



**ROYAL COMMISSION INTO INSTITUTIONAL RESPONSES
TO CHILD SEXUAL ABUSE
AT SYDNEY**

**PUBLIC HEARING INTO
PREVENTING, AND RESPONDING TO ALLEGATIONS OF, CHILD SEXUAL ABUSE
OCCURRING IN OUT OF HOME CARE**

CASE STUDY 24

OPENING ADDRESS BY SENIOR COUNSEL ASSISTING

INTRODUCTION

1. This is the twenty fourth case study the subject of a public hearing by the Royal Commission.
2. This public hearing is examining the policies and practices of those agencies which provide care for children who have been placed away from their primary caregivers for protective or other family welfare reasons and the context in which those policies and practices occur. This care is usually known as out of home care. Out of home care is an institution for the purposes of the Royal Commission's terms of reference.
3. Unlike other public hearings, this hearing will not hear evidence from those who have been in out of home care. Its primary purpose is to understand

how providers of out of home care protect children in their care from sexual abuse and how they respond when allegations of sexual abuse of a child in care are raised.

4. The Royal Commission has heard in private sessions from many people who were in out of home care as a child and experienced sexual abuse. Their voices will be heard by reading a number of those accounts. These accounts will not use real names or locations. Stories of positive practice by agencies in this area will also be heard. These latter accounts have been sourced from recent publications by the New South Wales Department of Family and Community Services and the Victorian Department of Health and Human Services.
5. The scope and purpose of the hearing is to inquire into:
 - a. The incidence of child sexual abuse in contemporary out of home care settings
 - b. Recruitment, assessment and training of carers in out of home care
 - c. Monitoring and oversight of children in out of home care in the context of preventing child sexual abuse and responding to allegations of child sexual abuse
 - d. Systems, policies, practices and procedures for
 - i. reporting allegations of child sexual abuse in out of home care
 - ii. responding to allegations of child sexual abuse in out of home care, and

- iii. supporting children who have been sexually abused in out of home care
 - e. any related matters.
- 6. The Royal Commission is aware that there are a number of pressures which currently affect the provision of out of home care in Australia. They include that the number of children who cannot live safely at home is increasing, that children coming into care are younger and staying in care longer, the increasingly complex needs of some children, the large number of Indigenous children in care and the difficulties in recruiting foster carers.
- 7. Each of these impacts on the issues which are the subject of this case study, however, the Royal Commission's primary focus is on preventing and responding to child sexual abuse in out of home care.

DEFINING OUT OF HOME CARE

- 8. Out of home care refers to the overnight care of children and young people up to 18 years by alternate caregivers on a short or long term basis. This is often as a result of the child or young person being unable to live with their families due to abuse or neglect. This includes children living in circumstances where the state or territory government funds or provides the placement, or offers a financial payment to a carer, which the carer may or may not accept.
- 9. The three main types of out of home care in Australia are home based care, which includes kinship or relative care and foster care, and residential care. These account for almost 95 percent of children in out of home care.

10. Kinship or relative care is where extended family or a person who is well known to the child or young person is offered payment by the state or territory government to care for the child or young person, whether or not the person accepts the payment.
11. Foster care is where the child or young person is placed with substitute parents referred to as foster carers. Foster carers are generally chosen from a list of persons registered, licensed or approved as carers by a government department or non-government organisation and are paid a regular allowance to care for the child or young person. The authorised government department or non-government organisation generally supports and supervises the placement of the child or young person with foster carers.
12. Residential care is where the child or young person is placed in a residential facility, the main purpose of which is to provide placements for children and where there are paid staff. Residential care is mainly used for children or young people with complex needs or to keep siblings together.
13. The delivery of out of home care services varies across jurisdictions. In Victoria, almost all out of home care services are managed and provided by non-government organisations. In 2011, the New South Wales Government made a commitment to transfer all statutory out of home care placements to non-government organisations, and the proportion of care delivered by those organisations has gradually increased since that time. As at 30 June 2014, just over half of all children in statutory out of home care in New South Wales were placed with non-government organisations.

14. The Royal Commission has been informed that most out of home care services in Tasmania and the Australian Capital Territory are also currently delivered by non-government organisations. It is understood that Queensland proposes to transfer those services to non-government organisations. In the remaining jurisdictions, Western Australia, South Australia and the Northern Territory, most of the out of home care services are delivered by the government, and a minority of services are delivered by non-government organisations.

GENERAL STATISTICS FOR OUT OF HOME CARE

15. The protection of children at risk is a state and territory responsibility. Valid national data about children in out of home care in Australia are not readily available. Even more difficult to obtain are data that indicate how many children in out of home care are the victims of sexual abuse and how such abuse is responded to when it occurs.
16. Data used by the Royal Commission for this public hearing come from three sources. First, from the annual data provided by states and territories for collation by the Australian Institute of Health and Welfare (the Institute), secondly, from data published by the Productivity Commission in its 2015 Report on Government Services and finally, from reports and/or allegations of sexual abuse of a child in out of home care provided under summons from all states and territories and from thirteen non-government organisations.
17. According to the Institute, 43,009 children were in out of home care as at 30 June 2014, with 51,557 children in at least one care placement during the 2013-2014 financial year. For South Australia, the count of children only

includes those for whom the Department is making a financial contribution to the care of the child. In New South Wales, it does not cover relative or kin care where there is no order from Children's Court. Other states and territories include cases where a financial payment has been offered to a carer but refused.

18. As at 30 June 2014, there were 18,912 children in out of home care in New South Wales. In Queensland there were 8,185 children, 7,710 children in Victoria, South Australia had 3,723 children in out of home care, Western Australia had 2,631 children, Tasmania had 1,054, the Northern Territory had 908 children with the Australian Capital Territory having 606 children in out of home care.
19. The Institute also provides a count of children in care in each jurisdiction compared to the number of children in the overall population.
20. The average nationally is 8.1 children in care per thousand children aged 0-17 in the general population.
21. The rate in Victoria is 6.1 children per thousand in the general population in the state. This is the lowest rate of children in care. The Northern Territory, with a rate of 14.3 children per thousand children in the general population, has the highest rate.
22. The number of children in out of home care is the only statistic that can be given on a national level without caveats and significant limitations. Other statistics provided by the institute can only be offered in respect of an individual state or territory. This is because even the most basic of statistics, for instance the type of care placement of children, are not comparable across states and territories.

23. For example, where a child is placed with a relative who is also fully registered to provide foster care for other children, the child is counted in the foster care category for Victoria and Western Australia, whereas the child is counted in the relative/kin category in Queensland and South Australia.
24. According to data published in the 2015 Report on Government Services, nationally, as at 30 June 2014, there were 51.4 Indigenous children in out of home care for every 1,000 Indigenous children in the general population. This compares to 5.6 non-Indigenous children in out of home care for every 1,000 non-Indigenous children in the general population as at 30 June 2014. The rate for Indigenous children in out of home care was approximately 9 times the rate for non-Indigenous children.
25. The rate ranged from 21.8 Indigenous children in Tasmania to 71.3 Indigenous children in New South Wales for every 1,000 Indigenous children in the general population.

DATA SPECIFIC TO SEXUAL ABUSE ALLEGATIONS

26. The Royal Commission is concerned with child sexual abuse. There is no national body that collects and publishes statistics on the number of children in out of home care subject to sexual abuse allegations or the outcomes of any investigation of those allegations.
27. There are, however, data published in the 2015 Report on Government Services, on “whether children in out of home care were the subject of a substantiation of sexual abuse, physical abuse, emotional abuse or neglect”. Substantiations are defined as reports that “were investigated and where it was concluded that there was reasonable cause to believe

that the child had been, was being, or was likely to be, abused, neglected or otherwise harmed.” Thus, the data do not differentiate between physical, sexual and emotional abuse and neglect. The 2015 Report on Government Services refers to this measure as experimental.

28. The percentage of children in care who have been the subject of a substantiation of child abuse or neglect varied across time within states and territories. Data are not available for New South Wales or Victoria. Queensland introduced a new policy regarding reporting and substantiation in July 2013 which makes it difficult to compare the previous two years with the year 2013-2014. In Queensland, there were 3.7 percent of children in care having a substantiation of child abuse or neglect report in 2011-2012, 2.7 per cent in 2012-13 and 1.6 percent in 2013-14.
29. In Western Australia the percentage of children in care who have been the subject of a substantiation of child abuse or neglect has changed over time, with a rate of 1.9 per cent in 2011-12, 0.9 percent in 2012-13 and 1.3 percent in 2013-14.
30. The rate for South Australia was 0.3 percent in 2012-2013 and 0.7 percent in 2013-14. This data were not available for South Australia for 2011-12.
31. Tasmania’s rate was 2.1 percent in 2011-12, and then 0.4 percent in both 2012-2013 and 2013-14. In the Australian Capital Territory, the rate was 2.0 percent in 2011-12, 1.0 percent in 2012-13 and 3.7 percent in 2013-14.
32. In the Northern Territory, the rates were 1.9 percent in 2011-12, 1.1 percent in 2012-13 and 1.7 per cent in 2013-14.

33. The 2015 Report on Government Services also publishes statistics on the number and proportion of children in out of home care who were the subject of a child abuse substantiation, again not specifically sexual abuse, where the abuser was living in the household.
34. The Report of Government Services indicates that this measure of substantiation is experimental.
35. Each state and territory defines “the person responsible living in the household” differently. For Queensland, the count of substantiations where the person believed responsible was living in the household includes adults who frequent the household as well as those who live there, staff members of the care service, and where “the person believed responsible could not be identified”.
36. Western Australia does not include substantiations relating to other children in the household or the relatives of foster carers.
37. Tasmania includes those who were visiting the household as well as those residing there.
38. New South Wales only includes substantiations where the child is in government provided care, excluding those in non-government provided care.
39. Victoria includes in its count of substantiations, concerns of quality of care issues as well as physical and sexual abuse.
40. These different counting rules mean that comparison between states and territories, and a national overall count, is impossible.

41. The 2015 Report on Government Services data indicate that, with the exception of Victoria and New South Wales where there are no data available, in 2013-2014, there were 270 child protection substantiations regarding children in out of home care in Queensland, Western Australia, South Australia, Tasmania, Australian Capital Territory and Northern Territory combined. This includes substantiations for physical, emotional and sexual abuse or neglect.
42. The National Framework for Protecting Australia's Children 2009-2020, commonly known as the 'National Framework' was endorsed by the Council of Australian Governments in 2009. Among other things it was recommended that national child protection data be collected on a unit record basis. That means that the experience of individual children and their journey through the system is better tracked and more meaningful data can be obtained about each child's complete experience of the child protection and out of home care system.
43. Unit record data were first used in 2013. They also highlight the difficulties of comparing data between jurisdictions.
44. This change in recording and analysing child protection data, while improving the data collected, also has limitations. Statistics that can now be produced with the unit record data cannot be matched with equivalent data from previous years to map trends and make comparisons over time. Additionally, the annual Child Protection Australia report compiled by the Institute makes plain how challenging it is to examine child protection in Australia as a whole.

DATA PROVIDED BY EACH AGENCY

45. The Institute and the 2015 Report of Government Services data, despite their limitations, are probably the best data currently available in Australia describing children who have been harmed while in out of home care, but, as I have said, the data are not specific to sexual abuse. Therefore, to supplement these data, the Royal Commission obtained information on reports and/or allegations of the sexual abuse of a child in out of home care from departments providing out of home care in each state and territory, as well as from 13 non-government organisations which are some of the major providers of out of home care under contract to the various state and territory governments.
46. Some of these non-government organisations have out of home care providers in more than one state or territory. The Royal Commission has generally received data about each provider.
47. The non-government organisations from which the Royal Commission sought data are Anglicare, Bapcare, Barnardos Australia, Berry Street, CatholicCare, Life Without Barriers, Marymead Child and Family Services, MacKillop Family Services, United Protestant Association of New South Wales, UnitingCare, Victorian Aboriginal Child Care Agency, Wesley Mission New South Wales and Wesley Mission Victoria.
48. The non-government organisations were selected for their diversity in location, size and the type of care provided.
49. The Royal Commission asked for “each report or an allegation made to the organisation between 31 July 2004 and 30 June 2014 of sexual abuse of a

child who is or was in out of home care” and details in respect of each report.

50. Some states and territories and non-government organisations did not have records that permitted them to submit data from this time period, within the time frame provided by the Royal Commission. Australia’s most populous state, New South Wales, for example, was only able to provide data for the last two financial years, 2012-2013 and 2013-2014.
51. For this reason, the Royal Commission could only consider data from those financial years.
52. States and territories provided data to the Royal Commission about 2,683 reports of child sexual abuse in out of home care over the last two financial years. The selected non-government organisations provided data to the Royal Commission about 956 reports of child sexual abuse in out of home care over the last two financial years.
53. While these data concern reports of child sexual abuse in out of home care rather than an aggregate of all forms of abuse of children in care, as reported by the Institute and the 2015 Report of Government Services data, the data contain many limitations including
 - a. Most states and territories did not distinguish between children in the care of government run out of home care and those in the care provided by non-government organisations.
 - b. Non-government organisations report allegations of sexual abuse of a child in their care to a government agency. The data provided by states and territories may therefore duplicate the data provided

by non-government organisations, in states other than Victoria which advised that there was no duplication.

- c. The data provided on whether a report was substantiated from a number of states and territories and non-government organisations were incomplete. Additional information needs to be sought from each state and territory and non-government organisation before reliable data can be obtained and analysed.
 - d. The data provided do not distinguish between whether the report of child sexual abuse in out of home care related to abuse which occurred recently or historically and whether the abuse occurred in out of home care.
 - e. The data only came from selected non-government organisations, rather than all non-government organisations offering out of home care in any jurisdiction.
 - f. Some states, territories and non-government organisations did not have sufficient information to answer all questions for each year they submitted data.
 - g. The Royal Commission requested data on the number of 'reports' of alleged child sexual abuse. This is not the same as the number of 'children' who were subject to allegations of child sexual abuse. Multiple 'reports' may pertain to the same child.
54. Reports of sexual abuse in care are to be distinguished from the occurrence of sexual abuse in care, which may be much greater. Sexual abuse may not be disclosed by the child or young person. If it is, it may not be reported.

Supporting Children Who Have Been Abused

55. States, territories and non-government organisations were asked whether children who were sexually abused were offered counselling.
56. Reliable data on counselling are not available about government provided care in New South Wales, Victoria, Queensland, the Australian Capital Territory and South Australia. This data was not available in the time frame provided by the Royal Commission.
57. In the majority of cases in the Northern Territory, Tasmania and Western Australia it is known whether children were offered counselling. In Northern Territory and in Western Australia, most children were offered counselling. In Tasmania, relatively few were offered counselling.
58. The data on counselling being offered where there were reports of child sexual abuse allegations made in care provided by non-government organisations are not useful. That data are not useful because they are unavailable or the proportion of 'unknown' information is too high or the sample is too small to allow analysis.

Type of care

59. According to the Institute data, 5 percent of all children in out of home care in Australia were in a residential care facility as at 30 June 2014.
60. Subject to the limitations I referred to earlier, the Royal Commission is told that about one-third of sexual abuse reports to states and territories and non-government organisations were made at the time the child was in residential care. Of course, they do not indicate when the alleged abuse occurred.

61. According to the Institute data, 48 per cent of all children in out of home care in Australia as at 30 June 2014 were classified as being in relative/kinship care. Subject to the limitations I referred to earlier, the Royal Commission is told that 20 per cent of sexual abuse reports to states and territories and non-government organisations concerned children in relative/kinship care.

62. There may be a number of possible reasons for the relatively high number of sexual abuse reports for residential care, and the relatively low number of sexual abuse reports for kinship care, including:
 - a. Monitoring, reporting and oversight mechanisms may be more robust and rigorous in residential care than relative/kinship care and other forms of care
 - b. Rates of abuse in residential care may be higher than in other forms of care
 - c. The cohort of children in residential care, who tend to have complex needs, may be more susceptible to abuse and/or more likely to report abuse
 - d. Children in relative/kinship care may be less likely to report sexual abuse by kin or a relative
 - e. The different definitions used by states and territories about relative/kinship care may be a factor.

NATIONAL FRAMEWORK

63. Several aspects of the National Framework are of relevance to this case study.
64. First, the National Framework sets out the goal (called 'a supporting outcome'), of developing new information sharing provisions, between Commonwealth agencies, state and territory agencies and non-government organisations dealing with vulnerable families. Effective information sharing between agencies forms a crucial part of intelligence driven prevention strategies and responses to sexual abuse in out of home care.
65. An Information Sharing Protocol, which outlines procedures on how the Australian Government and state/territory child protection agencies can share information, has been developed.
66. Secondly, the National Framework seeks to raise awareness of child sexual exploitation and abuse, including online exploitation. The Australian Government's Cybersafety Help Launch Button was launched in December 2010 and has been installed in over 300,000 computers across Australia. The help button provides internet users, particularly children, with easy online access to Cybersafety information and assistance available in Australia.
67. Thirdly, the National Framework aims to enhance prevention strategies for child sexual abuse. The Australian Institute of Family Studies was funded by the Australian Government to undertake a research project on Prevention and Early Intervention in Child Sexual Abuse.

68. Also relating to this National Framework goal, a national study on Australia's response to sexualised or sexually abusive behaviours in children and young people, was conducted by the Australian Crime Commission and released in July 2010.
69. Finally, the National Framework sets out the goal of ensuring that survivors of sexual abuse have access to effective treatment and appropriate support. The Australian Government has funded Adult Survivors of Child Abuse (ASCA) to develop practice guidelines to better support the mental health needs of adult survivors of childhood trauma. The guidelines have been completed and are available online at the ASCA website.
70. In addition to these supporting outcomes, the National Framework identifies a number of priority projects.
71. The Framework establish National Standards for children in out of home care. National Standard 12, which sets out that carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care, is of most relevance to this case study. State and territory government agencies have informed the Royal Commission that they have implemented and monitored National Standard 12 through the development of out of home care standards, the licensing and accreditation and care approval process, through funding agreements with non-government agencies and contract management processes and through audits.
72. The first national biennial survey of children and young people in care was identified as a priority of the National Framework and will be completed this year. This survey is expected to cover key areas such as sense of

security, safety, participation, community activity, family connection, sense of community, significant others and leaving care.

73. Additional goals of the National Framework are as follows:

- a. Develop and trial programs to prevent sexual abuse and keep children safe, including specific programs for remote Indigenous communities, such as the cyber smart outreach program
- b. Review and support strategies to assist children, young people and adults who have experienced complex trauma to engage with the service system
- c. Share best practice in therapeutic and trauma-informed care across jurisdictions
- d. Explore ways to respond nationally to the sexualisation of children.

Previous Inquiries

74. There have been many inquiries into the child protection systems in the states and territories over the past decade or so. Many of them have dealt with out of home care and some with child sexual abuse within out of home care.

75. Some of the key recent inquiries which have been undertaken include a 2008 Inquiry in New South Wales into Child Protection Services, a 2010 inquiry reviewing the child protection system in the Northern Territory, the Queensland Child Protection Inquiry in 2013, an inquiry into allegations of sexual abuse in state care in South Australia in 2008, three reports in Tasmania published in 2006, 2010 and 2011, three reports in Victoria published in 2012 and 2014 and similarly three in Western Australia in

2005, 2006 and 2013. Legislative changes as well as changes to policies, practices and procedures have resulted from each of these inquiries.

ROYAL COMMISSION WORK TO DATE IN OUT OF HOME CARE

76. To date, the Royal Commission has undertaken a variety of work in relation to historical and contemporary out of home care.

Private Sessions

77. Through Private Sessions, the Royal Commission has heard from over 3000 survivors of child sexual abuse. Private Sessions enable survivors to speak directly with a Commissioner about their experiences in a private and supported session.

78. Out of home care represents the largest category of institutional types raised during Private Sessions, representing over 40 percent of all institutions mentioned.

79. The majority of survivors of abuse in out of home care attending Private Sessions to date has described child sexual abuse taking place during the 1950s and 1960s in residential homes run by government or religious institutions.

80. Despite the large numbers of children currently in out of home care, only a small number of survivors has come forward to the Royal Commission to share their experiences of child sexual abuse in out of home care during the last 30 years.

81. These small numbers are consistent with what the Royal Commission already knows about survivors reporting child sexual abuse. From

information obtained in Private Sessions, on average it has taken victims 22 years to disclose the abuse perpetrated against them, with men taking longer than women to disclose.

Public Hearings

82. The Royal Commission has held twenty three public hearings, a number of which have examined historical out of home care institutions, including orphanages and children's homes run by religious organisations or state and territory governments.
83. Contemporary out of home care issues were explored in Case Study 1, particularly in relation to the oversight and governance of organisations providing out of home care and the regulation of authorised carers.

Public consultation

84. An issues paper 'Preventing sexual abuse of children in out of home care' was published on the Royal Commission website on 11 September 2013.
85. The purpose of this paper was to gather submissions from interested individuals and organisations in response to eleven questions. Sixty-three submissions were received from a variety of government, religious and community organisations, as well as from academics and individuals.
86. Other issues papers published by the Royal Commission, including 'Working with Children Checks' and 'Child Safe Institutions,' have also sought submissions on issues relevant to out of home care.
87. The first Royal Commission roundtable was held on 16 April 2014 and provided government and non-government representatives, advocacy

groups, policy makers, academics and regulators an opportunity to discuss key policy issues in out of home care.

88. The roundtable discussion increased the Royal Commission's understanding of current out of home care issues and identified areas requiring further focus.

Research

89. The Royal Commission has also undertaken and commissioned research in out of home care.

90. This research, and research on other areas within the Terms of Reference, will assist the Royal Commission to make recommendations and is aimed at building on, not duplicating, the existing research in the area of child sexual abuse.

91. The completed projects to date relating to both contemporary and historical out of home care, which are publicly available on the Royal Commission website, include:

- a. History of institutional care in Australia, including the role of government in the establishment of institutions for children
- b. Australian Government and Senate inquiries into institutions caring for children
- c. Scoping reviews on evaluations of out of home care practice and pre-employment screening practices for child related work that aim to prevent child sexual abuse

92. The essential finding from this research is that there is very limited, rigorous evidence available about the effectiveness of practices or programmes that prevent child sexual abuse in out of home care.
93. While it appears that there is sound practice in out of home care, there are very few studies that have tested which types of practices or programs lead to decreased rates of child sexual abuse. The studies that do exist have fairly low methodological quality and their recommendations and conclusions are generally not supported by reliable and robust evidence.
94. Most of the evidence related to child to child sexual abuse. Sixteen evaluations were identified during the research including:
 - a. Seven evaluations of training, support or treatment aiming to prevent child to child sexual abuse covering six programs
 - b. Nine retrospective case studies and surveys attempting to identify best practice that either contributed to, or prevented, child sexual abuse in out of home care. Eight of these covered child to child sexual abuse and four covered child sexual abuse by caregivers.
95. The research in this review indicates:
 - a. At least in the US, public health messaging may be an effective, long-term, population level strategy for decreasing child sexual abuse
 - b. The major focus of preventing child sexual abuse in out of home care should be on efforts to prevent child to child sexual abuse rather than caregiver child sexual abuse, since this type of abuse

likely represents the vast majority of observed child sexual abuse in out of home care.

96. The research also revealed that insufficient attention may be paid to the individual needs of children when they are initially placed in out of home care and, later when other children are placed in the home. Safety planning, education and an environment that is conducive to disclosure, should child sexual abuse occur, are essentials for placement in out of home care.
97. However, new rules and strategies must be adopted very carefully lest out of home care becomes safer in terms of preventing child sexual abuse, but then becomes clinical as a result.

Witnesses

98. This public hearing is the first policy focused hearing of the Royal Commission.
99. The Royal Commission will hear evidence from a number of witnesses from the government and non-government sectors, all of whom work in agencies with responsibility for delivery of out of home care services.
100. It is understood that New South Wales is in caretaker mode and Queensland and Victoria have recently elected new governments. The witnesses will not be expected to speak on behalf of their respective governments. Their views will be sought in order to understand current practices and help define best practice.

101. Each agency was asked to tell the Royal Commission of its work in relation to five key topics. Those responses were then made available to all agencies. Those topics are:
1. Recruitment, assessment and training of foster and kinship carers and staff in residential care
 2. Monitoring of children in out of home care
 3. Systems, policies, practices and procedures for reporting allegations of child sexual abuse
 4. Systems, policies, practices and procedures for responding to allegations of child sexual abuse
 5. Systems, policies, practices and procedures for supporting children who have been sexually abused in out of home care
102. Each response will be tendered and made publicly available on the Royal Commission's website, in addition to the policies which were provided in support of each response.
103. As I have indicated, short narratives have also been prepared from the experiences of survivors as told to the Royal Commission through Private Sessions.
104. These narratives will be read out to illustrate some of the key issues raised in relation to the topics to be examined in the hearing from the perspective of those who have experienced child sexual abuse.
105. Stories of practice by agencies which improve the safety of children in out of home care will also be heard.

106. Questions will not be asked of witnesses about the circumstances described in the narratives.
107. A summary of the responses of each agency and the relevant laws will be given before evidence is taken about each topic.
108. Evidence on each of the topics will be given concurrently. This means that two or more witnesses will be giving evidence at the same time during this public hearing. Concurrent evidence provides an opportunity for witnesses to engage in a discussion about issues.
109. Evidence given in the hearing will go towards assisting the Royal Commission in further progressing work in developing recommendations.
110. The following witnesses will be giving evidence in relation to the topic indicated:

Topic	Witness	Title and Agency
1. Recruitment, assessment and training of foster and kinship carers and staff in residential care	Government	
	Ms Maree Walk	Deputy Secretary Programs and Service Design Department of Family and Community Services New South Wales
	Ms Simone Jackson	Acting Executive Director Out-of-Home Care Division Department of Children and Families Northern Territory
	Mr Tony Harrison	Chief Executive Department for Education and Child Development South Australia
	Mr Tony Kemp	Deputy Secretary Children and Youth Services Department of Health and Human Services Tasmania

Topic	Witness	Title and Agency
	Ms Katy Haire	Deputy Secretary Service Design & Operations Department of Health and Human Services Victoria
	Non-government	
	Ms Claire Robbs	Chief Executive Officer Life Without Barriers
	Ms Micaela Cronin	Chief Executive Officer MacKillop Family Services
	Ms Connie Salamone	Director Strategy and Services VACCA
2. Monitoring of children in out-of-home care	Government	
	Ms Natalie Howson	Director-General Community Services Directorate Australian Capital Territory
	Ms Maree Walk	Deputy Secretary Programs and Service Design Department of Family and Community Services New South Wales
	Mr Tony Kemp	Deputy Secretary Children and Youth Services Department of Health and Human Services Tasmania
	Ms Emma White	Director-General Department for Child Protection and Family Support Western Australia
	Non-government	
	Ms Louise Voight	Chief Executive Officer Barnardos Australia
	Mr Rob Evers	Chief Executive Officer Wesley Mission Victoria
3. Systems, policies, practices and procedures for reporting allegations	Government	
	Ms Maree Walk	Deputy Secretary Programs and Service Design Department of Family and Community Services New South Wales
	Ms Cathy Taylor	Deputy Director-General Strategic Policy and Programs Department of Communities, Child Safety and Disability Services Queensland

Topic	Witness	Title and Agency
	Ms Katy Haire	Deputy Secretary Service Design & Operations Department of Health and Human Services Victoria
	Non-government	
	Ms Claire Robbs	Chief Executive Officer Life Without Barriers
	Ms Micaela Cronin	Chief Executive Officer MacKillop Family Services
	Rev Dr Keith Garner	Chief Executive Officer/Superintendent Wesley Mission New South Wales
4. Systems, policies, practices and procedures for responding to allegations	Government	
	Ms Simone Jackson	Acting Executive Director Out-of-Home Care Division Department of Children and Families Northern Territory
	Ms Cathy Taylor	Deputy Director-General Strategic Policy and Programs Queensland Department of Communities, Child Safety and Disability Services
	Ms Katy Haire	Deputy Secretary Service Design & Operations Department of Health and Human Services Victoria
	Non-government	
	Mr Paul McDonald	Chief Executive Officer Anglicare Victoria
	Mr Graham Dangerfield	Chief Executive Baptcare Victoria
	Ms Amanda Tobler	Chief Executive Officer Marymead Child and Family Services
5. Systems, policies, practices and procedures for supporting children who have been sexually abused in out-of-home care	Government	
	Ms Maree Walk	Deputy Secretary Programs and Service Design Department of Family and Community Services New South Wales
	Mr Tony Harrison	Chief Executive Department for Education and Child Development South Australia
	Non-government	
Mr Paul McDonald	Chief Executive Officer Anglicare Victoria	

Topic	Witness	Title and Agency
	Ms Sandie de Wolf	Chief Executive Officer Berry Street
	Ms Karen Larkman	General Manager Family & Community Division 1 CatholicCare
	Mr Stephen Walkerden	General Manager United Protestant Association
	Ms Connie Salamone	Director Strategy and Services VACCA

Next steps in out of home care

111. Unlike previous public hearings, there will be no findings made and therefore there will be no submission process for parties with leave to appear before the Royal Commission for this case study.
112. The next step for the Royal Commission in relation to out of home care will be the release of a consultation paper. The publication date of this paper will be advised in due course.
113. The Royal Commission will be seeking submissions to this paper, similar to the process for the recently published consultation paper on Redress and Civil Litigation.

Gail Furness SC

Senior Counsel Assisting the Royal Commission

10 March 2015