ICLC
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Executive Director
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By email only: familylaw@alrc.gov.au

Dear Panel Members,

Background
The Inner City Legal Centre (ICLC) is a community legal centre in Kings Cross. We have been in operation since 1980 and have a generalist service for our catchment area (inner city, eastern suburbs, northern beaches and North Shore) and two statewide legal services: a service for LGBTIQ people and a service for sex workers.

The ICLC welcomes this opportunity to respond to the ALRC *Discussion Paper on the Review of the Family Law System*. The ICLC commends the paper's numerous references to the need to consult with LGBTIQ groups and service providers in any overhaul of the *Family Law Act 1975* (Cth) ('the Act').

Endorsement of CLCNSW submission
The ICLC has had the benefit of reading the submission of Community Legal Centres NSW to the review. We endorse and agree with the Recommendations summarised at pp 2-4 of that submission, subject to the caveat that our submissions regarding medical treatment are limited to medical treatment of children.

Ensuring cultural competency and that LGBTIQ voices are recognised
Historically, LGBTIQ people have been excluded from and/or disadvantaged by family law in Australia, either through direct discrimination by the law, for example, same-sex relationships not being recognised, same-sex parents not being recognised as legal parents, trans teens not being able to access treatment or hormones, or through the administration of justice by practitioners who hold homophobic, transphobic or otherwise prejudiced beliefs. Now, although many of the formal barriers have been removed for LGBTIQ individuals, most recently in the form of marriage equality and the landmark case of *Re: Kelvin*[1], the legacy of institutional discrimination as well as homophobic and/or ignorant attitudes amongst legal professionals, the judiciary, the police and service providers, mean that access to justice for LGBTIQ people remains a significant concern.

It should be noted from the outset that the LGBTIQ acronym of course covers a diverse group of individuals and sub-groups, and any work with or consultation with LGBTIQ groups should be cognisant of the specific needs of different categories of people covered by that umbrella term. Consider the dissimilarity of the family law legal needs of the individuals in the following scenarios:

- a married lesbian couple, with children, looking to divorce;
- a trans teen wanting to start hormone treatment where one of their parents opposes the treatment;
- a gay man seeking to take out an ADVO against a violent ex-partner;
- Two men with a child seeking legal confirmation of their parentage, where the child was born via surrogacy overseas;

[1] *Re: Kelvin* [2017] FamCAFC 258.

- a gay sperm donor for a single lesbian woman who wants a role in the child's life;
- a gay refugee seeking protection from his extended family.

We recommend that the review works towards a way of dispelling the expectation of institutional discrimination, for if LGBTIQ people expect or anticipate less favourable treatment because of their sexual orientation, gender identity, sex characteristics and intersex status, they are much less likely to attempt to access justice in the first place. An example is that LGBTIQ people are less likely to report family or domestic violence.[2] Factors that contribute to this might include, fear of being "outed" in accessing legal services, discriminatory attitudes held by police; fear of further violence; and internalised homophobia.

Whilst LGBTIQ people constitute approximately 11% of the Australian population[3], they are at greater risk of marginalisation, disadvantage and poor health outcomes due to discrimination and social exclusion. The law, and attitudes, are changing, but discriminatory behaviour in the provision of services and in the administration of justice remains, and can only be eradicated through research, education and inclusivity.

It is worth noting that many LGBTIQ individuals are also part of another group or identity, for example, from culturally and linguistically diverse (CALD) communities, or from regional, rural or remote (RRR) areas, or identify as Aboriginal and Torres Straight Islander (ATSI). Consultations with LGBTIQ groups should be cognisant of this intersectionality, and conversely, any consultations with or awareness-raising campaigns targeting CALD, RRR or ATSI communities should be aware that those groups include LGBTIQ members. The review should also be aware of the multiple layers of discrimination experienced by LGBTIQ people with intersecting identities.

For the family law system to better meet the needs of families and individuals, the greater diversity of family structures must be recognised. This includes recognising LGBTIQ families and the challenges they face and ensuring that family law system professionals are culturally competent. With increasing numbers of LGBTIQ people and couples now choosing to start families, family law needs to be structured in such a way that it is accessible, easy to navigate, that it does not reinforce or compound any sexuality, gender or trans-based discrimination, and that systems and practitioners are educated an informed about the particular and diverse family law needs of LGBTIQ individuals, families and children.

One of the most significant barriers to LGBTIQ people participating in the family law system is the lack of awareness and acknowledgement of diverse family forms amongst practitioners and within the machinery of family law. If an individual cannot see their family type reflected in official documents, or perceives that they may receive less favourable treatment, they will be much less likely to participate in the process. Information resources for family law need to specifically mention and cater for LGBTIQ people as a first step in increasing such visibility.

For the family law system to better meet the needs of families and individuals, professionals must be culturally competent. Training programs should be developed in consultation with LGBTIQ organisations, agencies, services and people to ensure all major issues are covered. Without firsthand knowledge and input, training programs may not address all appropriate issues. Training programs should be rolled out to all professionals within the family law system including lawyers, judges, the police, social workers, caseworkers, courts and more. Family law professionals should be trained on LGBTIQ issues including same-sex divorce, surrogacy and donor arrangements, transgender/intersex specific issues, legal parentage, and diverse family structures, to name a few. Awareness of LGBTIQ issues must be improved for the family law system to truly reflect the breadth of LGBTIQ families, experiences and issues.

The national education and awareness campaigns referred to in Proposal 2-1 to 2-3 of the ALRC Discussion Paper that are aimed at enhancing community understanding of the family law system should be developed in close consultation with LGBTIQ people and organisations. It is crucial that the

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[2] Of a total of 620 individuals surveyed by the NSW LGBTIQ DV Interagency, 43.5% did not report the incident to police. *"Calling it what it really is: A report into Lesbian, Gay, Bisexual, Transgender, Gender Diverse, Intersex and Queer Experiences of Domestic and Family Violence"* [2014], p. 27.

[3] Department of Health, Australian Government, *National Lesbian, Gay, Bisexual, Transgender and intersex (LGBTI) Aging and Aged Care Strategy* (2012); ABS, Australian Social Trends – Same Sex Couples, Cat 4102.0 July 2013.

information provided to the wider community by these campaigns is reflective of and applicable to diverse family structures including LGBTIQ relationships and families.

In Proposal 2-8, the Discussion Paper talks about the importance of "integrating culturally specific and relevant information into mainstream information services...", for example, "roadmaps" of services for Aboriginal and Torres Strait Islander People and people from culturally and linguistically diverse communities, and integrating them into services such as the Family Relationship Advice Line and Family Relationships Online. The ICLC concurs with such an approach but would emphasize the importance of also creating specific resources for the LGBTIQ community, such as specialized roadmaps for LGBTIQ parents needing to access family law services.

The ICLC agrees that simplifying the Act and subordinate legislation as set out in Proposal 3-1 will work towards greater accessibility for LGBTIQ individuals and families, if the family law needs of LGBTIQ people are front and centre in the drafters' minds. Simplification must not eradicate the intricacies of surrogacy law or parenting arrangements with more than two parents, for example. Removing the provisions defining parentage and expounding upon them in alternative legislation, such as a federal Status of Children Act, would be a suitable way to address this issue. The issues surrounding parentage vary greatly across LGBTIQ communities and thus the ICLC would propose a broad and inclusive definition of parentage. The user testing of key provisions for reader comprehension during the drafting process, as set out in Proposal 3-1, must include LGBTIQ focus groups.

In relation to Proposal 3-2, that family law court forms should be comprehensively reviewed to improve useability, the ICLC emphasizes the urgency and necessity of the availability and existence of same-sex divorce forms. Currently, same-sex divorce forms are not available online, and individuals are merely instructed to contact the National Enquiry Centre.

In relation to Proposal 3-7, the ICLC, as stated in our previous submission, "welcomes a comprehensive review and revision of the Part VII decision making framework for the purposes of child safety, reducing service costs for clients, improving productivity for the courts, clarifying the confusion of Equal Shared Parental Responsibility ('ESPR') with shared time and allowing for the child's views to be given respect and weight. However the ICLC submits that the presumption of ESPR remains." In addition, decision makers, when faced with the challenge of determining what arrangements are in the best interest of the child, need training in diverse family forms and provided with examples of what "best interest" may look like in LGBTIQ families. As our previous submission to the Review suggested, work is needed to address the potential for subjectivity when determining the "best interests of the child," for example, the belief that a child should have a male and female parent.

It is essential that LGBTIQ service providers and organisations play a key role in:

- Designing Families hubs as per Proposal 4-4;
- Developing culturally appropriate and safe models of family dispute resolution for parenting and financial matters as per Proposal 5-9;
- Participating in government-commissioned research projects which may examine the adequacy of the definition of family violence in the Act as it pertains to LGBTIQ people as per Proposal 8-2; and
- Designing/implementing/assisting with training the family law system workforce professionals to be alive to LGBTIQ family law needs, to reduce prejudice and ensure that any discriminatory attitudes do not become implemented in policy or practice, as per Proposal 10-3.

Families Hubs

In our day to day generalist and specialist practices, the ICLC frequently observes clients who are both bewildered and exhausted by the process of obtaining legal advice and related support services when they are already under stress. We support the introduction of Families Hubs set out in Proposal 4-1, and endorse the submission of CLCNSW that the hubs should be "well funded, well adapted for remote areas, and co-designed with their representative client groups and their support organisations".

We submit that the use of posted-out workers proposed in Proposal 4-3 raises issues that have not been fully addressed in the Discussion Paper, namely continuity of funding and conflicts of interest.

In relation to funding, it is critical that any involvement of community legal centre staff in Families Hubs is supported by additional funding to those community legal centres – rather than simply being a relocation of services. Having out-posted workers from a variety of services also raises questions of conflict of interest. Although these questions may be able to be addressed by clear supervisory guidelines and information barriers, we note that:

- For instance, lawyers are not mandatory reporters under NSW legislation but mental health professionals are (which may necessitate information barriers within the service);
- Lawyers working for a community legal centre may face problems of confidentiality and conflict of interest when working at a Families Hub (such as overhearing a parent on the other side of a matter that they have at their home practice talking about parenting issues).

Joined up service delivery would also be supported by clear agreements for, for the want of a better word, preferential or prioritised communication (rather than information sharing) between legal assistance providers such as the ICLC and law enforcement, state child welfare bodies and Centrelink. Communication of this kind would still be dependent on client consent.

We submit that, in relation to paragraphs 4.39-4.40, that it would be more appropriate for client support officers to be directly employed by a Families Hub on an ongoing basis, the better to support stability and continuity for separating families and thereby minimise any sense of disconnection

As a centre with a mixed specialist and generalist practice, the ICLC would welcome the opportunity to consult on the design of Family Hubs to service the needs of LGBTIQ families and/or individuals experiencing separation, family violence and other related issues. The ICLC also has established support networks within the community that may operate as referral points for clients. We note that community legal centre involvement in this design stage would be best supported by additional funding, to ensure that such consultation is not at the expense of frontline services.

Family Dispute Resolution Services

The ICLC applauds the proposal of the Commission at Proposal 5-9 that the Australian Government should work to support the development of culturally appropriate and safe models of family dispute resolution for property and financial matters. The need for property and financial FDR access should be targeted toward families with small property/asset pools and/or incomes, as indicated by evidence provided in the discussion paper (paragraphs 5.16 - 5.18).

In relation to the proposal at 5.10, the ICLC submits that any move towards increasing the use of family dispute resolution in circumstances of domestic and family violence should be approached with extreme caution. "Acceptable" outcomes (see paragraph 5.58) may not necessarily be durable outcomes. Even durable outcomes may be achieved at the expense of avoidable trauma to separating families already traumatised by domestic violence.

The ICLC notes the points raised by ALRC Report 114, *Family Violence – A National Legal Response*:

> *Reasons for the inappropriateness of FDR in the context of family violence include:*
>
> - *safety concerns—the FDR process may place women and children in danger because a perpetrator and/or offender may use FDR as an opportunity for violence or intimidation;*
> - *power imbalances—the imbalance of power in relationships characterised by family violence undermines the fairness of the negotiating process in facilitative methods of FDR;*
> - *mediation requires honesty, desire to settle the dispute and some capacity for compromise—perpetrators of violence are not generally capable of such behaviours in relation to the target of their violence;*
> - *mediation places too great a burden on the victim of violence, and who may, for example, be afraid to be in the same room with the perpetrator; and*

FDR is a private and confidential process, with the effect that violence against women is shielded from the public eye[4]

Statistics gathered from fatal cases of domestic violence via the NSW DV Death Review Team report ('NSWDVDRT')[5] indicate that children within domestic violence relationships experience similar trauma as their victim parent, which arguably limits the appropriateness of FDR for separating partners of domestic violence relationships.

Proposal 5-10 places the burden on FDR services, private legal services, financial services, legal assistance services and all other non-government organisations to develop additional FDR guidelines, with the presumption that issues will be resolved before going to court, but there is little discussion about increasing the number of judicial officers within the family law system to deal with matters that are unlikely to be resolved in dispute resolution, such as family issues overlapping with family violence. The ICLC submits that reform of the FDR process is no substitute for a properly funded family court system.

The welfare jurisdiction – Question 9-1

Generally

The ICLC also notes the discussion at 9.104 and 9.105 of recommendations made by the Senate Community Affairs Committee in its two reports regarding the involuntary or coerced sterilisation of intersex people and people with disabilities. We note that our practice knowledge and expertise relates to the treatment of young people, and emphasise that this submission is confined to the treatment of young persons and expressly does not address the treatment of adults without the capacity to consent.

The ICLC notes and overall agrees with the analysis of the welfare jurisdiction by the Commission at paragraphs 9.83-9.90. We submit that the status of the welfare jurisdiction of the Family Court is complicated by state legislation modifying the common law of consent to medical treatment as it relates to children.[6] In exercising its federal jurisdiction under the *Act*, the Family Court must apply state law where applicable – even if it modifies the common law.[7]

We respectfully submit that it may be useful for the question of whether the welfare jurisdiction allows the court to make orders with respect to children not of a marriage to be put beyond doubt.

We note that the analysis in the discussion paper is largely confined to discussing the law in relation to sterilisation of children with disabilities, children with intersex variations and transgender children. We submit that, regardless of the reforms are instituted in relation to those children, that the Family Court ought to retain a welfare jurisdiction to allow it to deal with outlier cases such as *Re Inaya*[8]. The development of medical treatment (including treatment not readily understood as therapeutic for one child, performed for the ultimate benefit of another child, as happened in that case) is hard to predict and we submit that it is consistent with both the current and proposed future objectives of the *Act* for the court to retain some effectively residual jurisdiction to address situations not addressed by other legislation. We agree with the Discussion Paper observation at 9.87ff that there is "a significant degree of uncertainty in the case law as to which procedures require authorisation".

Treatment of transgender children

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[4] Australian Law Reform Commission and NSW Law Reform Commission, 'Family Violence - A National Legal Response: Final Report' (ALRC Report 114, NSWLRC 128, Australian Law Reform Commission and NSW Law Reform Commission) <https://www.alrc.gov.au/publications/21.%20Family%20Dispute%20Resolution/fdr-cases-involving-family-violence#_ftnref44>

[5] NSW Domestic Violence Death Review Team. Report 2015-2017.

[6] Section 49 of the *Minors (Property and Contracts) Act 1970 (NSW)*, modified by section 175 of the *Children and Young Persons (Care and Protection) Act* 1998 (NSW), which qualifies the ability of a young person under the age of sixteen to consent to medical treatment that is intended or likely to render the recipient infertile; and section 6 of the *Consent to Medical Treatment and Palliative Care Act 1995 (SA)*, which provides that 'a person of or over 16 years of age may make decisions about his or her own medical treatment as effectively as an adult'.

[7] See also *Rizeq v Western Australia* [2017] HCA 23 at [48] per Bell, Gageler, Keane, Nettle and Gordon JJ "laws made by the Parliament of the Commonwealth and the Parliament of the States form a 'single though composite body of law'".

[8] *Re Inaya (Special Medical Procedure)* [2007] FamCA 658.

There are three commonly understood stages of physical treatment for medical transition for adolescents with gender dysphoria (Stage 1, Stage 2 and Stage 3). These stages take their name from the *Standards of Care* published by the World Professional Association for Transgender Health[9]:

We set them out again here for ease of reference:

1. *Fully reversible interventions*. These involve the use of GnRH analogues to suppress estrogen or testosterone production and consequently delay the physical changes of puberty. Alternative treatment options include progestins (most commonly medroxyprogesterone) or other medications (such as spironolactone) that decrease the effects of androgens secreted by the testicles of adolescents who are not receiving GnRH analogues. Continuous oral contraceptives (or depot medroxyprogesterone) may be used to suppress menses.
2. *Partially reversible interventions*. These include hormone therapy to masculinize or feminize the body. Some hormone-induced changes may need reconstructive surgery to reverse the effect (e.g., gynaecomastia caused by estrogens), while other changes are not reversible (e.g., deepening of the voice caused by testosterone).
3. *Irreversible interventions* . These are surgical procedures.

We submit that as *Re Matthew*[10] was a decision of a single judge regarding stage 3 treatment that was expressly confined to the particular circumstances of that case,[11] it cannot properly be stated (as at paragraph 9.89 of the Discussion Paper) that all treatment of children with gender dysphoria no longer requires court authorisation in the absence of a dispute as to the procedure or competency. However, it is true of Stage 1 treatment[12] and Stage 2 treatment[13].

We submit that in the absence of other legislative change affecting the position of transgender children in relation to medical treatment, it would be helpful for there to be some clarification in terms of a practice note to confirm that it is mandatory for a s 60I certificate to be issued before a court application can be filed in relation to medical treatment for a transgender child on the basis that there is a dispute. The ICLC regularly advises and informally meets with transgender and gender diverse youth, and the threat of court action by a parent opposed to treatment for the child can be a source of huge anxiety for them. A clear requirement to engage in mediation (subject to the usual provisions about whether mediation is appropriate, perhaps including the age of the child) would provide some comfort to this section of our client base.

Should authorisation by a court, tribunal or other regulatory body be required for procedures such as sterilisation of children with disability or intersex medical procedures? What body would be appropriate to undertake this function?

Generally

ICLC submits that State, Territory and Federal legislation should prohibit surgery that alters sex characteristics of children under 18 years old. This assertion is supported by the *Standards of Care* [14], which states genital surgery should not take place until a young person has, at a minimum, reached the age of majority in their country and has lived in their affirmed gender for at least 12 months. As noted in the Review of the Family Law System, the United Nations Office of the High Commissioner of Human Rights also takes the position that 'medically unnecessary surgery and procedures on intersex children' must be prohibited.[15] The ICLC agrees that intersex medical procedures on children 'without the full, free

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[9] World Professional Association for Transgender Health, *Standards of Care for the Treatment of Transsexual, Transgender and Gender Nonconforming People* (7th edition). The terminology of stages has been followed by Australian guidelines published in 2018: Telfer, M.M., Tollit, M.A., Pace, C.C., & Pang, K.C. *Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents Version 1.1*. Melbourne: The Royal Children's Hospital; 2018.

[10] *Re Matthew* [2018] FamCA 161.

[11] See *Re Matthew* [2018] FamCA 161 at [52] per Rees J, where her Honour concluded that "I propose therefore to conclude the proceedings by making a declaration that, *in the circumstances of this case*, no application to the Family Court is necessary before Stage 3 treatment for Gender Dysphoria can proceed" [emphasis added]. *Re Matthew* related to top surgery (bilateral mastectomy and male chest reconstruction), one of several possible forms of Stage 3 treatment.

[12] *Re Jamie* [2013] FamCAFC 110.

[13] *Re: Kelvin* [2017] FamCAFC 258.

[14] The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People,* (7th edition)

[15] Review of the Family Law System, page 231.

and informed consent...amount to violations of fundamental human rights'.[16] However where the child has the legal capacity to consent (*Gillick* standard) or the surgery is medically necessary to relieve the child of current painful or otherwise physically harmful symptoms such surgery should be allowed subject to guiding principles set out below. We suggest that the definition of 'sex characteristics' within the Maltese legislation, set out below, be adopted.

Lessons from Malta?

Malta has a population of approximately 427,616 people[17] and in 2015 Malta enacted the *Gender Identity, Gender Expression and Sex Characteristics Act.*[18] The purpose of the Act was the 'recognition and registration of the gender of a person and to regulate the effects of such a change, as well as the recognition and protection of the sex characteristics of a person.'[19] The Maltese legislation appears to be genuine in its intention to recognise and protect the sex characteristics of a person.

The Act explicitly makes it unlawful for surgical treatment to be conducted on minors, unless informed consent is provided. A further exception is provided whereby without consent surgical intervention can take place as long as the intervention does not violate the Act.[20] This exception is secured by requirements including that advice from an 'interdisciplinary team' must be sought; the interdisciplinary team is made up of professionals in the field.

The Act penalises anyone whom knowingly exposes a person who have availed themselves of the provisions of the Act, or insult, or revile a person.[21] The penalty is a monetary fine of between €1,000 to €5,000. There may also be criminal convictions, as determined by the Criminal Code, if the offence if motivated by gender expression and sex characteristics. Generally, the Act also levies a fine on anyone whom knowingly violates any of its provisions.[22]

The Act prohibits any regulation or procedure that limits, restricts, or annuals the exercise of the right to gender identity.[23] It also explicitly states that the Act applies to all sectors regardless of whether they are private or public.[24] It appears that the intention of the Act is to normalise variety of sex characteristics of people, with the eventual aim that stigma will be eradicated.

The Maltese *Gender Identity, Gender Expression and Sex Characteristics Act* defines "sex characteristics" as including 'primary characteristics such as reproductive organs and genitalia and/or in chromosomal structures and hormones; and secondary characteristics such as muscle mass, hair distribution, breasts and/or structure.'[25]

In what circumstances should it be possible for this body to authorise sterilisation procedures or intersex medical procedures before a child is legally able to personally make these decisions?

The ICLC submits that if the Family Court is to have jurisdiction in relation to sterilisation procedures and intersex medical procedures that the following guiding principles should apply:

1) Any surgical or hormonal treatment that irreversibly alters the sex characteristics of a child under the age of 18 is prohibited unless:
   a) the child is assessed by a psychiatrist or clinical psychologist as being competent to provide their own independent informed consent; or
   b) the surgery or treatment is medically necessary to relieve the child of current painful or otherwise physically harmful symptoms.

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[16] Review of the Family Law System, page 230 quoting United Nations Office of the High Commissioner of Human rights, 'End Violence and Harmful Medical Practices on Intersex Children and Adults, UN and Regional Experts Urge' <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20739&LangID=E?>.

[17] https://publicadministration.un.org/egovkb/en-us/Data/Country-Information/id/106-Malta

[18] http://justiceservices.gov.mt/DownloadDocument.aspx?app=lp&itemid=26805&l=1

[19] http://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=101028&p_country=MLT&p_count=4

[20] http://justiceservices.gov.mt/DownloadDocument.aspx?app=lp&itemid=26805&l=1, clause 14

[21] Ibid clause 11

[22] Ibid clause 11(3)

[23] Ibid clause 12

[24] Ibid clause 13(2)

[25] http://justiceservices.gov.mt/DownloadDocument.aspx?app=lp&itemid=26805&l=1

2) For surgery to proceed lawfully on the basis that it is medically necessary, a parent or person concerned with the care welfare and development of the child must make an application to the Family Court.

3) In determining the application, the court:
   a) may adopt an inquisitorial approach; and
   b) must appoint a separate legal representative for the child.

The ICLC notes and agrees with criticisms raised by intersex advocacy groups that the Family Court has taken a facilitative rather than inquiring approach in cases such as *Re Carla* regarding treatment of intersex children.

The ICLC notes the discussion at 9.108 of the *Review of the Family Law System* regarding the benefits and drawbacks of proposed changes to the regulation of medical procedures performed on young people. The ICLC is unsure of the best approach to take to future regulation in this area. A new independent tribunal set up at the Commonwealth level is likely to require significant legislative change to facilitate its introduction and powers, and existing expert tribunals at state levels have significant variations in practice and approach.

The ICLC submits that the Commission should have regard to the voices of intersex and disability organisations as paramount in structuring new regulatory and oversight approaches.

What additional legislative, procedural or other safeguards (if any) should be put in place to ensure that human rights of children are protected in these cases?
The ICLC has practiced extensively in the Family Court, filing special medical procedure applications on behalf of the parents and families of transgender young people. We have observed inconsistency in practice in the appointment of separate legal representatives for children. We submit that a strong procedural safeguard to protect human rights of children would be the introduction of a mandatory requirement for the appointment of a separate legal representative for the child in any case involving a decision about a medical procedure or treatment for a child.

If you have any questions about this letter, please contact the Inner City Legal Centre on 9332 1966.

Yours sincerely,
INNER CITY LEGAL CENTRE

[redacted]

Hilary Kincaid
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