville & Associates**
Director & Consultant (in addition to paid employment)

The consultancy business focused on public policy (health, housing, human services and transport), organisational development and social and urban planning. A full list of clients and projects undertaken can be supplied upon request.

1992-1997 **Victoria University**
Senior Lecturer, Department of Urban and Social Policy

As a senior lecturer I was involved in research, teaching and administrative activities. On three occasions I acted as Head of the Social Work Unit, within the Department, and was responsible for the management of staff and resources. I designed and taught in undergraduate and post-graduate programs in the subject areas of local government, social and public policy, urban and social planning and law and social work practice.

One of my primary research areas was exploring the impacts of compulsory competitive tendering (CCT) on the nature and functioning of local government in Victoria. Funded through the Australian Research Council and 10 participating local governments, this project also incorporated a national context through the consideration of competition policy and its relationship to CCT. As part of this work I also analysed the gendered and class impacts of an increasingly privatised and competitive policy environment at the state level and nationally. Much of this research was conducted through the Outer Urban Research and Policy Unit (OURPU) which was established in collaboration with an academic colleague. During my time at Victoria University, I was actively involved in the work of Hotham Parish Mission, the Crow Collection and the People Together Project.

1989-1992 **Western Region Commission**
Regional Social Planner

The Western Region Commission was a voluntary association of the then nine local governments in the west of Melbourne. Established in the late 1960s, it focused on urban and social research, integrated and strategic planning (in the fields of health, housing, disability, employment and transport), regional and local human services development, environmental management and heritage issues. The position of Social Planner was actively involved in all of these major areas and related functionally to the positions of CEO and Human Services Managers within the western region councils. The position encompassed a

strong advocacy role for the western region of Melbourne. During my time at the Commission, I was seconded for a six month period, by the then Health Department of Victoria and Anti-Cancer Council, to prepare the State Plan for the Early Detection of Breast Cancer, currently called BreastScreen.

1988-1989 **City of Moorabbin**
Manager Community Services

As part of the senior management team, this position had responsibility for strategic planning, policy development and management of community services incorporating aged and disability services, family and children's services, youth services and community development. In addition to managing a multi-million dollar budget, the position was responsible for over 200 staff and a broad range of facilities and physical resources.

1985-1987 **City of Essendon**
Aged and Disability Services Development Officer

This position was responsible for the strategic planning and development of a range of aged and disability services including home care, food services, home maintenance, adult day care, transport services and senior citizen centres. The position had a strong advocacy and community development role.

1982-1985 **City of Keilor**
Community Development Worker

As a community worker I was involved in developing services for new residential communities and had a particular focus on issues related to housing and infrastructure. I carried a direct service caseload during my three years with the City of Keilor.

SELECTION OF PUBLICATIONS

During 2014 – 2017 I wrote a number of articles relating to the build of the National Disability Insurance Agency and the role out of the National Disability Insurance Scheme, for national, regional & local purposes.

During 2009 - 2010 I wrote a series of small pieces for a variety of special interest groups. **In 2011** I was featured in an IPAA publication to celebrate the role and contributions of women in the public and community sectors

Glanville, 2006 **"Inclusive Spaces and Places…the Community Justice Response to Homelessness"**, *Parity*, *Out in the Open: Public Space Edition*, February 2006, 10-11

Gardner, J and Glanville, L, 2005 **"New Forms of Institutionalisation"** in Johnston, K and Traustadottir, R (eds) *In and Out of Institutions*, London: Jessica Kingsley Publishers

Glanville, L and Gardner, J, 2003 **"Guardianship, Administration and Substitute Decision-Making"** in the *Lawyers Practice Manual*, a loose-leaf service produced by Springvale Legal Service.

Glanville, L, 2001, **"Taking Stock of the Guardianship and Administration Act 1986",** *Law Institute Journal*, November 2001, 56-58.

Glanville, L, 2001, Book Review of Terry Carney & David Tait's **"The Adult Guardianship Experiment. Tribunals and Popular Justice",** *Journal of Family Studies,* 2001

Glanville, L, 1999 **"Can community legal centres advocate for themselves?"** *Alternative Law Journal*, Vol. 24, No. 3, June 1999, 154-156.

Glanville, L and Cox M, 1999 **"Auditing the Social"**, *Third Sector Review*, Volume 5, No.1, 113-123

Ernst, J, Glanville, L & Murfitt, P, 1998, **"Issues in the implementation of compulsory competitive tendering in local government in Victoria",** *Urban Futures Journal*, No. 24, May 1998.

Ernst, J, Glanville, L & Murfitt, P, 1997, ***Breaking the Contract? : The Implementation of Compulsory Competitive Tendering in Victoria***, Melbourne: Outer Urban Research & Policy Unit.

Glanville,L,1996, ***Women, Citizenship & Local Governmen****t,* Outer Urban Research & Policy Unit.

Glanville, L, 1996, ***Women and Transport in a Competitive Environment*** Outer Urban Research and Policy Unit: VUT

Murfitt, P & Glanville, L, 1996, *The Australian Local Government Environment Yearbook 1997*, **(Entry on Local Government and CCT),** Melbourne: Environs Australia.

Glanville, L, Hoatson, L & Blaskett, B, 1996, '**The Unravelling of Community Health in the State of Victoria'**, *Just Policy*, No. 7 August 1996, 49-54.

Murfitt, P, Glanville, L & Ernst, J, 1996, ***Due Consideration? The implementation of compulsory competitive tendering policy in Victoria*****,** Melbourne: Outer Urban Research and Policy Unit.

Glanville, L, 1995, **'Enabling policies: accessing higher education; the socio-legal response',** *Australian Disability Review*, 1-95, 54-62.

Glanville, L, 1995, **'Women Working Together: Lessons for Feminist Women's Services'**, *Australian Women's Book Review*, June 1995, Vol 7, 2, 11-12.

Glanville,L, 1995, **'Competitive tendering – the need for strategic decisions'**, *Nexus:* VUT

Glanville, L, 1995, **'Privatisation – The Latest Weapon in the Oppression of Women'**, *Just Policy*, No. 3, June 1995, 33-36.

Glanville,L & Ernst,J, 1994, ***Sourcing Health – A Guide To Health Information For Local Communities*****:** Outer Urban Research and Policy Unit: VUT

Glanville. L, 1994, **'The Use of Benchmarks to Achieve Quality in Service Development'**, *Health Issues*, 40, September 1994.

Ernst, J, Herbert, B, Glanville,L, Williams, M, 1994*,* ***Competitive Tendering with a Purpose – An Equity Driven Approach*****:** Outer Urban Research and Policy Unit: VUT

- *Please note that it was not possible to present papers or speak at conferences in my roles within ministerial offices namely from 2002 -2005 & 2007 – 2008.*

Whilst at the NDIA I spoke at a range of conferences at national, state and local levels, and sector events, on the development and roll out of the NDIS.

ANZSOG Masters Lecture, Melbourne, January 2017
Topic: Transforming Government Service Delivery – The NDIS

ANZSOG Conference, Melbourne, August 2015
Topic: Government for and in the 21st century: the public servant and the public service of the future

IPAA Victoria & Tasmania 2014 State Conference,
Topic: New models of Government Service Delivery

World Congress on Children's Rights, March 2013
Topic: Mediation and ADR in the family law system

ANZSOG – Managing Statutory Offices, March 2013
Topic: "Working with Minister's office"

Re-designing Local Democracy Launch, November 2012
Speech at the Launch of the Guide (author Jenny Wills) at the Geelong Regional Library

Neighbourhood Justice Centre
Over 40 presentations between September 2005 – March 2007 on all aspects of the Centre's development, including a presentation to the Australian Standing Committee of Attorneys-General in 2006. A full list of these presentations is available on request.

Guardianship and Administration National Conference, October 2001
Topic: "Enduring Powers of Attorney and Guardianship"

Law Institute of Victoria Annual Conference, September 2001
Speaker at the Disability & Capacity Special Interest Session

LAAMS Guardianship and Powers of Attorney Conference, June 2001
Topic: "Powers of Attorney"

State Conference of Victorian Community Legal Centres, April 2001
Topic: "The Review of Community Legal Centres in Victoria"

Mornington Peninsula Sustainable Peninsula Forum, March 2001
Keynote speaker. Topic: "Sustainable Development – the Community Dimension"

Radio National's *The Law Report,* March 2000
Presentation/discussion on the sale of tobacco to young people – section 12(1) of the Tobacco Act / entrapment / the High Court case of Ridgeway and Beach J's recent decision in the Supreme Court.

LGPro Statutory Services Interest Group Seminar, February 2000
Topic: "Implications of the Fundraising Appeals Act for Council's Local Laws"

Television Education Network – the Education Channel, Feb/March 2000
Preparation of background paper and participation in an educational video on the new Best Value regime and the abolition of compulsory competitive tendering in the Local Government Act 1989.

Maddock, Lonie and Chisholm Unravelling PHACS Seminar, June 1999
Topic: "PHACS and the Law"

VCOSS and the Consumer Law Centre -The Impact of Competitive Tendering on the Human Services Sector, July 1998
Topic: "Issues in the Implementation of CCT in Local Government in Victoria

Current

Victorian Assisted Reproductive Treatment Authority
Chairperson (ministerial appointment)

Stan Willis Philanthropic Trust
Trustee

IPAA - Victoria
Fellow

Previous

National Judicial College (Commonwealth Attorney-General Appointment)
Board Member

Australian Community Support Organisation (ACSO)
Council Member

URCOT (Union Research Centre on Organisation and Technology)
Board Member

Western Suburbs Legal Service
Legal Volunteer

Victorian Civil and Administrative Tribunal
Sessional member appointed June 2002 (position relinquished due to appointment to Senior Legal Adviser in the Attorney-General's Office)

Just Policy Editorial Committee
Committee member

Tweddle Family and Children's Health Service
Board member (ministerial appointment)

BreastScreen Victoria
Board member (ministerial appointment)

Western Region Housing Council
Chairperson

Western Region Women's Health Centre
Committee member

WestUrb (planning and environment organisation)
Committee member

Western Region Human Services Committee
Executive Officer

West Casa (Centre Against Sexual Assault)
Committee member